

A SINGLE CASE STUDY OF FAMILY RESILIENCE
AFTER PARENTAL DEATH

BETÜL TANACIOĞLU

BOĞAZIÇI UNIVERSITY

2015

A SINGLE CASE STUDY OF FAMILY RESILIENCE

AFTER PARENTAL DEATH

Thesis submitted to the
Institute for Graduate Studies in Social Sciences
in partial fulfillment of the requirements for the degree of

Master of Arts
in
Educational Sciences

by
Betül Tanacıođlu

Bođaziçi University

2015

DECLARATION OF ORIGINALITY

I, Betül Tanacıoğlu, certify that

- I am the sole author of this thesis and that I have fully acknowledged and documented in my thesis all sources of ideas and words, including digital resources, which have been produced or published by another person or institution;
- this thesis contains no material that has been submitted or accepted for a degree or diploma in any other educational institution;
- this is a true copy of the thesis approved by my advisor and thesis committee at Boğaziçi University, including final revision required by them.

Signature.....

Date:.....

ABSTRACT

A Single Case Study of Family Resilience after Parental Death

The main purpose of this study was to explore the factors that help family members adapt to parental death. Since any type of loss affects relationships, roles, and life goals, it was important to provide the whole picture of a family via a family systems perspective through using various data sources. To gather in-depth data about a family, a single case study design of qualitative approach was employed. Through a purposeful convenience sampling method, a family that had experienced loss of the mother became the case for the current study. For screening, DSM-V “Persistent Complex Bereavement Disorder” criteria were used. Data was collected through demographic forms and semi-structured interviews. The data was transcribed and then analyzed by using a thematic analysis procedure. Six themes emerged from the data: life after the diagnosis, mediators of mourning, life after loss, family members’ future plans, school perspective and family resilience. Findings revealed that the fact that the mother’s death was due to an illness was a facilitating factor for the family because of the predictability of loss. Also, religious beliefs, open communication, social support and economic resources of the family were helpful in their overcoming their experience of loss. This study was important in the sense that it gave an in-depth perspective of a Muslim family who lost the maternal parent, which is considered a person’s most important attachment figure.

ÖZET

Ebeveyn Ölümü Sonrası Ailede Psikolojik Dayanıklılık Vaka Çalışması

Bu çalışmanın temel amacı, aile üyelerinin ebeveyn ölümüne uyumunu kolaylaştırıcı etkenleri incelemektir. Herhangi bir kayıp ilişkileri, rolleri ve yaşamdaki amaçları etkilediğinden, ailenin bütün resmini bir aile sistemi perspektifinden ve birçok veri kaynağını kullanarak vermek amaçlandı. Tek bir aile hakkında derinlemesine bilgi alabilmek amacıyla, tek bir vakayla niteliksel çalışma deseni kullanılmıştır. Örneklem için kolay ulaşılabilir durum örnekleme yöntemi kullanılmış ve anne kaybını tecrübe etmiş tek bir aile çalışmanın vakasını oluşturmuştur. Ailede komplike yas durumu olup olmadığı, DSM-V’teki “ Kalıcı Komplike Yas Bozukluğu” kriterlerine göre değerlendirilmiş, veri toplamak amacıyla demografik formlar ve yarı-yapılandırılmış görüşme soruları kullanılmıştır. Ses kaydına alınan görüşmeler, çözümlenmiş ve tematik analiz metodu kullanılarak analiz edilmiştir. Veri analizi sonucunda altı tema ortaya çıkmıştır: Tanı konduktan sonraki yaşam, yası etkileyen faktörler, kayıptan sonra yaşam, aile üyelerinin gelecek planları, okul bakış açısı ve ailede psikolojik dayanıklılık. Bulgular annenin hastalığı sebebiyle ölümünün öngörülebilir olmasının ailenin yas sürecini kolaylaştırıcı bir faktör olduğunu göstermiştir. Ayrıca ailenin dini inançlarının, bireyler arasında açık iletişimin, sosyal destek ve ekonomik kaynakların ailenin kayıpla baş etmesinde yardımcı faktörler olduğu saptanmıştır. Sonuç olarak, bu çalışma kişi için en önemli bağlanma figürü olan annenin kaybını tecrübe etmiş Müslüman bir aile hakkında derinlemesine bilgi vermesi açısından önemlidir.

ACKNOWLEDGEMENTS

First of all, I want to thank my thesis advisor, Sibel Akmehmet Şekerler. She was very supportive during the thesis process. She is the most optimistic person I have ever met in my whole life. Sometimes I thought that I would never finish this thesis. When I met with her, these negative thoughts diminished and I left her room full of ideas and positive thoughts. She was very genuine and supportive. I am thankful for her patience with all my questions and mails.

I want to thank a valuable member of my thesis committee, Deniz Albayrak-Kaymak, for her comments, suggestions, and encouragement. During my undergraduate and graduate years, I learned so many things about counseling with the help of her experiences and lessons.

I acknowledge the precious recommendations of Ayten Zara. This thesis it made possible or me to meet such a helpful, supportive, and experienced professional. As the title of my thesis implies, this study was realized with the help of a family. The family members interviewed here were the ones who helped me achieve my goals. I would like to express my deepest gratitude to them for their courage, sincerity, openness and willingness to help.

I would like to express my sincere thanks to my family. My mother and my father have done everything for our education. I still remember the first school bag my father bought me. How was I supposed to carry that big bag? But I carried it and went further. My younger sister, Büşra, was very supportive and understanding to me. My sister kept me focused on what I dreamed of. She reminded me of my dreams, and our dreams we want to accomplish together.

I want to thank my special friend and cousin, Murat Akkuş. Murat, during my childhood I couldn't realize your friendship but after the years, I know that you will always be in my life. I am very happy to be your friend.

I want to thank my friends Canan, Ebru, and Ahmet, who always listened and gave me advice. Also, I want to thank Tülay, who is also my traveling companion, roommate, and movie advisor. I would like to thank my friends from the dormitory: Çiğdem, Kübra, Melike, Nihal, Sevda and Meltem. When we are together, I know that there are some people who accept me as I am and who always support me.

Thanks for your support, advice, fun, and good will.

During my Master's education, my colleagues in the school where I worked were very understanding, patient, and supportive. I want to thank the best school headmaster, and a very kind-hearted person, Habil Ulaş. I also want to thank all my colleagues at the school where I worked for four years.

I want to express my gratitude to Ali Haydar for his encouragement and continual support while conducting this study. Lastly, I want to thank my new colleagues Hasan, Gülşen, Meltem and Muhammed. You are the ones who make me feel energetic and happy at the work.

CONTENTS

CHAPTER 1: INTRODUCTION	1
1.1 Statement of the problem	1
1.2 Purpose of the study	3
1.3 Research questions	4
1.4 Significance of the study	4
CHAPTER 2: THEORETICAL BACKGROUND AND LITERATURE REVIEW ..	8
2.1 Description of grief, mourning, and bereavement.....	8
2.2 Description of recovery and resilience	10
2.3 Theories about grief, bereavement, loss, and mourning.....	11
2.4 Possible determinants of the loss experience	25
2.5 Duration of grief.....	30
2.6 Effects of parental loss on children	31
2.7 Effects of spouse loss on the bereaved partner.....	38
2.8 Secondary stressors	41
2.9 Deviations from the normal grief process	42
2.10 Mourning rituals	45
2.11 Resiliency	49
CHAPTER 3: METHODOLOGY	62
3.1 Research approach.....	62
3.2 Design of the study.....	63
3.3 Researcher identity	66
3.4 Participants	67
3.5 Data collection instruments	72
3.6 Data collection procedure.....	74
3.7 Ethical issues before, during and after the study.....	75
3.8 Credibility of the data.....	78
3.9 Data analyses	79

CHAPTER 4: FINDINGS.....	82
Theme 1: Life after the diagnosis.....	82
Theme 2: Life after loss.....	87
Theme 3: Mediators of mourning.....	99
Theme 4: Future plans of family members	108
Theme 5: School perspective	110
Theme 6: Resilience “there is a silver shining behind every evil event”	114
 CHAPTER 5: DISCUSSION AND CONCLUSION	125
5.1 Discussion	125
5.2 Implications	142
5.3 Strengths and limitations of the study	146
5.4 Conclusion.....	148
 REFERENCES.....	150
 APPENDIX A: INAREK (INSTITUTIONAL REVIEW BOARD FOR RESEARCH WITH HUMAN SUBJECTS) ACCEPTANCE FORM	161
APPENDIX B: INFORMED CONSENT FORMS IN ENGLISH	162
APPENDIX C: INFORMED CONSENT FORMS IN TURKISH.....	164
APPENDIX D: INTERVIEW GUIDES IN ENGLISH.....	166
APPENDIX E: INTERVIEW GUIDES IN TURKISH.....	171
APPENDIX F: DEMOGRAPHIC INFORMATION FORMS IN ENGLISH AND TURKISH	175
APPENDIX G: DEMOGRAPHIC INFORMATION OF PARTICIPANTS	179
APPENDIX H: PARTICIPANTS’ QUOTES IN TURKISH	180
APPENDIX I: PERSISTENT COMPLEX BEREAVEMENT DISORDER DSM-V CRITERIA	192
APPENDIX J: THEMES AND SUB-THEMES OF THE STUDY	194

CHAPTER 1

INTRODUCTION

1.1 Statement of the problem

Death is one of the existential issues that every person tries to accommodate (Yalom, 1980). It is a kind of separation from the person we love but it is different in the sense that there is no way back; the loss is irreversible and final (Lindemann, 1944). Because of this irreversibility, “to the bereaved nothing but the return of the lost person can bring true comfort” (Bowlby, 1980, p. 7-8).

After losing someone important, the surviving person is in the state of grief, which are the experiences of the person after losing someone important (Worden, 2002). This experience is very specific in a human’s life with its reflections in the intense negative feelings of sadness, emptiness, depression, anger and shock (Kübler-Ross and Kessler, 2007). Parkes (2011) defines grief as follows: “Grief, it seems, is a consequence of love. You cannot have one without the other” (p. 3).

There has been a lot of research about the effects of loss on various people. The issue of how survivors (children, adolescents, spouses, older people, mothers, fathers, siblings, etc.) are affected by loss has received much attention. There are studies which focus on the problems after the loss, such as mental health, relationships, self-esteem, and academic and peer-related problems (Balk, Sharpe et al., 1998; Little, Sandler et al., 2009; Özgül, 1995; Wolchik, Tein et al., 2006). However, to experience a loss does not necessarily mean that there is always an inconsolable long-term psychological problem. People generally adapt well to the life-changing and stressful situations and loss is one of these situations (Bonanno,

Papa, and O'Neill, 2002). As Silverman and Worden (1992) stated, even if loss is a stressful experience, it does not always result in psychological problems for the person. In a qualitative study with 31 people who had lost their loved one six months to three years before the study began, it was found that there could be positive changes in the participants' attitudes after loss such as caring more about loving relationships with friends and family, accepting personal mortality, appreciating the present moment, investing in the future, taking more responsibility, and feeling freer to risk new ways of living (Kessler, 1987).

Most of the studies about loss were conducted in the European or North American cultures. There is a need to look beyond the grief issue from the perspectives of different cultures (Moats, 2010). This is a limitation for the loss literature because, while loss is affected by many variables like gender roles, social structure, family dynamics, and cultural or religious rituals after loss. Most research reflects the Christian religious perspective. Unlikely Europe or America, in Turkey, 99% of the population believes in Islam according to statistics given by Turkey Religious Affairs Administration (2014). In Turkey, the social structure, family dynamics, cultural or religious rituals after loss, and gender roles affecting the experience of loss might have similarities to and differences from what has been demonstrated in the Westerns literature on loss.

Moreover, current studies generally focus on the individual effects of the loss. However, as Eppler (2008) stated, "grief is not isolated; rather it affects transactions and circumstances in every environment" (p. 189). Because it affects transactions, the loss of a family member has immediate and long-term effects on the family unit for every person and for every relationship in the system (Walsh and McGoldrick,

2004). Therefore, it would be beneficial to look at the issue of loss from the family system perspective (Cait, 2005; Walsh and McGoldrick, 2004).

Lieberman, Compton, Horn, and Ippen (2003) explored the results of the loss of a parent in normative or traumatic grief responses. Field, Tzadikario, Pel, and Ret (2013) stated that children and their families have both adaptive and maladaptive responses following parental loss. A similar perspective was given by Bonanno (2004), stating that in many studies on the effects of traumatic events, it was found that majority of people who were subjected to loss or violent or life-threatening events did not show pathological symptoms; rather they had healthy functioning. Based on these results, it can be suggested that not only traumatic, but also resilient grief responses should be studied.

1.2 Purpose of the study

The purpose of this study was to explore the factors that facilitated the accommodation of a single family where the mother has passed away. For this purpose, the case study of qualitative research methodology was used and the case of a family with at least one surviving parent and at least one child was selected. In addition, the mourning processes in a Muslim family, how family roles and responsibilities changed, and the kinds of processes the family members passed through in dealing with the parental loss were examined.

Because every loss is a personal experience and every grief is unique, to give the whole picture of a grieving family was the purpose of this research. By using the case study as the research method in detail, one aim was to give the family a chance to share their experiences. Analysis of this case provides counselors with an in-depth

perspective about how a family was able to handle loss. Thus, it is expected this will help counselors work with families who are going through a similar experience.

1.3 Research questions

The main questions of the study were as follows:

1. How did family members experience parental loss?
2. How did family members manage this negative experience?
 - a. How did personal characteristics of family members help them manage the loss experience?
 - b. How did cultural and social factors help family members deal with loss?
3. How did teachers perceive their students' loss?
4. How did students' loss affect their teachers?
5. What were the resilience factors in this specific family?

1.4 Significance of the study

The significance of the study lies in these features:

Firstly, to the best of the author's knowledge, there are no published qualitative case studies on family resilience after parental death in Turkey. The current study is the first in that sense.

Secondly, multiple data sources were used during the data collection. Interviews were conducted with family members (the surviving parent, children, and grandparents) and teachers of the children. Triangulation of data through different data sources increased the credibility of the data. In different studies, it was stated

that children's self-report of their experience of parental loss may be different from the surviving parent's assessment of the child. Most studies on childhood grief get their data solely from the adults who are in the lives of grieving children (McClatchey and Wimmer, 2014). Lin, Sandler, Ayers, Wolchik, and Luecken (2004) state that surviving parents are more likely to assess the problems of their children as clinical problems. Also, even if parents are able to observe their children in many settings, because of their own grief process, they may not pay attention to children's experiences or they may project their own reactions and experiences onto children (Lawrence, Jeglic et al., 2006). In a relevant study conducted with 96 children who experienced parental loss and 80 children from intact families, it was found that, according to teachers' evaluations, children from families who experienced loss had more peer and emotional problems than the intact group had. According to parents' evaluations, children from families that experienced loss had more emotional problems than the intact group. These results may be interpreted as grieving children may be receiving less support since their parents are not aware of the emotional problems of their children because they are simultaneously experiencing the loss of spouse (Kalantari and Vostanis, 2010). Based on these study results, we can say that this study increased the credibility of findings related to children, by interviewing children, their parents and their teachers. Nevertheless, the interview data from the two children were not sufficient in themselves. The interviews were supplemented by interviews with the adults in children's lives and observations of the researcher both in the school and during the interactions with household members.

In this research, loss, grief, bereavement and mourning were analyzed in a family context. As Weiss (2011) stated, only three relationship bonds are likely to

experience long-lasting grief after loss. These three bonds are children's bonds with their parents; couples' or spouses' bonds with each other; and parents' bonds with their children. While loss affects these relationships, there are not many studies that focus on both family and individual experiences of loss. To better understand the grief experiences of family members, individual factors as well as relational ones should be studied because family members grieve in the family even if there are individual differences among family members (Gillbert, 1996).

By studying different individuals in the same family, we had a chance to see divergent meanings that different family members attach to death and loss. The surviving parent, children, male and female family members had common ways to express their grief. One aim was to analyze the individual differences in coping with grief as well as shared experiences among the family members. Bilgili (2010) stated that the death issue is an individual one: "...the life it ends is absolutely an individual experience" (p. 12). However, it is also a sociological issue because of the fact that individuals have a social status in the society with their roles, status, and relationships. That is why the loss of a person means the loss of these experiences that in turn affect the society where the life existed (Bilgili, 2010).

Another importance of the study is its focus on resiliency, not simply the deteriorating effects of the loss on their lives. There are not many studies that have focused on the reactions of various people (Lawrence et al., 2006). In many of the studies, the focus was on the rates of depression and anxiety in bereaved children. The issue of how children adapted to loss was not given sufficient attention (Raveis, Siegel, Karus, 1999). In addition to children's negative feelings or experiences, their positive moments, happy times, and resiliency should be observed. It has been suggested in the literature that the resiliency issue within the mourning process

should be studied and compared with resiliency across different developmental stages (Bugge, Darbyshire et al., 2014; Coşkun, 2009; Eppler, 2008).

In addition to primary stressors after loss, secondary stressors were also examined because there was a need in the grief research on the effects of secondary stressors after bereavement on the adjustment of survivors (Stroebe, Folkman et al., 2006; Thompson, Kaslow et al., 1998).

Another importance of this study is that it examined how culture interacted with the grieving process, mourning rituals and adaptation of the family members. As Haine, Ayers, Sandler and Wolchik (2008) stated, there are not many studies which have examined the effects of culture on children's adaptation and bereavement process after their loss of a parent.

This study is expected to provide an in-depth perspective for psychologists, school counselors, social workers, teachers and other professionals that deal with bereaved children and bereaved families. It presents a systematic qualitative analysis on how a family experienced parental loss and which favorable conditions in the family, social network or individual potential helped them to be resilient in this painful experience.

CHAPTER 2

THEORETICAL BACKGROUND AND LITERATURE REVIEW

Neither “death” nor “dying” is just a psychological issue. This phenomenon has been examined in many different areas of science such as sociology, philosophy, and archeology (Uhri, 2010). In this chapter, descriptions of loss, grief, mourning and bereavement will be analyzed. Later, the major theories and research studies conducted about loss and grief will be presented.

In the literature, the terms of grief, mourning and bereavement are used interchangeably (Stroebe and Schut, 2010). There are no clear-cut definitions. In order to put these concepts into a rationale, different definitions of the concepts will be presented.

2.1 Description of grief, mourning, and bereavement

According to Kübler-Ross and Kessler (2007), grief is “the internal part of the loss, how we feel” (p. 115). It is the experiences, thoughts and feelings of a person after s/he has lost someone important (Worden, 1996; Worden, 2002). Grief is also described as “the anguish experienced after significant loss, usually the death of a beloved person” (APA, 2007, p. 419). In addition to the term grief, “anticipatory grief” and “complicated grief” are also explained in the literature. While in grief people focus on the loss in the past, in anticipatory grief they focus on the possible future losses (Kübler-Ross and Kessler, 2007). Complicated grief is “a response to death that deviates significantly from normal expectations” (APA, 2007, p. 207). In APA’s Dictionary of Psychology, complicated grief is described under three types:

chronic, delayed and absent grief (APA, 2007). However, there are no agreed-on distinctions or definitions of complicated grief. Even terms like unhealthy, traumatic grief or bereavement are used.

Darwin studied the facial emotional and behavioral expressions of some animals and humans. His studies were collected in a book named “The Expression of the Emotions in Man and Animals” by Beadnell (1934). He described the facial expressions of a grieving person. For instance, the face is pale and the eyelids droop; after long suffering, eyes become dull without expression and full of tears. Therefore, he analyzed different emotions based on the facial or bodily expressions. He even used the term of “grief-muscles”. According to Darwin, grief expression is common to all human races. He identified grief as:

After the mind has suffered from a paroxysm of grief and the cause still continues, we fall into a state of low spirits or are utterly dejected. Prolonged pain generally leads to the same state of mind. If we expect to suffer, we are anxious; if we have no hope or relief, we despair. (p. 87)

Bereavement is “the state of having lost something, whether it be significant others, significant things or our sense of self” (Goldman, 1999, p.25). It is also described as “a feeling of loss, especially over the death of a friend or loved one” (APA, 2007, p. 114). Bereavement may result in social changes in the status of the person in the society. For instance, a widow after losing her husband (APA, 2007). DSM-V describes it as an “intense yearning or longing for the deceased, intense sorrow and emotional pain, and preoccupation with the deceased or the circumstances of the death” (p. 194). It is a kind of deprivation from the presence of the loved one who has an important role in our lives (Attig, 2001)

Mourning is “the external part of loss. It is the actions we take, the rituals and the customs” (Kübler- Ross and Kessler, 2007, p.115). Lieberman et al. (2003)

describe mourning as an emotional reaction, stating that “mourning involves absorption in one’s personal pain” (p. 20).

Mourning and grief are the terms most frequently used interchangeably, yet they differ to the extent that grief involves the inner world of the bereaved, but mourning has a strong social dimension and is learned through customs.

2.2 Description of recovery and resilience

Recovery and resilience are overlapping terms, so that it is necessary to clarify these two terms and why I will use resilience rather than recovery in this study. Bonanno (2004) points out a difference between recovery and resilience, stating that:

The term *recovery* connotes a trajectory in which normal functioning temporarily gives way to threshold or subthreshold psychopathology (e.g., symptoms of depression or posttraumatic stress disorder [PTSD]), usually for a period of at least several months, and then gradually returns to pre-event levels. (p. 20)

On the other hand, “*resilience* reflects the ability to maintain a stable equilibrium.”

(p. 20). Bonanno (2004) listed three factors that differentiate resilience from

recovery. Firstly, the trajectory of resilience and recovery are completely different.

After the stressful, negative event, the initial disruption is higher in the recovery

track and it declines gradually. In the resilience trajectory, even if there is a small

disruption in normal functioning, it does not take long and the person goes back to

his/her level of normal functioning in a shorter amount of time. A second finding of

Bonano’s study (2004) was that resilience is the most common pathway after a

negative life experience. Thirdly, there are many factors affecting resiliency and

some of these factors are unexpected.

There is no agreed-on definition of resilience because of the nature of the construct (Gizir, 2004; Luthar, Cicchetti, and Becker 2000; Karairmak, 2007). Sandler, Wolchik and Ayers (2007) suggest using resilience instead of recovery because recovery is mostly used in medicine with a meaning of healing. By using resiliency, they emphasize how risk and protective factors affect resiliency by their influences on the satisfaction of basic needs and developmental competencies. In contrast to trauma models of bereavement that focus on the problems following loss, this model gives more importance to the evaluation of the environment after loss in terms of meeting the individual needs. In other words, resilience looks for the factors related to how individuals or families can succeed after a negative life event (Walsh, 2006). Because I am interested in how families cope with parental loss, resilience is a more appropriate construct.

2.3 Theories about grief, bereavement, loss, and mourning

Coping with bereavement has been explained by many theories that can basically be categorized under two headings: theories related to trauma and stress, and theories related to grief. In the following section, I will mention the most common theories that appear in the literature.

2.3.1 Theories related to trauma and stress

General stress and trauma related theories, as the name implies, are related to explanations of how people react to stressful and threatening life events such as victimization, war, or bereavement. They focus on reactions following these stressful

events and generally the detrimental effects of these experiences on people (Stroebe and Schut, 2010).

After the nineteen sixties, researchers started recognizing that stress was inevitable in its nature and the differences among people in terms of their stress level result from their coping differences (Lazarus, 1966, as cited in Lazarus and Folkman, 1984). Lazarus and Folkman (1984) suggested that the term “stress” is better analyzed in a system because it has multiple levels of analysis: antecedents, processes and outcomes. Lazarus and Cohen (1977) made a distinction among the stress-producing events: major changes (cataclysmic) affect many people like disasters, major changes affecting one or a few number of people like death of a loved one, and daily hassles like having many responsibilities and feeling lonely (as cited in Lazarus and Folkman, 1984). They stated that “the most damaging life events are those in which central and extensive commitments are lost” (p. 32).

The most important contributions of this theory are its explanations of stress and the operationalization of cognitive appraisal. Lazarus and Folkman (1984) defined stress as follows: “Psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (p. 19). In this definition, they give importance to the interaction between the environment and the person’s appraisal of the situation. They also state that, while the emotions can affect information processing, information processing also can affect emotions (Lazarus and Folkman, 1984).

According to Lazarus and Folkman (1984), there are both personal and environmental factors that affect the cognitive appraisal of a person. Personal factors are commitment (referring to what has meaning for the person), beliefs about

personal control, and existential beliefs. For instance, believing that God has some higher purpose can enable patients to look for the positive sides of their experience. Situational (environmental) factors are novelty (referring to the situations that the person has not experienced before the event), predictability (whether the environment is discerned, discovered or learned), event uncertainty (related to the event's occurrence-based appraisals), temporal factors of imminence (how much time there is before and after stressful life experience), duration (how long a stressful experience lasts), temporal uncertainty (not knowing when the event will occur) and lastly, when all the external factors are not known, they referred to the situation as ambiguous (Lazarus and Folkman, 1984).

Lazarus and Folkman (1984) defined two types of coping: emotion-focused and problem-focused forms of coping. In emotion-focused coping, the aim is to decrease the emotional stress by using strategies like avoidance, minimization, distancing, selective attention, or positive comparisons. Problem-focused coping involves strategies that foster analytic and objective processes such as defining the problem, generating alternative solutions, evaluating the options and choosing from these options, and acting for the solution of the issue. They identified some coping resources people can use such as health and energy as a physical source, positive beliefs as psychological source, problem solving skills, social skills and social support, and material resources like economic power (Lazarus and Folkman, 1984).

When this theory is analyzed, there are many things that can be derived from loss. For instance, loss is more stressful for a person if he/she has cognitive appraisal that this event is exceeding his/her resources, or the event is unpredictable and uncontrollable. Also, because they explain their theory from a system perspective, they suggested evaluating not only the person but also his/ her environment because

“People and groups differ in their sensitivity and vulnerability to certain types of events, as well as their interpretations and reactions” (Lazarus and Folkman, 1984, p. 22). Thus, we can state that cognitive appraisal is a mediating factor in adaptation to the experience of loss (Stroebe and Schut, 2010).

According to Stroebe and Schut (2010), there is no uniform trauma theory but there are many views about each aspect of traumatic experiences. For instance, Horowitz (1983, 1986) is known for his studies of stress response syndromes. He identified the intrusion or avoidance reactions of people as the characteristic aspects of trauma. Intrusion involves compulsive re-experiencing feelings or actions related to the traumatic event such as dream disturbance. Avoidance involves a denial of traumatic event; the person may be away from the persons or places related to trauma and s/he even may experience amnesia (as cited in Stroebe and Schut, 2010).

In addition to the symptoms after the traumatic event, some researchers studied the factors that decrease the occurrence of mental health problems and help the person to adjust after the trauma. Pennebaker (1989, 1993, and 1995) studied the effects of emotional disclosure and social sharing on adjustment after loss. Even though he found in some studies that in the short term there is an increase in depression symptoms, in the long run self-disclosure activities (such as writing a journal, or making verbal disclosures) were found to be helpful (as cited in Stroebe and Schut, 2010). Pennebaker (1997) states that by confrontation, it is possible to neutralize the problems related to inhibition and to change the thinking patterns, values or feelings because when the person inhibits thoughts, feelings, behaviors; s/he uses effort not to think or feel or behave. In addition, inhibition can lead to long-term health problems such as increase in risk for physical or mental health problems (Pennebaker, 1997).

A study by Pennebaker and colleagues in 1982 in Dallas with 19 surviving spouses of suicide and car-accident victims aimed to find out whether the spouses of suicide or of car-accident victims were more likely to talk about their loss experience and to learn which group had more health problems after loss. The results were shocking for the researchers because it was found that spouses of suicide victims were healthier than spouses of car-accident victims (Pennebaker, 1997). They found that the most important factor was whether the surviving spouses were talking about their loss with others, not how their spouses died. Not talking with others about loss was found to be a risk factor for the surviving spouse. Also, it was found that participants whose health scores were higher emphasized the importance of talking and acknowledging the pain. People whose health scores were low generally used the strategies of moving forward and trying not to think about the loss (such as distracting themselves with their jobs in order not to think about their spouses) (Pennebaker, 1997). Another interesting finding was that people who prayed a lot after their loss were healthier. Authors commented on this, stating that praying was a kind of disclosure or confiding like talking to a friend about loss (Pennebaker, 1997). It was discussed that the reason why the surviving spouses of suicide were healthier may be that surviving spouses of this group already knew that their spouses had mental health problems such as depression, so their death was more predictable. On the other hand, a car accident was an unexpected event that may have affected the surviving spouses' sense of the world as a safe, predictable, and controllable place. In addition, the researchers thought that because most of the health agencies or institutions were more interested in giving help to survivors of suicide victims; this group had a chance to get help from these help centers. But this help may not have been available for the spouses of car accident victims (Pennebaker, 1997).

2.3.2 Theories related to grief

Freud (1917), Bowlby (1980), Kübler-Ross (1997), Worden (2007), Stroebe and Schut (2006), Walsh & McGoldrick (2004) provided extensive theoretical background that helps us understand grief.

2.3.2.1 Freud's grief work

Freud stated that for some people, some reactions lead to mourning and for others the same reactions lead to melancholia. Thus, it is expected that even if mourning is a deviation from normal life, it does not necessarily lead to melancholia (Freud, 1917). He depicted the work of mourning in terms of the grieving person losing the bonds with the lost person, stating that "Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object" (p. 244). According to Freud (1917), existing attachment to the lost object should be abandoned by the libido for a successful mourning. He depicted melancholia as

...a profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-reviling, and culminates in a delusional expectation of punishment.
(p. 244)

He stated that melancholia and mourning were similar, but in mourning, there was no disturbance in the self-regard of the person (Freud, 1917). He also made the distinction between melancholia and mourning, stating that "melancholia is in some way related to an object-loss which is withdrawn from consciousness, in contrast to

mourning, in which there is nothing about the loss that is unconscious” (p.245). Also, he stated that in melancholia the person evaluated the self negatively and that is not seen in grief. “In mourning it is the world which has become poor and empty; in melancholia it is the ego itself.” (p. 246).

He also talked about the unhealthy way of mourning in which the normal grieving process is transformed into a pathological way in which the surviving person may unconsciously have identifications with the lost one. Eventually this makes people experience depressive symptoms, guilt and self-reproach (Freud, 1917).

2.3.2.2 Bowlby’s attachment theory and grief

Bowlby explained his opinions about loss by drawing attention data collected from separation of young children (between one and three years) from their mothers. He concluded that infants as young as six months of age can mourn like adults. He depicted four phases people experience after loss: 1. Phase of numbing (characterized by intense distress or anger, lasting a few hours to a week), 2. Phase of yearning and searching (it takes some months, even years), 3. Phase of disorganization and despair, 4. Phase of greater or less degree of organization (Bowlby, 1980). Bowlby (1980) was quite sure about the effects of parental loss on children if the loss was during infancy. For infants and small children, loss is more likely to result in adverse psychological results.

He depicted four types of adult pathological forms of mourning stemming from parental loss during childhood or adolescence: unconscious yearning for the lost person, unconscious reproach against the lost person combined with conscious and often unremitting self-reproach, compulsive caring for other persons, and persistent disbelief that the loss is permanent, often referred to as denial (Bowlby, 1980).

2.3.2.3 Meaning reconstruction of the constructivist approach

According to Neimeyer and Sands (2011), people attach to meanings to their experiences because we are different from other living things. We have memories, anticipations, life goals, hopes, and beliefs that all construe meaning for human beings. Attig (2001) stated that, after loss, we relearn the world again; our social life, ourselves, roles, and personality that we interpreted by the help of the lost person before s/ he died. According to this theory, bereaved people search for meaning at different levels. Some people search meaning from a practical point, asking the reason of their loss; some people search meaning from a relational point, asking themselves who they are without the lost one; or some people search meaning from a spiritual and existential point, asking God why he let them live such a bad experience (Neimeyer and Sands, 2001, p. 11). Not all people search for meaning. Sometimes, old beliefs and practices can serve the person well, and then s/he does not try to find meaning in their loss experience (Attig, 2000, as cited in Neimeyer and Sands, 2011). According to Davis, Wortman, Lehman and Silver (2000), if the loss is relatively normative and anticipated, very few people search for meaning and they also assert

that people who do not search for meaning after loss are less likely to have negative bereavement outcomes (as cited in Neimeyer, Sands, 2011).

Nadeau (2011) explains this meaning-making process from a family perspective:

When death strikes a family, family members struggle collectively to make sense of what has happened. A family conversation begins. Members may agree with one another, disagree, ask questions, reference one another, and interrupt each other, sometimes changing the subject and sometimes finishing each other's sentences. Out of their conversations, threads of meaning start to emerge and, over time, these threads become woven into a tapestry of family meanings. (p. 512)

2.3.2.4 Kübler-Ross' stage model of grief

According to Kübler Ross and Kessler (2007), "our grief is as individual as our lives" (p. 7). That is why every person has different reactions to loss. Kübler-Ross developed her theory working with terminally ill patients. She created a stage model (Kübler-Ross, 1997). Then she used this model to explain the experiences of people who lost someone important in their lives. According to Kübler-Ross (1997; 2007) there are five stages of grief: denial, anger, bargaining, depression and acceptance.

1. Denial: People who have lost someone important may experience shock, or numbness. They may even say that they do not believe that person died. This reaction may result from the hardness of the experience. They stated that denial may help the person deal with her feelings with an unconscious process (Kübler-Ross and Kessler, 2007, p. 8- 11).
2. Anger: Anger can be toward the lost person, toward oneself, or other people around (like other family members, friends, or doctors). The person can blame herself that s/he did not care enough or blame the lost one that s/he did not take care

of herself/himself. Maybe the grieving person is regretful about not spending much time with the lost one (Kübler-Ross and Kessler, 2007, p. 11-17).

3. Bargaining: In this stage, a grieving person uses many “if only” or “what if” sentences; s/he tries to make an agreement or bargaining. It is like the person tries to be away from the inescapable reality of the loss. S/he may think that if s/he had done something different, s/he could have saved the person before s/he died (Kübler-Ross and Kessler, 2007, p. 17- 20).

4. Depression: As opposed to the general view about the effects of loss, Kübler-Ross and Kessler (2007) depicted depression as one stage of grief, not as an inevitable end. Depression is considered as a self-protection mechanism helping the grieving person in adaptation to the new situation that the person could not overcome otherwise (p. 20- 24).

5. Acceptance: In this stage, the surviving person is aware that the loss is permanent; s/he has to adapt new roles, make new arrangements in her/his life. The person is able to talk about the lost one, decide how to remember the deceased, etc. (Kübler-Ross and Kessler, 2007, p. 24- 28).

2.3.2.5 Worden’s task theory of mourning

While Kübler-Ross and Kessler (2007) defined a stage theory of grief, Worden (2002) explained some tasks of mourning. He stated that the term of phase (used by Kübler-Ross in 1997, 2007) implies that the person has to do something to pass. On the other hand, the term of tasks for mourning implies a process, for which the person must make some effort. Therefore, he conceptualized the mourning tasks as follows:

1. To accept the reality of the loss
2. To work through the pain of grief
3. To adjust to an environment in which the deceased is missing
4. To emotionally relocate the deceased and move on with life

Worden (2002) stated that in normal grief, the person experiences many feelings and behaviors and sometimes the term of uncomplicated bereavement is used instead of normal grief. Worden (2002) listed some manifestations of normal grief reactions:

Feelings: sadness, anger, guilt, self-reproach, anxiety, loneliness, fatigue, helplessness, shock, yearning, relief, and numbness (Worden, 2002).

Physical sensations: hollowness in the stomach, tightness in the chest, tightness in the throat, oversensitivity to noise, a sense of depersonalization, breathlessness, weakness in the muscles, lack of energy, dry mouth (Worden, 2002).

Cognitions: disbelief, confusion (difficulty in concentrating), preoccupation about the lost person, sense of presence, sense of presence of the lost person, hallucinations (a few weeks after the loss) (Worden, 2002).

Behaviors: sleep disturbances, appetite disturbances, absentminded behavior, social withdrawal, dreams of the deceased, avoiding reminders of the deceased, searching and calling out, sighing, restless over-activity, crying, visiting places or carrying objects that remind the survivor of the deceased, treasuring objects that belonged to the deceased (Bugge, Darbyshire et al., 2014; Worden, 2002).

These symptoms are common after losing someone important but people may have different reactions depending on many variables. For instance, losing a close relative results in different degree of grief reactions than losing a relative with whom there were not so many memories, emotions, etc. Worden (2002) lists some

variables, which he calls “mediators of mourning” that affect the degree of grief or mourning. These mediators of mourning are as follows: who the person was, the nature of attachment, mode of death, historical antecedents, personality variables, social variables and concurrent stressors. Worden (1996) studied the effects of parental loss and depicted similar mediating factors for children: the relationship of the child with the lost parent before and after loss, the functioning of the surviving parent and his/her ability to help the child; family factors (size, structure, style, coping, support, communication), stressors, changes after loss in daily life of the child, support from peers and family members, and characteristics of the children (age, gender, self-perception, understanding of the death) (Worden, 1996).

2.3.2.6 Dual process model of grief as an integrative model

When this model was developed, it was used mostly with widows or widowers. Later, this theory was used in other loss issues. Stroebe and Schut (1999) called this model an integrative model because of the fact that this model was affected by cognitive stress theory, coping models and general theories related to loss and grief (Humphrey, 2009).

Stroebe and Schut (1999) developed their theories by observing that some people are able to overcome their loss experience without much harm, while for others, loss may result in negative life experiences, even health outcomes. Thus, by understanding adaptive and maladaptive coping mechanisms, they aimed to reduce the negative impacts of loss (Stroebe and Schut, 1999). They stated that even though their model had been developed for coping with the loss of a partner, it could be

applicable to other losses, too. They identified two types of coping, which are loss-oriented and restoration-oriented coping (Stroebe and Schut, 1999; Stroebe et al., 2006).

In the loss-oriented perspective, the person focuses on the feelings and processes after the loss of an important person. Loss orientation is similar to the grief work of Freud (1917). It involves rumination about the lost person; the bereaved person yearns for the dead, looks at old photos, cries for him/her. This process can involve many emotions such as sadness about losing the loved one, or relief that the lost person is no longer in pain (Stroebe and Schut, 1999). In restoration orientation, people focus on the changed roles in the family, try to adapt to changes after loss. Restoration orientation is like a distraction from loss, there is some kind of denial or avoidance of loss. This model is not a stage-oriented one. In everyday life, people use both kinds of coping processes (Stroebe and Schut, 1999; Stroebe et al., 2006). The dynamic, back-and-forth process between these two orientations is called “oscillation”. It can be defined as “the process of juxtaposition of concentration and avoidance of different stressors associated with bereavement” (Stroebe and Schut, 1999, p. 215). They asserted that this oscillation process is necessary for “optimal adjustment” (p. 216). It is natural for the bereaved to be distracted by the loss, miss the deceased at times, and to seek relief and concentrate on other things rather than loss at other times (Stroebe and Schut, 1999).

2.3.2.7 Bereavement in the family system

Many theories related to loss did not appreciate the effects of loss on the family system but rather focused on the individual effects of loss. A systematic review of loss is required in order to understand the influences of loss that create a chain

reaction affecting the whole family network such as partners, parents, children, siblings and extended kin (Walsh and McGoldrick, 2004). A death in the family results in multiple losses (loss of the person, loss of roles, loss of intact family unit, loss of hopes, loss of dreams etc.). Death and loss is the most painful experience for family members, with ripple effects for members and relationships in the family. That is why it is very important to understand both the personal and the family meaning of loss (Walsh and McGoldrick, 2004).

Families are in “functional equilibrium” when all the members are functioning reasonably effective. This balance can be broken by either addition of a new family member or loss of a family member. Each family is affected by these experiences, based on the degree of emotional integration of the family at the time of disequilibrium, and the functional importance of the person who is added or lost in the family (Bowen, 2004). Families who are well integrated emotionally may have more over-reactions after a loss but they adapt more easily compared to families who are less integrated. Less emotionally integrated families are likely to have fewer reactions after the loss, but they experience physical or psychological symptoms or social misbehavior later (Bowen, 2004).

Giblin and Hug (2006) talked about the “emotional shock wave” after loss in the family system. After the loss of a person in the family, the roles s/he played in the family system are also lost. If the family is enmeshed, emotionally unfree, and uncommunicative, then the emotional shock wave is bigger.

Walsh and McGoldrick (2004) listed four adaptational tasks of family that will help family members’ adaptation to loss as well as strengthening of family system. The four tasks are: shared acknowledgement of the reality of death, shared experience of the loss (like funeral rites, visiting the grave), reorganization of the

family system (changes in the relationship among the family members and new role distribution is required) and reinvestment in other relationships and life pursuits (after emotionally ready, members form new attachments with other people, maybe new members are added such as new stepparent). After all, when these tasks are accomplished, there are “continuing bonds” with the lost one and members of the family are able to look forward (Walsh and McGoldrick, 2004).

2.4 Possible determinants of the loss experience

There are many factors or variables listed by numerous researchers such as Worden (2002). In the following section, some examples are provided from the research and theories about the variables of loss experience.

The loss response of a person changes according to who the deceased person was. The loss of a friend, mother, father, sibling, grandmother, or other relatives each have different meanings (Worden, 2002). Coşkun (2009) asserted that adjustment to the loss of a mother was more difficult than adjustment to the loss of a father. There were significant differences in the participants’ psychotic symptoms subscale between the adolescents who lost their mother and adolescents who lost their fathers. Then, psychotic symptoms of adolescents who lost their mothers were higher than of adolescents who lost their fathers (Toksoy, 2005). Death of the mother, but not of father, was significantly correlated to increased level of grief and psychological distress for both male and female students (Lawrence, Jeglic et al., 2006).

The role of the lost person for the bereaved affects their experiences. If the person who was lost had an important role in social system and the person who was left behind is isolated from this system after the loss, it may create problems in adjustment (Lindemann, 1944).

The strength and security of the attachment with the deceased affects the bereaved person's reactions. Also, if there is an ambivalent relationship with the lost person, the griever may experience feeling of guilt and intense anger for being left alone by the lost person (Worden, 2002). If the person has secure attachment styles with the attachment figure, the acute grief symptoms do not last so long. On the other hand, if s/he has insecure attachment styles the complicated grief symptoms are more likely (Shear and Shair, 2005). If there was hostility between the lost one and the person who was left behind and the person did not clearly express his/ her emotions, he or she is more likely to experience severe grief reactions (Lindemann, 1944). In addition to attachment to the lost one, the relationship with the surviving parent has also implications for the loss experience. It was found that quality of the attachment with the surviving mother, relatives, friends, and siblings are positively associated with better adjustment of adolescents to the father's loss (Field et al., 2013). Positive parenting (warmth and consistency in discipline) had a positive direct effect on children's mental health after parental loss (Haine, Wolchik et al. 2006). Youth who scored high on support seeking from the parent/guardian had higher scores on relating to others, new possibilities and personal strength subscales. Youth who got more support from other adults had higher scores in posttraumatic growth subscale of relating to others (Wolchik, Coxe et al. 2008). Children who lost one parent to death, and who had better relationships with the surviving parent were less likely to experience depression symptoms when they reached adulthood (Schoenfelder,

Sandler, Wolchik, Mackinnon, 2011). Lindemann (1944) listed some factors that affect the results of the loss. For instance, people with a history of obsessions or depression are likely to have agitated depression symptoms after the loss.

Children who lost their parent because of homicide or suicide were reported to have higher levels of externalizing problems than children who lost their parents because of illness (Thompson, Kaslow et al., 1998; Wolchik, Tein et al., 2006; Haine, Walchik et al. 2006).

Surviving parents of resilient children were found to have higher levels of warmth and more consistent discipline for child-rearing than did parents of children who were negatively affected by the parental loss (Lin, Sandler et al., 2004).

The mental health problems of the parents may affect the children's bereavement. Children use social referencing for their actions, which means they observe how their parents react to one event and then they react according to it. If children observe the intense grief the surviving parent experiences, s/he may infer that there has been a very dangerous event and assume they cannot handle it (Lieberman et al., 2003). Children whose parents have fewer mental health problems are more resilient in the case of parental loss than children whose parents have mental health problems (Lin, Sandler et al., 2004). In a study with surviving parents and children, it was found that there was a significantly positive relationship between a surviving parent's mental health problems and their evaluation of the child's emotional and behavioral problems (Kalantari and Vostanis, 2010). Surviving the parent's own adjustment and relationship with the parent predicts the children's adjustment to loss. A positive adjustment of the parent is necessary for the child's adjustment to loss (Hope and Hodge, 2006, as cited in Howarth, 2011).

As Worden (1996) stated, the children's age at the time of the loss may influence the effects of the loss. In Coşkun's study in Turkey (2009) it was found that there were significant differences between participants who lost their parents between the ages of 11 and 14 and participants who lost their parents between the ages of 15 and 18. The first group had more difficulty in adjusting to parental loss than the second group did. There were no significant differences between these two groups regarding their mourning rituals adherence, social support, and coping strategies. There was a significant negative relationship between the psychological functioning of the participants and their ages at the time they lost one of their parents (Coşkun, 2009).

The gender of the griever is also likely to affect loss outcomes. Girls had higher grief scores than boys after parental loss (Sandler, Ma et al., 2010). In the same study, it was found that there was a significant difference between girls and boys in terms of prolonged grief disorder symptoms. Girls were significantly more vulnerable to prolonged grief disorder symptoms than boys (Sandler, Ma et al., 2010). Girls had fewer academic problems and conduct problems than boys (Fristad, Jedel et al, 1993) but were more likely to show depressive symptoms after the loss (Raveis, Siegel, Karus, 1999; Little, Sandler et al., 2009) and also anxiety symptoms (Little, Sandler et al., 2009). Reasons for the differences between males and females can be many and one explanation can be that gender affects how people engage in grief work (Stroebe, Stroebe, Abakoumkin, and Schut, 1996). For instance, females are more likely to focus on the primary issues of the loss (such as concentrating on the emotional distress felt because of the death). Unlikely, males focus on more secondary effects of the loss. There may be also a difference between men and women in terms of emotion expressiveness. Widowers are less likely to show their

emotions about loss. Men try to control their feelings by letting their emotions at times they choose, at other times they try to avoid the things that remind them of their lost wife (Bowlby, 1960).

On the other hand, Bowlby talked about the importance of personality variables by explaining the importance of the bereaved person's capacity for love and his or her reactions to stressful situations (1980). Lieberman et al. (2003) stated that how the child is informed about the loss of the parent is also a factor affecting the degree of bereavement the child experiences. According to who gave the information of the parental loss to the adolescents, adolescents' emotional stability, social relationships, social adaptation and general loss adaptation scores changed significantly. Scores of adolescents who were informed by their first-degree relatives in all adaptation scores were significantly higher than adolescents who were informed by their second-degree relatives or adolescents who were informed by the telephone (Toksoy, 2005). There was a significant correlation between grief reactions and adjustment to loss. More grief reactions were related to less adaptation to parental loss (Coşkun, 2009). From Freud's grief work theory (1917), it may be assumed that people who suffered a lot after the loss are more likely to have adaptation problems afterward.

While these factors seem to affect loss results, there were opposing results, too. For instance, there were no significant differences found among adolescents and children who lost their parents expectedly and adolescents who lost their parents unexpectedly in terms of their adaptation to loss or their psychological functioning (Toksoy, 2005; Fristad, Jedel et al, 1993).

In a longitudinal study by Brent, Melhem et al. (2012), differences between 126 bereaved and 116 non-bereaved children in terms of their developmental

competence (work, career, romantic relationships, friends, education), peer attachment, and educational aspirations were compared at 9, 21, 33 and 62 months after the loss of a parent. In a similar study, there was no significant relationship found between the child's age at the time of parental loss, gender of the lost parent, the time passed since the loss of parent, the reason for death with any developmental competencies measured (success in work, education, romantic relationships, career, friend relationships) (Brent, Melhem et al., 2012). There was no association found between the adaptation of adolescents to the loss and the reported time of loss to the adolescents (Toksoy, 2005).

There were no significant differences between men and women in terms of their grief reactions, coping approaches and adjustment to parental loss (Coşkun, 2009). Participants' gender, having experiences about loss before the parental loss, cause of parental death, religious belief of participants were tested whether they had a significant effect on adjustment of participants to parental loss and it was found that neither of these factors had a significant effect on adjustment (Coşkun, 2009).

2.5 Duration of grief

In the literature, there is no agreed-on opinion about the duration of mourning, grief or bereavement. There is some research that set a timetable for the griever; but that does not mean that mourning is resolved after that. For instance, it was found that 18 months after parental loss, bereaved children have almost same scores in the depression and anxiety when compared with non-bereaved children (Kalter, Lohnes et al., 2003, cited in Lawrence, Jeglic et al., 2006). Worden and Silverman (1996)

expressed that most of the children who experienced parental loss are able to adjust in a year after loss (as cited in Howarth, 2011).

In a study with 473 high school students in Istanbul who had lost one or both parents, no association was found between an adolescent's adaptation to parental loss and the amount of time passed after the loss (Toksoy, 2005). Walsh and McGoldrick (2004) asserted that there is no timetable or sequence for mourning and adaptation. When all these findings and opinions of researchers were considered, it may be said that amount of time passed after the loss is not the only variable affecting the duration and course of grief, mourning or bereavement. There are many theories and research on the factors affecting the mourning process (reactions of the griever, problems etc.), but there was no research found in the literature about the factors that affect the duration of mourning. Possibly there are many factors interacting with each other that affect the duration of mourning, bereavement or grief.

According to DSM-V, twelve months for adults, and six months for children are the significant time periods after loss. If the grief symptoms last more than twelve months after death, and when this situation creates problems for the bereaved person's capacity, persistent complex bereavement disorder is diagnosed (for the criteria see Appendix I).

2.6 Effects of parental loss on children

As opposed to Freud's grief work hypotheses, Furman (1974) stated that children as young as three years old can mourn because they have achieved object permanence by that age (as cited in Worden, 2002). Bowlby went far beyond this idea and shared the same view with Furman (1974) and proposed that infants as young as six months

of age can mourn like adults. He reached this result by observing that children as young as six months of age experienced grief reactions (protest, despair and apathy) (Bowlby, 1980). Bowlby (1980) stated that the grieving of the child is not so different from the grieving of an adult. Children shows protest to loss; they feel sad and experience emotional withdrawal; their developmentally appropriate anxieties may be intensified by the loss; they may develop new fears, have regressive behaviors, and show aggression, generally towards the person closest to the child, exhibiting such behavior as pulling the hair of the other person or self-harming behaviors (self-biting, self-hitting etc.). Corr and Balk (2010) stated that even if preschool children do not understand loss and death in the same way as adults do because they have limited knowledge and life experiences, they are clearly aware of what is happening in their immediate world (as cited in Bugge, Darbyshire et al., 2014).

Wolfenstein (1966) and her team conducted a study with a sample of 42 children and adolescents who had lost one of their parents. Their ages were between 6 and 19. They found that mourning for this sample was not experienced as Freud said. They found that there were no preoccupation thoughts about the lost parent, there was less sadness, and participants were more likely to go on with their normal life activities. They reached the conclusion that the child is denying the finality of loss of parent, whether overtly or covertly (Wolfenstein, 1966).

There are some reactions that almost every child shows after the loss of an important person in their lives, such as sadness, confusion or anxiety. However there are some signs that caretakers of children should be careful about. Children at preschool level are not able to verbalize their emotions. Caretakers should be careful when there is a decreased verbalization of the child, the child may have increased

anxiety (like fear of separation). Other symptoms are regressive behaviors like bedwetting or thumb sucking (Graydon, Jimerson, and Fisher, 2010). D'Antonio (2011) asserts that school aged children have an advantage because they are old enough to talk openly and are willing to share. If parents have a child at elementary school level, they should be alert to difficulty in concentration, somatic problems (headaches, stomachs), sleep problems (nightmares, fear of darkness), and continuously talking about or acting out the negative event, withdrawal from social, academic issues, increased anxiety (clinging or whining), and feelings of guilt, anger, and depression (Graydon, Jimerson, and Fisher, 2010). Middle and high school aged teenagers have grief symptoms like adults, but they may show the following signs of symptoms: flashbacks about the negative event, emotional numbing or depression symptoms, nightmares, avoidance or withdrawal, problems with friends, substance abuse or other risk-taking behaviors, and problems related to school (e.g. a decrease in grades or attendance) (Graydon, Jimerson, and Fisher, 2010).

The death of a caregiver may have effects on the coping skills of children. They may show their distress through their play, behaviors, or developmental regressions. For younger children separation anxiety may show up, and social or identity distress and possible depression symptoms as a comorbid disorder may be seen in older children and adolescents (APA, 2013).

Parental loss can be problematic for children because of the actual loss of the attachment figure as well as the difficulties in many aspects of the child's life that follow the loss of the parent (Howarth, 2011). The effects of parental loss have both short- and long-term effects for the children.

2.6.1 Career planning

In the long run, there is a significant difference between the bereaved and non-bereaved control group in terms of their work success. The bereaved group was less successful at work than the non-bereaved group, also they have a less developed career plan for their future than the non-bereaved control group. Bereavement affected the work performance by the mediating factor of children's functional status that was measured at 9 and 21 months after parental loss (Brent, Melhem et al., 2012). Thus bereavement had an indirect effect on career planning, depending on past depression or behavioral disorders.

2.6.2 School success

Among children who are in the third, fourth or fifth grades, children who did not experience parental loss had significantly higher GPA scores than children at the same age level coming from loss experienced families (Özgül, 1995). In a study conducted by Şentürk (2012), the relationship between family structure and children's school success was measured with 280 children from intact families and 280 children from broken families (either families that had experienced divorce or the death of a parent). The findings of the study showed that mother loss was more important in terms of school success. Among the children who had more than three failed courses, %46.5 were children who had lost their mother to death. Also, children from broken families (families who experienced divorce or families who experienced parental loss), had more than two failed courses in their school reports than children from the intact families (Şentürk, 2012). These studies are rare examples of grief studies in Turkey.

2.6.3 Externalizing and internalizing problems after loss

There was a significantly positive correlation between Intrusive Grief Thoughts Scale scores and youth reports of externalizing and internalizing problems (Sandler, Ma et al., 2010). Girls had higher levels of internalizing problems than boys after parental loss (Wolchik, Tein et. al., 2006, Little, Sandler et al., 2009). For the internalizing problems, in Özgül's study (1995), there was no main or interaction effect of gender for the loss group or for the intact family group. For the externalizing problems, boys from loss-experienced families had higher levels of problems than girls from loss-experienced families (Hope and Hodge, 2006; Haine, Wolchik et al., 2007). Older children reported higher externalizing problems than younger children after parental loss (Haine, Wolchik et al., 2007).

In a similar study, data was collected from 325 children and adolescents (bereaved of a parent approximately two months prior to the study) and 129 non-bereaved community controls and 110 non-bereaved depressed controls in order to examine depressive symptoms in bereaved children and adolescents two months after the death of a parent (Gray, Weller, Fristad, and Weller, 2011). Both the children and their parents were participants of the study. For data collection, the Children's Depression Inventory, the Children's Depression Rating Scale-Revised, the Hamilton Depression Rating Scale, the Psychiatric Diagnostic Interview, and the Family History Research Diagnostic Criteria were used. Results showed that bereaved children had significantly more depressive symptoms than the community controls and significantly fewer depressive symptoms than the depressed control group. Also, the researchers found that whether or not bereaved children have major depression disorder depends on the history of major depression episode in the child as well as the history of alcoholism in the parents. To sum up, the death of parent was a risk

factor in developing major depression episodes for the bereaved child (Gray, Weller, Fristad, and Weller, 2011).

2.6.4 Fear of abandonment

Young children's fear of abandonment by their surviving parent was significantly related to their anxiety during adolescence or young adulthood (6 years after the first data collection); thus it affected the depressive symptoms in adolescence or young adulthood (Schoenfelder, Sandler, Wolchik, Mackinnon, 2011). There is a significant correlation between child age and fear of abandonment; younger children had higher scores (Wolchik, Tein et al., 2006). Also, an increase in secondary stressors after the loss is positively related to fear of abandonment (Wolchik, Ma et al., 2008). There was a significant positive relationship with fear of abandonment and two measures of grief (general grief and intrusive grief thoughts) (Wolchik, Ma et al., 2008). Wolchik, Tein et al. found in a cross-sectional study that girls had higher scores than boys in the variables of fear of abandonment (2006).

2.6.5 Self-issues

Grief may affect the bereaved person's feeling of self-confidence and self-control, as it was seen in the results of a study conducted with bereaved and non-bereaved college students that non-bereaved participants talked more about self-efficacy with time contrary to bereaved ones (Balk, Sharpe et al., 1998).

Girls who lost one of their parents had lower self-esteem scores than boys with a similar experience (Wolchik, Tein et al., 2006). Similarly, children who

experienced parental loss had lower scores in self-concept when compared with children who did not have this experience (Özgül, 1995).

In addition to the loss of parent itself, secondary stressors after the loss are likely to affect the self-esteem of children. It was found that stressors that occurred after parental loss are negatively related to self-esteem of children and adults (Wolchik, Ma et al., 2008). Furthermore, children who experienced more secondary stressors after their parental loss are more likely to express low self-esteem.

When looking at the experiences of children, it seems that the course of grief is likely to affect self-esteem. Sandler, Ma et al. (2010) found a negative correlation between Intrusive Grief Thoughts Scale scores and self-esteem scores of children whose ages were between 8 and 16. Again, in a study conducted by Field et al. (2013) children's adjustment to loss was measured by the indicators of higher adaptive grief responses, higher self-esteem, lower complicated and traumatic grief responses, and the results showed that there was a significant correlation between adaptive grief and self-esteem (Field et al., 2013). This can indicate that children who have more intrusive thoughts, a sign of complicated grief, are more likely to have lower self-esteem, and children who have more adaptive grief responses have higher self-esteem.

The time that parental loss was experienced is an important factor for the child. In a study with adolescents, the results showed that self-actualization levels of adolescents who had lost their parents at the 0-2 age period, were lower than adolescents who lost their parents at the 2-7, 7-11 or 11 and older age period (Toksoy, 2005). Thus, losing parent at an earlier age may be more problematic for the child.

2.6.6 Locus of control

In a study conducted with 782 undergraduate students, the effects of losing a mother to loss or divorce on the locus of control were examined and it was found that mother loss did not affect the locus of control of female participants. On the other hand, males from non-remarried families where the mother died had higher levels of externality. Therefore, for males mother loss increases the external locus of control (Parish and Hortin, 1983).

2.6.7 Peer relations

There was an association found between bereavement experience and less peer attachment. Bereavement had an indirect effect on peer attachment by the mediating factors of family cohesion and adaptability as well as by the functional status of the child that was measured 21 months after loss (Brent, Melhem et al., 2012). In the study conducted by Sandler et al. (2010), it was found that children who have more intrusive thoughts had lower scores in peer competence.

2.7 Effects of spouse loss on the bereaved partner

When one of the parents in a family died, children were left with one parent and this surviving parent is in his/her own grief processes while s/he is the children's most needed person for coping with the loss (Lieberman et al., 2003). Surviving parents had struggles about new family life and roles in the family after losing their partners. They tried to create a safe environment for their children and deal with their grief at the same time. They had difficulties in taking on the role of the lost parent because

their responsibilities increased and they did not have enough energy (Bugge, Darbyshire et al., 2014). Because they have different experiences in the family, it is very important to look at the literature on exactly how the surviving parent is affected after their loss experience before we focus on the family as a whole.

Women and men differ in many aspects, such as search for help, need for social support, use of different coping styles, cultural roles and responsibilities etc. As Taylor (2007) stated, women have a “tend-and-befriend” response rather than “fight-or-flight” response. By this, it was said that women have a tendency to have social networks that give them the support they need during stressful life events (as cited in Wilcox, Evenson et al., 2003). The importance of the social support can be seen in the study of Stroebe et al. (1996). They conducted their study with 30 widows and 30 widowers and their matches of 30 married men and 30 married women to test the effects of social support and marital status on mental health and feelings of loneliness. It was found that married people had lower scores in the Beck Depression Inventory and more somatic complaints than their matched (according to sex, age SES, number of children and residence town) participants who were widows or widowers (Stroebe et al., 1996). They concluded that people who have higher levels of social support have fewer depression symptoms and fewer somatic complaints than people with less social support (Stroebe et al., 1996).

On the other hand, there are different opinions about the effect of social support for the bereaved widows/widowers. In a study conducted by Stroebe et al. (1996), attachment theory (which proposes that marital status and social support of participants had a main effect on social and emotional isolation, but there is no interaction effect) was compared with the stress theory (which proposes that marital status has a main effect and that there is an interaction effect of marital status and

social support). Results showed that social support from friends or other family members did not help participants' emotional loneliness, so there is no interaction effect. The marital status of participants had a significant effect on feelings of emotional loneliness but not social loneliness. On the other hand, social support affected feelings of social loneliness, but not emotional loneliness. Based on these results Stroebe et al. (1996) maintained that "losing a partner means losing a major attachment figure and that social support from family and friends cannot compensate for this effect" (p.1248). This situation can be explained by the relational theory of loneliness by Weiss (1975). He explained two types of loneliness: social loneliness and emotional loneliness and stated that these two types loneliness cannot compensate for each other. In emotional isolation the person feels isolated because s/he lost an important attachment figure; in social isolation, the person feels isolated because of the restricted social relationships with others (Weiss, 1975; as cited in Sandler et al., 1996).

In addition to feelings of loneliness or experience of social isolation, partner loss may result in health consequences for the bereaved spouse. In an extensive research conducted by the Women's Health Initiative in the US for the purpose of examining the effects of marital status on women's health conditions and behaviors, more than 50,000 people participated in a three year follow-up study. The longitudinal and prospective results showed that transitions in the marital status of participants were significantly related to changes in social functioning, depressive symptoms, and mental health composite. Compared to women who remained married, recent widows experienced considerable declines in social functioning, mental health and increases in symptoms of depression (Wilcox, Evenson et al., 2003). Elderly spouses may have more problems if they already have health

problems; they have a more limited social life, and may have already experienced multiple losses. They are likely to experience loneliness, interdependency problems, difficulty in role adjustment and finally an awareness of their own mortality (Freeman, 2005).

2.8 Secondary stressors

Secondary stressors can be defined as stressors that occur as a consequence of a primary stressor (parental loss in our case) and they are predictable after the loss of parent (Christ, 2000). After the loss of parent, the family can experience secondary sources that affect many variables in the family, as proved by the studies. One hundred sixteen youth between the ages of 9 and 17 and their guardians participated in a study for the purpose of examining the effects of secondary stresses after parental loss on children and adolescents. The results of the study showed that children and adolescents who experienced more secondary stressors after losing their parent were reported to have more externalizing and internalizing problems, based on self-reports and reports of their parents (Thompson, Kaslow et al., 1998).

According to results of the study conducted with 48 Cambodian adolescents who lost their fathers, it was found that the decrease in the family income following the death of father is related to lower self-esteem (Field et al., 2013). In addition, it was found that decrease in family income as a secondary stressor is associated with perceived lower emotional availability of the mother, other relatives and the best friend of adolescent. Children who experienced greater economic decrease in their families perceived their attachments as less of a safe haven (Field et al., 2013).

2.9 Deviations from the normal grief process

Lindemann (1944) was the first who talked about the types of grief. He had a common point with Freud's grief work, stating that people have problems in getting over loss because most people try to avoid stressful experiences associated with the loss and they do not clearly express their emotions related to the loss. He was one of the first researchers who talked about acute grief. He studied 101 patients from different subgroups such as neurotic patients who had experienced loss, people who had experienced loss after a traumatic event, relatives of patients who had also lost their relatives in the hospital, and relatives of soldiers. People with acute grief showed the symptoms of somatic problems like respiratory or digestion problems or exhaustion, or preoccupation with the lost one. There is a sense of unreality for the loss, they may try to move away from their social relationships or feel guilty about the loss. And lastly, he described how people may show the traits of the lost person, especially those that were experienced during the illness or at the time of death; s/he may have behaviors similar to those of the deceased. This kind of identification with the lost one may not be as obvious as the other features of acute grief (Lindemann, 1944).

In DSM-V, differences between grief and MDD (major depressive disorder) are explained in order to prevent the confusion. Also, in order to differentiate from normal grief, persistent complex bereavement disorder is used for diagnosis. For diagnosis, twelve months for adults, and six months for children should have elapsed after the loss of someone the bereaved person had a close relationship (APA, 2013) (Appendix I). In the uncomplicated grief, people may have some symptoms similar to MDD such as feelings of sadness, or physical symptoms of insomnia, or eating problems. In MDD, the person is unable to anticipate happiness or pleasure and these

negative feelings do not decrease over time. The person with MDD is mostly self-critique; feeling worthless is common; while the grieving person's preoccupations are about the lost loved one. For the duration and expression of normal bereavement, DSM-V also does not give exact time or symptoms; rather it stresses the importance of culture on grieving experiences. That's why, it is necessary to look at the history of the person and cultural expressions of grief in order to evaluate the person's symptoms (APA, 2013).

Also, in DSM-V, differential diagnoses of persistent complex bereavement disorder from normal grief, post-traumatic stress disorder and separation anxiety disorder were made. After a traumatic death event, the person may have both post-traumatic stress disorder and persistent complex bereavement disorder; both of them have intrusive thoughts and avoidance symptoms (APA, 2013). However, in post-traumatic stress disorder, the intrusive thoughts are mostly related to the traumatic event, while in the persistent complex bereavement disorder the person has intrusive thoughts that are mostly related to the lost person, such as the positive aspects of the relationship with the person, the anxiety from being separated from the lost one (APA, 2013). With both the post-traumatic stress disorder and the persistent complex bereavement disorder, the person tries to avoid external and internal reminders of the experience; in persistent complex bereavement disorder, the person is preoccupied with the loss and s/he yearns for the lost person. Yearning for the dead one and preoccupation with loss are not observed in post-traumatic stress disorder (APA, 2013).

Separation anxiety and persistent complex bereavement disorder are different in terms of the anxiety for the caregiver. In separation anxiety disorder, anxiety exists for the current attachment figures, while in the persistent complex bereavement disorder the person has anxiety because of the separation from the dead attachment figure (APA, 2013).

There are many terms used to describe grief that deviates from normal grief process. Parkes (1965) made a distinction between normal or typical grief and atypical grief. He explained atypical grief based on data from clinical interviews and asserted three categories: chronic, inhibited and delayed grief. The most common atypical grief is chronic grief, which takes longer than normal grief with deep sorrow and suffering (as cited in Bonanno and Kaltman, 2001). Inhibited grief is more common in children, and a person with inhibited grief does not show many signs of the grieving process. Lastly, in delayed grief, the person postpones his/her grief reactions for a period of time (as cited in Bonanno and Kaltman, 2001).

Similar to Parkes' differentiation, Bowlby (1980) identified two types of disordered grief: "chronic mourning" and "prolonged absence of conscious grieving" (p. 138). In the first one, the mourner has depressive symptoms and difficulty in organizing his/her life, and may experience anxiety. This chronic mourning term was labelled by Lindemann (1944) as "distorted" and by Anderson (1949) as "chronic" (as cited in Bowlby, 1980, p. 139). In the second one, the grieving person starts a new life after loss, but s/he has some acute depressive symptoms. Absent (Deutsch, 1937), delayed, inhibited, and suppressed were terms used to describe this second type of disordered grief (as cited in Bowlby, 1980, p. 139). Absent grief stems from the fact that the grieving person denies or avoids the emotional reality of the loss (Bonanno, 2004). In both types, the mourning process still continues because making

plans for the future and deriving meaning from the loss experience is not possible for the griever. Unfinished or a long grief process is likely to result in physical and psychological problems for the griever (Bowlby, 1980).

Bonanno and Kaltman (2001) reviewed the research that focused on complicated and healthy grief or mourning and they found out that most of the participants in these studies (from %50 to %85) had normal grief reactions that moderately affect cognitive, emotional, physical or interpersonal aspects of the griever after the initial months following the loss. They stated that even if some effects may remain for longer periods of time, most of the grievers go back to their pre-loss condition at the end of the first year of the loss. Because there are no certain, agreed-on definitions of healthy or complicated grief, the authors suggest that if the person does not show intense grief reactions in the early months following the loss, this should be regarded as a sign for healthy grief. The duration of grief and the intensity of the reactions are two signs that should be evaluated when making a decision about a person's grief experience (Bonanno and Kaltman, 2001).

2.10 Mourning rituals

Culture affects the expression, the manifestations, and the duration of grieving and ways of coping with this grief. So the use of terms of normal and abnormal grief changes from one culture to another (Stroebe and Schut, 1998; APA, 2013).

Mourning is the social dimension of the loss and is affected by cultural values. That is, reactions to death and practices after the death are affected by cultural mores (Bilgili, 2010; Rosenblatt, 2010). According to Rosenblatt (2010), rituals have enhanced meanings:

They are not only about death but also about gender relations, the place of work in people's lives, political power, social status, social order, the meaning of things, etiquette, proper ways to eat and dress, health, and innumerable other things. (Rosenblatt, 2010, p. 295)

The rituals allow family members to experience their deepest suffering and pain and they bring about remembering the old meanings and help create new ones (Nadeau, 2010). They define the relationships between the bereaved people as well as between the bereaved and the lost one (Rosenblatt, 2010).

Death rituals involve words. They involve symbolic actions, perhaps self-mutilation, voluntary isolation, recent handling of the bodily remains of the deceased over months or years, not bathing for a period of time, animal sacrifices, and destruction of the property of the deceased. Death rituals also often involve symbolic materials, prayers, music, physical actions, effort, expenditure, transformations of appearance for the most bereaved, shared expressions of all sorts, and symbolic transformations in relationships, location, and status. (Rosenblatt, 2010, p. 294-295)

All rituals answer the questions of who will participate, what symbols are used, where and when the ritual will be accomplished, what emotions are appropriate, and which elements of the ritual is described and which parts are personally constructed (Giblin and Hug, 2006). For instance, what to do with the remains of the deceased, deciding who will give support to the bereaved members, or what to do with property rights are decided by ritual processes (Rosenblatt, 2010).

As part of the rituals, funerals play an important role in the grief process. According to Giblin and Hug (2006), funerals can make the death a reality; thus the bereaved person may normalize the process of new life. Especially in cultures that deny the death, funerals are very helpful in making people understand the irreversibility of death (Giblin and Hug, 2006). Funeral processes consist of different stages (contact with the bereaved, the funeral including family members, friends, relatives, a post-funeral meal or meeting, a post-funeral event (ten day, forty day

remembrance rituals). All parts of the funeral accomplish the meeting of psychological and spiritual needs (Giblin and Hug, 2006).

Funerals have existed since the civilization of human beings and it has positive psychological outcomes for grieving people (Bowen, 2004, cited in Walsh and McGoldrick, 2004; Giblin and Hug, 2006). In the funerals, survivors are in an intimate contact with the dead, other relatives, and friends. With the funerals, survivors end their relationship with the lost one and continue their lives. Especially for children, not participating in the funeral of the lost one may result in unrealistic or distorted fantasies (Bowen, 2004, cited in Walsh and McGoldrick, 2004). Funerals have an important role for the survivors:

...provide a context for remembering, storytelling, and creating cherishable moments, an opportunity to validate the life of the deceased. Across the multiple moments of the funeral process the family and other survivors have the opportunity to tell and listen to stories and so develop balanced images of the deceased. Funerals provide a bridge between remembering and hoping, connecting the old to the new; they provide a threshold from which survivors can look forward and backward. (Giblin and Hug, 2006, p. 16)

According to Muslim beliefs, death is a transition from one phase (lower world-life on the earth) to the next (intermediate realm between the time at earth and Judgment day) (McGoldrick, et al., 2004). In Turkey, more than 90 % percent of the population believes in Islam and in the Turkish culture death has similar meanings. It is considered as an order of Allah that people are expected to believe that the death is a natural event (Cüceloğlu, 1994 as cited in Bilgili, 2010). Some statements from the Qur'an: "God gives life, and He makes to die (Quran' 3:156)", "A person dies when it is written" (Qur'an, 3:185, 29:57, 39; 42, as cited in Sachedina, 2005).

In Islam, there are many customs and mourning rituals. Arranging funerals is one of them, since in Islamic belief, the dead must be buried. These funeral rituals have some meanings. Apaydın (2002) stated that washing the body is a metaphor.

Firstly, it resembles washing a new-born baby, so that it is like a re-birth of the dead body. Secondly, it is the ritual for cleaning the body for the dirt associated with the materialistic world. Following this cleaning, the dead body is wrapped in a shroud that also looks like the swaddling of a new-born baby (as cited in Bilgili, 2010). After this wrapping, the body is put into a coffin.

Silverman and Worden (1992) listed three needs of children that are met by funerals (cited in Worden, 1996): a means for acknowledging death, a way to honor the life of the lost person and a means of support and comfort for the child. Children should be informed about the funeral and other mourning processes and children should be allowed to decide whether to attend the funeral or not (Worden, 1996). In their studies with 125 children and 70 families, it was found that most children attended the funeral of their lost parent and this experience did not result in any emotional or behavioral problems for the children. Including children in the planning activity of the funeral made them feel important and useful (Worden, 1996). Children learn how to react to events and how to express their emotions by observing the adults around them. When children are not allowed to participate in the funeral, they may have imaginary scenarios that are more awful than what the event actually was. Also, they may miss the opportunity to express their emotions about the lost one and they may fail to learn effective coping mechanisms after loss (Giblin and Hug, 2006). Bowen (2004) stated that children are not damaged by viewing the body of the family member, visiting their graves, or by participating in death-related events; but they can be hurt by the anxiousness of the surviving family members.

Adherence to mourning rituals is related to better adjustment to parental loss (Coşkun, 2009). Religion and rituals related to it give a chance to the grieving person to share their experiences in a social setting and it also gives comfort to the person

(Lindemann, 1944). In a study conducted with 135 relatives or close friends of terminally ill patients in London, it was found that people with strong religious beliefs were getting better, but people with weaker religious beliefs resolved their grief slowly. However, after 14 months both groups of participants were at the same level (Walsh, King et al., 2001). The authors discussed this result, stating that grief may be resolved easily by spiritual beliefs because they give an existential framework for the person, giving principles related to life and its beyond (Walsh, King et al., 2001).

2.11 Resiliency

2.11.1 Conceptualization of resilience

The term “resilience” has been used with many meanings in different contexts. For instance, Block and Kremen (1996) defined ego-resiliency as a characteristic of an individual to keep the system balanced when there is a demand from the environment. Adger (2000) defined two types of resiliency: social resiliency, which is the ability of the group to cope with external stresses and disturbances, and ecological resiliency, which is a characteristic of ecosystems to keep their equilibrium in the times of stress and disturbances. Eppler (2008) evaluated children as resilient when they were able to cope with the loss of a parent, even if they have experienced negative emotions following the loss.

According to Luthar, Cicchetti, and Becker (2000) there should be a distinction between resilience and resiliency. “Resilience” should be used when talking about the process of competence even if there is an adversity. “Resiliency” should be used when to refer to a specific personality trait. Then resiliency should be

conceptualized as a dynamic process leading to positive adaptation in spite of the adversity experienced. Luthar, Cicchetti, and Becker (2000), however, states that in different research, the terms resiliency and resilience are used interchangeably.

According to Luthar, Cicchetti, and Becker (2000), two conditions should be present when talking about resiliency: (a) exposure to significant threat or severe adversity and (b) positive adaptation after stressful, adverse conditions. On the other hand, while in some studies, the resilience is considered as the absence of mental health problems (Lin, Sandler, and et. al. 2004). Some other researchers, e.g. Luecken (2011), state that resilience is not just the absence of pathology. It is also the restoration of and improvement in health and well-being after negative life experiences (Luecken, 2011).

Patterson (2002) illustrated two different opinions about resilience. On the one hand, practitioners who support “significant risk perspective” state that people who experienced significant negative experiences can be evaluated as either resilient or not. On the other hand, people who support “life-as-risk perspective” state that in every aspect of human life, there are stressful situations, so that significant risk is not necessary precondition for calling someone resilient (Patterson, 2002, p. 237- 238). He considered resilience as an outcome of specific behaviors or characteristics that help people adapt well, despite the odds. Family resiliency looks for the processes that help the family succeed despite the odds (Patterson, 2002). Both individual and family resilience stems from the interactive processes between risk and protective factors at multiple levels (Card and Barnett, 2015). Because resilience is a multidisciplinary and dynamic construct, it can be defined at the individual, family or system level (Card and Barnett, 2015).

DSM-V states that the prevalence of unhealthy grief (persistent complex bereavement disorder) is just 2.4%-4.8% of the population, so it seems that normal grief is more common than what the deficit-oriented model supposed. There is a need for understanding the reasons that lead some people to experience integration of grief positively (Murray, 2001).

Traditional pathogenic or deficit-oriented model looks for the risk a bereaved child faces after parental loss such psychological problems as depression, antisocial behavior, problems in the school etc. (Hurd, 2004). However, in addition to studies that showed the problems that followed the parental loss, there are also studies that show that children and their families can succeed after their negative experiences. According to Rutter (1999), loss does not necessarily lead to negative outcomes for the family. Negative life experiences result from the fact that these negative life experiences predispose other stressful experiences, which become the mediating factors for the risk outcomes. This can be explained as parental death (risk factor), adaptation process (mediating variable such as relationship and communication patterns in the family, or parental skills of the surviving parent) and resilience trajectories (Sandler, Wolchik and Ayers, 2006). For instance, satisfaction of basic needs is important since grief was affected by caregiver child relationship quality and stressors. Researchers argued that it is the relationship between the surviving parent and the child that creates warmth and consistent and responsive bond between parent and child gives the belief to the child that s/he can manage the stress in their lives (Wolchik, Ma et al. 2008). Those processes that help these families in overcoming turbulent times are the issues of resiliency (Walsh, 2006).

Resiliency is described as the phenomenon of overcoming stress or adversity, so that people who have negative life experiences are somehow able to overcome

these experiences and the negative side effects such as the development of psychopathology (Rutter, 1999). Rutter (1999) tried to differentiate terms that were confused with resilience such as self-efficacy, positive mental health and social competence. In order to talk about resilience, the person has to experience a negative life event that has an increased risk for psychopathology and s/he rebounds back in the face of all diversity with the help of personal traits or environmental support (Rutter, 1999; Mancini and Bonanno, 2009). In this case, then, resilience is an outcome following a stressful life experience (Mancini and Bonanno, 2009). Individuals and families use their inherent or environmental resources to overcome the difficulties (Hawley, 2000).

Some protective factors that were used in many resiliency studies are the following: individual protective factors (intelligence, academic success, easy temperament, internal locus of control, high self-esteem and self-efficacy, self-awareness and acceptance of herself/himself, autonomy, having life goals and positive expectations for future, efficient problem solving skills, optimism and hope, having positive social relationships, having sense of humor, health, age); family related protective factors (supporting parents, having positive relationships with the family members, effective parenting, parents' supporting and realistic expectations about their children); and environmental-social protective factors (having positive relationships with adults in a supportive social environment , support from peers/friends, efficient social resources like qualified schools, organizations for youth) (Benzies and Mychasiuk, 2009; Gizir, 2004; Masten and Coatsworth; 1998).

The opposite of these protective factors were risk factors for children, family and community. For instance, while a child's high self-esteem is a protective factor, having low self-esteem is a risk factor. For a family, getting social support from the

community, friends, or work is a protective factor; not having enough social support can be a risk factor for the family after a stressful life experience.

Rutter (1987) states that risk and protective factors are not stable, and that their effects can change with time. For instance, a protective factor can be a risk factor at a later time or in a different context (cited in Hawley, 2000; 1987). Similarly, Patterson (2002) asserts that family resiliency is not a stable trait of families; it is an ongoing process.

2.11.2 Family resiliency

Family resiliency can be described as “characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations” (McCubbin and McCubbin, 1988, p. 247).

Walsh (2006) described resilience in the family as a functional unit. In some studies, resiliency was described as the absence of mental health problems (Lin, Sandler et al., 2004). Patterson (2002) described family resiliency as the family’s ability to fulfill its functions. According to Ooms (1996), family functions are family formation and membership, economic support, nurturance and socialization, and protection of vulnerable members by the family (as cited in Patterson, 2002).

Patterson (2002) states that in order to understand whether a family is resilient or not, it is beneficial to look at the family functioning, which consists of the processes characterizing the family unit as a whole such as cohesiveness, flexibility, affective and instrumental communication, and behavioral control. He summarized some of the core functions of the family:

1. Membership and family formation: this function provides family members with a sense of belonging, personal and social identity, meaning and direction

for life. While commitment to family unit is a positive example to this function, divorce can be negative family-level outcome (Patterson, 2002, p. 235).

2. Economic support: with this family function, family members' basic needs are met such as clothing, food, and shelter. Child neglect and homelessness are negative examples of this function (Patterson, 2002, p. 235).
3. Nurturance, education and socialization: this function improves family members' physical, psychosocial, spiritual development. Family members learn social values and norms. While family love and mutual support among members can be positive examples, domestic violence and child abuse are the negative family-level outcomes (Patterson, 2002, p. 235).
4. Protection of vulnerable members: the family provides protective care, support for vulnerable family members such as ill or disabled ones. For instance, elder abuse is a sign that family cannot accomplish this function (Patterson, 2002, p. 235).

While some families are able to move on with their lives and reach the homeostasis again after parental loss, some families are not able to accept the changes the loss brought. Families who are able to restore their homeostasis are the ones in which family members assist each other to say goodbye to the lost person, talk about their feelings related to loss and the lost person, make new plans for the future, give the old roles to the new members or create new roles according to their needs. Also, they do not lose their connections to the deceased on anniversary dates or dates that are important for the family (Freeman, 2005).

According to Freeman (2005), families experience the loss either by reorganization or replacement. In the reorganization, members fill the gap that was left by the lost family member; his/her roles are shared in the family. In the replacement, the role of the lost one is held by a new member in the family such as remarriages or having a baby after losing a child to death (Freeman, 2005).

The family resilience framework has many advantages. Firstly, it focuses on the strengths of the family, not the pathology. Secondly, this framework suggests that one single model cannot explain whole families (Walsh, 2002). Families are assessed in their contexts (according to their own values, structure, resources, and problems). Thirdly, in the same way that families can go through many changes, family members' functioning also changes with time; this framework pays attention to these changes. Lastly, this model suggests that families have the necessary potential to bounce back from adversity (Walsh, 2002).

2.11.3 Family resilience models

There are many models explaining family resilience, but I have explained three of them here. Because I aimed to work from a family system perspective, Walsh's family resilience model is explained in more detail than other two models.

One of the important studies that lead to family resilience theory and research in nineteen forties was Hill's ABC-X model of family resilience. He studied 135 families after World War II, mostly about their coping with war. He created his model based on the findings of this study. In this model A is the stressor event, B is the resources or family's capabilities, C is the meaning that family members attach to a negative event and X is the degree of crisis the family members experience (as cited in Brody and Simmons, 2007; Nichols, 2013).

The family adjustment and adaptation response (FAAR) model: Patterson (1988, 2002) created a model that views the family and the individuals within the hierarchy of systems that define the biopsychosocial levels. The FAAR (Family Adjustment and Response) model includes three levels of systems: individual, family and community. The family as a social system tries to keep its balance so that its functioning can continue. For keeping homeostasis, the family uses its capabilities such as resources and coping behaviors to meet its demands (stressor and strains). The meanings, whether situational or global, that family ascribes to these demanding experiences and their capabilities are significant factors that help them achieve or keep their balanced family functioning. The outcome of the family after these efforts is defined as family adjustment or family adaptation, which ranges from good to poor (Patterson, 1988, 2002). In the FAAR Model, there are two phases a family goes through: adjustment and adaptation. In the adjustment phase, the family is able to meet the demands of the family by using its capabilities. The family is relatively stable in the adjustment phase. On the contrary, in the adaptation phase there is a crisis risking the family's prior balanced functioning. The demands that the crisis causes exceed the capabilities of the family. In this situation, the family tries to get their balanced family functioning either by having new resources and coping behaviors or by reducing the demands that the crisis generated (Patterson, 1988, 2002).

The Walsh model of resilience: Walsh questioned the normal family concept. She asserted that the term "normal family" may have different meanings in different contexts, cultures, between researchers and even for the family when family members are anxious about their normality (Walsh, 1993). For the assessment of

family functioning, it is necessary to evaluate the family resources and the effect of other systems on the family (Walsh, 1993).

The resilience theory of Walsh (2006) is an inclusive one, evaluating the family system as a whole. He determined the key processes in family resilience as belief systems of the family, organizational patterns and communication processes in the family (Walsh, 2002; 2003; 2006).

Belief systems include making meaning of adversity (like normalizing and contextualizing the adversity, sense of coherence, explanatory attributes of family members); maintaining a positive outlook (such as hope, optimism, courage, active initiative and perseverance, accepting what cannot be changed by family); and transcendence and spirituality (such as values, faith, rituals, inspiration) (Walsh, 2002; 2003; 2006).

Organizational patterns include: a. flexibility (such as rebounding, reorganization, stability, and authoritative leadership in the family), b. connectedness (mutual support, respect of members to each other, seeking reconnection and reconciliation), and c. social and economic resources (mobilizing social networks, institutional support, and balance between family and work issues) (Walsh, 2002; 2003; 2006).

Communication process in family resilience was described by: a. clarity (clear, consistent messages among members), b. open emotional expression (sharing feelings with each other, mutual empathy, positive interactions), c. collaborative problem solving (shared decision making, having goals and following necessary step to reach that goal, being prepared for the problems, being avert possible risks) (Walsh, 2002; 2003; 2006).

2.11.4 Resilience studies

In one study (Simeon and et al., 2007), the relationship between resilience and trauma, attachment, temperament, cortisol level and cognitive performance in 25 women and 29 men adult healthy volunteers were examined. For the measurements, the Defense Style Questionnaire (resilience, neurotic, and immature), the Relationship Questionnaire (measuring the attachment styles of secure, fearful, preoccupied and dismissive), the Childhood Trauma Questionnaire (measuring emotional abuse, emotional neglect, physical neglect, physical abuse, and sexual abuse), the Tridimensional Personality Questionnaire (measures three dimensions of temperament: novelty seeking, harm avoidance and reward dependence) were used. Also, the participants went through the Trier Social Stress Test (TSST). Participants' cortisol levels were measured before and after the test. TSST consists of 15 minutes performance (five minutes for presentation preparation, five minutes for the job interview and five minutes of mathematical ability testing) (Simeon and et al., 2007). After this process, participants' cortisol levels at the start of the test and after the test were compared. Participants evaluated their stress level during the test by using a seven-point Likert scale. Results showed that resilience was strongly inversely correlated with total childhood trauma score and it correlated positively with secure attachment but negatively with preoccupied and fearful attachment (Simeon and et al., 2007). Resilience was positively correlated with reward dependence and negatively correlated with harm avoidance. In addition, in regression analyses, childhood trauma was the strongest predictor of resilience, followed by mathematical performance errors and subsequently by harm avoidance (Simeon and et al., 2007).

Campbell-Sills, Cohn and Stein (2006) worked with 132 undergraduate students (%72 female, %28 male) in order to investigate the relationship of resilience to personality traits, coping styles, and psychiatric symptoms. The Connor-Davidson Resilience Scale (CD-RISC), the NEO Five Factor Inventory (NEO-FFI) Coping Inventory for Stressful Situations Short Form (CISS-SF), the Childhood Trauma Questionnaire-Short Form (CTQ-SF), and the Brief Symptom Inventory were used for data collection. Hypotheses were tested by using correlation and multiple regression methods. Results showed that there was a negative relationship between resilience and neuroticism, and a positive relationship of resilience with extraversion, openness and conscientiousness. Task-oriented coping was positively related to resilience. A task-oriented type of coping mediated the relationship between conscientiousness and resilience. Emotion-oriented coping was associated with low resilience. Resilience also moderated the relationship between childhood emotional maltreatment (emotional neglect) and current psychiatric symptoms of participants (Campbell-Sills, Cohn and Stein, 2006).

In a qualitative study, fifteen women who experienced a crisis event (such as sudden death, death in hostile acts, illness, work accident, and divorce) at least one year before the study were interviewed and their interviews were analyzed by using grounded theory methods. They were asked about their crisis event, and the meanings they gave to that experience, their definitions of family healing process and of family resilience. From the analyses of the interviews, the themes of expressiveness-self-disclosure, connectedness, flexibility, optimism-positive outlook and family values in interpersonal interactions were identified. Based on this study, it can be claimed that interpersonal relations have an important role in family resilience (Cohen, Slonim, Finzi, and Leichtentritt, 2002).

McCubbin, Balling, Possin, Friedrich, and Bryne (2002) conducted research on resilience factors in families with experience of their children's cancer. For this purpose, they conducted semi-structured interviews with 42 parents (25 mothers and 17 fathers) who had a child diagnosed and treated for cancer. Researchers found their participants in a cancer clinic. All children had been treated for their cancer three years before the study. After the data analyses, six resiliency themes were identified. The first theme of resiliency was internal family strength of rapid mobilization. Families stated that they had the ability to mobilize their resources immediately after the child's diagnosis and they had tolerance for living separate in the times of hospitalization (McCubbin et al., 2002). The second theme was support from health care professionals such as giving information when necessary, showing respect to parents. The third theme was about the support given by the extended family members; their help for sibling care, transportation, emotional or instrumental support. The fourth theme was about support from community such as arranging a campaign for financial and emotional support. The participants also appreciated the support from their workplace. Almost all participants were working outside of the home during the child's treatment and they got support from their workplace in terms of flexible working hours and job assurance. And lastly, parents stated that they went through changes in the appraisal of their experiences such as seeing the good thing in the problems or having beliefs (McCubbin et al., 2002).

In order to identify and describe the resiliency factors in families who experienced parental death, Greeff and Human (2004) conducted a mixed-type study with 39 surviving parents and their adolescent children. Families who experienced parental loss one to four years before the study was conducted. An open-ended question and some instruments were used for data collection. Participants were asked

to describe the most significant factor that helped their families to cope with the stressful experience. The used instruments were the Family Hardiness Index (FHI), the Family Sense of Coherence (FSOC) Scale, the Relative and Friend Support Index (RFS), the Social Support Index (SSI), and the Family Crises Oriented Personal Evaluation Scales (F-COPES) (Greeff and Human, 2004). When the participants answers for open question were analyzed, two themes emerged for the resources or strengths that were helpful for their families after parental death: internal resources and external resources. Internal resources included intra-familial support (both emotional and practical support), individual characteristics of family members (personality, self-support, accepting the situation), open and honest communication among family members, continuing the family rituals and participation in the house chores, financial resources of the family. According to participants, their external resources were social support from extended family and friends, religious beliefs and spirituality, professional support from psychologists and clergy, community support like hospices, and their careers (school for children and colleagues for the surviving parent) (Greeff and Human, 2004). When the scales were analyzed by Person product-moment correlations, it was found that the Family Sense of Coherence is positively correlated to the Family Hardiness Index for parents. For adolescents, there is a positive correlation between the Family Sense of Coherence and the Family Hardiness Index. Also, for adolescents there was a positive correlation between the Family Sense of Coherence and community as a source of support (Social Support Index), and the Family Sense of Coherence and passive appraisal coping style as measured by the Family Crises Oriented Personal Evaluation Scales (Greeff and Human, 2004).

CHAPTER 3

METHODOLOGY

3.1 Research approach

Research approaches can be categorized as quantitative or qualitative, based on how data is collected and analyzed, and based on the type of research question (Creswell, 1998; Gall, Gall and Borg, 2010; Lodico, Sapulding and Voegtle, 2006; Yin, 2003).

In quantitative studies, things are counted or measured (Merriam et al., 2002; Berg, 2009) and the data is summarized by numerical methods (Weiss, 1995).

According to different goals and procedures used, they can be referred to as descriptive-experimental, casual-comparative, correlation, or meta-analysis research. In qualitative research, there are also multiple designs and strategies in collecting and analyzing data (Merriam et al., 2002). The data is collected by means of observations, interviews, and documents and the results are presented by narratives or verbal data (Lodico, Sapulding and Voegtle, 2006). Analysis of the data is made by interpretation, summary or integration (Weiss, 1995).

In quantitative research, the researcher tests hypotheses or theories; on the other hand, in qualitative research there is a lack of theory to explain the whole phenomenon. Qualitative research reaches concepts, hypotheses or theories after analyzing the collected data from the field (Merriam et al., 2002; Glesne, 2006; Gall, Gall and Borg, 2010).

A qualitative researcher needs to commit more time in the field of interest, have different methods of data collection and analysis that necessitate a lot of time to show many perspectives at the same time, and reflect on the field area as much as

possible to make the readers visualize the research field (Creswell, 1998). Qualitative research is suitable when the research is initiated by “how” or “why” questions; when the subject of the research needs to be explored, when the researcher wants to collect data in participants’ natural settings and when there is a “need to present a detailed view of the topic” (Creswell, 1998, p. 17). Qualitative research designs permit an understanding of the experiences of the participants involved in the research and an understanding of the social, cultural, and political environments affecting their experiences (Glesne, 2006; Berg, 2009). The final product of the research is “richly descriptive” (Merriam et al., 2002, p. 5).

In my research, I wanted to explore in detail how the family members were able to overcome parental loss by describing their grief and mourning process. Also, by using the qualitative interviewing, I was able to get information about how family members in different roles interpreted the loss. It was possible to hear their inner experiences (Weiss, 1995; Merriam et al., 2002; Glesne, 2006).

3.2 Design of the study

Weiss (1995) stated that researchers should decide about whether the clarity of the focus or inclusiveness is the primary aim of their research. If the topic and research sample is narrow, it is easy to determine the issue of interest and collect data. If the study aims to reach more people, results will be more significant (Weiss, 1995). Case studies are used when “why” or “how” research questions are posed and when the researchers have little or no control over the phenomenon that is questioned (Rowley, 2002; Yin, 2003).

The terms of “case study”, “case review” and “case report” are used in the literature, but the difference of case study is its scientific and evidence-based approach (Zucker, 2009). Merriam et al. (2002) described case study as follows: “The case study is an intensive description and analysis of a phenomenon or social unit such as an individual, group, institution or community” (p. 8). It focuses on a single phenomenon or entity (the case) in order to describe the phenomenon of the interest in a deeper way. (Merriam et al., 2002; Zucker, 2009). Creswell (1998) stated that a lower number of cases means greater depth of data. Yin (2003) stated that by using a case study, it is possible to understand real-life events from a holistic and meaningful perspective. Also, it is possible to expand and generalize theories (Yin, 2003). In using case study research design, experiences of participants are given in such a detailed and sufficient depth that readers of the study can connect themselves to experiences of participants, learn about the issues presented and deepen their understanding. The researcher does not try to generalize the findings to a population (Seidman, 2013).

According to Yin (2014) there are five reasons to do a single-case study. In critical case studies, the purpose is to verify theoretical propositions. Also, when there is a unique or unusual case, it is worth documenting and analyzing the case. A revelatory case is used when there is an opportunity to study a phenomenon that was inaccessible for the social study. A longitudinal case study aim, as its name implies, to study the same case at different times. With this study, it is possible to see the effects of time interval on the case. Lastly, a representative or typical case study is used “to capture the circumstances and conditions of an everyday situation — again because of the lessons it might provide about the social processes related to some theoretical interest” (Yin, 2014). Therefore, according to Yin (2014), the purpose of

the study determines which type of case study will be used. In addition, the purpose of the study, as stated by Yin (2014), there are some other factors researchers use in deciding about the number of participants and sufficiency of data. These factors can be time, money, and other resources that can be used during data collection, research questions, propositions of the study, theoretical context of the study (Rowley, 2002; Seidman, 2013).

The case study method can be criticized for its inability to generalize findings for larger samples or different conditions. But, it risks generalizability of the findings for the depth of the data gathered (Weiss, 1995). The case study gives the reader an understanding of the case in interest with a more emotional level because it gives many details about the lives of people. Also, it is possible to see coherence in the data because the case is analyzed in detail, with past, future and present focus. Thus, the case study is valuable in the sense that it gives coherence and depth in the data with less emphasis on generalizability of the findings (Weiss, 1995).

The current study can be categorized as a typical case because the family represents the middle-class in Turkey. Also, the family was a unique case in the sense that they were a rare example of resilience after parental death; their reactions did not fit in the descriptions of complicated grief. In this study because I aimed to get a detailed description of the loss experience of a typical family in Turkey, and research questions consisted of “why” and “how” questions, the case study method was appropriate for inquiry.

3.3 Researcher identity

As Cook (2010) stated, researcher qualifications are an important issue, especially in the sensitive research topics. After four years of undergraduate education in psychological counseling and guidance, I have been working as a school counselor in a public primary school. I have been working with both normally developing children and children with special needs. Children or their parents come to the counseling service room for many reasons such as academic problems, social relationship issues, divorce of parents, attention problems or loss experience. In order to better help them, I got certification in family and couples therapy, and in family education, a program supported by UNICEF, certification in crisis intervention, and I also took drama courses.

In August, 2010, my aunt died in a car accident. After that event, I saw that some families would not have such psychological problems as frequently predicted. After that negative event, I read many books about parental loss, and death. Before I started my master's degree in psychological counseling and guidance, I decided to study parental loss. For that reason this topic had a personal meaning for me.

During the interviews, data collection and data analyses processes, I was just in my researcher role. The fact that I was trained as a psychological counselor was an advantage. I tried to keep my objective researcher identity as much as possible in order not to influence the participants. The participants were informed about my role in the research process through the consent form. They were also informed that this process would not heal their wounds, but would give them a chance to be heard, thus a chance to share their experiences.

3.4 Participants

3.4.1 Recruitment process of participants

Because it was very hard to find a systematic database of families who had experienced parental loss, convenience sampling was used as the sampling strategy. In order to find the case I want to study, I first found a key informant, a person willing to help researcher find target samples for the research (Weiss, 1995). I held a meeting with the all teachers in my school so that I could explain the purpose of study and the criteria of the family I had set. I was then informed by two teachers that they had students whose family was appropriate for my study. Their students were sisters of the same family (same father and mother). The little sister was in the first grade and the older child was in the fourth grade. The teacher of the fourth grade child was my key informant. She was the person who made the first contact with the family about the study. She then introduced me to the family by telephone. I phoned them and explained the purpose and process of the study.

In early ages, children are not able to give self-report because they have not completed their cognitive and linguistic development. That is why the surviving parent (the father) has a key role in giving information about his children. However, because the surviving parent may be experiencing his own grief, he may not be the one who could give accurate and full information about the children. For both these reasons and purpose of the study, I collected data from multiple data sources (the father, grandparents, two children, and two teachers) by using interviews. Also, I used observation as a data tool to get first-hand data about the children by observing them in school as well as in their homes (Lieberman, 2003). The criteria before the case were determined as follows:

1. A parent died at least 24 months ago (two years). In the literature, for the grief or bereavement process, there was no determined time duration. There are studies which have a limit of two years after loss to be able to participate in the study (Moats, 2010). To be sure that family members had overcome their first emotional reactions (such as denial or shock), two years was determined and the consent from the Boğaziçi University Ethics Committee confirmed this time interval before the data was collected.
2. Parents were living together before the loss.
3. Neither the surviving mother/father nor the children needed to receive any mental health or bereavement service because of severe inability to cope with grief or another mental health issue.
4. The child was not diagnosed with emotional problems, behavioral problems or mental health problems.
5. Family members were willing to talk about their loss experiences without any economical return for being participants.
6. No personal, close relationship with the researcher.

In terms of the prevalence of the persistent complex bereavement disorder, we can see that 2.4%-4.8% of the population has this disorder (APA, 2013). Because the prevalence was not so high and the time frame was explained clearly, I did not hesitate that the family I found did not meet the diagnostic criteria for persistent complex bereavement disorder. Still, the criteria were checked out to be sure, before the data was used for the study.

In order to assess whether family members had complicated grief or not, DSM-V Persistent Complex Bereavement Disorder criteria were used (see Appendix I). For this purpose, during the interviews with family members, the criteria were checked

continuously. If the family members did not give information about a particular point, that a question about that point was asked directly. Therefore, by using formative evaluation during the interviews, I was sure that the family members did not have complicated grief. In addition, after the interviews I phoned the family members and asked whether they had negative feelings or experiences after the interviews I conducted. They stated that they did not have any problems. If they had said that they were disturbed due to interviews and had not let me use the data I collected, I would have not used the data and would have searched for another family as participants. Yet, the family was comfortable after data collection, so I used the data I collected from them and analyzed the transcriptions.

One of the reasons for choosing the family in the school where I have been working for four years was to be able to follow up with the family members after the interviews about whether the process affected them or not. Another reason was that the family members shared very personal issues which would have been awkward to share with someone they had not met before.

3.4.2 Description of the case and the participants

Appendix G shows demographic information of participants including age, socioeconomic status (SES), educational level, and occupation. All participants were given a pseudonym to ensure confidentiality, as stated in the Informed Consent Form and the Application Document of the Boğaziçi University Ethical Committee (Appendix A, B, and C).

The participant family had experienced mother loss. The mother, Serap, had died almost three years earlier from a type of stomach cancer. She was 35 years old when she died. The father, Yusuf, explained that almost three and half years ago, while

they were about ready to start a vacation with his brother-in-law and his family. Three days before the vacation, his wife had an ache in her stomach and she vomited. The morning after this event, Yusuf and Serap asked Seher, who is the mother of Yusuf and was a nurse, about what to do with Serap's ache. She told them that to make some tests would not give any harm and it would be better for her to do that before they went to vacation. That day, after the checkups, the doctors in the hospital where Seher worked, suspected a tumor and told this truth to Seher. And Seher reported this to Yusuf. That week, all necessary tests were run, but the results did not change. The illness of the young mother was cancer. The father, Yusuf, took his wife to the Germany for a better diagnosis and treatment. She had been in Germany for almost ten months before inevitable end; she got chemotherapy and many other treatments including alternative medicine techniques. None of them was helpful for young mother. At the end, she died in 2012, left her husband and two small children behind.

The father, Yusuf, is 39 years old. He had been married for 12 years to his wife when she died. As Yusuf explained, they were married by their own wish. Their relatives were known to each other before they met. After almost five years being together, they decided to get married. In the first years of their marriage, they lived in Germany because Serap and her family had been already living in Germany and Yusuf wanted to delay his compulsory military service. Both of their children (Ayşe and Elif) were born in Germany and after a few years they decided to move back to Turkey to live. They rented the house where the family still lives. After his loss, Yusuf started living with his parents and his two children. He has a university degree from a four-year program. He did not choose a career in teaching. Instead, he has been working with his father in their own printing business. As he explained in the

interviews, he did not have any financial problems; their SES level was average. He defined his personality with words such as funny, patient, conscientious, and someone who likes to live. I observed during the interviews that he has a positive relationship with his daughters. When they came home, they fell into their father's arms and they started talking about their day at school, their exams, or some arguments with classmates.

The older child, Ayşe, is nine years old and she was, at the time of the research, studying in the fourth grade of primary school. She started schooling at the age of six, and she was one year younger than the other first grade students. As the father stated, she was very eager to go to school, and that she could read before she started school. From beginning, her grades were very good, especially in science and math lessons. Her class teacher stated that she had been one of the top students in the class. She has a dream of becoming a doctor. As I observed and as her teacher stated, she is a very responsible child. She has very close friends in the class. Her teacher, Başak, stated that she does not like to share her friends with other children; however, she is not aggressive toward her friends.

The younger child, Elif, is six years old. She also started schooling at a very early age. As her teacher stated, she started reading in the first semester of this year, so she is well ahead of many of her classmates. As her teacher, Ebru, stated, she is a very curious, friendly, social girl. She is liked by everyone in the class; she is like the leader of other children. For instance, as I observed a few times, she is the one who decides which game to play. Also, she is the mediator among her friends; she makes peace among the fighting students.

The paternal grandmother, Seher, is 59 years old. She is a retired nurse. She retired from her job one year after her daughter-in-law died. She and her husband,

Ahmet, moved into the family's home where the family had been living before the loss. She and her husband have their home in the same neighborhood, but they do not have many chances to visit their own home since they moved in with Yusuf and his children. She and her husband have another son who is also married and has one child. After Serap's death, she has been taking a lot of responsibility related to Ayşe and Elif, but as she stated, she is happy with being there for them.

The paternal grandfather, Ahmet, is 61 years old and has his own company, where he works with his two sons. He was retired so, mostly his sons take care of the job. He leaves work at about 4 pm in order to meet his two granddaughters at home and help them with their lessons.

The teacher of younger child, Ebru, is 42 years old. She is single. She has been teaching for 15 years. The teacher of older child, Başak, is 38 years old, and she has been teaching for 12 years. She is married and has a son.

3.5 Data collection instruments

The main tool for data collection was semi-structured interviews. As Seidman (2013) and Weiss (1995) explain, interviewing as a data collection method is important when the aim is to understand an issue by the experiences of individuals. It is also an important tool in terms of its ability to determine how people interpreted their perceptions of experiences. We can learn about the times that were impossible to observe, or learn about private settings like family life. Through interviewing, experiences of people can be heard by others (Weiss, 1995). Weiss (1995) stresses the importance of interviewing as follows:

Interviewing provides respondents with an opportunity to talk about matters of emotional importance while remaining at an emotional distance: close enough to the emotions to experience them but distant enough to maintain self- control. (p. 123)

Through interviewing the whole family, it was possible to fully understand the loss experiences of family members, because it is possible to get depth and dense data with its coherence (Weiss, 1995). In order to check whether the family members had complicated/unfinished grief, DSM-V criteria for persistent complex bereavement disorder were used for the screening process. According to answers given by the father and children, these symptoms were checked and notes were taken for every single item. At the end, it was realized that the family members did not have persistent complex bereavement disorder, so it was possible to use the data collected through interviews.

In addition to interview and screening questions, three different demographic information forms were developed by the researcher: one for the father and children, one for relatives, and one for teachers (see Appendix F). The father was asked about his age, educational background, work status, job, duration of marriage, style of marriage (whether arranged, through friends or through relatives and if not, any other), when the mother died and cause of death, the number of children, the children's age, grade level, and gender. Also, the father was asked about whether there was any person who lives with them in the same house. The teachers were asked about their education, age, duration at being a teacher, marital status, and the number of children. The relatives were asked about their ties with the family, education, work status, job, marital status, number of children, whether their spouses were alive or not; if their spouses were not alive, the reason for loss was also asked. The children's demographic forms were filled out by the father. Observation notes

were recorded and used as data. The interviews were guided by a limited number of tentative questions; however, they were not limited to them. The guiding interview questions were formed as inspired by the literature. For the interview questions, see Appendix D and E).

3.6 Data collection procedure

Before the study was conducted, the ethics committee (Boğaziçi University Institutional Review Board for Research with Human Subjects-INAREK)'s permission was taken. After approval by ethical committee of university, the family was found based on the set criteria. Each family member and other participants of the study were informed orally about the purpose, how data would be collected, how the data would be used and be analyzed by the researcher. Then, a consent form prepared by the researcher and approved by the ethical committee was given to every participant of the study. For the two children, because they are younger than eighteen, their father gave permission. Still, the children were informed about the study and they did not show any resistance to the research.

For the use of audiotape, all participants gave their permission. So, interviews were recorded. Still, the researcher took some notes during the interview that the audiotape could not record, such as physical posture, or emotions.

Interviews lasted between 20 and 150 minutes. The interview with the father was the longest. Family members were interviewed in their homes by using semi structured interview questions. I visited the family's home twice. The teachers and the children were interviewed in the school counseling room. While the children were interviewed during lesson times, teachers were interviewed during the lunch

break. Interviews were audio taped and transcribed verbatim by the researcher and data was analyzed manually. Observation notes were used to support the findings. There were seven interviews in total.

With each participant, at least one interview was conducted. Data collection was ended as saturation level was reached. Because of the nature of qualitative research design, the data analysis during the data collection stage. Saturation level was decided on the basis of research purpose, research questions, and substantially rich content of the data collected. It was ensured that one interview was enough to reach enough data.

3.7 Ethical issues before, during and after the study

Lee (1993) stated that death is one of the sensitive research topics as its' being a private, painful, and stressful issue. Because of this sensitivity, the researcher may have problems such as difficulty in conceptualization of the topic, reaching the research participants, mistrust between researcher and participant, or participants' not giving whole information to the researcher, and safety issues (as cited in McCosker, Barnard, and Gerber, 2001).

The most important ethical issues of bereavement can be summarized as follows: recruitment strategy of the participants, timing of the recruitment, informed consent, actual and perceived risks for the participants, confidentiality, and potential benefits of the research to participants and researcher, assurance that the research will be conducted by an qualified researcher with an approval from the ethics committee, and regular supervision of the researcher (Cook, 2010; Parkes, 1995).

Below, these issues are discussed and the strategies used in this study to address these ethical issues are presented.

Confidentiality: During and after the study, it is important to keep the information shared by participants private and to protect their identities (Cook, 2010). If a study is conducted with family members, confidentiality may be a concern for family members because they may disclose something that no other family member has ever heard. That is why, when interviewing the family members, all members' rights should be protected carefully (Cook, 2010).

Research-induced distress: According to Cook (2010), quantitative studies do not let participants share their experiences or emotions after the completion of the study. On the other hand, in qualitative studies, for instance in interviews, the researcher may realize that the participants experience negative emotions or they are stressed. Then s/he may interfere with the data collection and discontinue the interview. In this kind of sensitive topic, it is the researcher's responsibility to protect the participants. Then, if the participants get stressed because of the research, the researcher should give priority to the participants, not to the study (Parkes, 1995). Procedures must be ready before the study in case participants become too distressed after sharing their experiences with the researcher. If the researcher is not able to give the necessary help to participants, a referral plan should be implemented (Parkes, 1995; Stroebe, Stroebe, and Schut, 2003). Participants also can be distressed about the recording of the interview. So, it is necessary to get permission from the participants about the audiotape or videotape before the study begins (Parkes, 1995).

An unethical application of findings (Cook, 2010) is another ethical issue that should be given necessary attention. Participants should be informed about how the data will be used. The researcher should be aware of his/her biases before, during

and after the study (Cook, 2010). It is also necessary for the researcher to be expert in counseling and in the bereavement issue, and to be aware of the purpose and method of the study (Parkes, 1995).

To address these ethical issues, some preventive steps were taken. Informed consent was received from all participants. Confidentiality was assured by using pseudonyms, and the transcribing, analyzing of all data was done only by the researcher. INAREK (Boğaziçi University Institutional Review Board for Research with Human Subjects) was consulted and the ethics committee was positive about the study. Appendix A shows acceptance of the study by INAREK. In order to prevent bias, reflective field notes were taken before and after the interviews. Also, the thesis supervisor supported the researcher as an outside judge in analyzing and interpreting the data. Thus the data was checked by an objective person. In case participants were too distressed or re-traumatized, psychological help services to contact were noted. All participants assured researcher that there was no psychological problem after the data collection, and teachers were asked about the children — whether they were distressed after the interviews or not. Because there was no distress observed or reported by participants, referral was not needed. After the data collection was completed, the participants were phoned once and at a later time researcher and father and grandparents came together at the school and they were asked about whether they had been re-traumatized after the interviews. They confirmed that they did not have any problems related to talking about their loss experience.

The family was found in the school that I had worked for four years. Thus, it was possible to follow them up after the study was completed to determine whether they were distressed or re-traumatized because of the study. Also, because the loss was a very personal and sensitive issue, participants might have not been willing to

share their very personal experience with a researcher they had not met before. Since there was already an established relationship, the relationship between researcher and the family was more natural, giving them an opportunity to share their experiences. In order to protect the credibility of data, the data were triangulated by collecting data from many sources (children, surviving parent, relatives, and teachers of children).

Therefore, based on the literature and thesis advisor and thesis committee's advice, necessary steps for ethical issues were taken before, during and after the study in order to protect the rights of the participants as well as to protect the credibility of the study.

3.8 Credibility of the data

In research, internal validity, that is, the degree of congruence between realities and findings, is a very important issue (Merriam et al., 2003). By validating the data of this research, the credibility of the data was supported. According to Merriam et al. (2003), there are various methods to strengthen the quality of the research. These are triangulation, i.e. using multiple investigators or multiple sources of data to validate the findings, and also doing member checks in which participant is asked to make comments on researcher's interpretation (Merriam et al., 2003). The thesis supervisor offered support to the researcher through various discussion sessions, as the researcher analyzed and interpreted the data. Getting data from different people with different roles (the surviving parent, grandparents, children and teachers) was ensured. In order to confirm that the findings of the study were valid, family members and teachers were given a short summary of study findings and their

comments were very positive about the study findings. They approved of the transcriptions, findings and interpretations about the findings. Thus, the member check of the study was completed.

In order to increase the credibility of the data, I talked with the supervisor and committee members. My subjectivity as a researcher also had an advantage for the study. I was able to connect with the family and be a part of their experience. My personal observations were also part of the data that guided my interpretation.

3.9 Data analyses

In qualitative research, the most preferred methods for data analysis are content analysis and thematic analysis. In content analysis, the purpose is to describe the data with numerical description since the number of instances is noted, and that demonstrates the occurrence of a category throughout the data. In thematic analysis, the qualitative material is described in categories (Joffe and Yardley, 2004).

Thematic analysis can be described as a method for identifying, analyzing and reporting patterned responses (themes) in the data collected (Braun and Clarke, 2006).

A theme can come from both the data and theoretical data (Ryan and Bernard, 2003) and it points out the significant things in the data related to the research purpose and research questions. Themes provide with the patterned responses or meanings in the data (Braun and Clarke, 2006). According to Ryan and Bernard (2003), repetitions, metaphors and analogies, similarities and differences, and theory-related material also can be checked in order to reach the themes. The number of repetitions is not a key factor in determining the theme, but rather the most important

determinant would be the relationship of the research questions and the theme (Braun and Clarke, 2006).

Braun and Clarke (2006) defined the steps taken during thematic analyses. The first step is the researcher's familiarizing herself with the data. In the second step, initial codes are taken from the data. This coding can be done either manually or through computer programs. In the third step, by categorizing these codes, potential themes are uncovered. Reviewing the themes will continue after many re-readings. After defining and naming the themes, a final report will be written. This final report of results should include quotations from the data in order to increase the validity of the results and to give the essence of the data to the reader (Braun and Clarke, 2006).

The interview guide was almost never used except for the four basic questions. However, it was interesting that the issues that the interviewees mentioned were very much in parallel to what the unused questions inquired.

In this study, the data was collected and transcribed by the researcher that made it possible for the researcher to immerse herself in the data. Interviews were transcribed verbatim after the data collection was over. Following the transcription, the data were read numerous times in order to make the coding easy. No software program was used for coding because the data collected was manageable by manual coding. Colored pencils were used for coding, which is a technique mentioned by Braun and Clarke (2006). Colored pencils were used to help me differentiate between codes and turn them into broader categories. After coding the whole data, categories turned into themes based on the codes and the theoretical background of the research.

The themes were not certain from the start, so I moved and back through the data analysis to refine the themes. For each theme, quotations from different participants were given so as to demonstrate the essence. Some quotations were used in more than one theme because they fit into different themes.

CHAPTER 4

FINDINGS

In this chapter, findings derived from the data were presented. After the analysis of interview transcriptions and observation notes, there were six themes that emerged from the data. These themes were: life after the diagnosis, life after loss, mediators of mourning, future plans, school perspective and family resiliency. The six themes will be described below. Each major theme has sub-themes. The sub-themes were determined throughout the coding process. To see the chart of the findings, see Appendix J.

The Turkish versions of the quotes can be seen in the Appendix H. In order to give examples related to the theme, participants' quotes were used when necessary. Quotations are numbered to help the reader locate the Turkish translations easily. For instance, for a quotation numbered as H 7, look at the Appendix H, number 7 to see that quote in Turkish.

Theme 1: Life after the diagnosis

In this theme, family members' experiences, starting with the diagnosis of the mother's cancer and until her death, were presented in order to make the reader understand the family environment before their loss experience. Three sub-themes were determined: attitude of the mother toward her illness and possible death; two countries, two different strategies; hope for alternative treatments to fight with illness.

4.1.1 Attitude of the mother toward her illness and possible death

After Serap went to hospital for her stomach ache two days before their holiday in 2012, her illness was diagnosed via endoscopy in a few hours, but the doctors wanted to make more tests to be sure. Thus, in a week, her illness was diagnosed and affirmed by many tests. Unfortunately, rather than going on vacation with her family, she and her husband Yusuf had to go to Germany for her treatment. Her illness was told to her by her husband, Yusuf, when they were in İstanbul, immediately after her illness was confirmed by the tests. The paternal grandmother, Seher, stated that Serap was calm after she heard about her illness. According to Seher's statements, Serap told her husband "Ok, Yusuf. Some people have heart problems, some have diabetes, and I have this illness. I will have the necessary treatment. That is all." (H 1).

During her treatment in Germany, she decided that she would live in Germany. Between her chemotherapy sessions, when she felt well enough, she went shopping for the house that she dreamed of. She did so much shopping that one of the rooms in Serap's mother's home was filled with her shopping bags, as Seher said. Her husband bought a new car for her. According to paternal grandmother and Seher's statements, Yusuf did everything Serap wanted during her illness in order to make her life better while she was living. Seher talked about the journal Serap wrote during her illness. Seher stated that:

She did not say "I will die" even for one day. We were all crying; Yusuf and everyone were so sorry. She left us a very beautiful journal; she took notes every day in that journal. There was not a dramatic word in that journal, not at all. She wrote that everybody was looking her with sad eyes, but she was smiling in order to make them happy. She wrote how she was shopping like crazy. (H 2)

While she was going to Germany, we were crying; she said “why you are crying?”...2 days before she died, she was better. On Thursday, she called us with Yusuf; at the time my mother was dead and we did not tell her. She said to me “I am better mom; I hope I will be better. If I survive this time, nothing will happen to me anymore” Whereas, I could feel from her breathing, how bad she was. Yusuf said that while she was speaking with me, the oxygen was showing 10 lt, because she had acid in her lungs. She was such a kid; she had never been dramatic, she had never said “I will die”. She used to say to us “I am better, I am getting better”. She was always like this. She was different. Nobody could have been calm as much as she was. (H 3)

As Yusuf stated during her illness, she wanted her children to visit her in the hospital. The children knew that their mother was ill; and while Serap was in the hospital, Serap’s family (mother, father and siblings) who also were living in Germany took care of children. However, in the last fifty days of her life, her health conditions were not so good and according to Yusuf’s statements her outlook had changed so much because of the chemotherapy she had been taking. That is why, in the last months the children were not allowed to see their mother. Yusuf explained this situation of mother as following:

The children were coming to the hospital periodically to see their mother. But the last 50 days were so terrible. We were taking children to the hospital but the last days we did not. I did not want them to be taken to the hospital. (H 4)

Seher’s stated that Serap’s relationship was very good with her husband and with her children. Before her death, Yusuf was in Germany and she wanted to talk with him about her children. As Seher stated, Serap’s last words to Yusuf were “I trust in you, the only thing I want is to take care of my children well, do not make them upset.” This was the only thing she said. (H 5)

4.1.2 Two countries, two different strategies

In this sub-theme, Yusuf emphasized the differences between Germany and Turkey in terms of treatment strategies, and the support services given to the relatives of patients. After Serap's diagnosis in a public hospital, she decided to go to Germany because her health insurance would cover the hospital expenses; also both she and Yusuf thought that in Germany there would be better treatment methods. In Germany, the diagnosis of Serap's illness was confirmed and chemotherapy treatment was suggested. Yusuf stated that in Germany hospital conditions for cancer patients were better; they were taken care of very well by paying attention to their psychological needs. He stated that:

A tumor is a physical disease. If she was in Turkey after her diagnosis, she would have been sent home, stating that her life was short. In Germany, if you want to take your patient home, you can; if you want her to stay in hospital, they take care of her until the end. You may prefer her to die in her home; it is the relatives' decision. Or she may go to home for a few days; because at the end she is a human, she may need morale or she may have good times in her home; 3 days later you can take her back to hospital. Three days later her motivation may be higher. But if you want to take her back to hospital, the doors are open to the end. On the other hand, in Turkey the practices are different. If there is nothing to be done medically for the patient, they say that they can do nothing and you should take your patient home. In Germany, she was taken care of like she was a baby. Fortunately, I took her there. They took care of her like a baby. There was a male nurse with a beard. He used to whisper into her ears every day while she was sleeping because of morphine. I cannot express it. That male nurse was caressing her hair while she was sleeping. A male nurse! He was working in the cancer department, he was very experienced, and he used to whisper something into her ears. (H 6)

Yusuf also talked about the support given by German doctors to him during his wife's treatment in the hospital. He stated that there were support groups for the relatives of terminally ill patients. The doctors requested that Yusuf participate in these groups for himself. But he did not participate in these groups. He pointed out

how the relatives of patients were also taken care of during patients' illness process.

The following sentence explains why he did not want to participate in:

If I accepted the doctors' suggestion, I would have got support during those 10 months. I did not want to participate because it was not necessary for me, also it was restricting. It was time loss because my energy and my time should have been used for my wife; not to place where I would get psychological support. If I was not good, I would have wanted to participate because I was bad. (H 7)

4.1.3 Hope for alternative treatments to fight with illness

After her diagnosis, both in Turkey and in Germany, the doctors said "we are sorry" because her illness had been already spread over some parts of her body and there was no certain treatment strategy for her illness, as Yusuf stated. After Serap was hospitalized in Germany, she started chemotherapy treatment. Yusuf stated that because there was no certain treatment for her illness, they were desperate. He stated:

If they had said "you have to put her in fire, this will save her life", I would have done that with my own hands. Why? Because she would be cured, because I was desperate, I was emotional; I was doing whatever was told me to do... You were desperate, you did what was said to you, and you gave money to everywhere. (H 8)

Paternal grandfather Ahmet and grandmother Seher also talked about similar things.

They said that as a family, they spent a lot of money and time for the treatment of Serap. Due to this, they had some financial debts to their friends and relatives.

Because mainstream medicine could not have improved Serap's health, the family members looked for alternative strategies for her illness. While Yusuf was in

Germany, they searched for special drugs, different vaccinations and sent these to Germany with the hope of helping their daughter-in-law Serap. Paternal grandfather expressed their struggles with the following sentences:

When you were desperate, some kinds of making drugs were tried. Some people said that they would help her. We tried to get them, and then tried to pass them from the border. These kinds of struggles we had. A few times, Yusuf took these kinds of drugs for her. You expect hope from different things. You know that they would not be helpful, but still you struggle. That was a hope that maybe she would have found a cure from something, but...just for the vaccination, we gave 3000 TL (it is about 1000 Euros). You did not think about the money but the treatment did not work, it was not helpful. (H 9)

Theme 2: Life after loss

This theme demonstrates researcher to understand how the family members experienced the loss. In this theme, there were eight sub-themes that emerged: the first year after loss; the irreversibility of death; the reversal of life; changes in roles and relationships; lessons learned from the loss; visiting the mother's grave; anniversaries after loss; and motherless.

4.2.1 First year after loss

I particularly focused on the first year, inspired by the literature. Interestingly, the first year also come up as a theme that was meaningful for them. Beginning with the end of the first year after loss, the family members started reconfiguring their lives. The first year after loss is a significant time interval to evaluate family members' grief reactions, whether they have the symptoms of persistent complex bereavement disorder or not.

When Serap died and she was taken to Turkey for the funeral, her daughters, Ayşe and Elif, did not know that their mother had dead. The reason for not telling the girls was that Seher's co-worker psychiatrist was consulted and she told them it would have been better if their father, Yusuf, told them the truth, rather than taking

them to the funeral. Also, Yusuf did not want the children to participate in the funeral. After a few days, in the evening Yusuf told the two girls the truth that their mother was gone. The first reaction of the children was crying. That night, the two girls and their father slept together and in the morning, the first thing they did was to visit their mother's grave. They were sorrowful at the beginning; but as Yusuf stated, this did not take so much time. Yusuf said that the night he told the truth to the children was one of the three most painful things for him:

The worst days in my life: the first the day was the day my wife and I said goodbye to each other, the second was the day she died, and the third was to tell my children that their mother was dead. (H 10)

Yusuf said that he could overcome the difficulties related to loss after three to eight months. As he said, he did not take any medicine to relieve his pain. He just talked with the psychiatrist who had been working in the same hospital as his mother about the children about how they should behave toward children. He was touchy and scolding others. He expressed his situation as "That was a cloud, with the wind those clouds were dispersed and gone." (H 11) As Seher stated, Yusuf gained a lot of weight in a few months after Serap's loss. She thought that his overeating was psychological and she stated that after a year, he decided to lose weight.

Yusuf stated that to have these kinds of problems were not problematic, but not to have any problems could be a problem for the mourning person:

The real problem would be that you have not had a problem after loss. I mean my wife passed away and if I had not had any problems with my psychology sleep patterns, or with my eating behavior, then it would have been a real problem. (H 12)

He thought that he and his family were able to solve the problems by supporting each other. He stated that "There were quarrels because everything was getting worse...If we are here together, it means we overcame these problems." (H 13)

Paternal grandfather Ahmet talked about similar problems they experienced after their loss, such as being aggressive without a reason, having low tolerance of each other, and having quarrels even about small things. He said that while living together was the solution for them to overcome the loss, it also created problems:

We were all aggressive. A few months, maybe 6 months, every person in the family had resentments even from a single small thing, we yelled at each other. Something like this happened. But they (all the problems) were all gone. That stage was unexplainable; I hope nobody will experience it. But it happened, we were all angry, speaking up to others; not fighting or breaking something, of course. Our company has been a family company; my two sons and I have been working together. Because our workplace is the same, we were always together. Things like “What about the children, home, did you buy that” caused arguments among us and because we were touchy, and sensitive, it caused problems. But all were in the past. (H 14)

Grandmother Seher pointed out similar problems as well, but as some of her observations were those that nobody in the family had stated. Because she was the person who took care of the home, and mostly the children, her issues were different than the issues stated by Yusuf and Ahmet. She stated that the most significant problem she saw in the family was their pain and sadness after losing Serap. As a mother, she was sorry for her own son’s loss. At the same time, when she placed herself in Serap’s position, she was sorry she was the dead one, and she left behind her children. She expressed this situation with the following sentences:

Facing with the belongings that Serap used for many years... The first year was terrible. I looked after Yusuf, whether he was sleeping, eating, laughing... (H 15)

Yusuf lost his lovely wife, it was the worst thing but I showed tolerance towards everyone. Three years ago I was 55; I had to gather everyone and it was hard. Things like how to behave to my son, our dialogues with my son, children... (H 16)

When you look after two children, for instance, in religious holidays or official holidays, they wear good clothes, you go somewhere. Those days were not good for me. I said to myself “Why did they not have their mom?” For instance, their folklore shows; they were playing well and I was crying; or their school success... (H 17)

4.2.2 Irreversibility of death

The father, Yusuf, stated that they have a balanced life now. They settled the problems, especially after the first year after Serap's death. Also, he stated that even if his children, Ayşe and Elif, did not have many problems, have a caring family around them, having good school success, and good teachers, nobody can fill the gap that was left after the death of their mother.

Because now who can fill the gap that was left by the death of their mother? Even if I remarry with the best woman in the world, can she be the mother of my children? Impossible. So, that deficiency, that gap will always be there. I know it will stay, I feel that. (H 18)

Grandmother, Seher, expressed similar concerns. She stated that to be motherless for a child is really difficult and their purpose is to give as much as they can, even if they are not their mother. She stated that "she has gone, and there is no way back".

Grandfather Ahmet stated similar things:

Death is a really different thing. Even if you know that it exists, you have problems. At the moment it is said "dead", everything is finished. That is a bigger problem. (H 19)

4.2.3 Reversal of life

In this theme, family members' experiences about how their lives reversed sometimes in a bad and sometimes in a good sense after Serap's death, were presented.

As explained before, after Serap's death, grandmother Seher and grandfather Ahmet locked their door and moved in to Yusuf's house in order to help him with about children and house chores, as well as to give support. Yusuf states that after losing her wife to cancer, his whole life has changed:

After the loss of my wife, my twelve years' rituals were gone....Then, I started living again with my parents. I had been living apart from my parents for twelve years. Thus, I had a life on my own, my own system. Now, after twelve years, you started living again with your parents. I did not say this because it is neither good nor bad but still it is a big change in my life. (H 20)

He also talked about the daily life changes of his parents. His parents, Seher and Ahmet, left their home, which was very near to Yusuf's current home, and moved into to Yusuf's home. Yusuf explained its reason by stating:

Because my children are here, they left their own homes. Why? Because someone has to take care of them while I am at work or somewhere. My mother was working. In addition to her older age, she quit her job and retired because of the children. (H 21)

Yusuf also talked about the changes in the life of his wife's mother. Serap's mother has been living in Germany for many years with her husband and with her grown children. After losing her daughter to cancer, she started spending more time in Turkey. As Yusuf's points out, she is in Turkey during the school time of the year (from September to June) and goes to Germany in the summer holidays. She even takes the children to Germany during the summer vacation. Yusuf expressed her situation as "Grandmother (mother of Serap) also lives according to the children, not to her husband." (H 22)

It seems that paternal grandfather, Ahmet, and paternal grandmother, Seher, were also so much affected by their loss experience. Seher stated how her life started from the beginning by the children's entrance in her life. She expressed this situation by the following quote:

First of all, my whole life was reversed. Because you raised the children, you had grandsons and granddaughters, you and your husband are retired. Now you say I will quit the job; have small trips; take grandsons and granddaughters and go somewhere, have fun with them. Once you look and your life starts back from the beginning. I raise children again, send them to the school. Again I experience the motherhood of school age children, experience child-rearing. You start a new life with your granddaughters.

These were hard things for me when you think about the norm. Now my whole life is reset. (H 23)

Grandfather Ahmet stated how their retirement plans were changed after Serap's loss and they become the leading figures in their family. It seems that he justified this unplanned change in their lives as a fact of life. He stated:

It is necessary to be with children. We changed all our system, we gathered together. Our role is to make family stay together, to protect children. The truth is they became our life. If we had not had such an experience (death of Serap), maybe we would not be living in Istanbul now. We were retired; our younger son was also married one year before Serap's death. There was no reason for us to stay in Istanbul with its chaos. We had such plans but the life does not let you make plans. (H 24)

4.2.4 Changes in roles and relationships

The older child, Ayşe, talked about how her responsibilities changed after her mother's loss. She stated that after her mother's death, she had to take care of many of her daily issues like making her bed and brushing her teeth. She also took care of her younger sister, Elif. Ayşe helped her with her lessons, she takes her sister to school (the school is very close to their home), and after school, takes her sister back home. At home, she helps her grandmother Seher with basic housework. She stated that when her mother was alive, she did not do many things that she does today, such as making her bed.

Yusuf states that when his wife was alive, he did not know anything about the children because Serap had been taking care of almost everything to do with children. As he explained, now he knows a lot about the children:

Now I know more than before about my children. That is a big difference for me. Also, my relationship with my daughters was not as good as it is today because they spent more time with their mother, they used to act according to their mother. Now, it seems because the mother is gone, I mean a lot for them. Therefore, we have more intimacy now. For instance, she asks to me

for permission, and if I let her do; she does it. Her (paternal) grandmother or (paternal) grandfather let her do, but I do not; then she does not do that. While my wife was alive, I did not know what to do because my wife had been taking care of this kind of stuff. I mostly took care of them like taking them into my arms, loved them, and took them to places they liked. We used to go around, eat something and so on. However, now she asks me for permission like she did her mother before. In this sense, we have a different type of relationship now. (H 25)

According to Yusuf's statements, his relationships with his parents, Seher and Ahmet, also changed after their loss experience. As explained above, after Serap's death, the whole family gathered in Yusuf and Serap's home. And after living apart for twelve years, the relationship of Yusuf with his mother and father was getting better and sincere because they saw each other every day and shared more things than they did in the last twelve years.

Grandmother Seher expressed that because they live together in the same home, her relationships with Ayşe and Elif are different from her relationships with her grandson, who was the child of her younger son. She exemplifies this situation by stating:

For instance, when we were in our village at the weekend, we could not take them because they had to go to school. And that week Ayşe had a folklore show at the school. I wondered about her, whether she dressed well and she played well. It was like I had given birth to them and I have been caring of them, bringing them up. And since I take care of everything, it is like they are in our lives in every minute, every hour, and every second. (H 26)

She also added that she was happy to spend time with her granddaughters even if her responsibilities increased after losing her daughter-in-law:

Are you unhappy? No, not at all...Be sure, I am not. Sometimes we talk with friends, they say "You take a lot of responsibilities, you care about them a lot. Let the other grandmother take the children and you go on a vacation". But I cannot be happy without them. I am happier when we go on holiday together. They swim, we eat together, they do sports, and I sit and watch them. This gives me more happiness. On the other hand, to go to a vacation just with my

husband does not give any pleasure. Maybe if we have not had that experience (death of Serap), it would have made me happy. But now this is the situation and it is not possible for me to go on vacation without them. (H 27)

Grandfather Ahmet also had experiences similar to that of his wife. Even though they have another grandson and they live in the same city as Seher and Ahmet, they cannot see each other a lot. Ahmet expressed this change in their responsibilities with the following sentences:

They became everything to us. I have another son. Even if we are living in İstanbul, we cannot go to their homes for two or three months because we have something to do here. We have to be with them (Ayşe and Elif)... Their schools, their lives, their special courses... There is no time. If they have time, you also have time; otherwise, you do not. Or if you want to go, they do not because of their own reasons. So, I haven't visited my son for three months. Our whole life has been changed. (H 28)

The relationship between Ayşe and Elif was very good, as stated by their father, grandparents and teachers. Younger child Elif stated that "When we go to a place, she helps me. She calls me 'my sister'. She shares everything with me, sharing is a good thing." (H 29) In order to learn about children's intimate relationship with their family members, they were asked "When you are sad, happy, anxious... with whom do you share your emotions?" As the general responsibility and role of the grandmother Seher in the family was considered, their responses were not unexpected. Elif stated that she shares her sadness with her grandmother Seher; and her happiness with her sister Ayşe. Similarly, Ayşe also shares her sadness with her grandmother; but she shares her happiness with everyone.

4.2.5 Lessons learned from the loss

Even if losing someone to death is very painful and negative experience, it also can lead to some positive changes in the lives of survivors. In this theme, these positive life changes were presented.

The death of my wife made me gain lots of things. It is very interesting. I wish she would be alive; I would rather be weak in terms of religion, and in terms of the point of life. But my wife's death made me gain a lot of things. I have a different perspective on life. For instance, I live the day in a way that does no harm for me and my children. It is not like I do everything I want, but it is like if I believe that I should experience it at that moment, I do it. Since maybe tomorrow I may not be alive... (death) is such a lesson. We learn something about life: I may be dead tomorrow, and I should live what I want to do today....what are you planning? ...Life teaches these things. Maybe we were aware of this fact but when you experienced it...so, live the moment! ... (Living the moment) is very important. At least you understand that you are alive. In the past, I used to say "I will do it next week". You will do in next week or you will not. But now, I try to do it. (H 30)

Yusuf was aware of the fact that he can do whatever he wants, that he can live the moment by the help of his parents. He stated, "I am lucky; I have my mother and my father. They take care of the children. If they were not here, I could not do these things. I am lucky" (H 31).

Being thankful, in Turkish "şükretmek" is a cultural and religious theme and generally Turkish people are taught to "be thankful" for what they have on their hands because not to accept one's situation and to want more are accepted as a rebellious act and are wrong from a religious perspective. We can see that family members were thankful about they have, their own health, or children's good situation. For instance, the father Yusuf stated that he learned being thankful after his wife's death:

After I lost my wife the most important lesson I learned is to just care about health, happiness and hope God protects my children, the rest is not important anymore. (H 32)

Grandmother Seher added “Thanks to God. It (the loss experience) was also an experience” (H 33) She, after working many years in the hospital with ill or dying people, expressed her gratitude that at least her daughter-in-law has a grave to visit; and her feeling of conscience about doing their best during the illness of Serap and after her death.

In the hospital I saw that young people and children were dying. I was nurse for forty years. . I witnessed terrible events. I tried to compare our situation with those events. For instance, I saw traffic accidents, or airplane accidents, or places where people were dying because of floods. By remembering those awful events I said to myself: at least Seher was ill. You did everything possible. Your mom and your daughter-in-law were taken care of well and they died within these conditions. And think! Sometimes even the bodies of dead people cannot be found; I mean nobody can find their bodies. For instance, the airplanes are falling down to the sea and even its parts cannot be found. I mean I try to calm down myself by thinking about the worst examples. (H 34)

4.2.6 Visiting the mother’s grave

During the interview with father, the older child Ayşe came to the room where we were having the interview. While Yusuf was talking about their visits to Serap’s grave, he turned to Ayşe and asked “What did we do at your mom’s grave in our last visit?” She stated that they planted colorful flowers, weeded the wild grasses that were growing over their mothers’ grave, and cleaned her grave. Serap’s grave is in Kırklareli, a city that is 210 km away from İstanbul. As the father and grandparents said, they can visit the mother’s grave 10 to 25 times in a year. Yusuf states that “If my wife’s grave was in İstanbul, we could have visited as often as we do today.” (H 35)

Serap’s family emigrated to Germany many years ago from Sinop a city in the Black Sea region of Turkey, which is 700 km from İstanbul. When Serap passed

away, Yusuf talked with Serap's father about where to bury her. Serap's father's first reaction was, as Yusuf stated, that they wanted to bury her to their hometown, Sinop. But, a few minutes later, Serap's father called Yusuf back and told him to bury Serap to Kırklareli which is the hometown of Yusuf and his family. According to Yusuf's statements Serap's father said the following:

You should take her to your hometown because I did not hear anything bad about you or about your parents. So, it suits you to take her to your hometown, your hometown's cemetery. (H 36)

Seher and Ahmet have a summer house in Kırklareli, and almost every month they go to Kırklareli. Whenever they and children go to Kırklareli, they visit Serap's grave and pray for her. Yusuf stated that it turned out to be a good thing that Serap's grave is in Kırklareli because this city is very close to the Kapıkule border, so Serap's relatives who live in foreign countries can visit her grave when they come to visit Turkey.

4.2.7 Anniversaries after loss

The whole family gathers together on the birthday of Serap. The father buys a birthday cake; the two little girls cut the cake. This birthday celebration has been done in order not to forget this day, as Yusuf stated.

After every day following her death, in their homes religious people read the Quran — a religious custom of praying for the deceased loved ones. In addition, Yusuf and grandmother Seher stated that they read the Quran not only on death anniversary but also when they visit her grave and many other times during the year.

Yusuf expressed the significance of this day to his family by stating, “It is impossible to forget her death day, anyway. In order to understand this, you have to have experienced it” (H 37)

4.2.8 Motherless

Both of the teachers stated that they had fears and worries about both of the girls when they learned about their loss. However, the girls’ personalities, school success, and acceptance of their mother’s loss without any psychological problems made the teachers look at mother loss from a different perspective. For instance, when the school year started in September 2014, Ebru was very stressed about how to behave toward Elif. Grandmother Seher had already informed Ebru about Elif’s loss. She stated that initially she was sorry for her, but after she saw that Elif was a normally developing child, and she has a powerful personality, Ebru started to behave towards her like she behaves to the other children. They also stated that if they had not known that they lost their mother, they would not have realized it from their behaviors.

Yusuf talked about how bad losing the mother is for a child. According to Yusuf’s statements, the children did not have any abnormal behaviors after their loss. On the contrary, he talked about how this event caused the children develop their basic life skills because of lack of their mother. His children have been taking more responsibility and they improved themselves in spite of this negative life event. He explained his thoughts about effects of losing their mother with following sentences:

In the end, to lose my wife was a big change for me and for my children, but for the most it was a big change for my children because not having a mother is very tragic. So, the worst thing in life is being motherless... (H 38)
You say “poor child who does not have a mom”. But she takes responsibilities that other children at the same age cannot accomplish. For instance, while her peers cannot comb their own hair, my child can comb and

put her hair up very well. Why? Because mothers of other children help them, so most children don't accomplish this skill at very early age. (H 39)

While Yusuf pointed out the gains children made after losing their mother, and teachers of children described the situation that they realized no difference in the behaviors or school success of Ayşe and Elif with other children, the grandmother expressed her concerns for children's seeing themselves as "orphans". Even if the children did not describe themselves as "motherless", grandmother Seher has worries about whether they will have the thought "we are orphans" in the future. She expressed her concerns as follows:

Our only purpose now is to bring them up as healthy, decent people who are beneficial to their country. They should have done whatever they want without any support from others. I mean they should not be behaved badly. Because we grew up in village, we heard things like "this child is an orphan, s/he cannot accomplish anything"; the orphaned children used to behave badly. These were the old ways and because we saw that, sometimes the thought that they will behave badly disturbs me. For instance, I specifically pay attention if Ayşe goes somewhere and buys something; I do not want her to be despised. I have this kind of thought .Yes, they do not have a mom anymore, but they are happy, they are raised in a warm family environment, they have grandparents, they have their father. (H 40)

Theme 3: Mediators of mourning

Worden's mediators of mourning (1996) inspired the researcher during development of the interview questions, and interview questions directed the emergence of this theme.

4.3.1 Who the lost person was

The mother, Serap, was just 35 years old when she died. She left a husband and two children behind. When I asked Yusuf about the effects of this loss on their lives, his

first sentence was as follows: “For instance, I don’t have a wife. Could there be a bigger change than this? For instance, the woman I was married to for twelve years does not exist anymore.” (H 41)

It seemed that older family members found the death harder than the younger ones. The father and grandparents shared this view. Below, you can see Yusuf’s example about how young people’s death affected other people more than older ones’ deaths:

All losses are painful, none of them is easy. But, when you lose someone young, it is harder, we experienced and we learned it. Suppose I die at 83 years of age, you will bury me after *namaz* (a religious act for praying) because that is a duty. You will pray, attend the funeral *namaz* and then bury me. That is all you have to do for a person who is in his/her 80s or 90s. But here there are two girls, one was at the age of six, the other was three years old, and you bury their mom. That is a completely different thing. (H 42)

While Yusuf talked about his lost wife, he explained how much they loved each other. They married by their own wish, and they dated a few years before they got married. Yusuf explained his relationship with his wife as great, and positive. He stated that they did not have big arguments while they were married. He described his wife as follows:

For every person, his/ her spouse is special to himself/herself but my wife was different. I could say this. I do not want to exaggerate but she was a very different person. Her virtues were given by God. She did not have jealousy or gossip at all. We were married for 12 years and I did not hear a gossip even once. If I heard a word, I say I heard but I did not. She was such a special person. I do not say this because she was my wife. If she was your sister and I knew her, I would have said the same things. That is why, I am so sorry because this world needs good people, not just in Turkey. But as I said before, that (her death) was a test for us. (H 43)

The grandmother stated that she loved her daughter-in-law like her own daughter. So her loss affected her so deeply that she stated that she even couldn’t cry for her own mother who died two days before Serap’s death. Even if she had experienced other

losses, they did not affect her as much as Serap's death because both they were not as young as Serap and they are not so close to Seher as her daughter-in-law was.

4.3.2 Mode of death

The mother died after ten months of treatment in Germany. Her illness was diagnosed as a kind of tumor that started in her stomach and spread over her whole body after ten months. Her treatment was conducted mostly in Germany.

As the grandfather stated, from the diagnosis to loss of Serap, there were almost ten months and because the doctors, both in Turkey and in Germany, gave no hope about full recovery, the family members had prepared themselves for the inevitable end. His expressions about how the illness of his daughter-in-law affected them were given below:

None...there is nothing at the end of the way (he refers to the treatment). The time (for life) is determined. You try to extend the time...Doctors say one or two year but it is clear that you cannot know the exact time (of death). While her treatment continued, we accustomed ourselves to the situation. We knew that she could not live very long. The death will take place. Meanwhile, we were planning where to live, what to do. It was hard. Within ten months, you accept the situation. We lead ourselves about what would happen next. If it was an accident, you do not know what will be next, what will happen tomorrow. When this illness lasted almost one year, in that time interval you make your plans because you know that she could not survive, she would die. (H 44)

4.3.3 Prior losses

In the family, there were prior losses. When Yusuf was almost eight years old, and his father Ahmet was thirty years old, Ahmet's younger brother died from a lung disease. This event was not expected as Ahmet said because his brother did not know that he was ill. After this event, this family had some problems, as Ahmet said.

Because the younger brother was dead, and Ahmet was the only remaining child of his parents; he had to visit his parents more than when his brother was alive. Therefore, his family life was a little broken by continuous visits to Kırklareli. After this loss, Ahmet had some somatic problems. For instance, he thought that he would have a heart attack, or he had fears that he could not breathe. After a year, his symptoms disappeared, as Ahmet stated. Yusuf talked about the same loss, too. But, he said that his loss of uncle did not affect him so much, it was not a problematic loss for him.

Grandmother Seher had a significant prior loss experience. She lost her mother two days before Serap's death. After her mother's surgery in İstanbul, she made regular visits to Kırklareli in order to help and support her. Because Seher was a nurse, she helped her mother by using her job skills related to her injections or medication necessary for relief of her pain. While she was taking care of her mother, she used to phone Yusuf and tried to help him via phone. Therefore, she had to mourn for two people at the same time. She explained her experiences about her losses with following sentences:

I could not cry for my own mother so much. I could not discharge myself. I could not understand my mom's death. I did not want to remember those days, I want to erase them. My mother was dead; we buried her, I was full of sorrow, we were crying. In each day, I was crying but at the same time we talked with Germany (with Yusuf) twenty times (H 45)
Serap's loss was more difficult for me. How can I explain? God took one before, and then he took another one. Did the death of two overlap? I mean I could not experience all feelings, I did not know what happened. Serap's death ruined us more, of course. Those were bad days, very bad days. (H 46)

Grandfather Ahmet also talked about another issue: the issue of their older age and how this affected their prior loss experiences. He stated that because they were older, they had experienced more losses:

Because we are older, we are in the same line as the lost ones. Old people are closer to death date than younger ones. That is why, we had experienced many losses. (H 47)

4.3.4 Conscience

When I interviewed the family members, the conscience was described and voiced many times. Because this expression of conscience seemed to affect the mourning process, this theme was expressed under the theme of “mediators of mourning”.

After Serap’s diagnosis of a tumor in Turkey, Serap and her husband discussed whether to continue her treatment in Turkey or go to Germany because Serap had already Germany citizenship rights, and health insurance; also they thought that in Germany, doctors would be more helpful about this cancer type. Yusuf stated that in Germany health standards were so high that his wife was taken care of like a baby. He expressed that in Turkey it was impossible to get that kind of health service even in the private hospitals. He expressed that

For my wife’s health, the better thing I did was to take her to Germany as quick as we learned her illness because this illness necessitates good physical conditions....for both materially and spiritually, we could do everything possible, really. And there was nothing to do anymore. (H 48)

Yusuf’s only regret was accepting the chemotherapy treatment for his wife. He stated many times during the interview that because her illness was in the last phase, there was no permanent cure for her illness. After four or five rounds of chemotherapy treatment, Serap was not able to get up out of her bed. That is why Yusuf expressed his remorse by stating:

My wife would be dead even if she had not received chemotherapy. This was the only thing that caused pain in my conscience... If I had not given permission for chemotherapy, the same things would have happened to her. Instead, her illnesses’ affects were accelerated. She would have had a better quality of life in the last days of her life. Because when you receive chemotherapy treatment, there is no life, completely low quality of life.

Because when you receive chemotherapy, you would fall like a stone because the poison is given through your vessels. I experienced this, I wish I had not. (H 49)

Grandmother Seher and grandfather Ahmet also talked about the conscience they had after the loss of their daughter-in-law. Seher stated that she felt relief after the thought that they could have taken care of Serap in every sense and they did everything necessary for her.

There was also another issue that came up during the interviews. Yusuf, Seher and Ahmet talked about the same issue: conscience toward the Serap's (daughter-in-law) family. I exemplify this issue using the words of the grandfather.

We are comfortable with our conscience, eventually we did everything we could. We have a clear conscience. In the case that we had not, we would not have such a good relationship with our daughter-in-law's family. If we were oblivious or irrelevant...our relationships with Serap's family still continue, why? Because they know that we did our best. There was nothing that could be done, no more than that could be done. We have inner calm about what we did but the result was not changed. (H 50)

Yusuf also mentioned another thing about conscience. He stated that he was so relieved after talking with Serap a few hours before she died. In Islam, "*helalleşmek*" (hereinafter, will be referred to as "saying your goodbyes") means people agree that both of them do not have any right (such as responsibilities, debts, offense, anger etc...) to each other. One of the biggest sins in Islam is to appear in front of God with someone else's rightful due. So people say their goodbyes in such cases that there may no possibility to see each other again. In Islam, people also say their goodbye to deceased one during the funeral ceremony. But since this is just one-sided (just participator at funeral is saying his/her goodbye to deceased) it cannot provide the same peace as saying your goodbye reciprocally, when the person is alive. The following sentence of Yusuf demonstrates this issue:

Why is my conscious so comfortable? Because we could say our goodbyes to each other. She was lying on her bed and she started the subject. She entrusted the children to me; she said she trusted me about taking care of our children. If she had died before saying goodbye to each other, I would not be so relieved. Why I am strong, because I had chance to say my goodbye to her when she was alive (H 51).

4.3.5 Secondary stressors

The family has its own printing press company. Ahmet and Seher have their own home. Yusuf does not have his own home; the home they have been living in is rented. They stated that they do not have any economic problems now. However, because the cancer treatment required a lot of money, they had debts three years ago but they paid them all. Both living in the same house as whole family and having good economic conditions prevented them from secondary stressors after loss.

Because her illness did not have an exact treatment, the family members also searched for alternative treatment methods such as mixed-plant drugs and different vaccinations. Yusuf stated this situation as:

A lot of money was spent for her treatment. You spend the money endlessly. You are desperate, who says that something will help her, you do that. Even if the social insurance institution covered the treatment, we spent a lot. Only the German health system spent 3 million Euros. In addition, there were many hospital and alternative medicine methods we tried. (H 52)

4.3.6 Religious beliefs of family members related to life and death

According to Yusuf, “death” and “life” are the tests people take in life and “God gives patience for everything, certainly he does.” (H 53) He accepted “death” as something that can happen to everyone. He states that:

This test is not just finished with my wife. Therefore, this test issue will continue and some people, some children will lose their mother at a very early age. And hopefully, those children also will be raised well; at the end the life will go on...(H 54)

...I do not look at the death issue emotionally because this issue cannot be approached with such a manner, this is life. (God) gives your life and you live, then (God) takes your life back. As I told you, if my uncle died at the age of 25, what is the difference between him and my wife? I mean, was the life of my uncle worthless? No. Thus, everyone's life is precious for her/himself but the death is determined. (H 55)

..This happened (loss of Serap) because God wanted it to happen. Everyone says that she was very young; God took her because he liked her. These are not true. Our beliefs are certain: you are created; you are given a test whether it is one year or 98 years. You are given a test in accordance with your special condition. My wife was tested with her life. And that was the end. (H 56)

Grandfather pointed out the same issue by stating “We are living, the life goes on.

We are laughing but...There is nothing to do with the things that happened by the wish of God.” (H 57)

Yusuf pointed to the Islamic view of life after death and how life on earth determines it. According to this view, the person will be judged according to his/her acts in the world and s/he will be rewarded by heaven if s/he was a good person in the world and s/he will be punished if her/ his actions were bad, and immoral, or against the religious laws. Yusuf's following quote exemplifies this issue:

This is the life. What does it mean “*ibret*” (lesson, warning). It means I can die right now. I may die tomorrow. I have to learn my lesson; then I have to correct my wrong behaviors, I should live better, I should not do evil things because in a minute, I may die. I mean when God says “the end”, I should be ready for the other world as much as I can. Because as you know when you die, your life is not finished. In accordance with our faith, the life begins now. Therefore, people think that “You are dead, what a pity”. It is not so. You die, and your life begins. That is why it is better to be ready for this new beginning. I do not mean just worship here; maybe it is another thing, first of all, your humanity, helpfulness, honesty, keeping your promises and things like these. (H 58)

4.3.7 Rituals related to loss

The family was asked about rituals after the funeral because in the literature participating in funerals is said to be helpful in the mourning process (Bowen, 2004; Bowlby, 1980; Giblin, and Hug, 2006). For this purpose, family members' experiences about the funeral and their points of views were presented.

Because Serap was ill for many months, and from the beginning the doctors gave almost no hope for recovery, as Yusuf stated, all family members, relatives and friends of the family were waiting the final words "she passed away". That particular day, Yusuf called her mother and told her that Serap was gone. Grandmother called all relatives and friends both in Turkey and abroad. After two days, when Yusuf went back to their village in Kırklareli, there were almost 700 people for Serap's funeral. Yusuf described this huge crowd as:

. . . Very crowded; it was like a famous person's funeral. It was legendary. God lets everyone have that kind of funeral...her funeral was like a wedding, she deserved that. One more person means one more prayer for the deceased. (H 59)

Yusuf evaluates funerals as good or bad according to the number of people who participate. He said that "Praying is very important. It is important both during living and after death." (H 60) He gave an example from a funeral experience of his. When he participated in the funeral of his friend's mother, there was nobody to carry the coffin. Based on his experience, he evaluated his wife's funeral as good: "That was a good funeral, I say this based on my many experiences at funerals. There was a lot of talking, sharing, since it was an expected death." (H 61) Grandfather Ahmet also pointed out the crowd in the funeral and how that crowd helped their morale.

Grandmother Seher talked about how they had such a big funeral for her daughter-in-law by thinking about all the details. She pointed out that although they had such a big pain, they did everything for Serap. She said that:

That was such a great pain...But despite such a big pain, our duty was to fulfill the whole traditions, customs, religious worships that was worth of that beautiful person. We tried to welcome the coming people as much as we could. We read Quran after the funeral. These were the things we did. Even if the pain was so much, you could do these kinds of things. It was interesting. You want to put the dead in her place as quickly as possible. For instance, when you love someone, you want her to stay 3 or 5 days more; but when she is dead, you want to put her in the grave immediately; you want to do just necessary things. (H 62)

Theme 4: Future plans of family members

One of the questions that family members were asked was about their future plans, in order to assess whether they were in the acceptance stage, as Kübler-Ross's last stage of grief. Their answers suggested that was an important theme.

Yusuf's first reaction to this question was to state, "I do not want to remarry; this is the biggest and the most important plan I have." (H 63) He explained that since his wife's death, people around him started to ask, "When you will remarry?" Even his mother Seher stated during the interviews, "He is so young and he has two children. It is better for him to remarry". (H 64). Contrary to these comments and suggestions he stated that:

If I remarry, my whole life would change. I do not want to change it. For me, the better and right thing is to keep this system because when I remarry, this system will be damaged... When a woman enters into my life, everything such as my relationships with my deceased wife's family may worsen, just because I have a new relationship with another woman. Also, how will my children get along with a woman I marry? They will not so well...and many other things may happen. (H 65)

Yusuf's future goal for himself was to save some money and move into another city, maybe the south part of Turkey. And for the children, Yusuf's goal in this life is to bring up his children very well. He stated that:

To bring up children well does not mean that I will send them to good schools, but it means that I will raise them well. If we can model these two girls about honesty and righteousness until they are 16 or 18, they will be successful. (H 66)

Yusuf mentioned many times during the interview that he is very hopeful about his children's future. He stated that children coming from disadvantaged situations and who also are raised well are more likely to be successful. He gave the example of the Sabancı family, which is one of the richest families in Turkey, and that Sakıp Sabancı had created such a big company just by his own endeavor.

Grandmother Seher mentioned about their moving plans to another home because the home they have been living is so small. Paternal grandmother Seher and Elif have been sleeping in the same room; Yusuf and Ayşe have been staying in the same room and paternal grandfather Ahmet has been sleeping in the living room. Since this home is very close to the girls' school, and after the loss of Serap, psychiatrist of the family had suggested they stay in the home where they had been living before Serap's death; they chose to live there. However, Ayşe will start middle school next week and the school she wants to go is not close to their home. For these reasons, they want to have another home with more rooms. Seher stated that "From now on, we will go into that stage." (H 67) By pointing out that, they will enter a different period in their lives.

Theme 5: School perspective

In this theme, teachers' perspectives related to children as well as their thoughts about death and losing their mother to death were presented. In addition, how teachers themselves were affected by their students' loss was indicated. The school perspective emerged as a completely separate theme because the teachers of the two children provided an outside perspective about the family that had to be focused on separately. Thus, this theme was not planned at the beginning of the analysis process, but the discourses of the teachers pointed out different aspects of the loss issue.

4.5.1 "Death" issue in the class

Both of the teachers stated that the death issue was discussed in the class as a regular topic. Their explanations about death were affected by their students' needs as well as their own perspectives about death. Başak said that;

In the lessons, I explained that the livings are born, they live and then die. I explain it very superficially. Maybe there is no need, so that is why I do not explain death issue in detail. There has been no need from the students. (H 68)

Ebru told that she talked more about death, and children paid attention to this subject.

One of her students had fears about death and losing her parents. But Elif did not develop such a fear, as Ebru stated. She explained how she expressed death in following sentences:

In the life science lesson book, there is a chapter explaining the growth stages of children. I expressed this by exemplifying the tree seedlings. "You are like tree seedlings, you sprout like trees, you are born and the tree goes out from the ground. The tree starts sprouting, and after a while I start to give fruits. After these, there is return back to the earth again. I said them we came from earth, and we will go back to the earth. All fruits, vegetables will be dead. That lesson about death affected one of my students badly. He has been

asking to his mother “will I die, will you die?” Elif is very tough about this issue. She knows that her mother does not exist anymore but she has a mother emotionally, she had once. (H 69)

Like hidden curriculum in the class, the death issue was affected by teachers’ own subjective understanding and they reflected their understanding to their students.

Especially Ebru’s detailed explanations about life, death, and life after the death reflect this situation:

I stated that our soul will stay in this world, nothing will disappear forever. Our soul will rear up to the sky, it will walk around somewhere. The body may disappear but, you will not disappear forever from this universe. The kids were relaxed when they heard this. I believe that the death is not the end at all, somehow the soul walks around in some place of universe. I said that you will rear up to the sky, and exist somehow; but of course we are not dead yet, we do not know how it will happen. Elif did not react to these. She has never said, “My mother died, did also she experience these?” she said nothing. She listened carefully. Probably her family told her the same things. (H 70)

4.5.2 Hesitation about using the word of “mommy”

When the primary school books were examined, one can see that the exercises for children have directives like “ask your mother, father or parents”. It was realized during the interviews with teachers of Ayşe and Elif, teachers had problems using the word “mother, mommy”. Instead, they say “you can ask your grandparents or father”. Başak, who is the teacher of older child Ayşe, stated this issue by the following words:

When there was a homework related to mother, or mother information, formerly she was asking “I do not have a mom, what am I supposed to do?” I used to say that “you can do your homework with your grandmother” and she used to say “ok.” I have never seen her have a problem about this issue... I tell my students to ask their “parents”. I do not want use the word “mother” in order not to hurt her feelings...I mean maybe it would hurt but she may feel discomfort. It seems to me that I cannot use that word for a long time. (H 71)

The other teacher, Ebru, had similar experiences to Başak. She also stated her hesitations about this issue because she was afraid that Elif would be harmed when she heard the word “mother”. Ebru explained her fears and hesitations by the following sentences:

It is very hard not to use word of “mom” in the classroom. I try not to use “mommy” in the class. I do this for the purpose of not harming Elif. I use “parents”, even directly use the word “father”. Or I do this: before I say “tell your mother” to the other children, I say Elif that she should tell her grandmother Seher. Generally, if I want to talk about parents, I directly use the word of father or I say “your family”, “parents”. I do not use the word of “mother” too often. (H 72)

Neither of the teachers, Başak or Ebru, celebrate Mother’s Day since the day they met Ayşe and Elif. Başak stated her hesitation about the celebration of this day in the classroom when Ayşe was in the second grade, which was the first year she was in the school, and in Başak’s class. After that Başak continued not to make big celebration activities in her class. She explained the situation at the first mother’s day after Ayşe was in her class with following sentences:

Last year, I made students prepare an activity for mothers’ day. Before that, I did not do anything at that day. I just used to say students to celebrate their mothers or people who love them like their mother. I called grandmother Seher if the celebration of mothers’ day would give any harm to Ayşe. Because at that time, the event had already occurred. I asked her opinion, whether this would disturb Ayşe or not. The family asked their counselor and she said the event was new, your teacher was right to ask. Also, she said that it would be better for now if she (Ayşe) did not have experiences that remind her mother. I was careful about her by contacting the counselor with the help of the grandmother. (H 73)

The other teacher, Ebru, stated that before this class, she used to celebrate mothers’ day by preparing presentations that included pictures of children and their mothers with emotional songs. But because Elif is now in her classroom, she does not want to celebrate this day. As Ebru stated, she also thought that there is no need to pinpoint this issue while she is the class. Additionally, in her opinion, celebration of these

kinds of days like Valentine's Day or Mother's Day was meaningless, because people should show their love all the time, not specifically on these days.

Therefore, it seems that teachers' opinions about the celebration of Mother's Day are affected by both their fear that Ayşe and Elif would be harmed psychologically and by their own views about this day.

4.5.3 How to behave towards children who have lost their mothers

Both teachers stated that they have worries about being a role model for children.

They thought that because they are the only young women in their lives, the children pay attention to their teachers' clothes and their words. Burcu highlighted this situation as follows "Sometimes, it is not very often, Ayşe states that "you are beautiful like my mother, my teacher." I feel that sometimes she is very careful about my actions." (H 74) Ebru shared things similar to Başak :

Her grandmother said that she loved young people like me, she used to tell her what I wear in the school. She wants a young figure. When she comes home, she sees her grandparents, the child wants a young figure for herself. Her grandmother said that "she adores you". When she said that, I thought: you are a symbol for her, you are an example for her, and you have an important role for her. This scares me, actually. I try not to do something wrong. I am uneasy for the purpose of that every decision and every behavior toward her should be right, thus she wouldn't be hurt by me. That is why, I am very careful about my behaviors toward her. I am extremely careful in my behavior to her. (H 75)

Ebru said that at the beginning of the school, she told some of the teachers in the school about taking care of Elif, when she was not there. But she realized that teachers felt sorry for her, but Elif was a strong girl; she stopped over-protecting her. She expressed her reasons for treating Elif as she treated other children as follows:

The appropriate behavior would be to behave normal toward her, like she had never lost her mother. If she is treated differently, she would realize and she

would say “she behaves different toward me than she does toward other children“. Now I treat her like other students in the class.

Actually she is such a self-sufficient girl, she accepted everything as it is; you cannot find a defect in her. You look for how to be helpful to her but she already has solved her problems. She is very resourceful, lovable. There is nothing I feel sorry for her except her loss of mother because she can handle her own problems. She has a very strong personality. Even if she is very small physically, she has a powerful character and she is very intelligent. I hope I will live to see her success. (H 76)

4.5.4 Effects of children’s loss on teachers

Both teachers stated that having a student with loss in their classes affected them.

The older child’s teacher Başak stated that she needs to restrict herself such as not being able to use the word mommy in the class: “I have been very careful about using the word mother in the classroom. I hesitate to use that word.” (H 77)

Ebru stated that having a student who had experienced loss of mother, affected her point of view, imagining how it would like to be in Elif’s shoes. It seems she has been taking Elif as an example for herself. She explained her opinions about the effects of Elif on herself as follows:

I thought a lot about how that small child could handle these problems, I thought a lot. At the beginning, I felt pity and sorrow for her. After realizing that she has a very strong personality with caressing, polite, graceful, smart and emotional, as well as strong characteristics; I said to myself that while she is so strong, you should not think about her that much...She affected me emotionally so much. I thought that if I had lost my mother, I would go crazy. (H 78)

Theme 6: Resilience “there is a silver shining behind every evil event”

This theme was created on the base of other themes explained above. The resiliency of the family interviewed was analyzed and the results are presented below. As it was defined in the literature review section of this thesis, when evaluating resilience, it is

important to determine both the risk and positive factors in the family. In other words, demands and capabilities of the family should be determined. If the family is resilient, their capabilities or protective factors should exceed their demands or risk factors. Both protective and risk factors affecting this family's resilience observed in the data were presented in this theme.

4.6.1 Protective factors of the family

When talking about how his daughters were more mature after they lost their mother, Yusuf explained this situation with the following quote that explains a very specific feature of resilience:

When the events seem bad, it does not mean that it will always continue like this. When my wife was ill that time I did not have an interest in the Quran, one of my friends told me something from the Quran: There is a silver shining behind every evil event. God says that. For instance, you realize that an event that seems good, but there may be an evil thing behind that event; but you think that is perfect. And sometimes, you see that is a bad thing; but maybe behind that there is a benefit. (H 79)

The most important protective factor of the family was that all family members accepted that the mother was lost. Some members accepted by the help of their religious beliefs like Yusuf, some people accepted the situation by the help of their prior experiences such as Seher and Ahmet; and the children seemed that they understood that their mother was gone and she would never come back again. I understood this fact from their expressions that they missed their mother; and especially Ayşe's statement that people with same experience would be better when they accepted the situation. As I sensed that this family talked about Serap's death many times before this study. Talking about death helped them to accept the

unchanging fact. Yusuf's following statement is an outstanding explanation for the understanding of death:

Patience is the most important thing. Also, faith is important. At the end, the ultimate thing is death. We spend money, we cried; at the end, what was the result: death. The belief that life will go on, as Prophet Muhammed said that death was a lesson. When Serap died, was the life over? Was I not hungry anymore? No. There will be good things happening and bad things too. Until when? Until death. (H 80)

Grandparents and the father got accustomed to their situation mostly by their religious belief that the death of someone was decided by God.

Family members had created a shared meaning for their loss mostly based on their religious beliefs. For instance, when I asked about their suggestions to people who had same experience; Ayşe stated that "They should be patient; sometimes they do not accept that she was lost. They should believe and accept the situation". (H 81) This was very similar to what Yusuf and grandparents said during the interviews.

Seher's statements can be a summary for these findings:

Our life is very organized now. We accepted everything. Of course, we suffered; we did not forget those times, she is always with us. We commemorate and remember her with our children. (H 82)

The other protective factor of the family was that grandparents and other relatives were very supportive to this family. Before Serap's loss, the family members already knew that she would die, so, they made plans about what to do after her death. And after she died, the family members could make fast decisions and they started living together in the same house. Thus, it could be stated that family members' planned organization, extended support network, and cooperation among family members were very helpful to them. Yusuf gave an example about how a non-supportive environment could lead to negative changes:

I see that my children were lucky because their grandmother, grandfather or their uncle, their uncle's wife, their aunts, brothers of their mother are very helpful toward my children in terms of spending time with them, in terms of the love they give. That is the most important thing for my children. So, my children are lucky. There may be unlucky children who do not have this kind of family environment, or who are the children of families that do not have a perspective for death as we have. Unfortunately, children of these families may experience that trauma for many years; maybe they even cannot overcome it. When I took my children to a female psychiatrist, she told me about a case that she took over from her own father. Her father worked with that man for 15 years. The problem of that man was he could not overcome the death of his mother. He has been visiting the psychiatrist for 15 years. That man was the patient of her father. When her father retired, she took over the case and she has continued to give counseling to that patient. In total, he has been getting psychological support from a psychiatrist for 15 years. That is why my children are lucky because if they did not have such a family, maybe my children would need support also for 15-20 years. (H 83)

This support from the family members was also stated by grandparents and children.

Both of the teachers thought that children could get necessary support and love from their family. Başak thought that this family would be an example for other ones:

I have been working as a teacher for 14-15 years; I have had some ideas about families within these years. I met with different people. If other families were like this family, an incredible successful generation would result. I could not say any negative word about the family; they are very good people. (H 84)

After Serap's death, the family members consulted a psychiatrist about the children.

Especially, grandmother Seher had a significant role in this process because after Serap's death, she continued working as a nurse in a hospital and there, she was able to get support from the psychiatrist of the hospital.

Also, Serap's own family had consulted a psychiatrist for themselves and for the children, as Yusuf stated:

That one year (after Serap's death) we took support and it was good; I could have helped children better. We also visited the psychiatrist together; the family of Serap, and we as a family. Serap's family went also to another psychologist; we and Yusuf went another psychologist. They also got support about how to behave to the children, what to do from then on, and about

family relations. Both sides (Yusuf and Serap's family) approached the event scientifically and when we did this, we realized that we could have solved the problems easily. (H 85)

Ayşe's teacher Başak stated that getting support from the psychiatrist, and being conscious were important factors in Ayşe's healthy bereavement process. She stated that:

The family is already a conscious family. The grandmother is a retired nurse. They got psychological support from a counselor. Thus, the child is aware of the things that are going on. Without any tales, the child was confronted with the reality. That is why, when she came to my class, she had already accepted (her mother's death). (H 86)

As it was expressed before, the family members did not have any secondary stressors. Because the treatment cost of Serap was high, the family had some debts, but the family was able to cover those debts. In addition, the moving of the grandparents to Yusuf's home created adaptation problems for them. For instance, as Seher stated she had to get accustomed to Serap's order in the home, she had to use the staff that Serap used before. However, family members stated that they could overcome these secondary issues.

In addition to the relationships among family members, relationships with Serap's family were also very supportive. Especially Serap's mother was very attentive in supporting the family about the children. She takes care of the two granddaughters when she comes back from Germany, she communicates with teachers about the children's school success; sometimes the children stay in her home. There is a very supportive and strong bond between Yusuf's and Serap's family that creates a positive environment for these two girls. Also, this supportive environment is very helpful to Yusuf; he could continue his attachment to his deceased wife and her family.

To have some rules in the family was an important protective factor for the children. In this family, rules are set and controlled by Yusuf. For instance, the girls have to ask their father when they want to go a friend's home. However, daily life issues are decided by their grandmother Seher. This rule setting was suggested by the psychiatrist of the family from whom family members got support during their grieving process. Seher said that the psychiatrist had wanted the father to be at the center of making decisions about the children. The family had agreed with this suggestion and since then most important family rules were set by the father and the others by the grandparents. For the girls, having rules were important because by the help of the rules, they had clear boundaries; thus they knew how to behave under certain conditions.

The family's relations with the school staff is also another positive factor for this family. Both Ayşe and Elif are very successful children in the school and they did not have any problem in the school. Especially Ahmet and Seher were very attentive to school related subjects. And Serap's mother participates in the school process whenever she is in İstanbul. Continuous communication between the school and the home was very helpful especially after children started schooling because it was possible for the teachers and family members to inform each other on what to do for these two girls' loss in home or at school. Grandmother Seher expressed her gratitude for both of the teachers of her granddaughters. She stated the children's love and respect for their teachers. The most important memory of Seher was about Başak's calling her in order to consult her about the celebration of Mother's Day in the first year of Ayşe's education in the school. She expressed her thankfulness with these sentences:

That (the phone call of Başak) affected me incredibly. In a class with 30 students, she thought about it (Ayşe's loss of her mother) and she called me

to ask (whether Ayşe would be negatively affected by celebration of Mother's Day in the class). That was incredible. (H 87)

The family members have positive thoughts and future plans for themselves. The grandparents and the father were very positive about their children's future. The family members have future plans like moving together to a bigger house, finding a good school for Ayşe. Yusuf stated that they did whatever was necessary for his daughters after Serap's death; they got psychological assistance, they supported each other, they started living in the same home with his parents, to be together. All these positive things and their way of rearing children made Yusuf think that Ayşe and Elif would have a good life. He does not expect high success from the two girls, but he expects them to be good people. As Seher stated their purposes for the future:

From now on, we will look ahead. Our purpose is to educate the two girls Serap left behind; to bring them up as best as we can because she adored her children, she was bringing them up very well. (H 88)

While forming the interview questions, the resilience literature was checked. The personality factor was described as a resilience factor. In this family, there were some personality factors realized during data analysis such as the protective factors of the family. Yusuf's following statement was a good example to explain how personality affected someone's handling the difficulties: "The person should take necessary lessons, have a good nature, and disposition because it would be very hard to overcome if the person is weak." (H 89) Yusuf was able to focus on solutions not just problems and he was sensitive about his children. His mother Seher valued reason and that she was ready to offer support and help. Because she was a nurse before retirement, she could use her knowledge during Serap's illness as well as after Serap's death. Grandfather Ahmet was able to express his emotions in the interviews. He was also very supportive to his family. He expressed that when he looked at the

people who have problems in their lives, he could see that there is a significant difference between them and him. He said that they grew up in Mecidiyeköy, which was a very elite region of İstanbul almost twenty years ago, and the environment he and his children grew up in was an important factor in this difference because he thought that their environment also affected the friends they had. The effects of friends on people were also expressed by Yusuf during the interviews. Yusuf also thought that his positive friendship was helpful for him during the grieving process. Grandfather Ahmet stated another difference between his family and other families that was a significant factor in their acceptance of loss and their ability to make future plans. These other factors expressed by Ahmet can be seen in the following quote:

What is the difference? That is a person, you are a person. You see that your education, your family is different. Really, our family is different. That difference also stems from my own mother and father. We are different from my uncle's children, for instance. I saw the difference between my parents' children and my uncle's children. The difference is related to education, manners. It is not just education. You are different when you eat, when you sit. I can see that we are different. It is also about improving oneself. (H 90)

Ahmet said that as parents, they can be a model for Yusuf and his other son. He thought that to be a model for their children is important because their children learn life from their parents. He thought that to tell children what to do is not enough; it is also necessary to be model with life style, and behavior. He stated that:

You see life as your parents showed you; how they acted toward you. And you do the same for the next generation. It is about modeling. It is about awareness, and education. It is not education maybe but personal experiences. (H 91)

Grandfather Ahmet also talked about how their love and respect for each other that had created such a positive environment in the home. He thought that this love and respect also resulted from the fact that both his child Yusuf and he and his wife Seher were married by their own decision; not an arranged marriage. He expressed this by following sentences:

Everyone loves each other. We (Ahmet and Seher) also were married by our own wish; not by an arranged marriage. My child was also married for love. We respect each other. Even if I do not live as my wife tells me; or she does not live as I want; we at least respect each other. (H 92)

4.6.2 Risk factors of the family

In this sub-theme, observed and stated risk factors of the family are presented.

Firstly, the father stated that mostly the grandparents take care of the children's school issues. For instance, sometimes grandfather Ahmet or grandmother Seher take the children to the school. When Serap's mother is in İstanbul, she takes children. Because the school is very close to their home, the children can come home by themselves or their grandparents get the children from the school. Because Serap's mother is very old and her education level is not enough to help with the children's lessons or homework, grandfather Ahmet takes care of the children's lesson related issues. He helps the children especially in their math lessons. Grandmother Seher is responsible for the parent-teacher meetings at the school. On the contrary, it could be stated that Yusuf's non-attendance to the girls' school issues seems to be a risk factor in the family. Yusuf expressed this situation by following sentences:

I have a weakness; I should have known my children's teachers. I just met with them. Always my mother goes to parent-teacher meetings. In fact, I did not see the advantages and disadvantages of this situation. But, this is a deficiency. Maybe I should talk with the teachers one day in two months, while my mother talks with them every day. (H 93)

Also, as it seemed that especially grandmother Seher took a lot of responsibility after Serap's death. Even if her overcompensation did not create any problem for her so far, taking a lot of responsibility is still a risk for her well-being. The first reason was her older age. Secondly, because she experienced significant losses in more recent times, having more stress factors may lead to both physical and psychological problems for her.

Another risk factor was prior losses of family experiences; the family members experienced significant losses within very close times. For instance, Seher lost her mother two days before Serap's death; grandfather Ahmet lost his mother one year after Serap's death. While they are able to express their emotions and the cooperation among family members and from extended family and friends seemed to be helpful for family members, they might have had problems in experiencing their grief for each person. As Seher stated, after Serap's death, she could not analyze her emotions; she did not know to which person her feelings belonged.

To sum up, in this specific family, resilience was demonstrated on the basis of protective and risk factors affecting the family. The data showed that protective factors of the family were their acceptance of their loss, their strong religious beliefs; having a shared meaning of loss, extended family members' support, getting psychological help from the psychiatrist, not having secondary stressors, the positive relationship between Serap and Yusuf's family, having rules in the home, the continuous communication between school and the family, family members' optimistic future goals, family members' personalities, having an educated, experienced model family, and showing their love and respect to each other. The risk factors of the family were determined as the father's lack of involvement in the school issues, grandmother Seher's overcompensation through too much

responsibility and family members' concurrent loss experiences. Even if there are risk factors for this family, they were able to overcome the risks to solve their problems after Serap's death and both the family members and the teachers of the children thought that they did not have any problems now. Başak's words would be a good summarization of this family's resilience:

The family had filled the gap very well that there was nothing more I could do for the child. The child continues her life like she had never lost her mother. She is even better than most of the students in the class. She does not have any problems; she is so problem-free. The family gives a lot of support. (H 94)

CHAPTER 5

DISCUSSION AND CONCLUSION

In this section of the thesis, discussion of the results is presented. Also, conclusions drawn from the results are discussed. Implications for school counselors, teachers as well as implications for further research are given. At the end of this chapter, strengths and limitations of the study are discussed.

5.1 Discussion

This study provided insights into each family member's experience of loss and their resilience after this negative life event. The results were based on the data collected from family members as well as from the teachers of the children. Even if there was not a lot of data gathered from the two children, the interviews with family members and teachers of the children gave a perspective about their loss experience and their life after losing their mother.

Because the purpose of the study was to determine the resiliency factors in the family, the family in the case had to be one that did not have complicated grief symptoms. DSM-V persistent complex bereavement disorder criteria were used to screen the family members. As Worden (2002) stated some experiences after losing someone are expected, such as feelings (sadness, loneliness, fatigue, helplessness, shock, yearning, relief), physical reactions (tightness in the chest, tightness in the throat, oversensitivity to noise, a sense of depersonalization, breathlessness), cognitive experiences (disbelief, confusion, concentrations issues, preoccupation about the lost person) or behaviors (sleep disturbances, appetite disturbances, social

withdrawal, visiting places or carrying objects that remind the survivor of the deceased). Yusuf stated that after losing someone important, to have these kinds of symptoms was normal. However, the symptoms that take longer or some symptoms would be a sign of complicated grief. Interviews with the family members showed that family members' grief lasted less than 12 months for adults and 6 months for children. Also, they did not experience persistent yearning for Serap, preoccupation with her, or difficulty in accepting her loss, or emotional numbness, difficulty with positive reminiscing, avoidance of the reminders of Serap, desire to die, feeling that life was meaningless, difficulty in participating their interests or having future plans. Therefore, this family's grief was described as healthy and normal.

As it was explained in the findings section of the thesis, some aspects of the family members were very helpful for them to overcome their negative life experience. For this family, the most helpful coping strategies can be summarized as their religious beliefs, cognitive appraisals, social support from the extended family members, easy temperament of children and positive personality of adults in the family, children's school success, peer relations and social participation in school activities, the father's realistic expectations for his children. Some of these positive factors in resiliency were also expressed by Benzie and Mychasiuk (2009); Gizir, (2004); and Masten and Coatsworth (1998). Stroebe et al. (1996) asserted that people with higher social support are less likely to have depressive or somatic symptoms than people with less social support.

As Worden (2002) stated, there are some mediating factors affecting the mourning or grieving process. The mode of death is one of them. As stated in the findings section, the mother Serap died from a kind of cancer and her illness was detected ten months before her death. As Seher stated, Serap accepted her illness

maturely. Serap and her family had time to prepare themselves as grandfather Ahmet stated. The family's adaptation to Serap's illness and then her death may be explained by Lazarus and Folkman's explanations for the importance of cognitive appraisal (1984). Serap's death was predictable due to comments of the doctor about her illness. So, within this time period between diagnosis and death, the family members were able to adapt to this event and they were able to cognitively appraise the results of Serap's illness. Therefore, it seems that the mode of death may have influenced the family members' cognitive appraisals about their self-efficacy in handling the loss experience that in turn affects their adjustment.

Also, family members' belief that death is an order of God made it easy to look at the event from the positive side (Lazarus and Folkman, 1984). This acceptance may result from their cognitive appraisal of the results of Serap's illness as well as a cultural issue that some deaths are easy to accept and to experience the pain that caused. For instance, in Turkish culture, if a person dies because of suicide, his/her family may be reluctant to talk about his/her, and they may even prefer to behave as if that person did not exist before. Because cancer is believed to be a God-given illness, and because family members had the religious belief that God is the one who decides about who will die when, their acceptance of the loss was easier. On the contrary, if there had been a death by suicide, then their acceptance would be harder because suicidal death may cause the surviving ones to feel ashamed of the deceased one and people may not experience a healthy grief process. This inability to have a healthy grief process may also result from the fact that suicidal deaths indicate a stigma in the society that in turn decreases the social support from other people (Doka, 1989, as cited in Worden, 2002). This family's acceptance of their loss and

their wisdom after that event may be understood from this culturally shaped understanding of death.

Rosenblatt (2010) stated that rituals affect the behaviors of the survivors during their grieving process. For instance, what to do with the remains of the deceased is determined by ritual processes of a specific culture. In Turkish culture, surviving ones dispose of the remains of the deceased person. For instance, starting from the first day of their loss, the clothes, and other belongings of the deceased one are distributed to other people. This distribution of the belongings is done for the purpose of charity. When these belongings of the deceased are given to others, people who take these belongings pray for the dead one and the more prayers a person has after his/her death means that he/she was a good person and deserves to be accepted to heaven. In addition, in Turkish culture the photos of the deceased person are removed from the walls. Even though these rituals are culturally shaped and accomplished by many people in Turkey, when looking at this issue from the literature's explanations for grief, these acts may result in the denial of the loss or delaying the grieving process. In the current case, family members kept the photos of the mother and they have lived in the home where the family members had been living before the mother's death. These actions of the family may ease the acceptance of their loss. Zara (2011) maintained that rather than prohibiting people from talking about their loss, or removing of the belongings of the lost one, it is necessary for people to talk about their loss and to get in touch with the belongings of the deceased. In fact, getting rid of the materials of the deceased quickly, or not talking about him/her are signs of persistent complex bereavement disorder (see Appendix I for the criteria).

The mother's role in a family is explained by many theories. Bowlby (1960) stated that mother of a child is a significant attachment figure. Similar to theories related to importance of mothers, in Turkish culture, the mother has a very significant role. She is the one who feeds the child, takes care of the child, and has more responsibility than the father. Therefore, it is expected that the loss of mother is perceived as a very negative life experience. The two girls in this study did not experience psychological problems, academic failure, or problems with their self-esteem, and problems with their peers after their mother's loss, contrary to the results reached by Brent, Melhem et al. (2012); Gray, Weller, Fristad, and Weller (2011); and Özgül (1995). However, it should be kept in mind that most of the studies that were about children who lost their parents use statistical analysis and generally a comparison group. However, in this study, we evaluated the children by comparing their situations with the other study findings and theories, and the data was collected with qualitative methods in a single case.

Paternal grandmother Seher had experienced two important losses in very short time. She lost her mother and two days later she lost her daughter-in-law. Her strong relationships with her granddaughters, Ayşe and Elif, and her dedication to these children may result from the loss of her own mother. Both Seher and the two little girls experienced the same loss and by that similar experience, they may share similar emotions. Or, grandmother Seher may reflect her own emotions related to her own mother's death to the two children.

As it was stated in the findings section, Yusuf had some emotional and physical reactions after his loss but as he said, this situation lasted for a few months. In terms of DSM-V criteria for persistent complex bereavement disorder (Appendix I); grief reactions that last more than 12 months can be problematic. He did not meet

the criteria for complicated grief because after a short period he was able to overcome those issues and continued his social life as it was before. This finding may be discussed as the result of his social support given by his family members because as Stroebe et al. (1996) stated, widows/widowers with higher levels of social support had less depression symptoms and less somatic complaints than ones with less social support.

Another mediating factor as mentioned by Bowlby (1960) and Worden (2002) was the gender of the griever. Bowlby (1960) stated that men and women are different in terms of their emotion expressiveness. Men are less likely to talk about and share their emotions. In Turkey, determined gender roles are very similar to Bowlby's thoughts about men. In Turkey, women are expected to share their emotions; they have been called "emotional". On the other hand, men are expected to hide their emotions. For instance, when a little boy cries, the elderly people say to him "Men do not cry". This learned culturally-shaped behavior affects the expressiveness of men. Therefore, men are less likely to talk about their emotions. In this study, as I observed and as I learned from the interviews with the family, men and women talked openly about their emotions. Their openness about their feelings was another reason for their healthy grief process.

After Serap's loss, Yusuf's relationships with his parents as well as with his children were getting better because his parents moved into his home and he had to spend more time with them and with his children. He also talked about how he started to give more importance to make spontaneous decisions, which also fits his motto mentioned as "live the moment" during interview. By the help of his parents, he was able to make fast plans. As he said that living the moment was a positive behavior he developed after his wife's loss. Yusuf's experiences after loss were very

similar to Kessler's (1987) descriptions of effects of loss on developing more positive relationships with the family, and appreciating the present moment.

As Yusuf and his father Ahmet stated, their relationships were also strong when Yusuf was a child. Yusuf's secure attachment to his parents and his parents' success in solving problems such as after loss of Yusuf's uncle, the family was able to solve the family issues can be a protective factor both for him and also for his children. This comment can be supported by the findings of Simeon and et al.'s (2007) study that found that the resilience of adults was positively correlated with secure attachment to their parents and by the findings of Hope, and Hodge's (2006) study that showed the surviving parent's own adjustment and relationships with their own parents were the predictors of adjustment of children to their parent's loss (as cited in Howarth, 2011). In addition, according to Bowlby (1960), the most important variable that affects the course of mourning is the personality of the bereaved person. Specifically, he pointed out the attachment behavior of the bereaved and his/her behaviors in the times of stress. Serap was described as a person who had a very mature and adaptive personality. This might have led the family to better cope with the loss.

The changes in relationships between the father and the children, the father and the grandparents, the grandparents and the children, even the changes in the grandparent's relationships with their other son and grandson showed that the loss did not affect just the people in the family, but also all relationships both within and out of the family. That is why, in order to understand experiences of individuals after loss, the relationships of individuals with each other and people outside the family should be examined, as stated by Gillbert (1996) and Walsh, and McGoldrick (2004).

As it was stated in the findings, after Serap's death, grandmother Seher took a lot of responsibility for the home and the two children. Even if she stated that she was happy with the children, this over-compensation may lead to further problems both for her and for the family system afterward. The grandmother's new role in the family after Serap's death may be described as replacement, which means family members' filling the gap left by the lost one with another family member, as Freeman (2005) stated. Yusuf does not want to give up the new system that works well for him and for his children. They, in fact, became a new family. He does not want to lose this family in return for a spouse. Therefore, it may be speculated that the existence of a paternal grandmother prevents adding a new spouse to the family.

It is also important to emphasize that the children's daily life was not disrupted so much, especially because the paternal grandmother takes care of their daily issues, and their father makes the important decisions in the home. Therefore, children have a system which seems helpful for them. For instance, they know whom they should ask for permission to go to the cinema, or with whom they should study math. This was very similar to the findings of another study (Lin, Sandler et al., 2004) which states that children of surviving parents who had higher levels of warmth and consistent discipline for child-rearing were more likely to be resilient.

The finding that this family had resolved successfully the secondary stressors was an important resilience factor. Worden (2002) stated that having concurrent stressors as mediators of mourning may create problems in the grieving process. Research shows that a family's secondary stressors are a risk factor especially for the children's emotional problems (Field et al., 2013). Because this family has good economic resources and they have been living in the same home since their loss; it could be stated that secondary stressors did not create another burden for them (Zara,

2011). Even though they had some debt to some of their relatives and friends because of the money spent for Serap's treatment, they paid their debt in a few years.

Absence of externalizing and internalizing problems of the children may be attributed to the lack of secondary stressors as exemplified by Thompson, Kaslow et al. (1998).

Conscience was expressed by both the father and grandparents. That was an important factor for them because they were relieved by the thought that they did everything possible for Serap. This finding is very similar to what Bowlby (1980) mentioned about memories of comfort or distress that occurred before death of the person. He asserted that if bereaved people had good memories of the deceased before their loss, they felt comfortable. On the other hand, if they had problems with the lost person before his/her death, distress was experienced (Bowlby, 1980). In this study, "conscience" was specifically used and that word has cultural significance. In Turkey, conscience has a loaded meaning that connotes not only the decisions about right or wrong but also whether the person is a good person or cruel one.

Family members' explanations for their conscience toward the Serap's family may be explained through a cultural perspective. In Turkey, the relationships between a husband and wife's families are very important. A young man and woman get permission from their families to get married. Before marriage, the two families already know each other and it is expected, especially from the groom's family, to treat the bride like she is their own child. Thus, Yusuf and his family's inner calm was very much expected because they wanted to be assessed by Serap's family as caring, responsible, and sensitive about Serap's illness and treatment.

The family arranged a big funeral for Serap and as the family members stated, relatives' and friends' presence at the funeral and the rituals after the funeral was a

big support for them. Even though the children did not participate in the funeral of their mother, they visited her grave very often with their father and grandparents. Zara (2011), Bowen (2004), Bowlby (1980); Giblin, and Hug (2006) stated that participating in the funeral after a loss and visiting the grave makes it easy to adapt to one's loss because the person can face the finality of the loss; thus acceptance of loss is possible. In this case, not only participation but the fact that it was a big and crowded funeral was a source of comfort and support for the husband and his parents. None of the participants stated any negative results of the children not attending the funeral. They expressed positive effects of visiting the grave. In this respect, the findings of this study were not compatible with the literature that asserts that children's non-attendance at the funeral may be a problem. This difference may be attributed to the children's frequent visits to their mother's grave, as this may have help them understand the finality of death because the grave as a concrete representation of their loss may be enough for them to accept the death of Serap. The children may have been protected from the probable negative effects of participating in the funeral that everyone in the funeral had experienced very chaotic or intense emotions. There was no study that has investigated the effects of Muslim funerals.

Family members' religious beliefs about life and death are explicitly mentioned in the findings section. In the literature, the importance of the religious beliefs for the bereaved is mentioned (Greeff, and Human, 2004; Walsh, King et al., 2001). According to Walsh and King (2001), spiritual beliefs are helpful in resolving the grief issue by its explanations of life and beyond; by having spiritual beliefs, people have a framework for life and death. Visiting the grave is also an important act in Islam. According to Islamic belief, by visiting the grave, the living people realize they too are mortal and this in turn may affect their actions in the world and

they may start acting not just for the life on earth but also for the afterlife. Secondly, during visitations to the grave of the deceased, people read *suras* (a chapter of the Quran) and pray for the deceased. This act is believed to relieve the deceased in the afterlife because when someone prays for them, their mistakes in the world can be forgiven by God. From this perspective, people visit the graves of their loved ones frequently, especially during the religious holidays. Thus, it was an expected behavior from the family members to visit Serap's grave as much as possible. Visiting the grave is like forming continuing bonds with the deceased. In Islam the belief that *dua* (prayers) in the world can help the deceased in the afterlife is helpful for the surviving people to keep their bonds with the deceased.

In addition to visiting the grave, Islam, after the funeral there is a big meal for guests. This meal is arranged either by the family members or by the neighbors or friends of the family. This meal is important because in this meal, people talk about the deceased, and their memories of the deceased are shared. As expressed by Yusuf and his parents, after Serap's funeral, they arranged a very big meal for the people who came to Serap's funeral. Also, the children and other family members planted new flowers and poured water on the grave of Serap. These are very traditional acts in Islam after losing someone. It is believed that when someone pours water on the deceased's grave, it gives mercy for the deceased. These kinds of post-funeral rituals are also important for the psychological and spiritual needs of the survivors (Giblin, and Hug, 2006) by means of sharing their emotions and thoughts.

The interviews conducted with the family members and teachers showed that all family members were able to accept that their loss was irreversible. As the teachers Başak and Ebru stated, the little girls accept the fact that their mother will not come back again. As Schlesinger (2014) stated, having access to memories

related to the lost one makes the person experience the pain and have inner connections with the lost one. Ebru gave an example about how Elif once said to her friends that she missed her mother:

Eylül (one of the students in Ebru's class) came and said "Elif misses her mother". I went to see her in the lesson break. I said to her "Do you miss your mom? Come." Then we hugged and stayed like that. I kissed her, and then she was OK. (H 95)

Another reason for the children's handling loss may be result from the fact that children use social referencing for their reactions (Lieberman et al., 2003). Because their father and grandparents seemed to overcome the problems, and the older people were able to express their emotions related to Serap's death, the children may have thought that they too could cope with their loss. As Ayşe also stated during the interview, her friends used to ask a lot of questions about her mother and Ayşe said she openly answered these questions. She viewed the curiosity of her friends as normal. Therefore, we can say that the family members are in the acceptance stage of Kübler-Ross' grief theory. As the theory asserted, people in this stage are aware that loss is permanent, are able to talk about their loss, and they develop new arrangements in their lives (Kübler-Ross and Kessler, 2007). Also, as Zara (2011) stated, in order to continue a healthy life, the bereaved should accept their losses, face their emotions related to loss, and move on with their life by leaving the lost one behind. Family members' openly talking about their loss is also a protective factor because as Pennebaker and his colleagues (1982) found, for the surviving spouse's health, the most important factor was whether or not they had talked about their loss with others. The mode of death (suicide or accident) was not as significant as the researchers expected (as cited in Pennebaker, 1997).

The interviews with the family members in this study may also have been a chance for them to share their experiences and their pain. Even though the study did not aim to help participants, based on Pennebaker's research results, they may have had a secondary gain from being a participant in this research. Pennebaker (1997) also stated that by confrontation (talking about their loss experience in this study), people have a chance to neutralize their problems and to change their cognitive patterns, values or feelings. On the other hand, if people try to suppress their negative life experiences, they have to use extra effort not to think or feel about that issue (Pennebaker, 1997). It may be speculated that family members' religious practices such as praying was also an important factor for them because praying is also a kind of confrontation and self-disclosure, as stated by Pennebaker (1997), and praying is a way to share their loss experience in a social setting that in turn makes the bereaved feel comfortable (Lindemann, 1944).

Also, the children's positive adaptation to their mother's loss and not developing any psychological, academic or social problems may be related to the fact that they witnessed their mother's illness progress and they may have already prepared themselves for their loss. There were many studies that show that children who lose a parent because of homicide or suicide have higher levels of externalizing problems than children who lose a parent to an illness (Thompson, Kaslow et al., 1998; Wolchik, Tein et al., 2006; Haine, Walchik et al. 2007).

As stated by Worden (2002), historical antecedents of the person is also another mediating factor and this study supports the effects of historical antecedents on the loss experience. The most important historical antecedent was the family members' prior loss experiences. The way that they could resolve their prior losses is a factor that affects the results of the current grief experience (Worden, 2002). If

there is an unresolved loss and grief in the history of a family, it is possible that that experience transcends the generations and in turn influences the present mourning process of people (Walsh and McGoldrick, 1991). In this particular family, family members had experienced significant losses such as the paternal grandfather's brother's loss, the paternal grandmother's mother's loss that occurred two days before Serap's loss. The grandparents and Yusuf stated that because they were older, acceptance of their death was easier for them. Also, Seher's mother's death was an expected loss. The family's ability to use their resources may have enabled them to handle both their prior losses and Serap's death. The mental health history of a person is another mediating factor mentioned by Worden (2002). When the mental history of family members was screened, it was found that the paternal grandfather Ahmet's somatic complaints after the loss of his brother was the only stated mental health problem of the family. Ahmet stated that his brother's death from a heart problem made him fear he would die like his brother. Yet, as he said, he was able to overcome this problem. This problem may be temporary for him because he did not experience this problem later, even after their other loss experiences. Therefore, the family members' ability to resolve their prior losses may be interpreted as a sign of their resilience and uncomplicated/healthy grief experiences.

As it seemed from the interviews with family members, they could have accomplished the tasks of mourning, as stated by Worden (2002) and Walsh, and McGoldrick (2004). They were able to accept that their loss was real and irreversible. They got psychological assistance from professionals, arranged a new life by making changes in their home environment, and thus they adjusted to the environment in which the deceased mother was missing (Walsh and McGoldrick, 2004; and Worden, 2002). The grandparents' moving into Yusuf's house and new arrangements in the

role distributions in the family are examples of this task. Also, their shared experiences related to loss such as visiting the mother's grave and funeral rituals were an important factor in their adjustment (Walsh and McGoldrcik, 2004).

From the family system perspective of resiliency, it is expected that the family will have "continuing bonds" with the lost one as well as making new reinvestments in the family, such as adding a new family member (Walsh and McGoldrcik, 2004). The interviews showed that family members had an internal representation of their lost one. However, as Yusuf stated, he did not want to remarry in order to keep the system as it was. Even if he does not want to form new relationships with people outside the family, they already added two new family members to their nuclear family: the paternal grandfather and the paternal grandmother. This situation should not be interpreted as an inability to form new relationships out of the family but as the reflection of a stereotype in Turkish culture in which mothers-in-law are generally thought to cause psychological problems for the children.

Yusuf stated that children from disadvantaged situations would be more likely be successful since these children know unfortunate situations. Yusuf's expectations about the success of the two girls may be explained by one of Adler's key concepts: a feeling of inferiority. Inferiority is not a negative characteristic of personality; rather people strive for perfection to compensate for their feelings of inferiority (Corey, 2009).

As stated in the findings section, Yusuf did not want his children to see their ill mother since in the last days of her illness. Serap did not look well. As Yusuf expressed, this decision was made by him. This behavior may be expressed by emotion regulation. Thompson (1994) describes emotion regulation as follows: it

“consists of the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one's goals” (p. 27-28). It is expected that the parents will use emotional regulation in order to achieve a purpose (i.e. punishment of the child) and children learn their emotion regulation from their parents. (Rutherford, Wallace, Laurent and Mayes, 2015). Therefore, Yusuf’s behavior may be explained as emotion regulation because maybe he felt that to see their mother in her bed would not be good for the children, while he could have barely handled his emotions related to his ill wife. In addition, Serap’s calmness after the diagnosis of her illness and during her treatment may be another example of emotion regulation. She may prefer to regulate her emotions not to upset family members, especially her children.

In this specific family, it seems that the gender roles of men and women in the family were re-determined. For instance, father Yusuf and the paternal grandfather Ahmet took the responsibility of keeping family together, while the paternal grandmother Seher was responsible for household chores and meeting the needs of the two girls.

Yusuf’s unwillingness to remarry or his getting support from professionals just for the needs of children, not for himself, may be examples of his attempts to keep the family system as it was a child-centered family life. In Turkey, the child has a very significant role in marriages. Gülerce (2007) commented that the wish of couple’s for having at least one child stems from the social and individual or psychological value (survival value) attached to children. In non-Western and traditional societies, the protection and caring of children is longer than in Western societies. Families’ ties with their children — especially emotional and economic ties

— would last longer (Gülerce, 2007). For instance, after couples get married, relatives or friends begin asking “When will you have a child?” From this perspective, putting children at the center of the family and focusing mostly on the needs of the children may be examples of a traditional Turkish family.

Looking at the issue from a family resilience perspective, Walsh’s family resilience model (Walsh, 2002; 2003; 2006) could be helpful. The belief systems of this family such as normalizing their loss experience, the positive outlook of the members (their optimism for future, courage for change etc.), their spiritual beliefs, the organizational patterns of the family such as their reorganization skills, stability in their daily lives, the connectedness of family members to each other and the social and economic sources of the family such as not experiencing any economic problems after their loss, and the support from relatives or teachers of their children were key processes in family resilience after loss. In addition to these two processes (belief systems and organizational patterns), communication processes in the family were also an important factor in family resilience. In this family, the results showed that family members could freely talk about their feelings, experiences, and they had open emotional expression (Walsh, 2002; 2003; 2006).

One of the contributions of this study lies in the fact that in addition to family members’ perspectives, perspectives outside of the family about family members’ loss experience were also taken into account. For this purpose, the teachers of both children were interviewed. The interviews with the two teachers gave a valuable point of view about the family because it was possible to validate the results by comparing family members’ statements with teachers’ statements. At the end, it was concluded that this family was resilient in the sense of its ability to cope with the mother loss. Even though Yusuf was distant from school issues, in general their

overcoming that stressful experience with a minimum harm was a sign of healthy mourning.

The findings from the school add a new perspective to the literature. Even if there was research about either the problems of children who lost their parents or the coping mechanisms of these children, no data was found on how the teachers of the children who experienced a loss went through the changes they had in their school environment. This study showed that teachers were also personally affected by the loss experience of their students. In addition, classroom activities, the subjects of the lessons were also affected by students' experiences. Both of the teachers were reluctant to talk about "mother" in their classrooms for fear of damaging their students emotionally. In addition, it seemed that Başak's being a mother herself affected her behavior toward Ayşe. On the other hand, Ebru's thought that the celebration of Mother's Day was a capitalism issue so it also affected her behaviors. Then, it can be concluded that there was a hidden curriculum in the classrooms that was affected by personal thoughts of teachers.

5.2 Implications

5.2.1 Implications for schools

In school counseling services, activities that increase the resiliency of children should be given importance because, as this study and literature supported, not every stressful experience has to lead to negative consequences. That is why, if programs that support increasing resilience in children are carried out, intervention steps can be taken. Also, interventions for children who lost someone important should be done through counseling activities such as expressing emotions in a safe place and sharing

these emotions with people who understand them. In addition, teachers should be informed and given advice about the grieving processes children get through after their loss experience. If teachers are informed about what is normal during the grieving process, they can differentiate abnormal reactions and intervention plans can be prepared for the children who are in need. Parent and school cooperation is another issue that should be addressed. If the family gets support from a psychologist or psychiatrist, they should inform the school members. This would make it possible to arrange simultaneous intervention programs in the school that are compatible with the psychological assistance received from outside the school.

This study showed that families who had good communication with their children and who understood the needs of their children were able to overcome the problems caused by their loss experience. Walsh (2002) also suggests that psycho-educational groups for families regarding problem-solving, crisis intervention, and stress reduction should be implemented in schools. Lastly, this study suggests teachers should explain the death issue in their classroom according to needs and developmental features of their students. Especially for young children, concrete examples should be given.

Most longitudinal research designs are used to identify long-term effects of parental death and long-term experiences of families after loss. However, the current study suggests new research that focuses on long-term resiliency factors in families after loss.

5.2.2 Implications for practitioners

As the theory and research show, losing someone important to death did not necessarily lead to psychological problems. There is an issue of resiliency that

clinicians who work with grieving families should consider. In addition to possible problems after loss, it is also necessary to foster family strengths in therapy.

Since the loss of a person means the loss of relationships, status, and roles, it is important to evaluate the person in family, community, and social contexts. Because the bereavement, mourning, and grief issues are culturally shaped, clinicians should look at this issue from a broader perspective. In this sense, theories and techniques that evaluate the family via a system perspective is supported.

In Turkey, there is at least one school counselor in most of the schools. However, sometimes children and families need support from the sources outside the school, such as hospitals or private centers with psychiatrists, psychologists, or pedagogues. In this sense, it is very important to inform the school members (teachers and school counselors) about the intervention plan for children or the family. Thus, it would be possible to support the services in the school. For instance, the referred agency may send weekly or monthly reports to the teachers in order to help them create their intervention plans by paying attention to these reports.

5.2.3 Implications for further research

As explained before, the literature about resiliency is abundant but there is still no agreed definition of resilience, so in every research a new resiliency description is defined and new assessment tools are designed. It is suggested that agreed-on assessment tools that have good psychometric properties such as construct validity, and content validity, should be developed. Assessment tools that evaluate family resiliency should use data from different family members in order to describe the resiliency of the family. In addition, it should be recognized that in Turkey families have different dynamics, relationships, and roles in society. Therefore, it is strongly

suggested that assessment tools should be developed for bereavement and family resiliency that reflect the unique cultural features of Turkish families.

In the past, the family was described as a unity that consisted of parents and children. Nowadays, to be a family, to have both parents (mother and father) or to have child is not necessary (Gülerce, 2007). There are very small families that consist of just husband and wife, there are gay or lesbian families who adopt children, or there are families that both of the parents have experienced more than one marriage and in the family, and children are step-siblings. As this study showed, there are also families whose mother was lost to death, and family members have started living with the grandparents. Further research is needed to reflect these varying experiences in different types of families.

In addition, in bereavement research there are many different theories that defined the healthy and unhealthy/complicated grief. Every perspective has different criteria in the evaluation of grief process. Since DSM-V gives the criteria for complicated grief (Persistent Complex Bereavement Disorder), these criteria were used in this study to assess the condition of the family. These criteria should be tested in the Turkish population by using different research designs.

Lastly, this study suggests that retrieving direct information through interviews with children has challenges. Varying methods such as projective techniques should be considered to collect qualitative data from children.

5.2.4 Implications for families with similar loss experience

This study and literature review suggests that in order to have a healthy grief process, family members should share their emotions and thoughts with each other. Lindeman (1944) suggested that the surviving person should express emotions related to loss

and to find a way to be connected to the lost one (Lindemann, 1944). In addition, family members should both pay attention to needs of individual family members and as a whole family. They should also find a mutual way to experience their grief within the family.

5.3 Strengths and limitations of the study

The strengths of this study are its giving importance to looking at bereavement and mourning issue from a cultural perspective, working with a single family with a deeper systemic understanding and the loss issue is discussed for children, adults, the surviving spouse, teachers, grandparents, and the school in general.

In order to interpret the results, it is important to recognize the limitations of the study. First of all, it should be noted that the purpose of the study was not to generalize the findings, but to get in-depth data from a single family about their coping mechanisms with parental loss. That is why the nature of the qualitative research should be kept in mind when evaluating the research findings and generalizability of these findings to other families. Because this study used the single case study as the research design, it was not possible to compare experiences of different families where the mother and/or the father were lost.

In Turkey, there is no culturally defined theory on bereavement. All bereavement theories are derived from American or European studies. These theories may affect the background of this study even if the data gathered is analyzed in the context of culture.

In this study, a cross-sectional design was used. That is why we did not have a chance to describe the experiences of the family members immediately after the

loss. Related data was gathered based on self-reports of the family members. Studies that use longitudinal designs and that collect data from family members such as immediately after loss, six months, or one year after loss and maybe years after loss, are needed in order to describe the whole process and short term as well as long term effects of the loss.

Another limitation of the study is that I did not collect data from Serap's family. While the purpose of this study was to present the experiences of a single family, the perspectives and experiences of the deceased mother's family cannot be reflected. Also, the children's experiences cannot be reflected as much as had been hoped prior to the study. The reason for this limitation stems from the fact that children were not able to answer the interview questions in detail; maybe the interview questions were too abstract for them. Therefore, the data collected directly from the children was not adequate or as deep as desired.

The paternal grandmother, Seher, talked about the journal written by Serap during her illness. This journal would have been an incredible source of data on Serap's experiences of her illness. However, because the data was collected from the participants with one-time interviews, it was thought that the relationship between researcher and the family members was not close enough to share this very personal belonging. This is another limitation of the study.

Even though I tried to reflect the loss experiences of family members through the interviews, it should be noted that some data about their experiences of loss and relationships with the deceased and each other can be understood just by a therapeutic process. For instance, the father's reluctance to form new relationships like re-marriage may be questioned if this process was a therapeutic one. Also, by focusing on their emotions, it would be possible to get a deeper understanding of

their loss experience. In order not to direct the interview process and to keep the objective stance of the study, leading questions were avoided and the voices of the participants were given importance. In this sense, since this study did not aim to give therapeutic help to family members, further data was not obtained out of respect for the family's equilibrium.

5.4 Conclusion

This present study aimed to explain the resiliency of a single family in which the mother was lost due to illness. Through focusing on the coping mechanisms of a single family, it was possible to give an example to counselors, family members, and teachers to provide them with ways of promoting resiliency in children as well as families who had experienced parental loss. Also, by using a single case study design, it was possible to give in-depth data about the experiences of family members. Since there were many trajectories for family resiliency, it was significant to exemplify this process.

As was shown in the literature section of the research, most of the research related to parental loss has been conducted with surviving parents and children (Kalantari and Vostanis, 2010; Lin, Sandler, Ayers et al., 2004; McClatchey and Wimmer, 2014). This study derived its importance from getting data from many sources (the surviving parent, the children, the grandparents and the teachers of the children). Thus, this study increased the credibility of findings by triangulating the data (Merriam et al., 2003).

As the findings showed, supportive family relations were really important after the loss experience. Even if the death of a family member had created problems

in the family system, the family's ability to adapt to these changes, to use external resources effectively such as getting psychological support or making connections with the school staff, to have open communication among family members, and having rules in the family were protective factors for the family after their loss experience.

REFERENCES

- Adger, W. N. (2000). Social and ecological resilience: Are they related? *Progress in Human Geography*, 24 (3), 347-364.
- American Psychiatric Association. (2007). *APA dictionary of psychology*. Washington, DC: American Psychological Association.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association.
- American Psychological Association. (n. d). The road to resilience. Retrieved February, 12, 2015 from the website of American Psychological Association: <http://www.apa.org/helpcenter/road-resilience.aspx#>
- Attig, T. (2001). Relearning the world: Making and finding meanings. In R. A. Neimeyer (Ed.). *Meaning Reconstruction and the Experience of Loss* (pp. 33-53). Washington: APA.
- Balk, D., Lampe, S., Sharpe, B., Schwinn, S., Holen, K., Cook, L., Dubois III, R. (1998). TAT results in a longitudinal study of bereaved college students. *Death Studies*, 22 (1), 3-21.
- Benzies, K., Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child and Family Social Work*, 14, 103-114.
- Berg, B. L. (2009). *Qualitative research methods for the social sciences* (7th ed.). Boston, MA: Pearson Education.
- Bilgili, A. E. (2010). *Rituals of condolence as sociological dimension of death: Cases from East and south-east Anatolia in Turkey*. Istanbul: The ISIS Press.
- Block, J., and Kremen, A. M. (1996). IQ and ego-resiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology*, 70 (2), 349-361.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.
- Brent, D. A., Melhem, N. Ö., Masten, A. S., Porta, G., Payne, M. W. (2012). Longitudinal effects of parental bereavement on adolescent developmental competence. *Journal of Clinical Child and Adolescent Psychology*, 41 (6), 778-791.
- Brody, A. C. and Simmons, L. A. (2007). Family resiliency during childhood cancer: The father's perspective. *Journal of Pediatric Oncology Nursing*, 24(3), 152-165.

- Bonanno, G. A., Kaltman, S. (2001). The varieties of grief experience. *Clinical Psychology Review, 21* (5), 705-734.
- Bonanno, G. A., Papa, A. and O' Neill, K. (2002). Loss and human resilience. *Applied & Preventive Psychology, 10*, 193-206.
- Bonanno, G. (2004). Loss, trauma and resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20-28.
- Bowen, M. (2004). Family Reaction to Death. In Walsh, F., and McGoldrick, M. (Eds.), *Living beyond loss: Death in the family* (2nd ed.) (pp. 47-60). New York: Norton Professional.
- Bowlby, J. (1960). Grief and mourning in infancy and early childhood. *Psychoanalytic Study of the Child, 15*, 9-52.
- Bowlby, J. (1980). *Loss, sadness and depression* (Vol. III). New York: Basic Books.
- Bugge, K. E., Darbyshire, P., Rokholt, E. G., Haugstvedt, K. T. S., Helseth, S. (2014). Young children's grief: Parents' understanding and grief. *Death Studies, 38*, 36-43.
- Cait, C-H. (2005). Parental death, shifting family dynamics and female identity development. *Omega, 51*(2), 87-105.
- Campbell-Sills, L., Cohan, S. L., Stein, M. B. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behavior Research and Therapy, 44*, 585- 599.
- Card, N. A., and Barnett, M. A. (2015). Methodological considerations in studying individual and family resilience. *Family Relations, 64*, 120- 133.
- Christ, G. H. (2000). *Healing children's grief: Surviving a parent's death from cancer*. New York: Oxford University Press.
- Cohen, O., Slonim, I., Finzi, R., and Leichtentritt, R. D. (2002). Family resilience: Israeli mothers' perspectives. *The American Journal of Family Therapy, 30*(2), 173-187.
- Cook, A. S. (2010). The dynamics of ethical decision making in bereavement research. In Stroebe, M. S., Hansson, R. O., Stroebe, W., and Schut, H. (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 119-142). Washington: American Psychological Association.
- Coşkun, D. (2009). *Young adults' reconciliation with their mourning after parental loss between the ages of 11 and 18* (Unpublished master's thesis). Boğaziçi University, Istanbul.

- Corey, G. (2009). *Theory and practice of counseling and psychotherapy* (8th ed.). Belmont, CA: Thompson Brooks/Cole.
- Creswell, J. W. (1998). *Quality inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- D'Antonio, J. (2011). Grief and loss of a caregiver in children: A developmental perspective. *Journal of Psychosocial Nursing and Mental Health Services*, 49(19), 17-20.
- Darwin, C. (revised and abridged by Beadnell, C. M.). (1934). *The expression of the emotions in man and animals*. London: Watts & Co.
- Eppler, C. (2008). Exploring themes of resiliency in children after the death of a parent. *Professional School Counseling*, 11(3), 189-196.
- Field, N. P., Tzadikario, E., Pel, D., and Ret, T. (2013). Attachment and mother-child communication in adjustment to the death of a father among Cambodian adolescents. *Journal of Loss and Trauma: International Perspectives on Stress & Coping*, 37-41.
- Freeman, S. J. (2005). *Grief and loss: Understanding the journey*. Belmont, CA: Thompson Brooks/Cole.
- Freud, S. (1917). Mourning and Melancholia. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): *On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works*, 237-258.
- Fristad, M. A., Jedel, R., Weller, R. A., Weller, E. B. (1993). Psychological functioning in children after the death of parent. *The American Journal of Psychiatry*, 150 (3), 511-513.
- Gall, M. D., Gall, J. P., and Borg, W. R. (2010). *Applying Educational Research* (3rd ed.). Boston: Pearson Education Inc.
- Giblin, P., and Hug, A. (2006). The psychology of funeral rituals. *Liturgy*, 21 (1), 11-19.
- Gilbert, K. R. (1996). "We've had the same loss, why don't we have the same grief?" Loss and differential grief in families. *Death Studies*, 20, 263-283.
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (3rd ed.). Boston: Pearson Education Inc.
- Goldman, L. (1999). *Life & loss: A guide to help grieving children*. Philadelphia: Accelerated Development Inc. Muncie India.

- Gizir, C. A. (2004). *Academic resilience: An investigation of protective factors contributing to the academic achievement of eight grade students in poverty*. Unpublished doctoral thesis. Ankara: Middle East Technical University.
- Gray, L. B., Weller, R. A., Fristad, M., and Weller, E. B. (2011). Depression in children and adolescents two months after the death of a parent. *Journal of Affective Disorders, 135*, 277-283.
- Graydon, K. S., Jimerson, S. R., Fisher, E. S. (2010). Death and grief in the family: Providing support at school. *National Association of School Psychologists*.
- Greeff, A. P., Human, B. (2004). Resilience in families in which a parent has died. *The American Journal of Family Therapy, 32*, 27-42.
- Gülerce, A. (2007). *Dönüşümsel aile modeli ve Türkiye’de ailelerin psikolojik örüntüleri*. Istanbul: Boğaziçi University Press.
- Haine, R. A., Wolchik, S. A., Sandler, I. N., Millsap, R. E., Ayers, T. A. (2006). Positive parenting as a protective resource for parentally bereaved children. *Death Studies, 30*(1), 1-28.
- Haine, R. A., Ayers, T. S., Sandler, I. N., Wolchik, S. A. (2008). Evidence-based practices for parentally bereaved children and their families. *Professional Psychology: Research and Practice, 39* (2), 113-121.
- Hawley, D. R. (2000). Clinical implications of family resilience. *The American Journal of Family Therapy, 28*(2), 101-116.
- Hope, R. M., Hodge, D. M. (2006). Factors affecting children’s adjustment to the death of a parent: The social work professional’s viewpoint. *Child and Adolescent Social Work Journal, 23* (1), 107-126.
- Howarth, R. A. (2011). Promoting the adjustment of parentally bereaved children. *Journal of Mental Health Counseling, 33*(1), 21-32.
- Humphry, K. M. (2009). *Counseling strategies for loss and grief*. Alexandria, VA: American Counseling Association.
- Hurd, R. (2004). A teenager revisits her father’s death during childhood: A study in resilience and healthy mourning. *Adolescence, 39* (154), 337-354.
- Joffe, H., and Yardley, L. (2004). Content and thematic analysis. In Marks, D. F., and Yardley, L. (Eds.). *Research Methods for Clinical and Health Psychology*. (pp. 56-68). London: Sage Publications.
- Kalantari, M., Vostanis, P. (2010). Behavioral and emotional problems in Iranian children four years after parental death in an earthquake. *International Journal of Social Psychiatry, 56*, 158-167.

- Karairmak, Ö. (2007). *Investigation of personal qualities contributing to psychological resilience among earthquake survivors: A model testing study*. Unpublished doctoral thesis. Ankara: Middle East Technical University.
- Kessler, B. G. (1987). Bereavement and personal growth. *Journal of Humanistic Psychology*, 27, 228.
- Kübler-Ross, E. (1969). *On death and dying*. New York: Macmillan Publishing Company.
- Kübler-Ross, E. (1997). *On death and dying: What the dying have to teach doctors, nurses, clergy, and their own families*. New York: Touchstone.
- Kübler-Ross, E., and Kessler D. (2007). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. New York: Macmillan Publishing Company.
- Lawrence, E., Jeglic, E. L., Matthews, L. T., Pepper, C. M. (2006). Gender differences in grief reactions following the death of a parent. *Omega*, 54(4), 323-337.
- Lazarus, R. S., and Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.
- Lieberman, A. F., Compton, N. C., Horn, P. V., and Ippen, C. G. (2003). *Losing a parent to death in the early years: Guidelines for the treatment of traumatic bereavement in infancy and early childhood*. New York: Zero to Three Press.
- Lin, K. K., Sandler, I. N., Ayers, T. S., Wolchik, S. A., & Luecken, L. J. (2004). Resilience in parentally bereaved children and adolescents seeking preventive services. *Journal of Clinical Child and Adolescent Psychology*, 33 (4), 673-683.
- Lindemann, E. (1944). Symptomology and management of acute grief. *American Journal of Psychiatry*, 101, 186-201.
- Little, M., Sandler, I. N., Wolchik, S. A., Tein, J. Y., Ayers, T. S. (2009). Comparing cognitive, relational and stress mechanisms underlying gender differences in recovery from bereavement-related internalizing problems. *Journal of Clinical & Adolescent Psychology*, 38(4), 486-500.
- Lodico, M. G., Spaulding, S. T., Voegtler, K. H. (2006). *Methods in educational research: From theory to practice*. San Francisco, CA: Jossey-Bass.
- Luecken, L. J. (2011). Long-term consequences of parental death in childhood: Psychological and physiological manifestation. In Stroebe, M., Hansson, R. O., Schut, H., Stroebe, W. (Eds.). *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*. (p. 397-416). Washington: American Psychological Association.

- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543–562.
- Masten, A. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227–238.
- Masten, A., and Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*(2), 205-220.
- McClatchey, I. S., and Wimmer, J. S. (2014). Coping with parental death as seen from the perspective of children who attended a grief camp. *Qualitative Social Work, 13* (2), 221-236.
- McCosker, H., Barnard, A., and Gerber, R. (2001). Undertaking sensitive research: Issues and strategies for meeting the safety needs of all participants. *Forum: Qualitative Social Research, 2*(1).
- McCubbin, M., Balling, K., Possin, P., Friedrich, S., and Bryne, B. (2002). Family resiliency in childhood cancer. *Family Relations, 51* (2), 103-11.
- McCubbin, H. I., McCubbin, M. A. (1988). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations, 37*(3), 247-254.
- McGoldrick, M., Schesinger, J. M., Lee, E, Hines, P. M., Chan, J., Almeida, R., Petkov, B. et al. (2004). Mourning in different Cultures. In Walsh, F., and McGoldrick, M. (Eds.). *Living beyond loss: Death in the family* (2nd ed.) (pp.119-160). New York: Norton Professional.
- Mancini, A. D. & Bonanno, G. A. (2009). Predictors and parameters of resilience to loss: Toward an individual differences model. *Journal of Personality, 77*(6), 1805-1832.
- Merriam, S. B. et al. (2002). *Qualitative research in practice: Examples for discussion and analysis* (1st ed.). San Francisco, CA: Jossey-Bass.
- Moats, M. E. (2010). *Learning through loss: A qualitative study investigating United States and Chinese meaning-making through bereavement* (Unpublished dissertation thesis). University of the Rockies, Colorado.
- Murray, J. A. (2001). Loss as a universal concept: A review of the literature to identify common aspects of loss in diverse situations. *Journal of Loss and Trauma, 6*, 219-241.
- Nadeau, J. W. (2010). Meaning making in the family bereavement: A family systems approach. In Stroebe, M. S., Hansson, R. O., Stroebe, W., and Schut, H. (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 329-347). Washington: American Psychological Association.

- Nadeau, J. W. (2011). Meaning-making in bereaved families: Assessment, intervention, and future research. In Stroebe, M. S., Hansson, R. O., Schut, H., and Stroebe, W. (Eds.). *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 511-530). Washington, DC: American Psychological Association.
- Neimeyer, R. A., Sands, D. C. (2011). *Meaning reconstruction in bereavement: From principle to practice*. In R. A., Neimeyer, D. L. Harris, H. R. Winokuer, G. F. (Eds.). *Grief and bereavement in contemporary society: Bridging research and practice* (pp. 9-22). New York: Routledge.
- Nichols, W. C. (2013). Roads to understanding family resilience: 1920s to the twenty-first century. In Becvar, D. S. (Eds.). *Handbook of family resilience e-book* (pp. 3-17). New York: Springer.
- Özgül, D. (1995). *The impact of early childhood parental loss on children's self-concept, peer relations, emotional and behavioral problems, and school achievement* (Unpublished master's thesis). Boğaziçi University, Istanbul.
- Parish, T. S., Hortin, J. A. (1983). Locus of control and mother loss. *The Journal of Genetic Psychology*, 142 (2), 317-318.
- Parkes, C. M. (1995). Guidelines for conducting ethical bereavement research. *Death Studies*, 19, 171-181.
- Parkes, C. M. (2011). Introduction: The historical landscape of loss: Development of bereavement studies. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, G. F. Thornton (Eds.), *Grief and bereavement in contemporary society: Bridging research and practice* (pp. 1-5). New York: Routledge.
- Patterson, J. M. (1988). Families experiencing stress: I. The family adjustment and adaptation response, II. Applying the FAAR model to health-related issues for intervention and research. *Family Systems Medicine*, 6(2), 202-237.
- Patterson, J. M. (2002). Understanding family resilience. *Journal of Clinical Psychology*, 58(3), 233-246.
- Pennebaker, J. W. (1997). *Opening up: The healing power of expressing emotions*. New York, London: Guilford Press.
- Raveis, V. H., Siegel, K., Karus, D. (1999). Children's psychological distress following the death of a parent. *Journal of Youth and Adolescence*, 28(2), 165-180.
- Rosenblatt, P. C. (2010). A social constructionist perspective on cultural differences in grief. In Stroebe, M. S., Hansson, R. O., Stroebe, W., and Schut, H. (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 285-300). Washington: American Psychological Association.

- Rowley, J. (2002). Using case studies in research. *Management Research News*, 25(1), 16-27.
- Rutherford, H. J. V., Wallace, N. S., Laurent, H. K., Mayes, L. C. (2015). Emotion regulation in parenthood. *Developmental Review*, 36, 1-14.
- Rutter, M. (1987). Psychological resilience and protective mechanisms. *Amer. J. Orthopsychiat*, 57(3), 316-331.
- Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21, 119-144.
- Ryan, G. W. & Bernard, H. R. (2003). Techniques to identify themes. *Field Methods*, 15 (1), 85-109.
- Sachedina, A. (2005). End-of-life: The Islamic view. *Lancet*, 366, 774- 779.
- Sandler, I. N., Wolchik, S. A., Ayers, T. S. (2007). Resilience rather than recovery: A contextual framework on adaptation following bereavement. *Death Studies*, 32(1), 59-73.
- Sandler, I. N., Ma, Y. Tein, J. Y., Ayers, A. T., Wolchik, S., Kennedy, C., Millsap, R. (2010). Long-term effects of the family bereavement program on multiple indicators of grief in parentally bereaved children and adolescents. *Journal of Consulting and Clinical Psychology*, 78(2), 131-143.
- Schlesinger, N. J. (2014). Loss to legacy: The work of mourning early parental death. *Psychoanalytic Social Work*, 21, 75–89.
- Schoenfelder, E. N., Sandler, I. N., Wolchik, S., Mackinnon, D. (2011). Quality of social relationships and the development of depression in parentally-bereaved youth. *J Youth Adolescence*, 40, 85-96.
- Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education & the social sciences* (4th ed.). New York: Teachers College Press.
- Shear, K., Shair, H. (2005). Attachment, loss and complicated grief. *Developmental Psychobiology*, 47(3), 253-267.
- Silverman, P. R., Worden, J. W. (1992). Children's reactions in the early months after the death of a parent. *American Journal of Orthopsychiatry*, 62(1), 93-104.
- Simeon, D., Yehuda, R. Cunill, R., Knutelska, M., Putnam, F. W., Smith, L. M. (2007). Factors associated with resilience in healthy adults. *Psychoendocrinology*, 32, 1149-1152.
- Stroebe, W., Stroebe, M., Abakoumkin, G., Schut, H. (1996). The role of loneliness and social support in adjustment to loss: A test of attachment versus stress theory. *Journal of Personality and Social Psychology*, 70(6), 1241-1249.

- Stroebe, M., and Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197-224.
- Stroebe, M., Stroebe, W., and Schut, H. (2003). Bereavement research: Methodological issues and ethical concerns. *Palliative Medicine*, 17, 235- 240.
- Stroebe, M., and Schut, H. (1998). Culture and grief. *Bereavement Care*, 17(1), 7-11.
- Stroebe, M. S., Folkman, S., Hansson, R. O., Schut, H. (2006). The prediction of bereavement outcome: Development of an integrative risk factor framework. *Social Science & Medicine*, 63, 2440-2451.
- Stroebe, M. S., and Schut, H. (2010). Models of coping with bereavement: A review. In Stroebe, M. S., Hansson, R. O., Stroebe, W., Schut, H. (Eds). *Handbook of bereavement research: Consequences, coping, and care* (pp. 375-403). Washington, DC: American Psychological Association.
- Stroebe, M. S., Hansson, R. O., Stroebe, W., and Schut, H. (2010). Future directions for bereavement research. In Stroebe, M. S., Hansson, R. O., Stroebe, W., and Schut, H. (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 741- 766). Washington: American Psychological Association.
- Şentürk, Ü. (2012). Parçalanmış aile çocuklarının eğitimdeki başarı/başarısızlık durumu (Malatya örneği 2006). *Sosyal Politika Çalışmaları*, 12 (7), 205-126.
- Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the Society for Research in Child Development*, 59 (2-3), 25-52.
- Thompson, M. P., Kaslow, N. J., Price, A. W., Williams, K. & Kingree, J. B. (1998). Role of secondary stressors in the parental death-child distress relation. *Journal of Abnormal Child Psychology*, 26(5), 357-366.
- Toksoy, Ş. E. (2005). *Liseli ergenler üzerinde ebeveyn ölümünün psikososyal etkileri*. Unpublished master's thesis, MarmaraUniversity, Istanbul.
- Turkey Religious Affairs Administration. (2014). *Türkiye'de Dini Hayat Araştırması*. Ankara.
- Uhri, A. (2010). *Anadolu'da ölümün tarih öncesi: Bir geleneğin oluşum süreçleri*, Istanbul: Ege Publishing.
- Walsh, F. (1993). Conceptualization of normal family processes. In Walsh, F. (Eds.). *Normal Family Processes* (2nd ed.) (pp. 3-69). New York: The Guilford Press.
- Walsh, F. (2002). Family resilience framework: Innovative practice applications. *Family Relations*, 51, 130-137.
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1-18.

- Walsh, F., McGoldrick, M. (Eds.). (2004). *Living beyond loss: Death in the family* (2nd ed.). New York: WW. Norton & Company.
- Walsh, K., King, M., Jones, L. Tookman, A., & Blizard, R. (2001). Spiritual beliefs may affect outcome of bereavement: Prospective study. *British Medical Journal*, 324 (7353), 1551-1554.
- Walsh, F. (2006). *Strengthening family resilience* (2nd ed.). New York: Guilford Press.
- Weiss, R. S. (1995). *Learning from strangers: the Art and method of qualitative interview studies*. New York: The Free Press.
- Weiss, R. S. (2011). The nature and causes of grief. In Stroebe, M. S., Hansson, R. O., Schut, H., and Stroebe, W. (Eds.). *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 29-44). Washington, DC: American Psychological Association.
- Wilcox, S., Evenson, K. R., Aragaki, A. and et al. (2003). The effects of widowhood on physical and mental health behaviors, and health outcomes: The women's health initiative. *Health Psychology*, 22 (5), 513-522.
- Wolchik, S. A., Tein, J. Y., Sandler, I. N. Ayers, T. S: (2006). Stressors, quality of the child-caregiver relationship, and children's mental health problems after parental death: The mediating role of self-system beliefs. *Journal of Abnormal Child Psychology*, 34(2), 221-238.
- Wolchik, S. A., Ma, Y., Tein, J-Y., Sandler, I. N., Ayers, I. T. (2008). Parentally bereaved children's grief: Self-System beliefs as mediators of the relations between grief and stressors and caregiver-child relationship quality. *Death Studies*, 32(7), 597-620.
- Wolchik, S. A., Coxe, S., Tein, J. Y., Sandler, I. N., Ayers, T. S. (2008). Six-year longitudinal predictors of posttraumatic growth in parentally bereaved adolescents and young adults. *Omega*, 58(2), 107-128.
- Wolfenstein, M. (1966). How is mourning possible? *Psychoanalytic Study of Child*, 21, 93- 123. Retrieved from http://ac2eh8cp6d.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rft_id=info:sid/summon.serialssolutions.com&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft.genre=article&rft.atitle=How+is+mourning+possible%3F&rft.jtitle=The+Psychoanalytic+study+of+the+child&rft.au=Wolfeinstein%2C+M&rft.date=1966&rft.issn=00797308&rft.volume=21&rft.spage=93&rft_id=info:pmid/5965407&rft.externalDocID=5965407¶mdict=en-US
- Worden, J. W. (1996). *Children and grief: When a parent dies*. New York: The Guilford Press.

- Worden, J. W. (2002). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. New York: Springer Publishing Company Inc.
- Yalom, I. (1980). *Existential psychotherapy*. New York: Basic Books.
- Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: Sage.
- Zara, A. (2011). Kayıplar, yas tepkiler, ve yas süreci. In Zara, A. (Eds.). *Yaşadıkça: Psikolojik sorunlar ve başa çıkma yolları* (pp. 73-90). Ankara: İmge Publishing.
- Zucker, D. M., (2009). How to do case study research. *School of Nursing Faculty Publication Series*. Paper 2.

APPENDIX A

INAREK (INSTITUTIONAL REVIEW BOARD FOR RESEARCH WITH
HUMAN SUBJECTS) ACCEPTANCE FORM

BOĞAZIÇI ÜNİVERSİTESİ
İnsan Araştırmaları Kurumsal Değerlendirme Kurulu (İNAREK) Toplantı Tutanağı
2013/2

15.04.2013

Betül Tanacıoğlu,
Boğaziçi Üniversitesi, Eğitim Fakültesi, Eğitim Bilimleri Bölümü, 34342 Bebek, İstanbul
betul.tanacinglu@boun.edu.tr

Suyun Araştırmacı,

"Ebeveyn Kaybına Aile Bireylerinin Uyum: Vaka Çalışması" başlıklı projeniz ile yaptığınız Boğaziçi Üniversitesi İnsan Araştırmaları Kurumsal Değerlendirme Kurulu (İNAREK) 2013/29 kayıt numaralı başvuru 15.04.2013 tarihli ve 2013/2 sayılı kurul toplantısında incelenerek etik onay verilmesi uygun bulunmuştur.

Saygılarımızla,

Prof. Dr. Hando Çağlayan (Başkan)
Moleküler Biyoloji ve Genetik Bölümü,
Fen-Edebiyat Fakültesi, Boğaziçi Üniversitesi,
İstanbul

Yrd. Doç. Dr. Özgür Kocatürk (Üye)
İkiy Medikal Mühendisliği Enstitüsü
Boğaziçi Üniversitesi,
İstanbul

Prof. Dr. Betül Daykan Baykal (Üye)
Nöroloji Bölümü, İstanbul Tıp Fakültesi,
İstanbul Üniversitesi
İstanbul

Yrd. Doç. Dr. Özlem Hesapçı (Üye)
İktisadi ve İdari Bilimler Fakültesi,
İşletme Bölümü, Boğaziçi Üniversitesi,
İstanbul

Yrd. Doç. Dr. Ekin Frensoy (Üye)
Psikoloji Bölümü, Doğu Üniversitesi,
İstanbul

APPENDIX B

INFORMED CONSENT FORMS IN ENGLISH

A SINGLE CASE STUDY OF FAMILY RESILIENCE AFTER PARENTAL DEATH INFORMED CONSENT FORM

This thesis is conducted in partial fulfillment of the requirements for the Master's degree in Educational Sciences, for the program of Guidance and Psychological Counseling. Purpose of this study is to learn about the experiences of family members after parental loss; loss, grief, bereavement and mourning processes they experienced; how they coped with this loss; roles that changed after the loss and that did not change after the loss in the family; and how family members adapt themselves to the new system after loss.

This study will be directed by the guidance and psychological counseling Master's student Betül Tanacıoğlu. The interviews will be recorded by using audiotapes. The records will be listened just by the researcher Betül Tanacıoğlu and when the study is finished, all records will be destroyed.

In this research, your name and anything that describes you will be kept confidential. The real names of the participants will be known just by the researcher; and if necessary to use the names, pseudo names will be used, instead. No one will know your true identity; and all the information that signifies you will be changed by the researcher.

Willingness to participate in the study is essential. The participant can quit the study at any stage of the research by his/her own wish. Also, the participant is free not to answer any question that disturbs him/her.

If needed and the permission from the family and the authorized committee is taken, data from friends' of the family, neighbors of the family, classmates of children or teachers of children will be collected.

In the interviews semi-structured questions will be used and as it is planned, one interview will be enough. If needed, and with the approval of the participants, additional interviews may be required. It is predicted that interviews will last almost 1.5 hours. This time duration may be extended or shortened depending on the progress of the interviews.

After the termination of the study; the results of the study will be reported if the participants demand it.

The purpose of this study is not to offer psychological counseling service. During the interviews, memories of the loss can be revived and negative emotions can be released. This is an expected risk of this research. If it is detected that you need psychological help; you may be referred to necessary psychological services. In that case, for the purpose of not giving any harm to you, the interviews will be terminated

and all the data received during the interviews will not be used for the research purpose and they will be destroyed by the researcher.

It is guaranteed that the personal data that was shared for the purpose of this study will be kept confidential. Your all kind of participants' rights is protected by Boğaziçi University Ethics Committee and laws.

You can reach every information you wish about the study by using the contact information given below.

I read the form above that gives information to be given to participants before the study. The content and meaning of this information will be explained to me orally and in written. For all the questions that came to my mind I was given opportunity to ask and I got adequate responses from the researcher. If I do not to participate in the study or withdraw from the study; there would be no legal responsibility for me. Under these conditions, I agree to participate voluntarily without any pressure or coercion to the research that was mentioned above.

A signed copy of this form was given to me.

Participant's Name and Surname:

Age:

Signature:

Address:

Phone:

Date:

IF THERE ARE PARTICIPANTS UNDER THE AGE OF 18:

If any, Name and Surname of the PARTICIPANT'S PARENT:

Signature:

Date:

Betül Tanacioğlu Contact Information:

Boğaziçi University Educational Sciences – Psychological Counseling and Guidance
Master's Program

Phone: (0553) XXX-XX-XX

E-mail: betul.tanacioglu@boun.edu.tr&betul.tanacioglu@gmail.com

APPENDIX C
INFORMED CONSENT FORMS IN TURKISH

EBEVEYN KAYBINA AİLE BİREYLERİNİN UYUMU: VAKA ÇALIŞMASI
BİLGİLENDİRİLMİŞ ONAM FORMU

Bu tez çalışması, Boğaziçi Üniversitesi Sosyal Bilimler Enstitüsü Rehberlik ve Psikolojik Danışmanlık yüksek lisans programı kapsamında yürütülmektedir. Amacı, ailede anne ya da baba kaybı sonrası aile bireylerinin yaşadıkları; kayıp, yas ve matem süreçleri; aile bireylerinin bu kayıpla nasıl baş ettikleri; ailede değişen ya da değişmeyen rolleri; ailedeki yeni sisteme nasıl uyum sağladıkları hakkında bilgi sahibi olmaktır.

Araştırma psikolojik danışmanlık ve rehberlik yüksek lisans öğrencisi Betül Tanacıoğlu tarafından gerçekleştirilecektir. Görüşme sırasında ses kaydı yapılacaktır. Yapılan kayıtlar sadece araştırmacı Betül Tanacıoğlu tarafından dinlenecek ve çalışmanın bitiminde bu kayıtlar silinecektir.

Bu araştırmada isminiz ve sizi tanıtan her türlü bilgi gizli tutulacaktır. Katılımcıların gerçek isimleri sadece araştırmacı tarafından bilinecek, raporda isim kullanılması gerektiği durumlarda da takma isimler kullanılacaktır. Araştırmacı dışında kimse sizin kimliklerinizi bilmeyecek, kimliğinizi belli edecek tüm bilgiler değiştirilecektir. Görüşmeye katılımda gönüllülük esastır. Katılımcı araştırmanın herhangi bir aşamasından, kendi isteğiyle ayrılabilir. Ayrıca, katılımcı görüşme sırasında, istemediği sorulara cevap vermeme özgürlüğüne de sahiptir.

İhtiyaç olması durumunda ve katılımcı ailenin ve yetkili birimlerin de izin vermesi şartıyla, ailenin arkadaşları ve komşulardan, çocukların sınıf arkadaşları ya da öğretmenlerinden de bilgi alınabilir.

Görüşmelerde yarı-yapılandırılmış sorular kullanılacak olup, bir görüşme yapılması planlanmıştır. İhtiyaç olması durumunda, katılımcıların da onayıyla ek görüşmeler yapılabilir. Bu görüşmelerin yaklaşık 1.5 saat süreceği düşünülmektedir. Görüşmenin ilerleyişine göre bu süre uzayabilir ya da kısalabilir.

Araştırmanın sonlandırılmasından sonra, katılımcılar talep ederse araştırma sonuçları katılımcılara bildirilebilir.

Bu araştırmanın amacı psikolojik danışmanlık hizmeti sunmak değildir. Görüşmeler sırasında kayıpla ilgili anılarınız canlanabilir ve olumsuz duygular açığa çıkabilir. Bu araştırma sırasında beklenen risktir. Bu çalışma sırasında psikolojik desteğe ihtiyacınız olduğu saptanırsa, gerekli görülen merkezlere yönlendirme yapılabilir. Bu durumda size zarar vermemek adına, görüşmelere son verilir ve görüşme sırasında edinilen bilgiler kesinlikle araştırma için kullanılmaz ve bu bilgiler araştırmacı tarafından yok edilir.

Araştırma çerçevesinde paylaşılan her türlü kişisel bilginin hiçbir şekilde açığa çıkarılmayacağı garantisizdir. Her türlü katılımcı hakkınız Boğaziçi Üniversitesi Etik Kurulu ve yasalar tarafından koruma altındadır.

Araştırmayla ilgili merak ettiğiniz her türlü bilgiye, aşağıda yazılı iletişim bilgilerini kullanarak ulaşabilirsiniz.

Yukarıda yer alan ve araştırmadan önce gönüllüye verilmesi gereken bilgileri gösteren formu okudum. Bu bilgilerin içeriği ve anlamı, yazılı ve sözlü olarak bana açıklandı. Aklıma gelen bütün soruları sorma olanağı tanındı ve sorduğum sorulara yeterli cevaplar aldım. Çalışmaya katılmadığım ya da katıldıktan sonra çekildiğim

takdirde, hiçbir yasal sorumluluk altına girmiş olmayacağım. Bu koşullarla, söz konusu araştırmaya hiçbir baskı ve zorlama olmaksızın gönüllü olarak katılmayı kabul ediyorum.

Bu formun imzalı bir kopyası bana verildi.

Katılımcının Adı- Soyadı:

Yaşı:

İmzası:

Adresi:

Tel:

Tarih:

18 YAŞ ALTI KATILIMCI VARSA:

Varsa Katılımcının VELİSİNİN Adı-Soyadı:

İmzası:

Tarih:

Betül Tanacıoğlu İletişim Bilgileri

Boğaziçi Üniversitesi Eğitim Bilimleri- Psikolojik Danışmanlık ve Rehberlik Yüksek Lisans Programı

Tel: (0553) XXX-XX-XX

Mail: betul.tanacioglu@boun.edu.tr & betul.tanacioglu@gmail.com

APPENDIX D

INTERVIEW GUIDES IN ENGLISH

PARENT INTERVIEW QUESTIONS

1. I can imagine that after your loss, you and your children have experienced many changes in your lives. Can you explain what kind of changes you experienced?
2. How were you able to handle the changes in your life after loss?
3. What would you do differently if you could return to the grieving process two years ago?
4. What are your goals for the future for yourself and your family?

Additional/Backup Questions	Screening Questions
<ol style="list-style-type: none"> 1. Relationship with the deceased one: <ol style="list-style-type: none"> 1.1. How was your relationship with your wife? 1.2. How were your children and their mothers' relationship? 	
<ol style="list-style-type: none"> 2. Reason of death/loss: <ol style="list-style-type: none"> 2.1. What was the cause of your wife's death? 2.2. When was her illness diagnosed? 2.3. What did you experience through the illness of your wife? 2.4. What did your children experience through the illness of your wife? 2.5. How were you informed by the hospital about your wife's illness? 	
<ol style="list-style-type: none"> 3. Life after loss <ol style="list-style-type: none"> 3.1. After your wife died, did you attend her funeral? What were your experiences at the funeral? 3.2. After the funeral, were 	<ol style="list-style-type: none"> 1. Do you try to stay away from the memories, events, or situations that remind you of your loss? 2. Have you felt pain or anger in the last 12 months because of your loss?

<p>there any other rituals related to loss?</p> <p>3.3. After your loss, did you observe any changes in your sleep and eating patterns or any changes related to your health?</p> <p>3.4. After your wife's death, how did the responsibilities in the family change? How was it before your wife's death?</p> <p>3.5. Do you talk to each other, or do something on your wife's death anniversary or on her birthday?</p>	<p>3. Do you struggle to remember the positive memories of your wife ?</p> <p>4. Have you felt guilty because of your loss, in the last 12 months?</p> <p>5. In the last 12 months, have you felt that you cannot accept your loss?</p> <p>6. Are you yearning for your wife?</p> <p>7. Are you preoccupied by your dreams about your wife and memories of her?</p> <p>8. Have you thought about your wife constantly in the last 12 months, whether willingly or unwillingly?</p> <p>9. Do you think that your life is empty or meaningless without your wife?</p> <p>10. Do you feel confused about the meaning of life?</p> <p>11. After your wife's death, how do you feel today?</p>
<p>4. Prior life experiences</p> <p>4.1. Did you experience a loss before your wife's death that significantly affected you?</p> <p>4.2. How did you handle that loss?</p>	
<p>5. Personality</p> <p>5.1. How do you describe yourself?</p> <p>5.2. How is your relationship with your parents?</p>	
<p>6. Social Support</p> <p>6.1. After your wife's death, was there any people giving support to you? How did they support you?</p> <p>6.2. How could they have supported you better?</p> <p>6.3. While in the grieving process, did you think of receiving professional help? If yes/no, what were your reasons?</p>	<p>12. Do you feel unwillingness toward your work or social life?</p> <p>13. Have you had any problems since your loss in relying on other people?</p> <p>14. Do you feel lonely or removed from society?</p>

<p>7. Secondary Stressors</p> <p>7.1. After your wife's death, was there an increase in economical, work, or social problems?</p> <p>7.2. How did you handle these problems?</p>	
<p>8. Children's experiences after parental loss:</p> <p>8.1. Who told the children that their mother had died?</p> <p>8.2. What were the first reactions of the children after they learned their mother died?</p> <p>8.3. Did the children experience any changes in their sleep or eating patterns? Did they have any health problems after the loss of their mother?</p> <p>8.4. Did they experience any change in their interest in school?</p> <p>8.5. How did the children's social relations change after the loss?</p> <p>8.6. How did the relationship between you and your children change after your loss?</p> <p>8.7. Did your children talk to you about their loss? Or did you try to talk to them about this?</p> <p>8.8. What would have you done differently about your children's grief experiences if you could back two years in time?</p>	<p>15. In the last 1.5 years, did the children talk about their mother constantly?</p> <p>16. Do you observe leaving or reunion with the mother in the children's games?</p> <p>17. Do your children avoid talking about their mother?</p> <p>18. In the last 1.5 years, did you observe that your children are afraid of being away from you or other relatives?</p> <p>19. After their mother's death, was there an increase in the academic, social, problems? In the last 1.5 years, did they experience any problem related to these issues?</p> <p>20. In the last 1.5 years, did your children try to stay away from the memories, events, or situations that reminded them of their mother?</p> <p>21. In the last 1.5 years, do you think that your children have felt pain or anger about their loss?</p> <p>22. Do your children struggle to remember the positive memories about their mother?</p> <p>23. Do your children feel guilty about the loss of their mother?</p> <p>24. In the last 1.5 years, did you think that your children could accept their mother was dead?</p> <p>25. Do your children state that they think about their mother constantly?</p> <p>26. Are the children preoccupied by dreams or memories about their mother?</p> <p>27. Do your children have any problems in trusting other people after their mother's death?</p>

<p>9. Future expectations: 9.1. Do you have any suggestions for coping with parental loss to families who have had a similar experience?</p>	
---	--

CHILD INTERVIEW QUESTIONS

1. Did you attend your mother's funeral?
2. Have you ever visited your mother's grave?
3. After your mother's loss, did you observe any changes in your home? If yes, what kind of changes were they?
4. When you are sad, happy, anxious...with whom do you share your emotions?
5. What kind of rules do you have in your home? Who set these rules?

FAMILY RELATIVES INTERVIEW QUESTIONS

1. Before this family's loss, did you have any loss experience of someone important? Do you have anything you want to share about that loss?
2. How did this family's loss affect you?
3. After death of this family's mother, did you participate in her funeral? What kind of experiences did you have in this funeral?
4. What kind of changes did you observe after loss in this family?
5. What did the father of this family and two children experience after this loss?
6. How do you think the family has dealt with this loss?
7. What has been your role in this family since the loss experience?

TEACHER INTERVIEW QUESTIONS

1. Have the family members told you about changes to your student since her loss experience? Academically, socially, emotionally?
2. How do you think the family has dealt with this loss?
3. As a teacher, how do you explain the issue of death in the classroom?
4. When the word of “mother” is used in the books, or in activities, what do you do in the class?
5. Did your student talk to you about her mother? Or did you observe that she shared something about her mother with her friends? What kind of issues did you talk about with her? How did you react?
6. What was the impact of your student’s loss experience on you?
7. In order to help this child better cope with her loss experience, what kind of skills do you need? Or did you need?
8. As a school, what kind of additional support could have been given to this student?

APPENDIX E

INTERVIEW GUIDES IN TURKISH

EBEVEYN GÖRÜŞME SORULARI

1. Kaybınızdan sonra sizin ve çocukların yaşamında bir çok değişiklik olduğunu tahmin edebiliyorum. Bu değişiklikleri anlatabilir misiniz?
2. Kaybınızdan sonra gerçekleşen bu değişikliklerle nasıl baş ettiniz?
3. İki yıl öncesine dönseniz yas sürecinde neyi farklı yapardınız?
4. Gelecekle ilgili kendiniz ve aileniz adına hedefleriniz neler?

Yedek sorular	Tarama Soruları
<ol style="list-style-type: none">1. Ölen kişiyle olan ilişki:<ol style="list-style-type: none">1.1 Eşinizle olan ilişkiniz nasıldı?1.2 Eşinizin çocuklarla olan ilişkisi nasıldı?	
<ol style="list-style-type: none">2. Ölüm sebebi?<ol style="list-style-type: none">2.1 Eşinizin ölüm sebebi nedir?2.2 Hastalığı ne zaman teşhis edildi?2.3 Hastalığı süresince neler yaşadınız?2.4 Hastalığı süresince çocuklarınız neler yaşadı?2.5 Hastalığı sırasında hastaneden nasıl bilgilendirildiniz?	
<ol style="list-style-type: none">3. Kayıp sonrası yaşantılar<ol style="list-style-type: none">3.1 Eşinizin ölümünden sonra cenaze törenine katıldınız mı? Bu törendeki tecrübeleriniz neler oldu?3.2 Cenazeden sonra eşinizin ölümüyle ilgili başka ritüelleriniz oldu mu?3.3 Kayıp sonrası uyku düzeninizde, yemek düzeninizde, genel olarak sağlıkla ilgili konularda kendinizde bir değişim gözlemlediniz mi?3.4 Aile içindeki sorumluluklar, eşinizin kaybı sonrası nasıl değişti? Eskiden nasıldı?3.5 Eşinizin ölüm yıldönümü ya da doğum gününde evde	<ol style="list-style-type: none">1. Size kaybınızı hatırlatan durum, olay ya da hatıralardan uzak durmaya çalıştığınız olur mu?2. Kaybınızla ilgili son 12 aydır acı ya da kızgınlık hissediyor musunuz?3. Eşinizle ilgili olumlu hatıraları hatırlamakta zorlanıyor musunuz?4. Son 12 aydır, kaybınızla ilgili suçluluk hissettiğiniz oldu mu?5. Son 12 ay içerisinde, eşinizin ölümünü kabul edemediğinizi hissettiğiniz oldu mu?6. Şu an eşinize karşı hasret çekiyor musunuz?7. Eşinizle ilgili hayaller ve

paylaşımlarınız olur mu?	<p>hatırlar sizi çok meşgul eder mi?</p> <p>8. Son 12 ay içerisinde eşinizin hakkında isterseniz de istemesiniz de sürekli düşündüğünüz oluyor mu?</p> <p>9. Eşiniz olmadan hayatınız boş yada anlamsız geliyor mu?</p> <p>10. Hayatınızın anlamı konusunda kafa karışıklığı yaşadınız mı?</p> <p>11. Eşinizin ölümü sonrasında bugün kendinizi nasıl hissediyorsunuz?</p>
<p>4. Geçmiş kayıp deneyimleri</p> <p>4.1. Eşinizin ölümünden önce sizi sarsan bir kayıp yaşadınız mı?</p> <p>4.2. Bu kayıpla nasıl baş ettiniz?</p>	
<p>5. Kişilik</p> <p>5.1 Kendinizi nasıl bir olarak tanımlarsınız?</p> <p>5.2 Anne ve babanızla olan ilişkiniz nasıldı?</p>	
<p>6. Sosyal destek</p> <p>6.1 Eşinizin kaybı sonrası çevrenizden size destek olanlar oldu mu? Nasıl destek oldular?</p> <p>6.2 Daha farklı nasıl destek olabilirlerdi?</p> <p>6.3 Yas süreci devam ederken profesyonel yardım almayı düşündünüz mü? Evetse/Hayırsa nedenleri nelerdir?</p>	<p>12. İlgi alanlarınıza, iş ya da sosyal hayatınıza yönelik isteksizlik yaşıyor musunuz?</p> <p>13. Eşinizin ölümü sonrasında diğer insanlara güvende sorun yaşıyor musunuz?</p> <p>14. Kendinizi yalnız, toplumdan uzaklaştırılmış hissediyor musunuz?</p>
<p>7. Kayıp dışı stres durumları</p> <p>7.1 Eşinizin kaybı sonrası ekonomik, işle ilgili, sosyal konularla ilgili sorunlarda artış oldu mu?</p> <p>7.2 Bu sorunlarla nasıl baş ettiniz?</p>	
<p>8. Çocukların annenin ölümü sonrasında yaşadıkları:</p> <p>8.1 Annelerinin öldüğü</p>	<p>15. Son 1,5 yıl içerisinde, çocukların anneleri hakkında sürekli konuştuğu oluyor mu?</p>

<p>çocuklara kim tarafından nasıl anlatıldı?</p> <p>8.2 Çocukların haberi aldıktan sonraki ilk tepkileri nasıldı?</p> <p>8.3 Çocukların uyku, yemek düzeninde değişiklikler oldu mu? Annelerinin ölümü sonrası sağlık sorunları yaşadılar mı?</p> <p>8.4 Çocukların okula olan ilgisinde değişiklik oldu mu?</p> <p>8.5 Çocukların sosyal ilişkileri nasıl değişti?</p> <p>8.6 Annenin ölümü sonrasında, çocukların sizinle olan ilişkileri nasıl değişti?</p> <p>8.7 Çocuklarınız, eşinizin ölümünden sonra sizinle bu konuyu hiç konuştular mı? Ya da siz konuşmaya çalıştınız mı?</p> <p>8.8 İki yıl öncesine dönseniz çocuklarınızın yas süreci konusunda neyi farklı yaptınız?</p>	<p>16. Oyunlarında anne/baba dan ayrılma, yeniden birleşme gibi konuları gözlemlediniz mi?</p> <p>17. Çocuklarınız anneleri hakkında konuşmaktan kaçınıyor mu?</p> <p>18. Son 1,5 yıl içerisinde çocuklar sizden ya da aile büyüklerinden ayrı kalmaktan korktu mu?</p> <p>19. Annelerinin ölümü sonrasında, çocukların akademik, sosyal konularda sorunlarında artış oldu mu? Son 1,5 yıldır bu konularda sorun yaşadılar mı?</p> <p>20. Son 1,5 yıldır çocuklarınızın annelerinin kaybını hatırlatan durum, olay ya da hatıralardan uzak durmaya çalıştığı olur mu?</p> <p>21. Son 1,5 yıldır, çocuklarınızın kayıplarıyla ilgili acı ya da kızgınlık hissettiklerini düşündünüz mü?</p> <p>22. Çocuklarınız anneleriyle ilgili olumlu hatıraları hatırlamakta zorlanıyor mu?</p> <p>23. Çocuklar kayıplarıyla ilgili suçluluk hissediyor mu?</p> <p>24. Son 1,5 yıl içerisinde, çocukların annelerinin ölümünü kabul edemediği oldu mu?</p> <p>25. Çocuklar anneleri hakkında sürekli düşündüklerine dair sizinle konuştu mu?</p> <p>26. Anneleriyle ilgili hayaller ve hatırlar çocukları çok meşgul eder mi?</p> <p>27. Annelerinin ölümü sonrasında çocuklar diğer insanlara güvende sorun yaşıyor mu?</p>
<p>9. Gelecekle ilgili beklentiler:</p> <p>9.1 Ailesinde önemli bir kayıp yaşamış insanlara bu durumla baş edebilmeleri için önerileriniz var mı?</p>	

ÇOCUK GÖRÜŞME SORULARI

1. Annenin ölümü sonrası cenazesine katıldın mı?
2. Hiç annenin mezarını ziyaret ettin mi?
3. Annen öldükten sonra evde değişiklikler oldu mu? Olduysa, neler?
4. Üzgün, mutlu, endişeli... olduğunda kiminle paylaşırsın?
5. Evde ne gibi kurallar var? Bu kurallar kim tarafından koyuldu?

AKRABA GÖRÜŞME FORMU

1. Bu ailenin kaybından önce, sevdiğiniz birinin kaybını tecrübe ettiniz mi? Bu kayıpla ilgili paylaşmak istedikleriniz var mı?
2. Bu ailenin kaybı sizi nasıl etkiledi?
3.ın ölümünden sonra cenaze törenine katıldınız mı? Bu törendeki tecrübeleriniz neler oldu?
4. Kayıptan sonra ailede ne gibi değişimler gözlemlediniz?
5. Çocuklar ve baba bu süreçte neler yaşadı?
6. Sizce aile bu kayıpla nasıl baş etti?
7. Sizin kayıp sonrası süreçte nasıl bir rolünüz oldu?

ÖĞRETMEN GÖRÜŞME SORULARI

1. Aileinin size bahsettiğine göre, anne kaybı sonrası öğrencinizde ne gibi değişimler oldu? Akademik, sosyal, duygusal olarak?
2. Sizce aile bu kayıpla nasıl baş etti?
3. Bir öğretmen olarak ölüm kavramını sınıfta nasıl işliyorsunuz?
4. Kitaplarda, etkinliklerde “anne” kavramı kullanıldığında, sınıfta nasıl bir yol izliyorsunuz?
5. Öğrenciniz annesi hakkında sizinle hiç paylaşımında bulundu mu? Ya da arkadaşlarıyla paylaşımına tanık oldunuz mu? Ne gibi konularda konuştunuz? Nasıl tepki verdiniz?
6. Öğrencinizin bu tecrübesinin sizin üzerinizde nasıl bir etkisi oldu?
7. Bu öğrenciye daha fazla yardımcı olmak için ne gibi becerilere ihtiyaç duyuyorsunuz? Duydunuz?
8. Okul olarak bu öğrenciye farklı nasıl bir destek verilebilirdi?

APPENDIX F

DEMOGRAPHIC INFORMATION FORMS IN ENGLISH AND TURKISH

DEMOGRAPHIC INFORMATION FORMS IN ENGLISH

PARENT DEMOGRAPHIC FORM

Date:

Father's

Name- Surname:

Birth Date:

Education:

Do you work? yes no

What is your job?

Your monthly income:

Duration of your Marriage:

How did you marry? arranged marriage with your personal contact
 via your friends if others, please specify

When did your wife die?

Reason of her death:

Number of children:

First child's:

Name-Surname:

Birthdate:

School Grade:

Second child's:

Name-Surname:

Birthdate:

School Grade:

Apart from you and your children, is there any other person who is staying with you in your house?

RELATIVES DEMOGRAPHIC FORM

Date:

Name- Surname:

Birth Date:

Education:

Do you work?

What is your job?

Your monthly income:

Do you work? yes no

What is your job?

Your monthly income:

Duration of your Marriage:

How did you marry? arranged marriage with your personal contact
 via your friends if others, please specify

Is your spouse alive?

If s/he was dead, when did she die?

What was the reason of her/his death?

TEACHER DEMOGRAPHIC FORM

Date:

Name- Surname:

Birth Date:

Education:

How long have you been a teacher?

Marital status:

Number of children:

DEMOGRAPHIC INFORMATION FORMS IN TURKISH

EBEVEYN KİŞİSEL BİLGİ FORMU

Tarih:
Babanın:
Adı – Soyadı:
Doğum Tarihi:
Eğitim Durumu:
Şu anda çalışıyor musunuz?
Mesleğiniz:
Aylık geliriniz:
Evlilik süreniz:
Evlilik biçiminiz: () görücü usulüyle () kendiniz tanışarak
() arkadaşlarınız aracılığıyla () Diğerse belirtiniz
Anne ne zaman vefat etti?
Annenin ölüm sebebi:
Çocuk sayısı:
1. Çocuğun:
Adı – Soyadı:
Doğum Tarihi:
Sınıf:
2. Çocuğun:
Adı-Soyadı:
Doğum Tarihi:
Sınıf:
Evde sizin ve çocuklarınız dışınızda akrabalarından kalan var mı?:

AKRABA KİŞİSEL BİLGİ FORMU

Tarih:
Adınız – Soyadınız:
Doğum Tarihiniz:
Eğitim Dereceniz:
Şu anda çalışıyor musunuz? () Evet () Hayır
Mesleğiniz:
Aylık gelir durumunuz:
Evlilik süreniz:
Evlilik biçiminiz: () görücü usulüyle () kendiniz tanışarak
() arkadaşlarınız aracılığıyla () Diğerse belirtiniz
Eşiniz hayatta mı?
Vefat ettiyse, ne zaman?
Eşinizin ölüm sebebi nedir?

ÖĞRETMEN KİŞİSEL BİLGİ FORMU

Tarih:

Adınız – Soyadınız:

Doğum Tarihiniz:

Eğitim Durumunuz:

Öğretmenlikte kaçınıcı yılınız?

Medeni durumunuz:

Çocuk Sayısı:

APPENDIX G

DEMOGRAPHIC INFORMATION ABOUT PARTICIPANTS

Pseudo-name of the Participant	Role in the study	Age	Education	Job
Yusuf	The father	39	University	Working with his father and his brother in their own company
Ayşe	Older child	9.4	Primary school student at the fourth grade.	Student
Elif	Younger child	6.3	Primary school student at the first grade	Student
Seher	Paternal Grandmother	59	High School	Retired nurse
Ahmet	Paternal Grandfather	61	University	Retired, owner of a small company
Başak	Teacher of older child, Ayşe.	38	University	Teacher
Ebru	Teacher of younger child, Elif.	42	University	Teacher

APPENDIX H

PARTICIPANTS' QUOTES IN TURKISH

1. Tamam Yusuf demiş, kimisinin kalbi var, kimisinin şekeri var, bende de bu var yani,tedavi edecez olay bitti.
2. Bize bir gün ölene kadar ben öleceğim demedi. Biz ağlıyoruz, Yusuf, herkes üzgün. Zaten çok güzel bir hatıra defteri bırakmış bize, her gün işte bunları not almış. Yazdığı günlüğünde bir tane de dram yapacak kelime yok, hiçbir şekilde.herkesin ona üzgün gözlerle baktığını, ama onun herkesi mutlu etmek için hep güldüğünü, deli gibi alışveriş yaptığını...
3. Biz ağlıyoruz, sızlıyoruz giderken. O da dedi ki “niye ağlıyorsunuz?” Ölmesine 2 gün kala biraz hafif topaclar gibi olmuştu, salı günü bizi aradı,Yusuf ile birlikte beni aradı, annem vefat etmişti o gün söylememiştik ona: iyiyim anne, inşallah iyi olacağım, bu sefer de yırtarsam bir şey olmaz dedi. Halbuki ben onun nefes aldığından ne kadar kötü olduğunu hissedebiliyorum. Çünkü Yusuf dedi ki senle konuştuğu zaman oksijendeki litre 10 u gösteriyordu, çünkü asidi var. İşte öyle bir çocuktuk, hiç de dram yapmadı, hiç de ölücem demedi. Hep bize iyiyim, iyi oluyorum, hep böyle dedi. Bambaşka bir şeydi. Kim olsa bu kadar soğukkanlı kalamazdı.
4. Hastaneye geliyorlardı belirli aralıklarla düzenli geliyorlardı annelerini görmeye. O 50 gün çok berbattı. Çocukları gene getiriyorduk ama o son günler getirmedik. Ben istemedim getirmelerini.
5. Ölmeden önce de kardeşlerine, eşine dediği bir tek şey: size güveniyorum, bir tek istediğim şey çocuklarıma çok iyi bakın, onları üzmeyin. Bir tek söylediği laf o.
6. Bu fiziksel bir hastalık, tümör. Türkiye’de olsa şu kadar ömrü kaldı diyip eve gönderirlerdi. Almanya’da şöyle bir şey var, eğer götürmek isterseniz eve götürün, eğer götürmek istemezseniz burada sonuna kadar bakıcaz. O şundan dolayı: evine götürmek istersen evinde vefat etsin istersen, o en yakınındaki insanların tercihi. Ya da evine gitsin 2-3 gün, insan sonuçta bu taş değil. Ne bileyim bir morali gelir, ya bir neşelenir o sıkıntılı anında bile. 3 gün sonra geri getir diyor. Belki o 3 gün morali yerine gelir. Ama getirmek istediğin an kapılar sonuna kadar açık. Türkiye’de ise uygulama bambaşka. Yani o hastanın tıbben umudu yoksa, diyorlar ki bizim yapacak bir şeyimiz yok, evinize götürün. Almanya’da bebekler gibi baktılar. İyi ki götürmüşüm. Bebekler gibi baktılar. 60 yaşında bir hemşire vardı sakallı, erkek...ya her gün saatlerce gelip sadece, o morfinle uyurken bile böyle saçını okşayıp, kulağına bir şeyler söyledi. Anlatamam yani. O morfinde uyurken bile böyle saçını okşuyordu erkek adam, erkek hemşire yani çok tecrübeli, o departmanda çalışıyordu kulağına hep bir şeyler fısıldıyordu.
7. Kabul etseydim zaten o 10 aylık periyotta ben onu (psikolojik yardım) alacaktım. İstemedim çünkü çok gereksiz ve bağlayıcı. Zaman kaybı, çünkü benim enerjim ve zamanın karıma gitmeli. O psikolojik destek alacağım yere değil çünkü iyi durumdayım. Kötü olsam isteyim hani, kötüyüm çünkü.

8. Deseler ki ateşe at, kurtulacak, ben kendi elimle atarım. Niye, şifa bulacak ya, çaresizim ya, hani o an duygusalım ya bana ne dersen yapıyorum. Çaresizsin kim ne derse onu yapıyorsun, her yere veriyorsun.
9. Çaresiz kalınca...bir takım yapma ilaçlar, birileri diyor tedavi olacak falan, burdan aldırıyor, burda yaptırıyoruz, yok gümrükten geçirmeye uğraşıyoruz, mücadeleler falan filan..bir kaç sefer öyle ilaçlar götürdü. Bir şeylerden hep çare bekliyorsun. Olmayacağını biliyorsun ama mücadele ediyorsun, bir umut hadi belki birşeyden fayda bulur diye ama... sadece aşılama için bu kemoterapiden sonra, sırf 3000 verdik...parayı düşünmüyorsun o an ama olmadı, faydası olmadı yani.
10. Hayatımda en kötü günler: 1. Karımla helalleştiğim gün, 2. Eşimin öldüğü gün, 3. Çocuklara söylediğim gün.
11. O bir buluttu, rüzgarla o bulutlar dağıldı ve gitti.
12. Gerçekten bu durumu yaşamadıysan, problem o zaman zaten. Yani karım ölmüş ve benim psikolojimde uyku düzenimde ya da yememde içmemde bir değişiklik yoksa zaten problem var.
13. Her şey kötüye gidiyor diye kavgalar oldu, moraller bozuldu. şu an bir arada olduğumuza göre atlatmışız.
14. Hepimiz çok agresif sinirli olduk. Birkaç ay belki 6 ay, herkes birbirine böyle ufacak şeylerden alınıyor, ya da bağırıyoruz falan. Böyle durumlar oldu. Ama geçti hepsi yani. O dönemi anlatılmaz, ama kimse de yaşamasin. Ama oldu yani hepimiz sinirli olduk. Ufacık bir şeyden kırılır olduk. Yani kavgamız da olcak, birbirimize yüksek sesle konuşmak kavgamız bu yani, yok vurduk, dövdüki kırık gibi değil de. Ufacık şeylerden sinirlenip birbirimize yüksek sesle bağırdıklarımız...oldu yani... yaşadık bir de bizim düzenimiz aile şirketi diye, 2 oğlum benle hep bir aradayız. Matbaacıyız biz, testil etiketleir yapıyoruz, testile dönük çalışıyoruz. İşimiz de bir arada olunca, her dakika berabersin kavga etmeden, işin gidişinden, iş o ne oldu, bu ne oldu, çocuklar ne oldu, onu aldınız mı, onu bunu verdik mi falan derken sürtüşmemiz daha ağır daha alıngan oluyordu. Ama geçti hepsi.
15. Her gün evin içinde Serap'ın kullandığı her şeyle muhatap olmak işte Yusuf'e bakıyorum bir yıl çok kötü geçti tabii..hep onu takip etmek, bakıyorum nasıl gülüyor mu, geziyor mu, yiyor mu, yatıyor mu?
16. Belki Yusuf en kötü şey eşini kaybetti çocuk ama ben hepsini birden tolere ettim. Yaş olarak da işte 3 sene önce 55 yaşındayım. Bunların hepsini toparlayıcı olmak da çok zordu..işte oğluma davranmam, oğlumla diyaloglarım, çocuklar...
17. 2 tane çocuğa bakıyorsun işte resmi bayramlar oluyor, dini bayramlar oluyor..güzel şeyler giyiyorlar, bir yere gidiyorsun. Bunlar hep tabii şey güzel dönmedi bana O günler. Hep dedim ki yani niye annesi olmasın? Mesela bir folklor gösterisi oluyor ben mesela hemen ağlıyorum, çok güzel oynuyor mesela. Okulda başarıları...

18. Çünkü şimdi benim çocuklarımın annesinin yerini kim doldurabilir ki? Dünyanın en iyi kadınıyla tekrar evlensem, benim çocuklarımın annesi olabilir mi? Mümkün değil..o yüzden o eksiklik, o ufak bir..ne diyelim her zaman kalır o boşluk. Yani ben onun kalacağını biliyorum, inanıyorum.
19. Ya tabi ölüm çok farklı br şey, var olduğunu bildiğin halde sıkıntı yaşıyorsun. Öldü dediğin an zaten her şey bitiyor, o daha büyük bir sıkıntı.
20. Mesela eşim yok. Daha büyük bir değişiklik olabilir mi? Mesela 12 yıldır evli olduğum bir kadın yok. Sonra bütün 12 yıllık alışkanlıkların yok. Sonra çocuklarımın annesi yok. Sonra mesela 12 yıl sonra anne ve babamla yaşamaya başladım. Ben 12 yıldır annemden babamdan ayrı yaşayan birisiydim. Dolayısıyla ona göre bir hayatım düzenim vardı, kendime göre herkesin olduğu gibi. Şimdi 12 sene sonra tekrardan anne babanla yaşıyorsun. Hani kötü yada iyi anlamda demiyorum bunu. O da çok büyük bir değişiklik sonuçta hayatımda.
21. Annem babamın hayatı değişti. Kendi evlerini bıraktılar buraya geldiler. Niye, çocuklarım burada diye. Çünkü bir şekilde birisi bakacak. Annem çalışıyordu,tamam belki yaş olarak yaşı da gelmişti ama işini bıraktı.
22. Anneanne de çocuklara göre yaşıyor, kocasına göre değil. Okul zamanı burada, senede birkaç kez Almanya'ya gidiyor.
23. Bir kere bütün hayatım tersine döndü. Çünkü çocuklarımı büyütmüşsün, torunların olmuş, artık karı koca emeklisin diyorsun ki artık ayrılırim işten, küçük seyahatler ederim, torunlarımı alır bir yere giderim, onlarla eğlenirim, onlarla birlikte olurum. Bir de bakıyorsun ki hayat sil baştan olmuş. Tekrardan çocuk büyütüyorum, okula gönderiyorum, tekrar anneliğin o okul çağlarını, çocukları büyütmenin...E torunlarıyla birlikte yeni bir hayata başlıyorsun. Bunlar da tabi çok ağır şeylerdi...Mormalde düşünecek olursan...Benim sıfır yani bütün hayatım sıfır şimdi.
24. Çocukların başında olmak lazım. Bütün düzenimizi değiştirdik, bir araya toplandık. Rolümüz işte beraberiz, çocuklara sahip çıkıyoruz. Hayatımız onlar oldu, daha doğrusu . Böyle bir şey yaşamasaıydık, belki biz bugün İstanbul'da yaşamıyorduk. Yani öyle bir planlarımız işte emekli olmuştuk, ufak oğlanı da evlendirmiştik gelin hanımın vefatından bir sene önce, o da evlenmişti. Yani burda kalmamızın da pek anlamı yoktu, bu keşmekeşin içinde öyle planlarımız vardı ama hayat plan yaptırmıyor.
25. Şimdi mesela daha fazla bilgim var, çocuklarımla ilgili diyim. O benim için çok önemli bir fark. Bir de çocuklarımla aram bu kadar iyi değildi çünkü anneleriyle vakit geçiriyorlardı, annelerine göre hareket ediyorlardı. E şimdi demek ki anne olmayınca, ben onlar için çok daha bir şey oldum. Dolayısıyla daha bir yakınlık oldu. İşte bana soruyor mesela izin verirsem yapıyor. Mesela babaannesi dedesi izin veriyor, ben vermiyorum ya yapmıyor. Ben eşim varken ne yapılacak hiç bilmiyordum, böyle şeyleri. Çünkü eşim hallediyordu böyle şeyleri. Ben daha çok kucağıma alayım seveyim, bir yere gidip gezelim, yiyelim,içelim gibiydi. Ama şimdi mesela, şunu yapcam diye bana soruyor, önceden annesine soruyordu. Bu açıdan ilişkinin boyutu değişti.

26. Mesela aklımda kaldı güzel giyindi mi, folklorunu oynadı mı? Hani şey oluyorsun, sanki ben doğurdum ve onları büyütüyorum, yetiştiriyorum. Bir de her şeyle ilgilendiğim için sanki onlar bizim hayatımızın içinde, her dakika her saat, her saniye bizimle.
27. Ama mutsuz musun? Hiç değilim. Emin ol hiç değilim...Bazen arkadaşlarla da konuşuyoruz, işte çok üstüne alıyorsun, çok fazla sahipleniyorsun, işte anneannede dursun, git bir hafta tatil yap falan...ama ben mutlu olamıyorum ki, onlar yokken. Ben onlarla tatile gidince daha mutluyum. Çünkü denize giriyorlar, yemek yiyoruz, spor yapıyorlar, ben oturup onları izliyorum...Bana daha çok mutluluk veriyor. Ben şimdi eşimle gidip oturup, tatil yapmak beni mutlu etmiyor. Hı belki böyle bir şey olmasa beni mutlu ederdi, ama şimdi böyle bir şey var şimdi benim yalnız, onlarsız tatilim mümkün değil.
28. Herşeyimiz onlar oldu. İşte bir oğlum daha var, İstanbulda yaşamamıza rağmen biz 2-3 aydır evine gidemiyoruz mesela. Çünkü burda çok başkayız işte. Onlarla olman lazım, onalrın hayatı, okulu, kursu... Yok yani onların zamanı varsa zamanın var, başka türlü de zamanın yok. Ya da sen gitmek istesen, bunlar gitmek istemiyorlar kendilerine göre birşeyler düşünüyor çocuklar. Yani gidemiyorum, oğlumun evine gidemiyorum 3 aydır. Gidemiyoruz. Bütün hayatımız değişti.
29. Bir yere gittiğimizde bana yardım ediyor, bana “kardeşim” diyor... benimle herşeyi paylaşıyor, paylaşmak güzel bir şey.
30. Karımın ölümü bana birçok şey kazandırdı yani. Öyle söyliyim, enteresan bir şey. Keşke ölmeseydi de, zayıf kalaymışım her açıdan, hem dini açıdan hem de hayata bakış açısından ama karımın ölümü bana çok şey kazandırdı. Ya hayata daha başka bakıyorum. Mesela şöyle söyliyim: günlük yaşıyorum kendi adıma...kendimi ve çocuklarımı rezil etmeyecek şekilde günlük yaşıyorum. Her istediğimi yapayım gibi değil, ama o an onu yaşayacağıma inanıyorsam yapıyorum,çünkü yarın olmayabilirim. ..Bu öyle bir ibret ya, işte hayatla ilgili bir şey öğreniyoruz. Şöyle: ben yarın ölebilirim, ve bugün onu yaşamalıyım... Yani sen neyin planını yapıyorsun? Anlatabiliyor muyum, bunları öğretiyor hayat. Belki gene farkındaydık da, işte başına gelince...işte o yüzden anı yaşa.
31. Ben şanslıyım yani. Annem babam var, çocuklarımla başında duran bir insan var. O insanlar olmasa bunları yapamazdım şu anda, şanslıyım.
32. Eşimin ölümünden aldığım ders: hiçbir şey olmuyorsa olmasın, çocuklarımla canı sağ olsun. Ben Allahtan sadece sağlık, afiyet başka da hiçbir şey istemiyorum.
33. Buna da şükür. Bu da bir tecrübe.
34. Hastanedeyim çok genç insanların öldüğünü gördüm, çocukların öldüğünü gördüm. 40 yıl hizmet ettim bu meslekte. Çok kötü olaylarda gördüm, işte onları da hep gözümün önüne getirdim. Mesela trafik kazalarını gözümün önüne getirdim, işte uçakla düşüyor, insanlar sele kapılıp ölüyor. Yani hep böyle şeyler düşünüp onları kendime şey yaptım işte: sevgi en azından hastaydı, gerekli her şeyi yaptınız, tertemiz bakarak annen de olsun Serap de olsun bakılarak gitti. Ama bak insanların

ölüsü bulanamıyor, nerde olduğu bulunamıyor. Uçakla denize düşüyor mesela parçası bulunamıyor. Hani hep en kötü şeyleri düşünerek feyz almaya çalıştım.

35. İstanbul'da olsa zaten anca o kadar gideriz. 210 km mesafeye göre söylüyorum. İstanbul'da olsaydı eşim anca o kadar giderdik. Çocuklar da hep gidiyor.

36. Sen kendi memleketine götür, sana yakışır dedi. Çünkü ben kızımдан bugüne kadar senin ve ailenle ilgili hiçbirşey duymadım. O yüzden senin oraya, senin mezarlığına, kendi memleketine götürmen sana yakışır.

37. Zaten ölüm gününü unutmak mümkün değil, bunu anlayabilmen için yaşaman gerekiyor.

38. Sonuçta benim için de çocuklarım içinde büyük bir değişiklik ama en çok çocuklarım için. Çünkü yani annesizlik çok feci bir şey. Yani onun neresinden bakarsan bakın, en kötü şey annesizlik bu hayatta.

39. Hani diyorsunuz annesiz vah vah yazık diye yaklaşmak yerine, o bazı sorumlulukları bu yaşta alıyor ve kendi yaşitları saçını tarayamazken, o kendi saçını tarayıp hem de çok düzgün bağlayabiliyor. Niye, çünkü herkesin evinde annesi çocuklarının saçlarını kendisi bağlıyor. Kimse onu çok iyi yapabilecek meziyete gelemiyor o yaşta, çünkü annesi yapıyor, yardım ediyor.

40. Şimdi bir tek düşüncemiz yeterli sağlıklı, vatana millete bizlere iyi bir evlat olarak onları yetiştirelim. Eğitimi, yani ayakları yere bassın, kimseye muhtaç olmasınlar. Yani böyle itilip kakılmasınlar. Tabi biz hep çocukluğumuzda köyde doğup büyüdüğümüz için şöyle bir şey olurdu; işte yetim çocuk, bir şey olmaz ondan; itilip kakılır, hor görülür. Hani çok eski şeyler vardır ya, ben orda değilim ama bazen böyle uzun uzun düşününce insan bazı gördükleri yaşadıkları da şey geliyor. Mesela bazen Ayşe bir yere gittiği zaman, ya da bir şey aldığı zaman ben çok dikkat ederim, "yetim" horlanmasın. Böyle şeylerim de oluştu: onlar evet bir anneleri yok ama mutlular, onlar iyi yetişiyorlar, sıcak yuvaları var, neneler dedeler, babası başlarında.

41. Mesela eşim yok. Daha büyük bir değişiklik olabilir mi? Mesela 12 yıldır evli olduğum kadın yok.

42. Ölümün hepsi acı, canını veriyorsun, kolay bir şey değil. Ama genç olunca daha zormuş, yaşadık öğrendik. Şimdi ben 83 yaşında ölsem, gelirsin namazdan sonra beni gömersin biter. O da bir vazifedir çünkü, duanı edecen, namazını kılacan, defnedecen. Onu yaparsın gelirsin bu kadar bir şey 80 ya da 90 yaşında biri için ama şimdi bir bakıyorsun burada bir 3 yaşında, diğeri 6 yaşında bir kız annesini gömüyorsun. O bambaşka bir şey.

43. Yani sonuçta, herkesin eşi kendisine özel ama benim eşim farklıydı yani. Öyle söyleyebilirim. Hani abartmak için değil. Çok farklı bir insandı, insan olarak. İnsani meziyetleri doğuştan Allah tarafından yüklenmiş bir insandı. Kıskançlık, arkadan bir kişi için konuşma, biz 12 yıllık evliydik ya bir kişi için bir kere olur ya... Okulda işte..12 senede bir cümle duymadım. Duysam duydum diyeceğim. Öyle çok özel bir insandı. Eşim olması önemli değil. Sizin kardeşiniz de olsa, ben tanıyor

olsam aynı şeyi söyleyebileceğim bir insandı. O yüzden üzülüyor insan. Çünkü bu dünyanın iyi insanlara ihtiyacı var, sadece Türkiye olarak değil. Ama değdim gibi işte o da imtihan meselesi.

44. Yok yani... Tabi biz bir yıla yakın o hastalık tedavi süreci sürdü 8 ay, 9 ay, 10 ay... Alıştırdık hani kendimizi. Yok yani o yolun sonu yok. Süre belli, uzatmaya uğraşıyorsun, doktorlar 1 sene 2 sene diyor ama kesin bir tarihi koyamazsın ya... Bu arada alıştırdık kendimizi tabi, olmayacağını biliyorduk. İşte planlar yapıyoruz, o iş olacak. Ölüm gerçekleşecek... O sırada planlar yapıyoruz, bir araya toplanıyoruz. Şurda aşağıda benim kendi evim. İşte orada mı otururuz, burda mı otururuz öyle planlar yapıyoruz işte falan filan buraya toplandık işte. Çok zor... O süre tabi 10 ay içinde kabulleniyorsun, bundan sonra nasıl bir şey olacağına kendimizi yönlendirdik. Hani kaza gibi olsa, yarın ne yapacağını bilmiyorsun, bu hastalık bir sene sürünce o arada planlarını yapıyorsun tabi. Öyle oldu ve alıştırdık kendimizi... Yok çünkü.. olmayacağını biliyorsun.

45. Tabi ben bağıra bağıra anneme ağlayamadım. Hiç deşarz olamadım. Hani annem mi öldü. Yani hiç bilmiyorum. O birkaç günü hatırlamak dahi istemiyorum. Hayatımdan silmek istiyorum. Annem öldü, gömdük, içim doluyor, ağlıyoruz. Ağlıyorum ama en az 20 defa Almanya'yla konuşuyoruz.

46. Serap çok daha ağır bastı mesela... Yani nasıl anlatayım, Allah birini aldı, sonra tekrar birini aldı. Birinin üzüntüsünü birbiriyle mi örtüştürdü. Yani hiç o duyguları yaşamadım, ne olduğunu bilmiyorum. Serap'ün ölümü daha çok bizi mahvetti tabi. Kötü günlerdi tabi çok kötü günler.

47. Yaşıyoruz tabi yaş itibariyle de biz de artık bir sıraya girdiğimiz için öndekiler, tabi vadeyi doldurmaya daha yakın oluyor. Yaşlılar ölüme her zaman daha yakın ya... yaşadık yani.

48. O anlamda (eşinin sağlığı) en iyi yaptığım şey, hastalığını öğrenir öğrenmez oraya götürmek. Çünkü bu hastalık fiziksel şartlar gerektiren bir hastalık.

49. Şöyle benim eşim kemoterapi verilmese de zaten ölecekti. Benim eşimle ilgili tek vicdan azabım bu... Kemoterapi vermeseydim zaten aynı şeyler olacaktı. Ama kemoterapiyle yaşadığı o hızlanması yerine daha kaliteli bir hayatı olurdu son dönemimde. Çünkü kemoterapi aldınız mı hayat diye bir şey yok. Tamamen kalitesiz sıfır bir hayat. Çünkü aldığın zaman böyle taş gibi devriliyorsun. Çünkü bütün damarlarından zehir veriliyor sana. Mesela ben bunu tecrübe edindim, keşke edinmeseydim.

50. Vicdanen rahatız, sonuçta elimizden gelen her şeyi yaptık. Biz kendimiz rahatız. Hani yapmamış olsaydık hani, gelin hanımın ailesi tarafından hala böyle ilişkilerimiz sürmeyebilirdi. Hani kayıtsız kalsaydık, ilgisiz olsaydık falan... Hala ilişkilerimiz sürüyor. Niye, çünkü onlar biliyor elimizden geleni yaptığımızı, daha ötesi yok işte yaptığımızdan başka bir şey yapılamazdı. Biz rahatız hani yaptık ama yok yani.

51. Neden vicdanım rahat? Eşimle helalleştim. Yatıyordu hasta yatağında. Konuyu eşim açtı, çocukları emanet etti, çocuklara iyi bakacağıma güvendiğini

söyledi. Helalleşmeden ölseydi aklım kalırdı. Neden bu kadar güçlüyüm, çünkü helalleştim.

52. Çok ciddi paralar harcadı tedavi için. Sonsuz para haracanıyor. Çaresizsin kim ne derse onu yapıyorsun, her yere veriyorsun. Sgk dahilinde tedavisi olmasına rağmen çok para harcadık. Sırf alman sağlık sistemi 3milyon euro harcadı. Onun dışında bir sürü hastane ve alternatif tıp tedavisi yapıldı.

53. Allah her şeyin sabrını veriyor, mutlaka veriyor.

54. İmtihan sadece benim eşimle bitmez. Dolayısıyla bu imtihan meselesi böyle devam edecek ve bazı insanların, çocukların anneleri hayatını çok genç yaşta kaybedecek. Ve o çocuklar da inşallah iyi büyüyecekler yani sonuçta hayat devam edecek.

55. ...Ben bu konuda çok da arabesk bakmıyorum, tam argo tabiriyle çünkü arabesk yaklaşacak bir durum değil yani bu hayat böyle. Canınızı verir yaşarsınız, canınızı alır. Dedim ya 25 yaşında amcam öldüyse, e benim eşimden ne büyük bir farkı olabilir can olarak? Yani amcamın canı kıymetsiz mi eşime göre. Değil. Dolayısıyla herkesin canı kendisi için çok kıymetli ama işte o bir vade meselesi.

56. Yani öyle istediği için (Allah) öyle oldu. Yani hani herkes bir şey söyler ya: işte çok gençti, Allah onu sevdiği için yanına aldı falan öyle bir şey yok. İnanç belli. Siz yaratıldınız, bir imtihana tutuldunuz bir yıl ya da 98yıl. siz kendi durumunuza özel imtihandan geçirildiniz. benim eşim de o şekilde finalde canıyla imtihan oldu. Öylede bitti.

57. Yaşıyoruz işte, hayat devam ediyor. Gülüyoruz ama...Allah'tan gelene yapacak hiçbir şey yok.

58. Bu kadar bir şey hayat işte. Bizim içinde ibret, ne demek o? Ben de şu anda ölebilirim. Yarın sabah ölebilirim. Buradan bu dersi almalıyım, biraz kendime çeki düzen vermeliyim. Daha düzgün yaşamalıyım, fenalık, kötülük yapmamalıyım. Çünkü her an ölebilirim ya ve imtihandayım ya. Yani "son" dediği zaman, mümkün olan en hazır halimle çünkü öldüğün zaman hayat bitmiyor biliyorsun ki. Bizim inancımıza göre hayat başlıyor. Dolayısıyla insanlar şöyle anlıyor "öldün vah vah". Değil, öldün başladı. O yüzden o başlangıca hazır olarak başlamak lazım. Bunu sadece ibadet anlamında söylemiyorum. İbadet belki daha sonra gelen bir şey. İlk önce senin insanîyetin, yardımseverliğinin, dürüstlüğünün, verdiği sözünü tutman gibi şeyler...

59. Çok kalabalıktı yani eşimin cenazesi baya ünlü bir sanatçının cenazesi gibi kıyaslayabiliriz. Efsaneydi yani. Allah herkese nasip etsin.

60. Dua çok nemli. Dua yaşarken de önemli, ölmüş kişinin arkasından okumak da çok önemli.

61. Bu yüzden bu güzel bir cenazeydi çünkü çok cenazeye gittiğim için...Baya sohbet muhabbet edilen bir cenazeydi çünkü beklenen bir ölümdü.

62. O kadar büyük bir acı ki..ama o kadar büyük acıya rağmen, biz hep birlikte gelenek, görenek, dini ibadetleri en iyi şekilde o güzel insana en layık olacak şekilde yapmaktı görevimiz. İşte gelen insanı karşılamak, onları en iyi şekilde...Arkasından Kuran'ını okutmak...Yani bunları yaptık. Bunları yapabiliyorsun demekki, bu kadar acı ama bir taraftan da hızla bunları yerine getiriyorsun...Ne enteresandır. Ölüyor,bir an önce yerine yerleştireyim diye. Normal bir insanı kıyamazsın bakarak, 3gün dur, 5 gün dur diyorsun ama ölünce de yerine yerleştireyim, hani gerekli şeyleri yapayım ne gerekiyorsa onları yapayım ona bakıyorsun.

63. Ben evlenmeyi düşünmüyorum, benim gelecekle ilgili en büyük planım bu. Çünkü benim hayatımla ilgili en büyük, en önemli plan bu.

64. Çok genç ve iki çocuğu var. Evlense onun için daha iyi olur.

65. Çünkü evlenirsem tekrardan hayatım değişir. Ben hayatımı değiştirmek istemiyorum. Benim için düzgün ve doğru olan şey, bu düzeni bozmamam lazım çünkü ben evlenirsem bu düzen bozulur...Şimdi ben bir kadını hayatıma sokarsam her şey...Mesela rahmetli karımın ailesiyle olan diyaloglarımda çok büyük bir zayıflama, yıpranma olabilir. Yeni bir kadınla birliktelik olduğu için. E çocuklarını evleneceğim kişiyle ne kadar anlaşılabilir, anlaşamaz gibi bir sürü şeyler olabilir.

66. En büyük hedefim çocuklarımı çok iyi büyütmek...İyi büyütmek ne demek biliyor musun? Mesela iyi bir okulda okutamayabilirim, iyi büyütebilirim” Biz bu 2 çocuğa doğruluğu, dürüstlüğü verebilirsek işte 16 mı 18 yaşına kadar mı, biz onu verebilirsek sen çok başarılı olabilirsin.

67. Bundan sonra hayatımızın farklı bir dönemine giriyoruz.

68. Derslerde varlıklar doğarlar, yaşarlar, ölürler...Çok üstünkörü.. .Çok da girmek istemiyorum bu konuya. Belki de ihtiyaç olmadığı için girmedim. Öğrencilerden böyle bir ihtiyaç gelmedi.

69. Hayat bilgisi kitabında çocukların büyüme aşamaları var. Doğdukları, hatta fidanlarla birlikte. İşte sizde fidanlar gibiydiniz, filiz verdiniz, doğdunuz, o da topraktan çıktı. Başladı filiz vermeye, bir müddet sonra meyve vermeye başladı...Sonra da tekrar toprağa dönüş var dedim. Topraktan geldik, toprağa gidicez diye düşünceksiniz artık dedim. Meyveler de sebzeler de artık ölecek. O ölüm olayı bir öğrencimde çok kötü bir etki yaptı. Hep soruyormuş annesine ben ölecek miyim, sen ölecek misin? Elif bu konuda çok sağlam, annesinin var olmadığını biliyor ama duygusal olarak var annesi, vardı bir zamanlar.

70. Ben de dedim ki ruhumuz bu dünyada kalacak, hiçbir şeyin kaybolduğu yok. Ruhumuz göğe yükselecek, bir yerlerde dolanacak. Beden gidebilir ama siz tamamen kaybolmayacaksınız hiçbir zaman bu evrenden dedim. Çocuklar çok rahatladı bunu duyunca. Yani ölüm hiçbir zaman son değil, bir şekilde evrenin bir yerinde ben de ruhun her şeyimiz olduğuna, ruhun dolandığına inanırım bu arada. Göğe yükseleceksiniz bir şekilde var olacaksınız, ama tabi biz ölmediğimizi için nasıl olacağını bilmiyoruz. Elif bunlara öyle tepki de vermedi, dinledi güzel güzel. Hiçbir tepki vermedi, yani işte “ya benim annem de öldü, o da mı böyle oldu” hiçbir şekilde

demedi, çok güzel bir şekilde dinledi ama. Muhtemelen onlar da benzer şeyler anlatmıştır.

71. Bir ödev, anneyle ilgili bir ödev olduğu zaman işte anne bilgileri gibi, “öğretmenim benim annem yok, ben ne yapacağım” gibi şeyleri oluyordu, soruları oluyordu. Ama onun dışında ben de babaannenle ya da anneannle yaparsın onları diyordum, “tamam” diyordu. Hiç böyle sıkıntılı, problemlili hiç görmedim ben onu. Velinize sorun diyorum mesela. Anne lafını çok kullanmak istemiyorum, onu rencide eder...rencide eder yanlış bir kelime de etkiler rahatsız eder diye kullanmıyorum. Uzun zaman da kullanmam gibi geliyor.

72. Çok zor oluyor. Anne kavramını sınıfta ben kullanmamaya çalışıyorum. Elif’in etkilenme riskine karşı kullanmıyorum. Velileriniz diyorum, hatta direk babadan giriyorum işe. Ya da şöyle yapıyorum: annelerinize söyleyin demeden önce, Elif’e dönüyorum sen babaannene söyle diyorum. ... Genelde veli hakkında konuşacaksam genellikle babadan giriyorum işe. Ya da aileniz diyorum, velileriniz diyorum. Anne kelimesini çok sıklıkla kullanmıyorum.

73. Anneler günü geçen yıl ufak bir etkinlik yaptırıldı. Ondan önce yapmadım. Sadece annelerinizin ya da anne gibi sevdiğinizin anneler gününü kutlarsınız diye...Babaanneyi aradık Ayşe’i böyle bir şey rahatsız eder mi diye, tazeydi çünkü. Hani rahatsız eder mi, ne düşünüyorsunuz diye...Onlar da pedagoga sormuşlar. Pedagog çok taze olduğunu, öğretmeniz çok doğru söylemiş demiş, bu seneyi ufak bir şekilde atlatırsa daha iyi olabileceğini söylemiş. Hani o pedagoga da babaanne aracılığıyla iletişime girerek hani onlar da dikkat ettik.

74. Aralarda çok sık olmamakla birlikte. Hani hareketimi mi benzetiyor, giydiğim bir şeyi mi annesinin giydiği bir şeye benzetiyor. Annem kadar güzelsiniz siz öğretmenim diyor. Hani onu hissediyorum. Öyle bazen içi gidiyor hissediyorum.

75. Çünkü anneanesi şeyi söyledi: hep sizin gibi gençleri seviyor dedi. Giyinip, kuşanışlarını anlatıyor gelince eve. Şimdi genç bir figür istiyor. Eve geliyor anneanne babaanne, çocuk genç bir figür istiyor karşısında. “Yere göğe sığdıramıyor sizi” diyince onun gözünde bir semboldün, simgesin yani. Örneksin onun için, kızcağzın kafasında bir yerdesin. O da beni çok korkutuyor işin doğrusu. Yanlış yapmamak için gayret ediyorum. Tedirgin oluyorum, ona karşı aldığım her karar ve davranış doğru olsun ki onda bir yara açmasın. O yüzden çok dikkat ediyorum ona davranışlarımda. Ona davranışlarımda aşırı dikkat ediyorum.

76. En güzeli normal davranmak, hiç bir şey olmamış gibi. O annesini hiç kaybetmemiş gibi. Çünkü farklı davrandığın zaman o onu fark edecek, “bana farklı davranıyor”. Şimdi daha az, herkesi sevdiğim kadar onu seviyorum.

Aslında o kadar kendine yeten bir kız ki, her şeyi kabullenmiş bir kız çocuğu ki, onda hata kusur bulamıyorsun. Nasıl yardım edeyim diye bakıyorsun ama kız her sorununu kendisi çözmüş yani. Çok becerikli, bir de fırlama sevdiriyor da kendisini. Yani kıza böyle ekstra üzüleceğim, annesinin kaybı dışında bir şey yok yani çünkü her işini hallediyor kendisi. Çok güçlü bir kişilik. O boyuna posuna, inşallah yaşar da görürüm çok sağlam bir karakter olacak ve iyi bir yere gelecek, kafası da çalışıyor çünkü.

77. Ben uzun yıllar boyunca sınıfta anne lafını kullanırken dikkat ediyorum. Kullanmaktan çekiniyorum.

78. Çok düşündüm yani küçük bir çocuğun tüm bunlarla nasıl baş ettiğini çok düşündüm. Önce ilk zaman çok acıdım, üzüldüm onun için. Sonra kızını görünce öyle bu kadar sağlam bir karakter, bu kadar dişli bir kız.hem sevecen hem kibar hem zarif hem akıllı hem duygusal. Bir de güçlü. O bu kadar güçlüyken senin bu kadar takmaman gerekiyor dedim.

Ama o beni duygusal olarak çok etkiledi. Annem ölse, ben koca insanım annemi kaybetsem kafayı sıyırırım diye düşündüm.

79. Yani kötü gözüküyor, kötü devam edecek diye de bir şey olamaz. O da bana arkadaşım söylemişti eşim çok hastayken, benim bu kadar ilgim yoktu kuranı kerime...Diyor ki “her hayrın arkasında bir şer, her şerrin arkasında bir hayır var” diyor Allah. Şimdi senin hayır diye baktığın bir şeyin arkasında belki de çok büyük bir kötülük var, ama sen mükemmel görüyorsun. Bazen de çok kötü, lanet gördüğün bir şeyin arkasında da çok büyük hayırlar olabilir.

80. Sabır en önemlisi. İnanç önemli. Sonuçta olan şey ölüm. Para harcadık, ağladık, final ne: ölüm. Hayatın devam edeceğine inanç hz. Muhammedin dediği gibi ölüm ibrettir. Serap öldü diye hayat bitti mi? Artık acıkmıyor muyum? Hayır...güzel şeyler de olacak, kötü şeyler de ne zamana kadar...Ölene kadar.

81. Sabırlı olsunlar. Bazen öldüğüne inanmıyorlar, inansınlar, kabul etsinler.

82. Hayatımız şu anda çok düzenli. Her şeyi kabullendik. Tabii ki acılar yaşadık, hiçbir zaman unutmadık, her zaman o bizimle zaten. Onu anıyoruz, hatırlıyoruz çocuklarımızla birlikte.

83. Şimdi benim kızlarımı ben şanslı görüyorum. Çünkü gerçekten şöyle babaanesi, dedesi ya da amcası, amcasının eşi, ya da anneanesi, annesinin tarafındaki teyzeleri, dayıları oldukça çok yardımcı oluyorlar çocuklarıma her açıdan. Yani onlarla zaman geçirmek açısından, sevgi açısından ki en önemli şey o...O yüzden çocuklarım şanslı. Bir de tabii şanssız çocuklar olabilir. Onlar da mesela böyle bir aile çevresine sahip olmayan, ya da bu olaya bu şekilde yaklaşmayan ailelerin çocukları maalesef o travmayı çok uzun yıllar yaşayabilir belki de atlatamaz. Çünkü ben çocuklarımı annelerinin ölümünden sonra bir pedagog, psikiyatrist bir bayana götürdüm. Bana babasından devraldığı 15 yıldır düzenli gelen bir erkek hastasının olduğunu söylemişti ve bu beyefendinin sorunu annesinin ölümünü atlatamaması. 15 yıldır düzenli olarak psikiyatriste gidiyor. Bu beyefendi de çünkü babasının hastasıymış. Babası mesleği bıraktınca hanımefendi hastayı devralıyor ve hastaya kendisi bakmaya devam ediyor. Total 15 yıldır ona gelip yardım, destek almış. o yüzden benim çocuklarım çok şanslı. Çünkü belki öyle bir etrafı olmasa, belki benim çocuklarım da 15-20 yıl bir desteğe ihtiyacı olabilir.

84. Ben 14-15 yıllık öğretmenim hani az çok ailelerle ilgili fikir sahibi oldum bunca zaman. Bir sürü değişik insanla karşılaştım. Hani hep böyle aileler olsa, inanılmaz başarılı bir nesil, gelecek olur. Ben aileyle ilgili hiç olumsuz bir şey söyleyemem, çok iyi insanlar.

85. İşte böyle yardım alarak, o bir seneki dönem çok iyi oldu. Ben çocuklara da çok daha fazla yardım eder oldum. Tabi hep birlikte de gittik, anneanneler, biz, Yusuf... Toplu olarak da onlar başka bir psikoloğa gittiler, biz Yusuf'le başka bir psikoloğa gittik. onlar da yardım aldılar nasıl davranmalıyız, ne yapmalıyız, aile ilişkileri... Her iki tarafta bilimsel olarak yaklaştık. Yaklaşınca da daha kolay bulduk herhalde yolu.

86. Aile zaten bilinçli bir aile... Babaanne hemşire emeklisi. Çocuğa pedagoğdan psikolojik destek almışlar. O şekilde çocuk da bazı şeylerin farkında. Hani hiç masal anlatılmadan çocuk Ayşe gerçeklerle yüzleştirilmiş. O yüzden kabullenmiş. En başında kabullenmiş geldi bana.

87. O (öğretmenin telefon etmesi) beni inanılmaz duygulandırdı, inanılmaz mutlu etti yani 30 kişilik sınıfta onu düşünüp de beni arayıp, böyle bir şey sorması inanılmaz bir şey tabi.

88. Artık önümüze bakıp, onun bize bıraktığı emanetleri en iyi şekilde eğitmek, en iyi şekilde büyütme. çünkü çocuklarına çok düşküdü, çok iyi yetiştiriyordu.

89. Biraz kendisine çekidüzen vermesini bilen, hamuru düzgün yaratılmış insan diyim. Çünkü zayıf insanın toparlanması çok zor.

90. Aradaki fark ne? O da birey sen de bir bireysin. Bakıyorsun eğitim farklı, aile yapısı farklı... Hakkaten ailemiz de farklı ama... Benim kendi annem babamdan gelen de bir farklı durum var. Amca çocuklarına göre biz daha farklıyız mesela. Benim amcamın çocuklarıyla, benim annemin babamın çocukları arasında ben görüyorum, gözlemliyorum fark olduğunu görüyorum. Eğitimle, görgüyle, oturmakla kalkmakla... Herşey okumakla da değil yani. Başka türlü, yemek yerken başkasın, otururken başkasın, yani görüyorum onun farklı olduğunu. Kendini yetiştirmesiyle ilgili yani.

91. Sana nasıl davrandılarsa, nasıl görüyorsan hayatı öyle zannediyorsun. Senden sonrakilere de sen aynısını yapıyorsun bu sefer. Görmeyle ilgili. Biraz güngörmekle ilgili, eğitim. Eğitim de demiyim de, yaşamışlıklarla ilgili.

92. Şimdi herkes birbirini bir defa seviyor. Biz de severek evlendik, görücü usulü evlenmedik. Çocuğum öyle evlendi. Birbirimize karşı saygılı davranıyoruz. Her ne kadar illa herkesin, hanımın dediği gibi ben yaşamazsam ya da benim dediğimi o yaşamsa da, hepimiz birbirimize saygı duyuyoruz en azından.

93. Zayıf şeyim var: çocukların öğretmenini bilmem lazım. Sadece merhabam var. Toplantılara falan annem gider hep. Aslında çok da eksikliğini ya da fazlalığını görmedim. Belki sorun olsa mutlaka giderdim. Ama o bir eksiklik, belki annem her gün görüşüyorsa, ben ayda bir kere görüşebilirim belki 2 ayda bir.

94. Aile açığı o kadar güzel kapatıyor ki hani ben bana ait yapmam gereken özel bir şey hiç bırakmıyorlar. Çocuk, hiçbir şekilde anne eksigi yok gibi hayatına devam ediyor. Hatta bir çoklarından (öğrencilerden) çok daha iyi. Hiçbir sıkıntısı yok çocuğın, fazlası var eksigi yok o konuda. Onların desteği çok fazla.

95. Eylül geldi dedi “Öğretmenim Elif annesini çok özlemiş” dedi. Ben de koştum gittim teneffüste: “anneni mi özledin sen dedim, gel dedim sarılalım”. Sarıldık, öyle bekledik. Öptüm, kokladım kendine geldi yani.

APPENDIX I

PERSISTENT COMPLEX BEREAVEMENT DISORDER DSM-V CRITERIA

- A. The individual experienced the death of someone with whom he or she had a close relationship.
- B. Since the death, at least one of the following symptoms is experienced on more days than not and to a clinically significant degree and has persisted for at least 12 months after the death in the case of bereaved adults and 6 months for bereaved children:
1. Persistent yearning/longing for the deceased. In young children, yearning may be expressed in play and behavior, including behaviors that reflect being separated from, and also reuniting with, a caregiver or attachment figure.
 2. Intense sorrow and emotional pain in response to death.
 3. Preoccupation with the deceased.
 4. Preoccupation with the circumstances of the death. In children, this preoccupation with the deceased may be expressed through the themes of play and behavior and may extend to preoccupation with possible death of others close to them.
- C. Since the death, at least six of the following symptoms are experienced on more days than not and to a clinically significant degree, and have persisted for at least 12 months after the death in the case of bereaved adults and 6 months for bereaved children:

Reactive stress to death:

1. Marked difficulty accepting the death. In children, this is dependent on the child's capacity to comprehend the meaning and permanence of death.
2. Experiencing disbelief or emotional numbness over the loss.
3. Difficulty with positive reminiscing about the deceased.
4. Bitterness or anger related to loss.
5. Maladaptive appraisals about oneself in relation to deceased or the death (e.g. self-blame).
6. Excessive avoidance of reminders of the loss (e.g. avoidance of individuals, places, or situations associated with the deceased; in children, this may include avoidance of thoughts and feelings regarding the deceased).

Social/identity disruption:

7. A desire to die in order to be with the deceased.
8. Difficulty trusting other individuals since the death.
9. Feeling alone or detached from other individuals since the death.
10. Feeling that life is meaningless or empty without the deceased, or the belief that one cannot function without the deceased.
11. Confusion about one's role in life, or diminished sense of one's identity (e.g. feeling that a part of oneself died with the deceased).
12. Difficulty or reluctance to pursue interests since the loss or to plan for the future (e.g., friendships, activities).

- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The bereavement reaction is out of proportion to or inconsistent with cultural, religious, or age-appropriate norms.

Source: American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th Ed.). Arlington, VA.

APPENDIX J

THEMES AND SUB-THEMES OF THE STUDY

THEMES	SUB-THEMES
Theme 1: Life after Diagnosis	1.1 Attitude of the Mother toward Her Illness and Possible Death
	1.2 Two Countries, Two Different Strategies
	1.3 Hope for Alternative Treatments to Fight with Illness
Theme 2: Life after Loss	2.1 First Year After Loss
	2.2 Irreversibility of Death
	2.3 Reversal of Life
	2.4 Changes in Roles and Relationships
	2.5 Lessons Learned from the Loss
	2.6 Visiting the Mother's Grave
	2.7 Anniversaries After Loss
	2.8 Motherless
Theme 3: Mediators of Mourning	3.1 Who the Lost Person was
	3.2 Mode of Death
	3.3 Prior Losses
	3.4 Conscience
	3.5 Secondary Stressors
	3.6 Religious Beliefs of Family Members related to Life and Death
	3.7 Rituals related to Loss
Theme 4: Future Plans of Family Members	
Theme 5: School Perspective	5.1 "Death" Issue in the Class
	5.2 Hesitation about Using the Word of "Mommy"
	5.3 How to Behave Towards Children Who Lost Their Mothers
	5.4 Effects of Children's Loss on Teachers
Theme 6: Resilience "There is a silver shining behind every evil event"	6.1 Protective Factors of the Family
	6.2 Risk Factors of the Family