

Life After Death: Healing After Sudden Loss of Loved Ones

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ABSTRACT

Losing loved ones from sudden death is pulverising and it can be a traumatising experience. Although an increasing amount of research is being undertaken on bereavement, there is a lack of sudden death bereavement literature in Malaysia, particularly on both grief and healing aspects. This research aims to explore and discover the holistic healing process that the bereaved undergo after the sudden loss of a loved one. Ten respondents willingly consent to be interviewed, however, only five were selected after fulfilling the selection criteria in which healing have begun to take place. Two interview sessions were undertaken with the five eligible respondents. Qualitative research was conducted with the thematic analysis used in analysing the data. Five themes were identified after coding the interview transcripts. The themes reflecting the healing process were identified as: (1) Facing the impact of loss; (2) Processing the loss; (3) Reaching turning point; (4) Cherishing the deceased leading to acceptance; (5) Discover oneself and meaning. Findings revealed all the participants experienced (4) Cherishing the deceased leading to acceptance, while only three participants experienced (5) Discover oneself and meaning. The implication of this study is exploring and understanding the grief and healing process that the bereaved undergo and the emphasis on the transition that preludes to acceptance for healing to begin. Besides filling the gap in the literature regarding the healing process, this study can help mental health workers and public interest, in general, may better facilitate the healing journey of those impacted by the sudden loss of a loved one.

Keywords: Healing, sudden death, bereavement, grief, loss

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INTRODUCTION

The sudden loss of a loved one could be traumatising for the bereaved, especially with traumatic death. The suddenness often hinders them from proper closure, especially when the death is unanticipated and perceived as preventable. Often, regret, self-blame and guilt from perceived negligence were common reasons cited by the bereaved (Stroebe et al., 2014), hindering them from proper healing.

Grief is a natural process for the living to cope with the loss using resources they acquired (Lee & Salleh, 2009). Sudden death may lead to masked, inhibited, or complicated grief, which consequentially impaired functionality and hindering them from processing the grief (Kristensen, Weisaeth, Heir, 2012). Grief discourse varies on the individual's resiliency, support system, and meaning-making.

Healing from loss is the process of resolving distress to the degree that the bereaved can alleviate their anguish to lead a functional, fulfilling existence (American Psychological Association, 2020). The purpose and goal of healing from loss is not to disregard the memories of the deceased but to appreciate the journey towards cherishing the deceased, understanding the changes before and after the loss, and determine how to reinvest in life (Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013).

LITERATURE REVIEW

The sudden death of loved ones strikes the bereaved in pulverising shock, helplessness, and devastation. The characteristics of sudden loss could range from non-violent to violent deaths where the unanticipated "suddenness" nature remains the criteria. The bereaved were left renouncing the loved ones, often feeling estranged and repugnant of the death due to occurring unexpectedly, apart from the deceased and perceiving the death as one's negligence. Sudden violent deaths often followed by a complicated grieving process than natural deaths causing feelings of injustice and meaninglessness, with the burden of rage and self-blame as compared to natural death (Kristensen et al., 2012). Loved ones dying from suicide, homicide, crash fatality, and unknown reasons experienced significantly prolonged complicated grief process in comparison with those bereaved by natural deaths (Levi-Belz, 2017). Healing often involves the interpersonal process of psychosocial reorganisation as the bereaved readjust or restructure their identities, assumptive worldviews, and social roles to accommodate the dynamic change from the loss.

Literature Gap

There is limited psychological research concerning both the healing and grief journey, particularly on sudden death in the Malaysian context. Nevertheless, several studies were conducted involving the Malaysian population concerning death and bereavement (Atikah-Hussin & Azlinda Azman, 2016; Bharathy, Malayapillay & Russell, 2013; Lee & Salleh, 2009). Qualitative research from Universiti Putra Malaysia and Universiti Kebangsaan Malaysia focused on lived experience from the sudden loss of loved ones (Lee & Salleh, 2009). The phenomenological approach gave insights into bereaved grief experiences and struggles; however, the healing journey was less explored. Another qualitative study examined the cross-cultural narratives on death and bereavement amongst medical students (Bharathy, Malayapillay & Russell, 2013), conveying the commonality of bereavement experience, influencing their professional identity. Expressing prolonged grief is not culturally encouraged and sometimes disfavoured in certain cultures, thus may impede recovery for struggling individuals. Although the insights into the grieving experience were explored cross-culturally, generalisation of a wider audience outside the medical field regarding further healing is warranted. Besides qualitative studies, a quantitative analysis exploring gender factors facilitating grief (Atikah-Hussin & Azlinda Azman, 2016) reported no significant difference between genders and better coping skills after death. Nonetheless, its quantitative nature limits further insight into the process of grief and healing accounting for these differences.

Internationally, researchers conducted a wider context of bereavement exploring negative and prosocial impacts of sudden death. The negative impacts consisted of, but not limited to complicated grief, impaired functionality, drastic lifestyle changes and health comorbidities (Boelen, 2010; Breen & O'Connor, 2011; Burke & Neimeyer, 2014; Hibberd et al., 2010; Kristensen et al., 2012; Levi-Belz, 2017). Facing challenges of accommodating to the dynamic change, and the pressure by others and self to overcome grief sooner led to varying struggles (Breen & O'Connor, 2011). Consequentially, it led to masking and/or inhibited personal grief to meet societal expectations which resulted in difficulty coping, sense of helplessness and hopelessness, relationships deteriorations, loneliness, and isolation (Breen & O'Connor, 2011; Hill, Kaplow, Oosterhoof, & Layne, 2019; Stroebe & Schut, 2014), and/or prolonged spiritual grief (Burke & Neimeyer, 2014). Impairments in psychological functioning risked a higher prevalence of prolonged grief, depressive symptoms, and suicidal ideation (Hill et al., 2019; Kristensen et al., 2012; Hibberd, Elwood & Galovski, 2010).

Nevertheless, increasing studies over the years explored the prosocial shifts from such deaths (Hibberd et al., 2010; Lichtenthal et al., 2013; Boyraz, Horne, & Sayger, 2010) whereby the bereaved aspired to reconstruct their lives, identities and social roles with optimism and hopefulness. Studies have shown that the bereaved experienced psychological healing from loss by deriving meaning from their devastating experience, bringing familial and friendships bonds closer and greater fulfilment from religiosity or spirituality (Levi-Belz, 2017; Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013).

Existentialism on healing

The awareness of death can be accompanied by self-awareness of the crisis of meaning as postulated by existential theorists. The best way to address the anxieties caused by the absurdities encountered in life and the awareness of death is by having a personal pursuit of meaning in one's own life as postulated by existentialists (Yalom, 1980). The confrontation of death, and the acknowledgement of the reality of death, as regarded by many grief theorists is essential to the ability to make progress in the grief journey supporting the relevance of existentialism to grief

theory. The conviction that acceptance of the reality of death is pertinent to an individual's ability to return to a normal, healthy functioning person is inherent in many grief models, such as the stage, process, and task models. Although few models addressed acceptance, however, not many addressed the pursuit of meaning in encountering the awareness of death.

Grief models on healing

Over the decade, several bereavements models have increased the understanding of grief and provided more insights into the mental health ramifications associated with death. Some of these models are the Dual Process Model of coping with bereavement (Stroebe & Schut, 1999), Four Tasks of Mourning (Worden, 2008), and Kübler-Ross model (Kübler, 1969).

The Dual Process Model of coping with bereavement (Stroebe & Schut, 1999) presented grief as moving between two modes of functioning - The "loss" orientation - where bereaved focus on the distressing effect associated with the loss and the "restoration" orientation - where bereaved focus on the demands to reorganise their lives and returning to routines or tasks. This model demonstrates that moving between two modes is normal as the bereaved sometimes pay attention to grieving and sometimes pay attention (or distract) to life tasks. The problem arises when the bereaved are stuck in one mode - either they constantly stuck in grieving, that they could not attend to demands in life, or divert only to moving forward and not attending to processing their grief. In contrast, The Four Task of Mourning (2008) follows a stage model like the Kübler-Ross model. This model presented grief as an active process whereby bereaved undergo bereavement process consisted of: (1) Accepting the reality of the loss, (2) Working through the pain of grief 3) Adjusting to life without the deceased, (4) Maintaining a connection to the deceased while moving forward with life. Overall, these models focused on grief processes tailored for general bereavement.

Kübler-Ross model was formulated to provide an understanding of imminent death affecting dying patients (1969, 1975), then later adopted by many researchers applying to bereaved undergoing grief after loss (2005). This model is utilised as a theoretical framework in this study to investigate the healing journey from the sudden loss. Kubler's model identified five stages of grief: (1) Denial: where the bereaved have difficulty in facing the reality of the loss in which denial helps coping with grief, (2) anger: a method for coping where bereaved question injustices of the loss due to emotional pain, (3) bargaining: negotiating with fate to reverse the loss, so life returns to its former state accompanied by guilt, (4) depression: where feelings hopelessness, helplessness, and sadness sets in when facing the irreversibility reality of the loss (5) and acceptance: Accepting the reality that loved one is physically gone and recognising that the new reality is permanent leading to lifestyle readjustments (Kübler, 1969; 2005). Working through this process will eventually lead to positive outcomes of recovery, resolution, and resilience. Although this model is commonly adopted in the dominant grief literature, however, some have criticised and/or refined Kubler Ross' model.

A recent study criticised the major concerns of the stage model: its oversimplicity, implication of smooth grieving progression, implied statements, failure to account for secondary stressors, and neglect of the social/cultural context of grieving. Researchers argued that implying a stage progression may be harmful to those who do not meet the expectations of the grieving norm. Thus, the model did not account to identify those with complicated grief (Stroebe, Schut, & Boerner, 2017). Concerning our research, Kübler's model on the transition leading to 'acceptance' had not been addressed and emphasized, particularly on what constitutes the 'turning point' prelude to acceptance for healing to begin? Therefore, there is a disparity between the continuous flow on the latter stages with the abruptness of introducing the 'acceptance' stage. This model does not emphasize when the actual healing process started - at the moment of 'acceptance' or the moment of epiphany towards acceptance?

Imposing dominant grief discourse on the bereaved may lead to a greater effort not just by the bereaved, but also others in comprehending the pathway to healing. Given the circumstances of the death - sudden death with the concerning lack of sudden death bereavement literature in Malaysia, exploring the healing journey encountered by bereaved individuals from the sudden loss of loved ones was necessary to bridge the gap prelude to healing.

METHODOLOGY

Design

A basic interpretive qualitative study was conducted to discover and understand either a phenomenon, process, perspectives, and participants' worldviews or combination. This approach engaged the researcher to mediate and understand the meaning made by participants of a phenomenon, with inductive strategy and descriptive outcome (Merriam, 2019, 2002). This approach involves collecting and analysing data inductively to identify recurring or common patterns or themes across the data. The common healing process was explored and identified as conveyed by bereaved individuals of their journey through grief to healing. Thus, providing an in-depth, descriptive understanding, and insight into the unique complexity of participants' experiences of losing loved ones. This design is appropriate as an in-depth descriptive account of the findings is presented and discussed with references to the relevant literature framework (Merriam, 2019, 2002).

Participants

Inclusive criteria were established as guidelines to identify suitable candidates consisting of: (1) Bereaved individuals who have lost their loved ones with whom they had a very personal close bond, (2) due to sudden death (crash fatality, suicide, homicide, surgical errors, natural disasters, etc), (3) Participants must be at least 18 years of age providing own consent, (4) At least a minimum of one year since the death of the loved ones to minimise the risks of harming participants' psychological wellbeing, (5) Declare that they have begun experiencing the process of healing which enable them to share their experiences willingly.

Initially ten participants willingly consent to be interviewed, however, only five were selected, fulfilling the criteria in which healing have begun to take place. Four participants were students from International Medical University, while one participant is a counsellor. Demographic data are presented in table 1 below.

Table 1: Demography of Participants

| Participant | Age | Ethnicity | Employment status | Relationship with the deceased | Duration since death | Circumstances of sudden death |
|-------------|-----|----------------------------------|-------------------|--------------------------------|----------------------|---|
| P1 | 23 | Nigerian (Malaysian citizenship) | Student | Grandmother | 2 years, 5 months | Unknown causes ("frothing" and "choking") |
| P2 | 18 | Indian | Student | Grandmother | 1 year, 5 months | Organ failure |
| P3 | 21 | Malay-Peranakan | Student | (1) Friend (2) Adopted son | 1 year, 6 months | (1) Car crash (2) Immunodeficiency |
| P4 | 24 | Kadazan Dusun | Student | Mother | 4 years | Colon cancer |
| P5 | 30 | Chinese | Counsellor | Mother | 8 years | Unknown causes (possible cardiac arrest) |

Procedure

Application for research grant was submitted and a meeting was held with ethics board members consisting of International Medical University's founders to present and get the approval to conduct the research. Permission was granted to the research after approval from the ethics board.

Participants were recruited by purposive and snowball sampling to identify potential participants. Initially, purposive sampling via social media advertisement was utilized to recruit relevant participants by identifying and selecting criteria relevant to the research question. Nevertheless, only a few respondents reached out to participate due to the nature of the study that may induce emotional discomfort since readiness to openly discuss loss was its prerequisite. Taking this into consideration, snowball sampling was utilized to gain further access to recruiting more potential respondents through existing participants from among their peers who identified with the selected criteria.

An informed consent sheet was given to verify participation willingness to participate in the research and the participant's demography form was given to acquiring further personal information. Food and beverages were incentives provided to participants preceding the sessions to encourage participation for follow-up sessions.

DATA COLLECTION & ANALYSIS

A total of two face to face, semi-structured interviews were conducted individually amongst eligible participants at International Medical University and the participant's preferred location. The semi-structured interview was guided by a combination of structured questions to gain specific information from all the participants and a list of open questions to facilitate the exploration of participant's experiences whereas exact wording nor order of questions was constructed ahead of time. The interviews were audio-recorded, ranging from 45 minutes to two hours at the participant's convenience. Field notes on participants' details were jotted while interviewing for record-keeping. The audio recordings verbatim were transcribed and together with field notes were analysed.

The inductive strategy of data analysis was conducted by data comparison of meaningful word, phrase, or narrative whilst searching for common patterns across the data. The patterns were codified and refined as analysis progress (Merriam, 2019, 2002). Thematic analysis was conducted for data analysis through six steps which familiarise the data, generates initial codes, searches for themes, reviews, defines and name the themes then produces the report (Braun & Clarke, 2006). The six steps were:

1. Familiarising with the content of the interviews to grasp better insights of participants' experiences and capturing the key elements concerning the objective of this research
2. Manually transcribing the audio into written words in Word and Excel to generate initial codes
3. Analysing a broader level of themes, by sorting different codes into potential themes to generate middle coding
4. Reviewing middle coding themes and identifying the most consistent, emerging themes among participants' experiences to generate final coding
5. Defining final coding appropriately by naming the themes and identifying the essence of each theme. From this, participants' processes were more concisely identified
6. Finalising the findings of the analysis and reporting these findings by preparing a report.

To ensure the trustworthiness, reliability, and validity of the data, the following strategies were used: (1) Member check: Transcription from the first session was verified with participants for accuracy then analysed and condensed into relevant questions for further verification during the second session (areas of convergence and divergence), (2) Triangulation: Data were analysed by comparing transcriptions to detect common themes amongst participants. (3) Peer debriefing: Themes were generated and analysed across two researchers after every interview session before finalising the themes, to arrive at consistency across approaches, (3) Bracketing: To ensure data's validity, potential researchers' biases were listed and identified as guidelines before conducting the research. The biases conveyed by researchers were similar past experiences concerning sudden loss that may shape the interpretation and approach to the study. Constant reflection and discussion were maintained with a research supervisor whose background is in lecturing and a practising licensed counsellor to stay suspended from personal belief and biases.

Ethical Considerations

To minimise the risks of potential harm to the wellbeing of the participants and the researcher, guidelines were established:

1. Participant's wellbeing: The phenomenon investigated may inflict emotional sharing amongst participants, which potentially may result in emotional discomfort. Hence, trained therapists in grief therapy were listed as contact persons when participants required such support
2. Protection of identity: Pseudonym names were utilised in data analysis and reports to ensure participant's identity.

RESULTS

Results revealed all participants are undergoing healing in which acceptance has occurred. Five themes emerged from data analysis reflecting the healing process participants undergo with the elements facilitating grief.

PROCESS OF HEALING

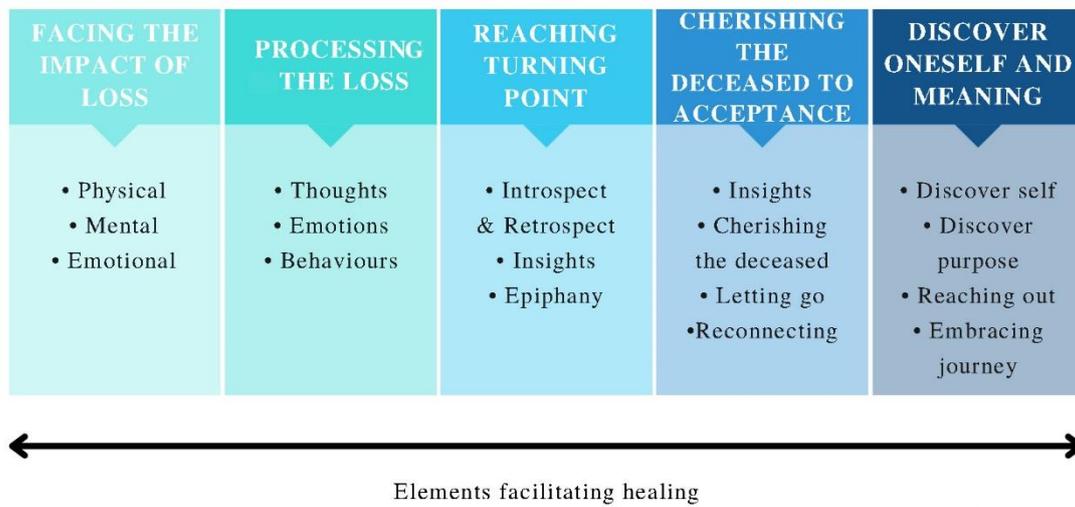


Figure 2: The healing process highlighting identified themes

Theme 1: Facing the impact of loss

All participants reported experiencing negative mental, emotional, and physical impacts (5/5), while the majority reported experiencing negative social (relationship) impact (4/5).

All experienced impaired ability to mentally process the loss leading to a mental state of "shock" ("frozen" or "blank"), disbelief, numbness, denial. All participants experienced depersonalisation and emotional disengagement when receiving the news, during and after the funeral.

The negative mental impact as described by P5 was the traumatising experience of finding her deceased's body leading to a state of shock and emotional disengagement:

"I saw her lying on the floor when I touched her, 'it's really cold...I think, it was too shock... I don't think I can get..in touch with my feeling...because..it's-it's very panic...it just traumatised for all of us in the family, we had never, seen, this kind of thing."

The negative physical impacts affecting all participants were physical numbness, perceived pain, reduced appetite, and sleep quality leading to fatigue.

P1, P3 and P5 reported more recurring dreams and nightmares caused by witnessing the death compared to others who did not. As described by P3 below:

"...the nightmares..is about, I'm having the accident over-I'm seeing the accident over and over and over again."

Two participants (P1 and P2) reported the loss of concentration and low motivation on academic tasks but improved over time after confronting the loss. Contrastingly, P3, P4, and P5 diverted their attention from the loss unto tasks preoccupation alone to cope. Described by P5, diverting herself unto academic disengaged her emotionally from processing the loss:

"...that semester that she passed...I basically scored straight A's, I 'don't know why but I-I feel like 'it's because I was operating on a like a robot?"

Consequentially, prolonged displacement impacted their physical, emotional, and mental health. Unfortunately, most subconsciously overexerted themselves to the point of emotional burnout as compared to P1 and P2.

The negative emotional impact experienced by all participants were emotional numbness, sadness, and despair leading to emotional outbursts such as crying. At the onset of hearing the news, participants experienced emotional numbness due to shock and disbelief, thus, functioned cognitively in preparation for the funeral. State of shock, and perceived agonizing body pain was described by P5 when witnessing her mother's body:

"Shocking...I remember...In the event... I remember physically I feel the pain. I don't know how to describe to you the pain. Umm it was spread through my hands, my legs, and the pain is like something is eating you, that kind of pain."

The majority (P1, P4, and P5) experienced self-blame, regret, and guilt, including helplessness and hopelessness (P3, P4, and P5). Anger from two participants (P3 and P4) was exacerbated due to existing interpersonal conflicts after the loss. The sudden death triggered unresolved past losses to resurfaced, exacerbating their grief experience (P1 and P3). Conveyed by P3, she mourned for significant events related to the loss and unrelated (unresolved past losses) causing more remorse:

"I grieving for...everything. It's like for my life, and I'm grieving for the death that I been through, all the hardness-hardships I been through.. it' it's like, you having a total breakdown. It's like all the thing you hold, it's just broke."

P1, P4 and P5 reported guilt and regret. P5 guilt and regret were for not noticing the "clues" signalling the impending death. Sense of remorse, helplessness and hopelessness affected the majority due to losing their support system. Consequentially, led to self-sabotaging tendencies, self-harm and suicidal ideation amongst the majority (P3, P4, and P5). P4 described being saved from his attempted self-harm by social support:

"...my mind is blank...I was feeling really numb....my roommates...saw me, about to drink the Clorox ...I was fighting with them... but they...that's the only time I cried. They were really good. They stayed up with me the whole night."

Overall, participants functioned mechanically from experiencing depersonalisation, disassociation, and physical and emotional disengagement, delaying the grief.

Theme 2: Processing the loss

Participants processed inwardly (thoughts and emotions) and outwardly (behaviour and emotional expression) to cope and dealt with the loss. Participants undergo inward processing involving ruminations of loved ones' deaths, rationalizations, and reflection on belief systems (values from spirituality, or religiosity). Participants also undergo outward processing involving emotional expression such as crying and acquiring a platform to express (social support and/or writing, art, music). All participants utilised some form of belief system - either personal values or religious beliefs - as a guideline to process the loss.

The majority contemplated how the deceased could have been saved or survived from death. As described by P1 ruminations of her grandmother's redemption:

"I just thought to myself...whether it's choking, or some... medical causes-... if she..have gotten to the ho-hospital faster, if she got a good doctor, he may have been able to..err stop her? from dying?"

Moreover, some participants (2/5) reflected on their religious beliefs and although they are of different religions (Islam and Hinduism), they both similarly utilised faith to process their loss. With devotion, P1 explained the concept of death in her religion, Islam, and how it has helped her reflect and understand death:

"Muslims have the...Quran,..many verses, that talk about..death, and acceptance of death. Every living creature, is loved also by God, and if He takes it away from you, it's not because He hates you or is doing it to punish you but because He loves the person as much as you do ..so..helps you accept, the natural process of death."

Contrastingly, P3, P4 and P5 most frequently utilised their values instead in comprehending and processing the loss. P4 discovered what the impact of isolation and suppressed emotions did to his wellbeing:

"When I was alone in the hospital...I was...really thinking....all the things...emotions..when she was passing...the feelings that 'you're supposed to have. It's just like bottled up and then, boom! I guess that's the power when you're left alone after a tragedy."

With gratitude, P5 shared the conversation she had with a counselling lecturer, helping her to process the death:

"... he helped me a lot in that process...He said, "Closure is very important...you have to have a better..good farewell ceremony..with your mom. You need to have that farewell". So, I "... "what do you mean by farewell? I don't want to..lose her"... "...to me, farewell means saying goodbye...I don't want to let go". "He told me," it's not...that...Every relationship..you have the opening, you have the closure..that does not mean that.. you are letting go of her." ...So I said, "Let me think about it."

Overall, processing emotions and behaviours concerning loss prepared participants to acknowledge the reality of the death by utilising their beliefs and value systems in assisting the reflection.

Theme 3: Reaching Turning point

With constant reflections and processing, participants reached the turning point where they gained insights, awareness and understanding of themselves, particularly the reasons for not letting go, grasping reality, thus, considering decisions to move on. Social support, expressive mediums and constant introspection remained crucial elements in facilitating grief to emotional catharsis. For all participants, forgiveness was a crucial facilitative factor in transitioning towards healing. Grasping insights and acknowledging resentment prepared towards forgiveness. As reported by P4, acknowledging his resentment, and forgiving his father, whom he blamed for his mother's death and unresolved family issues, facilitated the turning point:

"...One day dad just called me..he was crying..he said that he...missed my mom... out of nowhere I just said, "you know what, I forgive you and I forgive everything that have happened...I understand..what's happening..is between you and my mom and not with me.... And I should-I should realise that, sooner." And by that forgiveness, slowly I'm able to...feel a little bit relieved? Not just with the death...I already forgive because my mom already forgive him. And if a wife, can forgive the husband, what is the place of a child to be - to hold anger towards the father?"

Similarly, P5 reflected on the conversation she had previously with her lecturer. Writing and art gave her the platform to express her emotions and thoughts related to her mother's death. With gratitude, she described the turning point of her life and cherished her deceased mother:

"That was definitely trigger me, but I don't think I'm able to forget the feeling because the feeling is so real to me. I was all alone, and... I just keep writing and I felt her love ... and indeed...I actually felt her hugs as well. I can remember she hugged me so tightly. It was just-... it's catharsis. And I just... broke down in tears and I keep saying thank you. There's so much gratitude in me, that, you love this person, and you thank her so so much and that kind of feeling it's... it's....so abundance, that uhh you're full of love and that's all. There's no sadness, no uncertain things, it's so pure."

Social support such as reassurance facilitated participants healing. P2 described her father as the trigger for her to move on and cherishing her grandmother:

"Mostly because of my father... that's when... I knew that I had to like, s-stop thinking about this like maybe I should accept she's not here. Even....she's not here but she's still in our hearts."

P3 shared the reassurance received from a good friend facilitated her to come to terms with the loss:

"..he said that, "if you live until now, that's mean you are strong enough to been.. moving forward." ... "For me, that time, yeah...oh, okay..it's true, I been though these things for long time..and it's time for me to recover from it."

Overall, social support, expressive mediums and constant reflection facilitated the insight and awareness on the reasons for not letting go. Thus, facilitated participants grasp on reality in considering the decisions to move on.

Theme 4: Cherishing the deceased leading to acceptance

Participants gained more insights leading to a better understanding of concepts related to death. Coming to terms with loss enabled them to let go of the deceased and the negative ruminations associated. Energy levels and motivation had improved, including relief and emotional gratitude towards the deceased. All participants seek a connection with their loved ones to feel their presence spiritually by cherishing and commemorating the memories of the deceased.

P5 passionately described writing a letter to her mother facilitated her acceptance by gaining further insights and gratitude:

"I started to have a very long list. I began to cry. I began to feel, so much love from her... I realised that umm I can't let go of her is because, I still, I still live in that period, where I was still like a little girl and I need mom to take care of me. At that point of realisation... I kind of like taaaa, enlightening like, "No mummy, I can take good care of myself now. I said, "from now on, whatever that you have done for me, all these things, I can do it for myself..." "I thanked her..." "I'm really, really grateful for this and I am ready to..let go. I am ready to..uhh take care of myself, and...I still want to maintain my relationship with you but I am no longer clinging into...these things."

P4 described his interest in writing and Mass Communication has facilitated further insights into understanding the yearning for his mother and his acceptance:

"I don't know why I get mass communication but I guessed like, it's kinda..speak to me? Because my mom was a writer...there's a moment in my life after the death, I was trying to embody her. But I don't know that this...is a blessing in disguise. Because, when I enrolled in mass communication, I kind of feel closer to her. Because of writing and everything..and I understand..her passion, so in the way, in that moment I accept, that she's gone. And I actually embrace, her death."

P1 and P2 cherished the memories of their grandmothers with gratitude:

"every time I think of her, tell myself it's memories, and it's..always a good thing to remember her, it's not like because she's passed away, it doesn't mean she's never been in my life, it's just that I remember having a grandmother. I was lucky enough to even know her for all these years."

Similarly, P2, P4 and P5 cherished their loved ones by letting go of their physical presence but maintaining a spiritual connection. P4 and P5 frequently channelled their mothers' values and interest within themselves, making them feel complete. Passionately described by P5, art induced a spiritual connection with her deceased mother. The feeling of gratitude and wholeness led her to cherish her mother more:

"I had this feeling that I want to go travel with her...I want to go Bali with her, so I actually made a card, it's a handmade card.... After I was done with that card, I actually felt a strong sense of connection with her. It's like... in the past, I always think that there's a lot of unfinished things, she don't get to see I graduate and get to see I got married, she can't get to participate in significant moment in my life... It's a significant moment for me but I felt incomplete without her. But that kind of action, I felt that "no, she there, she there." Even during my wedding. I can sense that she was there, and I feel so grateful for that, that she allowed me to have that kind of...know that she was there. My graduation was the same thing...my first graduation. I still can remember...I just have a feeling so strong that she was there, witnessing."

Overall, participants experienced further insights which deepened their understanding and awareness about death-related concepts and in return, able to cherish the deceased and let go.

Theme 5: Discover oneself and meaning

Only three participants (P1, P4 and P5) experienced deeper meaning from the loss, which was not only limited to embracing the death of their loved ones but extended to embracing the death experience, the struggles of the healing journey towards perceived growth and discovery. Personal growth, gratitude and aspiring to reach out to others were evident amongst these participants. Self-growth was evident with heightened insights and awareness, emotional congruency, finding self-identity, finding purpose in life ("Calling"), higher resiliency, constant reflection and finding meaning in actions.

As shared by P4, a sense of gratitude, resilience and self-identity were prominent, embracing his sexual orientation, and anticipating more in life through his mother's death:

"I know when I'm venturing to this, life, I'm going to have a really difficult time but, that's the moment that I need to remind myself, that, it's not a good reason for me to stop...because this is, what you want..this is, what you chase..you finally got to know yourself, you finally got to embrace, yourself. That is something that came out from..her death. Because of her death.. - it's a good thing also, that I..kinda confess to her, that I was gay...I don't left anything behind. Instead, I was embracing it, I was embracing who I am. It started with that word, "I embrace..." . I think because of her death...I found myself. And it's still a long journey to have."

Similarly, P5 experienced self-growth with better awareness of her needs which would affect what she would contribute to others. Self-assurance improved by continuously connect with herself and gaining deeper insights. Constant introspection and retrospection strove her to become a whole, functioning individual in preparation for the next stage in life:

"if my mom departure has never happened, do I be who I am today? like being very reflective, being sensitive to my needs and all? I had no idea but...I think the grieving process, the closure process, definitely helped me to put more weight in myself...that it's very important for me to connect with myself...now that I am moving to another stage, where I start to build my own family, definitely, want to be, as light as possible. You know I don't want to be so heavy. I don't want to...pass down my emotional baggage to my next generation."

They found meaning in the death of their loved ones, aspiring them to reach out to help others. Example as described by P4, he discovered a sense of direction and meaning after death by using his Psychology knowledge to reach out to his friends and providing them with a platform to express grief:

"I cannot have my mom over there, but let me find something that is meaningful to me... a degree that is something that very meaningful for me...Psychology...in a way, this experience actually..also give me a sense of direction where I wanna go in life, because I'm turning this experience..like I wanna help people grief...after my mom's death, after I realised this is whole thing happening...I started to help people...I help them to.. share story. I help them to open up."

P1 utilised her newfound positive outlook in life and the emotional growth she gained from losing her grandmother, as an inspiration to help others in her future career:

"..because I've gone through the grief, and I know it's not an easy process,..I'm lucky enough to have this positive outlook, and not everybody may have it and..if I don't help them..umm they might go into bad behaviour, and being someone who have experienced it, I think, I have a better chance of helping..that person."

Similarly, P5 reached out to others by discovering her "calling" in life through connecting people. Through her counselling profession, she reaches out to others by delving into more than just death-related issues. Particularly, she has helped others to reconnect bonds within themselves or with family members:

"...counselling is a medium for me...my calling is more like connecting people...I can do that in many other ways in counselling like I found that...I have the ability to connect people. Not just

... with other people but within themselves... you know, sometimes we lost touch of ourselves. Especially in counselling session, my role is much more helping them to bridge the gap. Between themselves, within themselves."

Overall, discovering oneself and meaning is the extension to acceptance whereas participants not only embraced the deceased, but also the journey of healing, and their newfound self with a more proactive outlook in life and doing altruistic endeavours.

DISCUSSION

Outcomes of this research revealed potential themes that acknowledge the transition of grief towards healing. The three themes that potentially answered the transition process are: (2) Processing the loss (3) Reaching turning point and (5) Discover oneself and meaning.

Facing the impact of loss

Facing the impact of loss caused depersonalisation and disassociation at the onset of traumatic death (Boelen, 2010), whereby participants experienced a sense of detachment from oneself and their surroundings. These detachments reduce anxiety by limiting their awareness about the reality of the loss so the pain could cope steadily. However, this coping mechanism negatively affected participants' physical, mental, emotional, and social functioning. The intensity of these detachments lies in the perception of death, whereas more intensity was experienced particularly by P4 and P3 compared to others due to finding the body and/or witnessing the death similar to past findings (Boelen, 2010). Moreover, these detachments caused participants poor adaptations whereby they were fixated on either grief or in executing tasks causing impaired functioning from being stuck in one mode created an imbalance (Schut, 1999).

The majority (P3, P4 and P5) resorted to task execution causing burnout and delayed grief as the negative outcome of such coping. Task focusing was commonly performed to disengage from the emotional impact of confronting the loss by delaying and inhibiting grief. Continuing these can disrupt processing newer information which limits the awareness of integrating the reality of loss, consequentially contributes to impaired functioning (Hasson, Peri, Rotschild & Tuval, 2017). Suicidal ideation and self-sabotaging tendencies were common amongst the majority (P3, P4, and P5) due to existing conflicts within the family, unresolved past losses, witnessing the death or finding the body as compared to their counterparts who did not possess such conflicts. Thus, the history of unresolved conflicts exacerbated the negative impact of loss which may cause intense complicated grief symptoms (Kristensen et. al, 2012; Hibberd et. al, 2010).

Acknowledging coping struggles in contributing to poor adaptation and negatively impacted functioning, prepared participants to begin processing the grief.

Processing the loss

Processing the loss involves the processing of thoughts, emotions, and behaviours by participants for better readjustment. The anxiety of an unknown future, caused participants to alter their priorities further by becoming less interested in maintaining social engagement, thus, withdrew from social activities. Similar to past studies (Breen & O'Connor, 2011; Hill et. al, 2019; Stroebe & Schut, 2005), participants engaged in "social masking" to accommodate for social expectations leading to further coping struggles, sense of hopelessness and helplessness, loneliness, and isolation. Consequentially, created tensions between their social mask and their true self (Breen & O'Connor, 2011).

Losing loved ones from sudden death could negatively challenge faith due to loss and attachment struggles with God after complicated grief (Burke & Neimeyer, 2014; Hussin, Guàrdia-Olmos & Aho, 2018). All participants whether spiritually (P3, P4, P5) or religiously (P1 and P2) inclined initially experienced feelings of injustice with God from having their loved ones taken away. Over time, nevertheless, processing religious or spiritual beliefs has prompted them to reassess their lives to comprehend the natural journey of life and death. Beliefs and rituals can be significant coping strategies in assisting with sudden loss (Chen, 2012; Hussin et. al, 2018). Most participants identified themselves as spiritual rather than religious, sharing a similar approach to processing grief whereas personal values such as reevaluating life's purpose were fundamental and utilising creative mediums such as writing, music and art as ritualistic. The minority religious participants from this research, although of different religions – Hinduism and Islam, shared a similar approach to processing grief whereas religious values such as linking death inevitability to having faith in God's plan and performing ritualistic prayers were fundamental to

their beliefs. Their differences in approaches to grief lie in prayer rituals and on the perception of death whereas in Islam, death is obsolete, whilst in Hinduism, death is a journey. Despite the differences, most cultures tend to perceive death as a transition between the material and spiritual worlds, similar to past study (Bharathy, Malayapillay, Russell, 2013). Processing religious or spiritual beliefs relating to the death concept have been linked to lower mental distress and grief after violent losses (Schaal et al., 2010). Spirituality or religious beliefs and practices are associated with reducing distress, assisting good decision-making, healthy living, and altruistic behaviours (Burke & Neimeyer, 2014).

This process is crucial in preparation for further insights in later phases. By processing these reactions, participants became more aware of their experience. Eventually, grasping the reality that their loved ones are gone called for the necessity to reassess and re-evaluate their life (Sumalla, Ocha & Blanco 2009).

Reaching turning point

Reaching the turning point is the peak process towards healing before acceptance is achieved, whereby participant achieved deeper insights through reflection. Constant reflection increases understanding, ultimately leading to their turning point or “aha moment”. The “aha moment” is a sudden awareness at a point in time which they experienced from comprehending the loss and grasping reasons for not letting go. Constantly reflecting on the underlying reasons for holding on to the deceased prepared them to come to terms with the loss and be emotionally ready to consider letting go of the deceased.

Theme 3 is one of the most crucial processes discovered in which prior grief models did not address. This process represents the transition towards healing before acceptance is achieved. Turning Point addresses the existential crisis experienced, leading participants to introspect their mortality and challenge or reaffirm their faiths or belief systems. Initial grieving led the bereaved to experience a spiritual crisis as losses can change bereaved faith and worldviews. Similarly stated by Worden’s 3rd task of mourning, spiritual adjustments occur as bereaved questioned their belief system and the purpose and meaning of life (Worden, 2008).

'Existential guilt' was apparent amongst P3, P4 and P5 since they did not live "authentically" by evading the commitment to confront the reality of the death, which delayed their confrontation of the loss compared to P1 and P2. This guilt derived from initially assuming that they were not in charge of their life especially knowing fate had taken away the loved ones. By assuming that the external forces alone controlled existence, that left them feeling helpless and isolated. Thus, not experiencing the peace that can come from what Frankl (1963) called the main task of dying, which is to relieve our Existential Guilt. Social support is essential in aiding healing transition as it evoked bereaved awareness to reflect their emotional turmoil. All participants were prompted by friends and family to acknowledge the source of resentment and the importance of forgiveness. By acknowledging others' perspectives, they regained further insights in reviewing their life choices and recognising what held them back from moving on. Forgiveness leads to healthy reconnection with the deceased, transcending death (Gassin & Lengel, 2014).

Gradually, insights helped participants to learn more about themselves; their reactions to the loss, their perception of life and death, which consequently prompt for reassessment and decision making. With better insights, understanding and grasp of the reality of the loss, they started considering the decisions to move on.

Cherishing the deceased leading to acceptance

Cherishing the deceased induced emotional catharsis which gradually prepared participants to face more uncertainties and letting go of the deceased. Further insights and deeper awareness of death-related concepts resulted from cherishing the deceased. Reassessing their beliefs and recognising freedom of choice is an essential part of living; as awareness of choices increases, a sense of responsibility for the consequences of these choices also increases (Temple & Gall, 2018). Thus, the participants faced their existential anxiety and let go of the perceived security that held them from letting go of the deceased. Participants make constructive efforts to rebuild themselves by responding more readily to life and opportunities.

Resolution of grief was evident in maintaining adaptive bonds with the deceased, which is a healthy part of the bereaved journey (Kosminsky, 2011). All participants readily cherished the deceased by commemorating the memories of the deceased by reminiscing the deceased with others and reconnecting adaptive bonds with the deceased. Participants differed greatly in terms of the nature and extent of connection they maintained with the deceased. P4 and P5 particularly, forged adaptive bonds with the deceased by pursuing similar related activities to the deceased, exploring their values, and integrating life’s purpose with the deceased in moderation. Participants 1, 2 and 3 forged bonds with the deceased by performing prayers to wish well upon the spirits of the deceased as

they believe the soul still survive in the hereafter even with diverse cultural and religious backgrounds. These occasions proved the significance of the deceased in occupying lives even beyond death, providing a sense of empowerment and solace.

While participants reconnect spiritually with the deceased, they also reconnected bonds with significant people in their lives again and formed new bonds. P3, P4 and P5 gradually open themselves to accepting social support, forming new bonds, and mending old bonds. However, all participants were cautious to whom they openly communicate – results in smaller new friendship bonds or keeping old bonds - engaging a more meaningful friendship (Breen & O'Connor, 2011) where one can cater for each other's needs by being more mindful and supportive. This is especially after reassessing priorities were made, a painful process for them to go through after a tragedy, especially when they withdrew themselves in isolation before. Studies indicated the facilitative extent of social support buffering the effect of violent bereavement (Hibberd et. al., 2010), where many participants perceived "healing alliance" as an important process of identity reconstruction with their family members.

Participants have the openness to disclose and discuss death and non-being that reaffirm life, grasping the reality of the present and future better by accepting the inevitability of death. Insights helped them evaluate their way of living to continuously make positive decisions fostering self-growth.

Discover oneself and meaning

Relevant to past study, (Kübler-Ross, 2005), meaning discovery embarks on the never-ending process of self-growth and healing, beyond acceptance. Unlike previous research that has not yet addressed the pathway of meaning discovery, this research has concluded that embarking on meaning discovery stems from pursuing life's purpose. Although participants have different ambitions, they shared similar ultimate purpose, which is to learn whatever life offers to enhance their personal growth and becoming a useful member of society by giving back. Participants passionately pursue altruistic endeavours such as community services, projects and helping the community. Utilising creativity, they immersed in creative mediums using writing, art and music to further relate and connect with others. Altruistic endeavours have a significant impact in promoting healthy wellbeing, improving personal growth and consequentially reinforced others to participate. Utilising their educational background and genuineness in engaging with others, provided the platform for others to openly express their experiences without fear of judgement. Attentively listening to others sharing, reminiscing, and reinterpreting stories of the deceased yielded new insights and bring forth a unique perspective of the deceased and themselves. Relatedness brought forth meaningful actions with struggling others which has a profound effect not only for themselves but also for others, invalidating and reassuring their experiences. Consequentially, instilling hope and courage to acknowledge that their struggles are not permanent and are bearable over time.

Accepting the ramification of death brings about self-acceptance, acknowledging the renewed sense of self and gratitude for the loss. This parallels with past studies stating death transcends to constructing own identity (Meert et al, 2015). Sense of gratitude transcends to facets of life, including appreciating being alive and living, appreciating knowing the deceased and shared moments with the deceased and persevering to circumstances and immersing in altruistic endeavours.

Participants derived strength from the loss by appreciating the newfound self since loving and feeling content with oneself is crucial for wellbeing, consistent with past studies addressing the need to reconstruct their ongoing sense of attachment to the deceased in their physical absence (Currier, Irish, Neimeyer, & Foster, 2015). For all participants, embracing self, provided newfound freedom, solace and happiness that had not been experienced before the death occurred. Thus, participants experience a surge of gratitude for the painful journey they endured from the loss.

Participants embarked on the pursuit of meaning by pursuing proactive interests. Pursuing higher education courses in Psychology (P4) and Counselling (P5) had fostered their reflection skills and self-awareness. Despite different ambitions, they shared a similar ultimate purpose to continuously enhance their personal growth and becoming a useful member of society by giving back. Participants passionately pursue altruistic endeavours such as community services to help the community. Altruistic endeavours have a significant impact in improving personal growth and promoting healthy wellbeing.

Ruminations were less intensified since not only they embraced the deceased, but they also embraced the awareness of death and life, giving significance to living. This awareness enriched and empowered their lives, magnifying newfound gratitude for the value of life and the interactions with others. It serves as a powerful reminder that difference could be made for the loved ones not only while they still live but long after death.

It is likely that those who discover meaning vs those who have not lain on timing and individual characteristics. Those who discover meaning shares the similarity of having a longer duration of time since the death occurred at the point of interview (see table 1) compared to those who have not. The timing of loss and developmental stage of the participants may contribute to the grieving process as past studies have stated that typical grief dissipates over time, usually six to 12 months after the loss (Schwartz, Howell, & Jamison, 2018). As time passes, painful emotions cease as the bereaved reengage productive lifestyles, forming new memories, and improved insights which buffered the pain from loss. It is important to recognize that participants who did not experience this theme do not equate to them never reaching to experience this, nor will they be experiencing this, as timing is not the only factor but also individual characteristics. Nevertheless, everyone has experienced acceptance as a prerequisite for partaking in this research. Thus, rather than perceiving not experiencing this process as a lack of progression, one should instead perceive it as an additional process to healing.

Other elements facilitating healing

Utilizing 'expressive mediums' such as writing (Lichtenthal & Cruess, 2010; Alparone, Pagliaro, & Rizzo, 2015), art (Arellano, Graham & Sauerheber, 2018), and music, along with social support could mitigate the emotional pain accompanying grief. These elements facilitate healing across themes as participants' suppressed emotions and mental struggles were made conscious. Expressive mediums evoked internal dialogue between participants with the deceased to "discuss" unresolved issues and facilitated expressing the suppressed emotions. Unravelling unspoken words, unravelled the insights into their unconscious needs concerning the loss and the reasons for not letting go, leading to emotional catharsis.

In relation to past models

Compared to Kübler-Ross's model (1969) which frequently interpreted undergoing grief in progressive stages, and to Stroebe & Schut's model (1999) which frequently interpreted grief as non-sequential, this research, however, revealed the journey towards healing could be both; either progressive and/or non-sequential, particularly before healing occurred. This was prevalent amongst most, often re-experiencing theme 1 and theme 2 interchangeably before reaching the turning point. For instance, sadness was dealt with by participants throughout theme 1 till theme 3 of this research with varying intensity compared to Kübler-Ross' model which only highlighted sadness at stage 4. Thus, supporting the notion that the grief and healing experience intertwines and not necessarily fit into a sequential manner. Similar to past studies, re-experiencing these processes were common amongst all participants undergoing a complex roller coaster of reactions (Stroebe et. al, 2017) in processing the loss before transitioning to heal.

Recurring ruminations, dissociations and processing the grief were undergone by participants to cope and readjust to life. Compared to past models, this process alone covers stage 2 (anger), stage 3 (bargaining) and stage 4 (depression) of the Kübler-Ross model (1999), plus stage 2 (Experience the pain of grief) and stage 3 (Adjust to the environment without the deceased) of Worden's model (2008). However, unlike Worden's stage 3, readjustments in this process already occurred before reaching acceptance whereas participants undergo complex struggles of maladaptive coping, which have also not been highlighted in the Kübler-Ross model. Participants initial fixation in either grief or in executing tasks causing functioning complications, is similar to the Dual Model whereby being stuck in one mode created an imbalance (Stroebe & Schut, 1999). This was evident from how P1 and P2 initially could not focus on academic tasks due to grief, while P3, P4 and P5 could not process grief due to distracting/occupying themselves with tasks.

Furthermore, the Kübler-Ross model did not consider other stressors and factors that affect bereaved adaptation to loss. Current research in comparison found that familial bonds, unresolved communication with the deceased and/or unresolved past losses are secondary stressors that may exacerbate grieving experience. Guilt feelings with the deceased were associated with not seeing the signs leading to the death and any unresolved communication between the bereaved and the deceased. As experienced by P3, P4 and P5, although the tragedy may bring the immediate family together, in many cases the death precipitated long-term estrangement between family members, similar to past study (Breen & O'Connor 2011). Unresolved past losses and family conflicts exacerbated more intense grief following the current loss and magnified familial tension. Thus, the family dynamic that exists either improve or hinder participants grief experience concerning the roles/responsibilities of each member

(including the deceased), the closeness of the members, and the family communication. Even when the participants mourned a similar loss, the impact and reaction to the loss were experienced differently since grieving is a uniquely individual experience. Displacement of roles or responsibilities occurred amongst P4 and P5 families to maintain the balance in the family unit after the loss of a family member, thus increased emotional burden and harbouring more resentment. Aligning with Kübler's Anger and Bargaining stages, guilt feelings and anger manifested amongst majority (P1, P2 and P5) despite a supportive family, however, with less intensity than their counterparts. With support, discontent existed amongst participants' family when dealing with different emotional expressions. All participants required space to process the death by withdrawing from social interactions.

Moreover, withdrawal from social activities in current findings as compared to Kübler's Depression stage is not limited to sadness and despair, but also due to the fear of confronting death before processing emotion. This fear transcends to more than their mortality, but also towards other's mortality of probable future losses (Bath, 2010). Participants were prone to withdrawal as sudden loss demands greater adjustments with the anxiety of an unknown future. Conforming to the social expectations created tensions between their social mask and their true self similar to past study (Breen & O'Connor, 2011). Thus, participants experienced existential anxiety resulting from unavoidable confrontations with death, freedom, and meaninglessness (Frankl, 1963; Yalom, 1980).

Furthermore, varied responses across the themes depend on the duration of time since the death and adaptive or maladaptive coping used as discussed earlier, which have not been highlighted in Kübler's model. For instance, current research revealed self-harming behaviours were prevalent amongst participants (P3, P4, and P5) due to existing conflicts within the family, unresolved past losses, witnessing the death or finding the dead body. The risk of self-harming occurred due to poor adaptation to the loss by substituting emotional pain with physical pain, deeming emotional numbness as more bearable. Past research has supported the notion that the bereaved are at substantial risk of suicidal behaviour following a loss (Jakobsen & Christiansen, 2011).

In conclusion, participants experienced grief in response to loss in all its totality - physical, emotional, cognitive, spiritual, and social as stated by past studies (Smit, 2015). Every individual experience unique emotional and behavioural responses to loss and regardless of the circumstances around the loss, personal growth is the pertinent outcome from loss. Despite differences across models, the eventual main goal is to reach acceptance in all outcomes. Once the bereaved acknowledge their struggles and process the grief, undergoing healing gradually takes place. While the dominant grief literature predominantly aimed at emphasizing grief processes, this research has explored both grief and the healing process, particularly the "turning point" prelude to acceptance. Thus, providing a holistic view of the journey following the loss.

CONCLUSION

This research yielded a descriptive and holistic view of the healing process of sudden loss which could be used as guidelines for the bereaved, mental health clinicians, helping professionals and related others to develop an effective intervention for bereaved struggling with grief. Timing to process grief may vary; however, the eventual main goal is to experience healing. Similarly, across models, acknowledging struggles in processing grief is crucial towards healing progress. While past models did not particularly emphasise, what constitutes an actual transition towards healing, this research has found the 'turning point' prelude to acceptance for healing to begin and explored both grief and the healing process with discovering meaning from the loss. Findings may potentially increase further understanding of healing from sudden loss.

Nevertheless, there are limitations to this study that needed to be addressed. The healing process identified in current research may not necessarily represent the whole bereaved population since most of the study sample was from the same institution. The current research did not explore further the types of sudden death in relation to healing responses. Further exploration on types of sudden death or specific types of sudden death may yield more substantial findings in relation to adaptive functioning and personal growth that construed. This may deepen further understanding of the intensity and the dynamic processes involved in healing. Moreover, the present research may not fully explain all the phenomena involved during grief and healing. Therefore, future research may explore and identify further data on healing and grief experience, allowing a more holistic framework to be utilised in therapeutic intervention. A quantitative study could be conducted to identify the relevance of factors such as resiliency, beliefs, types of death, duration of death in relation to healing from sudden loss. Furthermore, a longitudinal study could be conducted with bereaved individuals to track their progress in healing, providing more rich data.

In conclusion, the bereaved, helping professionals and related others need to acknowledge their expectations of the grieving norm that may impede healing. Individual differences exist with the nature of death to be accounted

for. Thus, the bereaved may grieve and heal differently and may re-experience the process many times as a part of the individual's unique experience.

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