Living with the Loss of Canada's Fallen Soldiers: A qualitative study of family members' experiences following deaths in combat

Christina Harrington

**This dissertation was submitted to the School of Graduate Studies
in partial fulfillment of the requirements for a
PhD in Philosophy of Social Work**

**Memorial University,
School of Social Work**

St. John's, NL

Living with the Loss of Canada's Fallen Soldiers: A qualitative study of family members' experiences following deaths in combat

Christina Harrington

ABSTRACT

Canada's military involvement in Afghanistan following the September 11th attacks on the US resulted in the deaths of 158 Canadian soldiers. These deaths have left hundreds of family members to mourn their loss. These deaths have also illuminated gaps in bereavement epistemology and a dearth of literature (particularly Canadian) on the nature of bereavement following combat related deaths.

This qualitative study, drawing from phenomenology, sought to uncover the nature of bereavement experiences of family of origin, whose son/sibling was killed in action during the mission to Afghanistan. Questions guiding the study explored family members' perceptions of:

- the differences and commonalities of grief following this type of sudden death;

- family members' perceptions and experiences on how the public nature of the deaths and culture of the military influenced their grief and mourning; and,

- how surviving family members reconstructed meanings related to the death in their attempts to integrate the loss (and trauma) into their life narrative.

The rich data gathered in the study reveals three core themes. First, the analysis examines the predominant ways in which family members found and made meaning following the death. Second, the role and function that metaphorical articulation (e.g. ritual, symbology, memorial) played in the mourning the deaths and reconstructing meaning are discussed. Finally, the co-occurrence of trauma is discussed and how this influences the processes of meaning making.

The study illuminates the experience of family members (parents and siblings) who have lost a loved-one in combat and provides direction for further research, for intervention and social work practice with families as they deal with grief and bereavement, and has potential implications for policy and military protocol following combat related deaths.

<u>Acknowledgements</u>

Table of Contents

List of Tables and Figures:

CHAPTER 1- INTRODUCTION

[W]hen Rob was killed we were on a roller coaster ride inside a fish bowl because everybody was looking at you…we were up and down, and we can't get off! (Carol, line 1874)

The Canadian Forces' (CF) mission to Afghanistan has impacted the lives of many Canadian families. It is understood that combat is not engaged in without human costs; yet, for many Canadians casualties of war are unknown or a distant memory with the last combat related deaths occurring during the Korean war (1950-1953). The Afghanistan war marks a shift from the CF's role in peacekeeping to almost a decade of combat beginning in 2001. As the mission to Afghanistan draws to an end, there are many things to evaluate with respect to Canada's involvement including the implications of this mission for our soldiers and their families. This dissertation focuses on the ultimate cost- the death of a soldier and the impacts and experiences of the death for bereaved family members. This chapter lays the foundations for this study and provides contextual information to help the reader for the chapters to follow.

1.1 BACKGROUND AND RATIONALE OF THE STUDY

When a death occurs in combat, families of the deceased are suddenly immersed into personal crises. Inquiry into the grief and bereavement precipitated by this type of sudden death is lacking. A number of factors influenced the development of this study. First, through my own previous research, clinical practice and subsequent academic studies, I have become acutely aware of gaps in knowledge and research related to bereavement following sudden and traumatic deaths. The question in this study stems from my previous research on family members' experiences with, and perspectives on, viewing the body of deceased loved ones. One mother, whose son died in Afghanistan, withdrew from that previous study after a resurgence in her grief following subsequent deaths of other military personnel. I became interested in implications of

this type of death for bereavement.

Second, as part of the literature review discusses (2.6.2), early interventions in bereavement care can ameliorate disabling grief or cause further distress for the bereaved. For instance, providing choices around viewing the body can have positive impact on grieving (Chapple & Ziebland, 2010; Harrington & Sprowl, 2011) whereas notifications that are poorly handled can be traumatizing (Asaro, 2001). There is insufficient critical analysis related to clinical practice, knowledge and, outcome effects of professional interventions in this area of practice. Following the death of a soldier, family members interact with a number of professionals both within the Canadian Forces and those who are civilian (non-military). The support they receive and how these interactions and interventions unfold has implications for grief and bereavement (see section 2.4.0). Therefore, it is important to reflect on and improve current knowledge and practice and ensure alignment between epistemology and the lived experience of the bereaved. In designing this study I was committed to ensuring the perspectives sought were from the first-hand, lived experience of bereaved family members.

Third, many of the unique features of bereavement related to type of sudden death (e.g. differing from experiences due to homicide, suicide) and how the bereaved find meaning following these deaths, remains under-explored. This study originates from a position that combat related deaths also encompass unique features such as an immersion into military 'culture', which for some family members may be their first encounter with military life. However, literature with respect to combat related deaths is limited and Canadian literature more specifically, is absent. This has required those who support the bereaved to rely on practices and a body of knowledge that may, or may not, equate to meeting and understanding the actual needs of bereaved family members, especially family members in Canada.

Furthermore, part of the literature review discusses a growing understanding of how the social context shapes bereavement. Knowledge of how families integrate their experiences into a new self-narrative and engage in contextualized meaning making regarding the loss and the nature of this type of death, has yet to be explored. These deaths were very public, politicized, encompassed by rigid military structure, organizational policy and standardized memorial procedures, all of which have implications for mourning the loss and how grief is experienced. For instance, Bartone & Ender (1994) argue that utilization of ceremony and symbology facilitates coping and quicker healing for family and by extension the unit, but these have not been previously explored in relation to the Canadian military.

The study aimed to understand the ways in which public attention and military culture influenced how family members have experienced the death, mourned their loved one and reconstructed meaning after the death. Further, the study was interested in how families perceived their needs were, and are, being understood and met within the context of the military and larger socio-cultural context.

1.2 CONTRIBUTIONS OF THE STUDY

The mission to Afghanistan has left many family members grieving Canadian soldiers. In undertaking this study I understood that, given the dearth of existing knowledge and research on this topic, this study would only begin a dialogue toward understanding the essence of this experience for families of deceased soldiers. Participants offered rich description of their experiences, their grief and how they have made (or are making) meaning post-death. These narratives will help to inform death care practice and policy. The study also identifies questions for further inquiry and dialogue.

To explore the gaps identified above, a phenomenological approach to inquiry was

utilized. Adult family members of Canadian soldiers, who were killed in the mission to Afghanistan, were interviewed in-depth on their bereavement experiences. This mission was chosen for its current relevance as well as the unique responses to these deaths such as the Highway of Heroes, which bear relevance to bereavement experiences. A number of theories (i.e. Narrative, Critical, Existential and a bio-psychosocial framework) were drawn on to guide the study and provide a multifaceted understanding of complex experiences. Chapter three provides a fuller description of the theoretical perspectives informing the study and the methodology used. The research questions that guided this study are:

- What, if any, differences/factors do families' perceive as unique to the experience of a combat related death?

- Who was involved in notification and their early bereavement care and how was this experienced?

- What were families' experiences and perceptions in relation to symbology and ceremony post notification?

- What were families' experiences around viewing or not being able to view the deceased?

- What meanings do families create to make sense of the loss?

In order to provide the context for the research, the following section provides a brief overview of Canada's military involvement in Afghanistan including a demographic profile of the fallen, a description of the protocols undertaken following a combat death, and a summary of supports available to the bereaved.

1.3 CONTEXT AND BACKGROUND

Canadian Forces have played a role in international peacekeeping for decades but our troops have not seen direct combat for a prolonged period of time. This study has chosen to look at casualties during the mission to Afghanistan in order to begin conversation and inquiry into the experiences of those bereaved during military action.

1.3.1 The Mission

Following the September 11th terrorist attacks on the United States, Canadian troops were mobilized to support deployed American troops. This was called, *Operation SUPPORT* (National Defence and the Canadian Forces (DND/CF), 2004). The first Canadian soldiers were in Afghanistan by December 19, 2001 (Canadian Broadcasting Company (CBC), 2009/2011). Canada's involvement continued with a series of additional operations.

The first battle group, Princess Patricia's Canadian Light Infantry (PPCLI), was deployed to Kandahar in *Operation APPOLO.* This was planned to be a six month mission commencing in February 2002 (CBC, 2009/2011). Tragedy struck on April 18th when four members of the PPCLI were killed by friendly fire (CBC, 2009/2011).

The second phase, *Operation ATHENA,* began in August 2003. Between August 2003 to December 2005, Canadian Forces played a significant role in combat and were based in Kabul as part of NATO (North Atlantic Treaty Organization), and led by the International Security Assistance Force (ISFA) (CBC, 2009/2011; Government of Canada, undated). In 2006 NATO took over command of military operations in southern Afghanistan (the Kandahar province). More than 2800 Canadian soldiers (Government of Canada, undated) were deployed to this dangerous area (CBC, 2009/2011). With a greater presence and involvement in combat, the number of casualties climbed.

By 2007 the Canadian government began to re-examine Canada's role in Afghanistan, questioning if it was time to pull troops out. Prime Minister Harper requested an independent report to explore this matter. In January 2008 the Manley Panel's report was released (CBC, 2009/2011). It recommended that Canada remain in Afghanistan but shift the focus of the mission away from combat toward retraining the Afghan nation to re-assume responsibility for their own security (Manley Panel Report, 2008; CBC, 2009/2011). A confidence motion passed in the House of Commons to keep Canada in Kandahar until December 2011. This was later extended until 2014 (CBC, 2009/2011). This phase is referred to as *Operation ATTENTION,* and is a non-combat mission. According to the Government of Canada (2011), the goals of this operation are as follows

- to invest in the futures of Afghan children through development of education and health,
- to advance security and human rights,
- to promote regional diplomacy, and
- to deliver humanitarian assistance.

1.3.2 The Fallen

To date, the Canadian Forces' Casualty Statistics for Afghanistan report 158 casualties from April 2, 2002- December 31, 2011. Of these, 138 were 'killed in action' (KIA) (DND/CF, 2012) with the remaining twenty listed as *not* 'killed in action.' The distinctions between not KIA and KIA are not explicitly defined. The DND's Fallen Canadians website

(http://www.forces.gc.ca/site/news-nouvelles/fallen-disparus/index-eng.asp) (2012a) lists

casualties in Afghanistan by causation[*]. These are summarized in Table 1a.

Canada's fallen soldiers (from the mission to Afghanistan) include 155 males and 3

females (DND/CF, 2012). The age of the deceased soldiers ranges from 20 years old to 46 (CBC,

2008; DND/CF, 2012a); the average age of the deceased soldiers was 26. One soldier listed

among the fallen was age 53, but it is noted he died of natural causes while on leave from

Afghanistan.

Table 1a. Tabulation of Fallen Canadian Soldiers By Mode of Death

Causation	# of Deaths	Causation (con't…)	# of deaths
Explosive Devices (IED/Roadside Bomb/ land mines)	97	**Non-combat related - undefined**	7
Accidents (motor vehicle/ helicopter/ shooting)	13	**Friendly Fire**	5
Insurgent Attack/ Mortar Attack	12	**KIA undefined**	1
Suicide Bomber	12	**Natural causes**	1
Ground Offensive	10		

CBC news (2008) reported that among the deceased there are unusually high numbers of

experienced officers in comparison with past wars and that many of the deceased were married

with families. Actual statistics in this regard are difficult to locate. CBC news (2008) notes that

with respect to injuries the DND safe guards demographics: "The rationale is that releasing a

constant stream of information about casualties helps opposing forces fine-tune their attack

---

[*] Note: Many of the websites dedicated to casualties in the mission to Afghanistan have been removed or amalgamated. The DND website now reflects all deaths from April 2002- date. http://www.forces.gc.ca/en/honours-history-fallen-canadians/index.page

strategies" (CBC, 2008). The casualty statistics report of the CF also notes that statistics are only updated once annually due to "operational security concerns" (DND/CF, 2012a). The absence of statistics related to family demographics also serves to protect privacy of family members who have lost a loved one (although this is likely extemporaneous rather than intentional). However, limited calculations of marital status can be obtained from the online table listed at *Canada's Fallen* (www.ottawacitizennews.com/soldiers/) as follows

- married (56), common law (3) or divorced (1): n= 60;
- fiancé or partner: n= 19;
- single (18) or single with girlfriend (9): n= 27 and,
- undefined: n= 52.

This data provides little information regarding the numerous family members of origin such as parents or siblings that have been left to grieve their deaths.

1.3.3 Canadian Military Procedure Following a Death

When a soldier is killed in action a number of formalized procedures are initiated to return the deceased back home to their families and final resting place. This section outlines notification and the deployment of military supports, repatriation ceremonies to bring the deceased back to Canada, funeral and burial, and bereavement supports available to families.

1.3.3.1 When the Worst Occurs

Death notification follows pre-determined protocols. Prior to deployment soldiers are required to identify emergency contacts and beneficiaries (often referred to as the primary and secondary) should they be injured or killed. The primary contacts are then notified first and in person, by a Commanding Officer (CO) (of the deceased's unit whenever possible), a chaplain and an assisting officer (AO). Secondary contacts are an alternate emergency contact if the

primary cannot be reached. Public announcements naming the deceased follow notification of the family (DND/CF, 2009, 2009a; DND/CF, 2010).

An assisting officer (AO) is assigned to the primary contact and typically attends the notification or arrives soon after. This officer acts as a liaison between the family and the Canadian Forces (CF) and assists with all administrative matters related to the deceased such as, funeral arrangements, transportation to services, estate matters or accessing benefits. This officer is available 24 hours a day. While the expectation is that the AO will transition and formally disengage from the family after about three months, there are may cases in which his or her role extends well beyond these time frames (Personal communication, 2012b). At the time of disengagement the family is transitioned to more centralized services with the Family Liaison Officer (FLO) (DND/CF, 2009a; Personal communication, 2012; DCSM, 2009). Interfaith chaplains are also an integral part at each step of the notification process, repatriation and funeral ceremonies and in the after care and support to family members (DND/CF, 2009a).

1.3.3.2 Coming Home to Rest

Following a death, steps are taken to bring the soldier home to Canada through a process called repatriation. This is coordinated and overseen by the Canadian Expeditionary Force Command (CEFCOM), the environmental command (that is type of service personnel – Army, Navy, Air Force or Support), the unit's CO and the Chaplain (DND/CF, 2009a).

The deceased are airlifted by the military from the airfield in Afghanistan back to Canadian Forces Base (CFB) Trenton. Providing it is safe and secure, members of his/her unit carry the deceased onto the aircraft while the Chaplain offers prayers (the 'ramp ceremony'). The deceased soldier is then escorted (often by a member of their unit) from the field (typically referred to as, 'in theater') until their final destination. CF Chaplains are on-site to offer support

to the remaining members of the deployed unit (DND/CF, 2009a).

On arrival home, the 'repatriation ceremony' takes place as the deceased is carried off the aircraft. A CF Chaplain again offers prayer and the honour guard is present. The honour guard and pall bearers are typically comprised of soldiers from the deceased's unit that were not deployed (the rear party) on that mission. Families are often present on the runway (arranged by the AO) and may choose to travel with the deceased on what has now been deemed the Highway of Heroes (a 172 km journey from Trenton to the coroner's office in Toronto) for a mandated autopsy. If killed in action (KIA), government representation will also be present for the repatriation ceremony (DND/CF, 2009a).

During the time awaiting repatriation, the repatriation itself and medical examination, the AO supports the primary contact in making arrangements including things such as, the right to be buried in the national military cemetery in Ottawa. The Department of National Defence typically will cover all costs for the funeral, memorials and burial. Additional memorials provided to the family shortly thereafter include a memory box and the Memorial Cross (sometimes referred to as the Silver Cross) – given in recognition of those who die providing military service (DND/CF, 2009a). CF personnel select up to three individuals in advance that they would want to receive this symbol in the event of their death (DND/CF, 2006).

1.3.3.3 Bereavement Supports

An array of supports are available to family members through the military in the event of casualty (some of the supports are also available during the deployment). Some supports are initiated automatically as part of the protocol following the death (e.g. assisting officer, chaplain). Typically these are services provided to the primary and potentially available by extension to other family members at the discretion of the primary and/or AO.

Other support systems are available if the family member chooses to utilize them (or is aware of how to access them). These services are extended to family members but who constitutes 'family' is not explicitly defined beyond those designated as primary or secondary. The Shoulder to Shoulder network initiative was launched in 2011 to assist families of the fallen in accessing support, information, child care and bereavement counselling (DND/CF, 2011; DND/CF, Shoulder to Shoulder brochure). The initiative does not directly provide services, rather families are directed to several resources: the Joint Personnel Support Unit/Integrated Personnel Support Centers (JPSU/IPSC) and Military Family Resource Centres (MFRC); HOPE (Helping Others By Providing Empathy); CF Member Assistance Program (MAP); CF Chaplain Branch and, the Family Information Line. The services available are outlined below in Figure 1.b.

1.4 ORGANIZATION OF THE CHAPTERS

This chapter has outlined a culmination of interests, questions and concerns that have resulted in the focus of this study as well as how this study will contribute to the field of thanatology. The research focus was also contextualized to provide background to the specific mission, the deceased, death care practices in the military, as well as services available to bereaved family members. A final section to this chapter will offer a table of acronyms and terminology used throughout the chapters (Table 1.c). The second chapter of this dissertation reviews the relevant literature and trends within the field of thanatology, with respect to bereavement broadly, and more specifically circumstances of sudden traumatic death. The overlap between the fields of trauma and bereavement are also discussed. Finally, literature addressing those bereaved following military casualties is reviewed, identifying gaps in our current knowledge and research, which have given rise to the focus of this study. Chapter three

presents the research design and methodology used for this study including discussion of ethical issues and situating the researcher in relation to the research. Chapter four presents the data collected and summaries of each participant's story. This will provide the reader a fuller understanding of the nature and breadth of experiences of the bereaved following this type of death. Chapter five discusses the results uncovered during data analysis. These are presented under three broad themes: KIA: Finding and Making Meaning; Metaphorical Articulation; and Reconstructing Life Narrative. Implications for practice are highlighted as well. Finally, the last chapter of this dissertation discusses limitations of the study, poses questions for future research and provides concluding thoughts.

Figure 1.b Bereavement Related Services Available following Military Casualty

Services for 'primary' immediately following death:

Assisting Officer (AO)   +   Interfaith Chaplain (Padre)
- approx. a 3 month role
before transfer services to FLO

Voluntarily accessed supports through Military:

Shoulder To Shoulder Program (est. 2011)
-phone/web based information and referral service
- may refer to any of the services below

Joint Personal Support Units (JPSU)   (work closely together)   Military Family Resource Centres (MFRC)
- tends to administrative needs related to casualties   - community based services to CF families
- mandate is carried out through 24 Integrated
Support Units (IPSC) across country

Family Information Line (FIL)   Family Liaison Officers (FLO)
- information and support line   - CF social workers provide
during business hours   counselling/civilian referrals
- operate website: www.familyforce.ca

Member Assistance Program (MAP)   Helping Others By Providing Empathy (HOPE)   CF Chaplain Branch
- 24 hour, short-term, problem solving counselling   - peer support network, facilitated by trained   - chaplain support
offered through Employee Assistance Services of   volunteers; predominantly via telephone   remains available
Health Canada

Private Counselling
-civilian referrals by FLO or Shoulder to Shoulder
Or, services located by the family member and
typically paid for by the military

(Outline of Services derived from: DND/CF, 2008; DND/CF, 2011; 2011a; 2011b; DND/CF, Shoulder to Shoulder Brochure; DND/CF, FIL brochure; DND/CF, FLO brochure; ICCMC, 2008; personal communications, 2012, 2012b, 2012c; www.familyforce.ca)

Table 1.c Guide to Frequently Used Acronyms & Terms

Military Acronyms	Terms/Phrases
AO	Assisting Officer
CAO (American equivalent (s))	Causality Assistance officers (CAO) (army), Family Liaison Officers (FLO) (air forces), Casualty Assistance Calls Officers (CCAO) (navy). (Steen & Asaro, 2006)
CEFCOM	Canadian Expeditionary Force Command
CF	Canadian Forces
CFB	Canadian Forces Base
CO	Commanding Officer
DND	Department of National Defence/ National Defence
FIL	Family Information Line
FLO	Family Liaison Officer
HOPE	Helping Others By Providing Empathy
IED	Improvised explosive device
IPSC	Integrated Personnel Support Centres
ISFA	International Security Assistance Force
JPSU	Joint Personnel Support Unit/
KIA	Killed in Action
MAP	Member Assistance Program
MFRC	Military Family Resource Centre
NATO	The North Atlantic Treaty Organization –"fundamental purpose is to safeguard the freedom and security of its members through political and military means. NATO brings together 28 member countries from Europe and North America consulting and cooperating in the fields of security and defence" (NATO, p. 5).
NOK	Next of Kin
OSI	Operational stress injury
PPCLI	Princess Patricia's Canadian Light Infantry
PTSD	Post traumatic stress disorder
TAPS	Tragedy Assistance Program for Survivors
Frequently Used Terms	**Definition**
Bereavement	"action or condition of being bereaved"(Soanes & Stevenson, 2005) by a death and the period of time or 'state' thereafter (Weinstein, 2008).
Grief	intrapersonal or psychological expression of bereavement
Mourning	outward expression of grief; social and interpersonal expressions of grief
Thanatology	Field of study- dying, death and bereavement
Primary	First person listed on military documentation to be contacted in event of emergency; selected by the soldier
Secondary	Second person listed on military documentation to be contacted in event of emergency; selected by the soldier

CHAPTER 2- LITERATURE REVIEW

2.0 INTRODUCTION

Thanatology, as an established field of practice and inquiry, has a relatively short history. Much of the work done in this area was closely tied to dying and beliefs surrounding death and afterlife with bereavement forming only a portion or extension of the field's concern.

This study focuses on family members who are bereaved following a combat related death. As a foundation, the first part of this chapter traces historical development of influential concepts and models that have shaped bereavement care through most of the twentieth century. Many contemporary practices and policies related to grief and bereavement as well as broader social discourse, continue to be strongly influenced by early modernist works. This occurs despite a shift within the field of thanatology toward more subjective and post-modern understandings and grief and bereavement. The second half of the chapter reviews more recent theoretical developments that emphasize the subjective and existential experience of being bereaved. Social and contextual factors influencing grief and mourning are also discussed. In particular, contemporary epistemological developments are outlined that challenge concepts that have been foundational to understanding bereavement such as notions that detachment from the deceased is required. Relevant contributions related specifically to sudden death are also examined including, unique features of sudden death and its overlap with the field of traumatology. Throughout the chapter attention is drawn to ongoing discussion regarding what constitutes disordered grieving- a debate often raised in relation to sudden death. The relevant and scant literature and research regarding death and bereavement in the context of the military is also considered. In most instances military-specific work has focused on death as a peripheral concern to family functioning, or have centered on discussion regarding notification processes.

Social discourse regarding what a military death should mean is highlighted as well. The chapter concludes with a summary of gaps in knowledge related to bereavement in the military context, which gives rise to the question(s) addressed in this study (examined more fully in Chapter three).

2.1 BEFORE THE DAWN OF THANATOLOGY

Prior to the development of a coherent 'field of study' related to dying, death and bereavement, grief and bereavement were recognized as were varied mourning practices that existed across cultures. This section introduces related definitions and draws threads from past to present.

2.1.1 Grief, Bereavement and Mourning

Bereavement is considered the "action or condition of being bereaved"(Soanes & Stevenson, 2005) by a death and the period of time or 'state' thereafter (Weinstein, 2008). Grief is the intrapersonal or psychological expression of bereavement (Soanes & Stevenson, 2005; Weinstein, 2008).

Historically, grief was recognized but poorly understood. Many early literary works explored the experience of death and grief; Shakespeare's, *Romeo & Juliet* (published 1599/1992) is a notable example. Throughout early history there was also some appreciation of the biophysical implications of grief. Robert Burton's (1651 cited in Archer, 1999) *Anatomy of Melancholy* outlined grief in relation to depression and noted features of grief as having both physical and mental implications. In the seventeenth century grief was seen as potentially fatal and frequently documented on mortuary records as the cause of death (Archer, 1999). Later

Darwin (1872) observed and recorded specific muscle movements and facial expressions related to grief.

Likewise, mourning practices have been documented in ancient rituals and beliefs across cultures. Mourning is defined as outward expression of grief (Soanes & Stevenson, 2005; Weinstein, 2008) and involving social and interpersonal expressions of grief (Weinstein, 2008). Mourning practices typically use ritual and symbols to convey shared meanings. For example, the following symbols developed over centuries:

> …arrows and doves, which represent emotional pain and resurrection; the setting of the sun, a metaphor for death and resurrection; ivy, a symbol of immortality; forget-me nots, for remembrance; or hair, which is a symbol of life because it does not decompose after death (Bedikian, 2008, pg. 40 citing Hollander, 1978).

Contemporary Westernized mourning practices are ever evolving but ties to the past are still observable. For instance, the rise of Christianity in Greece (4th and 5th centuries BC) brought doctrine of suffering and morality as a rite of passage to eternal afterlife. Funeral practices were altered to emphasize collective, commemorative masses and to facilitate this transition to afterlife (Mistakidu, Tsilika, Parpa, Kasuda & Vlahous, 2003). Likewise, Queen Victoria's extended period of mourning after the death of her husband precipitated the adoption of rigid and elaborate Victorian mourning practices during her reign (e.g. seclusion, elaborate funerals, mourning fashion), some of which remain influential. For instance, mourning costumes (the black clothing attire expected to be worn post-death) conveys an outward and recognized symbol of widowhood (Bedikian, 2008).

Bedikian (2008) notes that symbol and ritual of mourning hold meaning only as long as they are relevant to the needs of the culture and therefore change over time. To illustrate, during World War One (WWI) the long periods of seclusion and extravagant mourning fashion observed in Victorian ritual became impractical as women were required in the workforce. As a

result these rituals lost their function within war-time culture. Instead purple armbands were adopted to signify the mourning of a patriotic death and to express pride in the men who had died for their country (Bedikian, 2008). Symbols like these and collective responses to death and mourning remain recognized in thanatology as a means of transcending language and communicating meaning when words fail or are inadequate.

2.1.2 Seeds of an Emerging Epistemology

Precursors to scholarly inquiry of death and dying existed within the study of philosophy. Many European philosophers pondered and put forth phenomenological arguments regarding the nature of death, fear of death, and transcendence. Of significance in these early musings is the philosophical orientation that would eventually influence the conceptualization of bereavement as an ailment. Andreasen (2007) writes that later philosophers from the early to mid 1900's (i.e. Jaspers, Heidigger) through to contemporary times have seen phenomenology as concerning itself more with the broad study of psychopathology, classifying symptoms, and understanding underlying emotions and thoughts. Early developments in thanatology were influenced by these philosophical perspectives and as we will see in section 2.2.2, would later be criticized for pathologizing the bereaved.

2.2 THE EMERGENCE OF BEREAVEMENT EPISTOMOLOGY

Despite early works, practices, and understandings of death and bereavement, a generalizable epistemology did not exist. The development of a field of study would not begin until after the turn of the 20th century. This section reviews the origins of grief models and foundational concepts to understanding bereavement, the evolution of thanatology as a field of

practice and inquiry, and critiques that led to the re-evaluation of much of the knowledge development in this area.

2.2.1 Origins Of Bereavement Models and Clinical Practices

Shand (1914) dedicated several chapters in his book, *The Foundations of Character*, to examining grief (or the "primary emotion" (p. 300) of sorrow). Drawing from the works of early writers and poets, he attempted to classify four types of sorrow and in doing so discussed many of the behaviours and emotions of grieving that are still recognized today. He wrote that, the first type of sorrow is marked by tearfulness, moans, and sobbing with such intensity and sense of abandonment that it moves observers to respond. Today this characterization would likely be deemed the acute phase of grief response. A second form of sorrow he described as too deep for expression and therefore, concentrated in the heart and mind – silent and mute. A third form of sorrow manifests as a loss of energy and physical inaction with prolonged sorrow leading to psychological presentations of melancholia (depression). Finally, sorrow could manifest as excessive activity, approaching frenzy. Shand recognized that the type of response to sorrow was associated with temperament and characteristics of the individual as well as developmental stage. Additionally, his work distinguished that sudden death evokes different and more distressing responses (given the lack of psychological preparedness) than other forms of death. Shand observed that sorrow causes the bereaved to seek remembrance and continued ties with the deceased and that social support is important in managing sorrow. Responses to sudden death, the desire for continued bonds and the significance of social supports and influences, have only become the focus of research in the last thirty years.

Despite Shand's work, Freud (1917/2005) is credited with the first systematic look at grief. As Bowlby (1980) states, "Freud clearly discovered a field of promising inquiry" (p. 23).

In his influential paper, *Mourning and Melancholia,* Freud distinguished mourning[1]from depression (melancholia), arguing that both present identically but that melancholia has additional features of poor self-esteem. He suggested that if we did not know the cause of mourning (loss of a love object), it too would be considered pathological. Freud maintained that mourning was a natural process not to be tampered with. Despite knowing the origin of grief, later works (e.g. Lindemann, 1944; Worden, 1981) digress from this perspective and encourage intervention.

Freud introduced the first model of grief, which required a process of reality testing to reveal that the loss object no longer existed. First, the libido relinquishes every memory and expectation that connected it to the object over time. He described this as an all-consuming process thus accounting for withdrawal, lack of appetite and inability to sleep. When the libido has completed all detachments then the ego is uninhibited and free to invest in a new love object. Further, once mourning is concluded, according to Freud, there are no significant changes to the individual. The work, or tasks, of mourning he presented have become foundational to many subsequent models of bereavement, as has the concept that one returns to previous states of self.

The next substantive development was Lindemann's (1944) classic paper, *Symptomology and Management of Acute Grief.* Mirroring Freud's tasks of mourning, he argues that grief work requires, "the emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships" (p. 143). Together these works introduce conceptualizations that successful grieving results in a detachment from the deceased.

---

[1] Freud used the term mourning for what we now define as grief.

Lindemann (1944) made distinctions between presentations of normal and pathological grief (which he called morbid grief reactions). For example, normal grief responses might include, sighing respirations, lack of strength and exhaustion or digestive symptoms. Morbid grief reactions result in delayed and distorted reactions, medical disease, hostility against specific persons, or hidden hostility presenting as 'wooden', with an absence of emotion. Further, guilt and hostility, he writes, caused patients to worry they were approaching insanity.

Earlier writing by Deutsch (1937) had hypothesized that unresolved mourning processes have negative outcomes for the bereaved and therefore require full expression of grief. However, it was Lindemann's work that commenced the division of normal and pathological grief and the longstanding search by professionals to delineate 'normal' versus 'disordered' grief[2] and concretized an early shift toward pathologizing grief.

Unlike Freud's conceptualization of grief as normative and not requiring intervention, Lindemann emphasized the role of the therapist and defined time lines for treatment. He claimed that uncomplicated, undistorted grief could be resolved in eight to ten talk therapy sessions, over four to six weeks. All grief work, he argued, requires therapeutic management to reduce possible complications, "comfort alone does not provide adequate assistance in the patient's grief work" (p. 147). The necessity of therapist guided grief work and clearly defined 'normal' time lines within which to resolve grief have been carried forward and remain part of the dominant discourse even to present day.

It is also important to consider the limited samples from which both Freud and Lindemann drew their observations. Freud cautioned that his work was based on only a few

---

[2] Most predecessors to this paper emphasized distinctions and clinical overlap in mourning and depressive symptoms as opposed to disordered presentations of grief itself (e.g. Abraham, 1911/1953; Freud. 1917/ 2005; Shand, 1914).

cases and not universal (Freud, 1917/2005). Similarly, Lindemann (1944) notes the 'symptoms' of both normal and morbid grieving are derived primarily from thirteen cases although he interviewed 101 individuals. The cases relied most heavily on are more aptly classified as sudden or traumatic death. It should be concerning then that, while their perspectives were unique and groundbreaking for the time, the foundations they laid for further works provided overgeneralizations of what constitutes grief experiences.

Further substantive developments in bereavement did not occur until into the 1970's. This is not to say that thanatology did not experience growth, but rather that bereavement tended to be considered in association to death and dying rather than as a central focus. During the 1950's into the early 1980's more emphasis was placed on emerging discourses and debates surrounding the 'denial of death thesis' and the suggestion that Western society had become death avoidant. Arguments supporting death avoidance pointed to evidence in several forms. First, that conversation regarding death is taboo, fostering secrecy and avoidance particularly in relation to dying. Second, there has been a movement toward removing death from the home into hospitals thereby institutionalizing and medicalizing death and segregating the dying from the home and community. Finally, there is a decline in mourning rituals and an increase in death denying funeral practices such as cremation (Connor, 1998; Feifel, 1959; Gorer, 1965; Kellehear, 1984; Kübler-Ross, 1969; Rando, 1984; Sudnow, 1967; Walter, 1991; Zimmermann & Rodin, 2004). This final point is of particular significance to the bereaved and further discussed below (section 2.3.3.1).

Becker (1973) further elaborated on the psychological avoidance of death noting that individuals are very aware of their mortality, which creates anxiety. As a result, according to Becker, we actively devise ways on which to escape the awareness of our own mortality. Other

authors disagree, arguing that as a society we are not death denying but in fact are adjusting to the cultural needs of the time (Kellehear, 1984). For instance, allowing death to occur within facilities recognizes that conditions within the home have changed (Zimmerman & Rodin, 2004). This is not unlike the shift that occurred with mourning attire in WWI (see 2.1.1) where death practices were no longer functional to the needs of the culture and the times. Both examples reflect how social and contextual factors influence mourning practices and shape experiences of grief.

The Death Awareness Movement resulted in the emergence of the filed of thanatology. The movement focused on developing journals and death education courses for care providers and the community (Doka, 2003; Littlewood, 1992) in part as a collective response to challenge the denial of death thesis and to further humane practices, primarily within palliative care (Littlewood, 1992). This movement unofficially began in 1959, following a publication by Herman Fiefel, *The Meaning of Death* (Doka, 2003).[3] Doka (2003) describes this movement as, "an amorphous yet interconnected network of individuals, organizations and groups" (pg.50) seeking social action and control over this area of practice and to establish an academic field.

As noted above, arguments that there are declines in mourning rituals and funeral practices are of particular significance to bereavement. These arguments most often focus on the absence of the body at funerals and a trend toward cremation with minimal or no memorial (Anderson, 2010, Littlewood, 1992). Authors and clinicians from the late 1950's to current times have suggested that diminished ritualization surrounding death in contemporary society is detrimental to the bereaved (see for instance, Anderson, 2010; Gorer, 1965; Marris, 1986;

---

[3] Zimmermann and Rodin (2004) note that Feifel gained stature as the Father of Thanatology.

Parkes, 1972). Societal pressures to move on quickly and resume normal routines may be an explanatory factor in the trend toward de-ritualization and brevity in mourning practices.

Segal (1952) posited that symbol formation is the outcome of a loss and is the creative act in response to incredible pain; further it is the whole work of mourning. Turner (1969) also noted that, particularly after disaster, ritualization promotes long periods of time for adjustment by reducing social barriers, creating solidarity of community and facilitating expressions of grief, appearing to offer benefit to the bereaved. Martinson, Adams, Deck, Folta and Bates (1988) argued that it is a myth that cultural rituals surrounding death are always effective in preventing negative sequelae after a death. The debate regarding whether or not we have lost ritual and what function symbols and ritual play in bereavement is ongoing. Dominant discourse generally holds that symbol and ritual are of value in assisting the bereaved (see section 2.3.3.1).

2.2.2. Developments in Bereavement & Bereavement Care Re-Surface

The next substantive work in death and dying (and by association bereavement) was Kübler-Ross's (1969) work with the terminally ill in the context of the hospital. Her book, *On Death and Dying,* and more specifically the stages of dying, (denial, bargaining, anger, depression and acceptance) became iconic in the field. Although her seminars and interviews uncovered the perspectives of the terminally ill *not* the experiences of the bereaved, these stages were widely adopted and continue to be taught as a key model for understanding grief. In fact, it is more commonly referred to as the stages of grieving, which does not appear anywhere in Kübler-Ross' book. While there may be some similarities, it is a broad overgeneralization to consider this a foundational work of bereavement. Rather than exclude her work as a historical development in bereavement as other leading authors have (e.g. Bowlby, 1980; Klass, 1988; Stroebe, Hanson, Schut & Stroebe, 2008; Stroebe & Schut, 1999), I include her work here as it

needs to be recognized that her work successfully challenged dominant discourse of the time and served to empower the terminally ill. Ironically, by readers' overgeneralizing Kübler-Ross' work to the bereaved, she inadvertantly advanced knowledge and sensitivity to the perspectives of the bereaved as well. Her work provides an example of the necessity to include the subjective perspectives of those most directly effected in order more fully appreciate the nature of their experiences and to evaluate how well models of care fit with stated needs. This study aims to uncover the experiences of bereaved family members in this manner.

More recently, variations on the tasks associated with grief work and stages of bereavement have been posited, each emphasizing a different aspect or building on previous works (e.g. Parkes, 1973; Raphael, 1985; Worden, 1981). For instance, Parkes (1970) proposed a phasic model specific to bereavement whereas Worden (1981) utilized Freud's tasks of mourning as the framework for his clinician's handbook on grief counselling. Worden intentionally chooses the term tasks, rationalizing that phases, as proposed by Parkes, imply passivity on the part of the bereaved when in fact an active engagement in grief work is required. However, Worden's distinction can lead to further pathologizing and 'othering' those who do not actively engage in grief work and raises debate regarding whether those who do not actively engage in grief work meet criterion for disordered grieving.

It needs mention that Worden later revised the last task of his model from 'withdraw emotional energy and re-invest in other relationships' to 'find enduring connection with the deceased in the midst of embarking on a new life' (Worden, 2009). This later work reflects the continued evolution of epistemology in bereavement care and a shift to acknowledging continuing bonds (discussed later in this chapter).

Bowlby (1980) introduced new perspectives to thanatology, emphasizing the importance of human attachment and the impacts of separation when relationships are altered through loss of a loved one. Although his work is based on maternal-child separation (not due to death) his findings were applied broadly to understanding of bereavement. He described that significant loss is followed by a period of searching and despair. Attachment is central to each of the stages he presented (shock and numbness, searching and yearning, disorientation and disorganization, and finally reorganization and resolution). The role of attachment in grieving has remained influential through to current day and forms the theoretical basis for later works.

Contrary to earlier works (e.g. Freud, 1917/2005; Lindemann, 1944) Bowlby emphasized that mourning has a long course and that there are consequences for recovery and functioning. While he notes that grief can take a normal or pathological path, he was not able to clearly ascertain which attachments were more likely to be pathological (Worden, 1981). The division between normative versus disordered grief is still debated and actively being explored today.

Bereavement models throughout much of the twentieth century relied heavily on psychoanalytic theory and emphasized the intrapsychic nature of grief and bereavement. Psychodynamic approaches are rooted within the medical model, which assumes pathology and often blames the victim (Foote & Frank, 1999; Gambrill, 2005; Payne, 2005).

In light of these critiques, the question arises as to why psychoanalytic models dominated (and in many instances continue to dominate) bereavement care. The first possible explanation is that historically psychoanalytic theories have in general been favoured by dominant discourse; thus, it is not surprising that this trend would generalize to bereavement care. Further, dominant social discourse in general emphasizes pathology for which psychological explanations offer

treatments and provide a clear path to 'fix' or control what is deviating from the norm. Similarly, clinicians and bereavement models have emphasized pathology.

A second (but not mutually exclusive) explanation for having favoured psychodynamic models in bereavement was an overall lack of alternatives in bereavement theory to guide practice. Stroebe, Hanson, Schut and Stroebe (2008) state that until the mid-twentieth century research and writing on bereavement only addressed specific issues but remained relatively a-theoretical. Given this, they rationalize that clinicians were grateful for guidelines to use in counselling the bereaved and thus rapidly accepted stage and task models like those presented by Bowlby (1980) and Worden (1981). A similar argument can be made to explain the overgeneralization of Kübler-Ross's stages of dying to the bereaved.

A singular and universal construction of the 'reality' of the dying and bereaved has also been perpetuated. The construction of what constitutes bereavement, grief and mourning have been largely rooted in professional wisdom and modernist traditions, which often fail to incorporate the perspectives of the bereaved themselves. There is mounting clinical evidence that these models do not necessarily align with the needs and experiences of the bereaved. For example, the notion that grief work requires relinquishing attachments to deceased in order to move on without them has persisted; yet, many bereaved desire continued connections (albeit altered from a relationship in body). Further, emphasis on bereavement as an individuated 'issue' has likely influenced decreases in the extent to which collective responses to death (e.g. ritual and memorial) are used (see 2.2.1). Finally, this focus also results in the tendency to overlook factors outside of the psyche such as, socio-cultural or structural influences (Payne, 2005; Stroebe & Schut, 1999).

Thus the theoretical orientation shaping the epistemology of bereavement and bereavement care up until the 1980's stands in contrast to contemporary theories on dying, death, and bereavement that reflect post-modern thought. Emphasis in these emerging theories is on the subjective, interpersonal, and socially constructed nature of dying and grieving processes (Klass, 1988; Neimeyer, 2001; Stroebe et al., 2008; Stroebe & Schut, 1999). However, in the shift to more post-modernist ways of understanding grief, bereavement and mourning, there needs to be caution so as to not impose a new orthodoxy but instead to integrate and expand on previous modernist views toward fuller and richer understandings of dying, death, and bereavement.

2.3 BRIDGING THE 'OLD' AND THE 'NEW': POST-MODERN DISCOURSE

Within the field of thanatology bereavement is becoming a more predominant focus rather than just being considered in association to death and dying. There is also an observable shift from primarily descriptive writings and attempts at concrete models, toward more theoretical understandings and phenomenological exploration of the essence of being bereaved. Additionally, there is growing acceptance that the bereaved do not return to an unaltered, previously held sense of self. Alternate discourse conveys how the bereaved: make sense of the loss, re-establish their roles, and adjust to changes in their identity and perceptions of the world around them so as to integrate the loss. It is also recognized that grief is not solely an intrapsychic process but is influenced and/or constructed by socio-cultural discourses.

Beginning in the late 1980's authors and researchers began to pay attention to aspects of grief, bereavement and mourning not adequately covered in psychoanalytic frameworks. These perspectives also begin to identify and address aspects of bereavement discourse that contain fallacies such as the need to fully engage in grief work, the notion that grief is all consuming, and

the conceptualization that the end result of bereavement is to relinquish all attachments to the deceased so that one is free to invest in new relationships. The next section first considers alternate conceptualizations in which the bereaved maintain relationship with the deceased through continued bonds. It also introduces interpretations of grief and mourning as more dynamic than an all-consuming, intrapsychic engagement in grief work. The remainder of the section presents meaning reconstruction as a theoretical foundation for understanding grief and bereavement. Included in this discussion is the role of symbology, ritual and memorial in facilitating meaning reconstruction as well as, limitations that remain in this emerging area of theory.

2.3.1 **The Continuing Bond**

Klass, Silverman and Nickman's (1996) edited book *Continuing Bonds* raises the inconsistencies between the concepts of closure and moving on without the deceased following a death. Along with others in this edited book, they note the desire and efforts of the bereaved to remain connected with the deceased (Klass et al., 1996; Rando, 1993). For instance, Klass (1988) found that parents derived solace in maintaining a connection to the deceased: "Parental bereavement is a permanent condition. It is not something to be gotten over, for it is an enduring change in the self" (Klass et al., p.13). These authors note that the continued bond does not prevent the ability to form new relationships as previously suggested (e.g. Freud, 1917/2005; Lindemann, 1944; Worden, 1981).

Klass (1988) also discusses the use of internal representations of the deceased as a means of facilitating the continued bond. This includes intrapsychic experiences with the deceased, such as hallucinations of all the senses, believing the deceased is still an active influence in their lives/thoughts or conscious attempts to incorporate characteristics of the deceased.

Continued bonds can also be facilitated through external means such as linking objects or memorials that maintain a feeling of connection to, and remembrance of, the deceased (Klass et al., 1996). The concept of a linking object was introduced by Volkan (1972) who described linking objects as symbolic of the deceased or the relationship between the deceased and bereaved. He likened these objects as akin to a transitional object in childhood (i.e. a blanket), that decreases separation anxiety. But, Volkan did not promote their use as a means of remaining connected with the deceased but rather saw linking objects as a "symptom of their [mourners] inability resolve grief" (pg. 140).

More recently Valentine (2008) emphasized the role of the social context in shaping the ongoing or continuing bond. She challenges the notion discussed in Klass, Silverman and Nickman's edited book (1996) that the primary existence of this bond is intrapsychic. Her research highlights active engagement by the dying and their families prior to the death, and the bereaved family after the death, to maintain a social presence and the identity of the deceased or, as she calls it, their personhood. It is significant that the formulation of the continued bond began for these families prior to the death itself.

As exploration of theory regarding the continuing bond persists, gaps in the knowledge continue to come to light. For instance, continuing bonds have also been discussed as a factor in complicated grief and therefore further inquiry is required as to when continuing bonds may pose risk rather than solace (Neimeyer, Baldwin & Gilles, 2006). Nonetheless, the conceptualization of a continuing bond holds promise for further knowledge and practice development, and based on emerging evidence appears truer to the experiences of the bereaved.

2.3.2 **Grief as All-Consuming/Requiring Full Attention**

Stroebe and Schut (1999) critically examine how individuals cope with loss and the assumptions that grief must be fully brought to awareness and the pain experienced. They argue that therapeutic grief work based on these assumptions may in fact be detrimental. Presenting the *Dual Process model*, they posit that a dynamic process exists between times when one is engaged in experiencing grief and times when one alternately denies or fails to acknowledge the grief. They argue that the oscillation between both these processes is important to coping rather than an immersion into an all-consuming grief work process as was previously indicated in bereavement care.

Their work highlights another area of conceptual debate and the use of terminology related to outcomes of the grieving process - recovery versus resilience (Balk, 2004), adaptation versus coping (Corr & Doka, 2001), accommodation of the loss (Rando, 1993) or reshaping ones identity, making meaning of the loss and integrating this into one's life (Stroebe & Schut, 1999; Neimeyer, 2001; Wolfelt, 2008).

Stroebe and Schut (1999) also offer critique of others for failing to consider interpersonal aspects of grief, which will determine how one grieves and in whose presence. They note that the 'work' of grieving is not just intrapsychic but involves changes to social roles and identity. Additionally, they note, most models fail to recognize secondary losses (i.e. financial, social isolation) and positive growth in relation to grief. [4]

---

[4] The notion of post-traumatic growth has drawn much attention lately and has stimulated new areas for research. For a more complete discussion, the reader is referred to the seminal work of Tedeschi and Calhoun (1995) and to Michael and Cooper (2013) for a systematic review of post-traumatic growth in bereavement.

2.3.3 Meaning Reconstruction

Neimeyer's work (2001) on the process of *meaning reconstruction* has had notable influence on bereavement care as well. Neimeyer, Torres and Smith (2011) write that meaning reconstruction is rooted in traditional existential philosophy and humanistic psychology as well as in contemporary constructivism. This perspective views humans as inherently and actively seeking and making meaning in order to shape their experiences in a manner that allows them to derive meanings of personal and social significance. Stoldz (1996) argued that constructivist psychology and meaning making are a natural mergence, as both are concerned with the underlying structures of subjectivity. In the context of bereavement, Gilles and Neimeyer (2006) write that:

> …significant loss disrupts the coherence of that matrix of personal meanings by which individuals order their life experiences, calling for active attempts to (a) make sense of the loss, (b) find some sort of "silver lining" or benefit in the experience, and (c) reorganize one's identity as survivor (p. 715).

Bereavement then involves a transformative or reconciliation process where individuals must re-organize their subjective personal systems of meaning, now redefined by the loss. From this perspective the bereaved (generally speaking) do not need to be 'treated' but rather offered support on their journey of self-rediscovery and redefinition. This challenges the concept of 'grief work' or required therapy, as proposed by Lindemann, at its core. Other authors have similarly questioned the efficacy of counselling for all instances of bereavement (e.g. Allumbaugh & Hoyt, 1999; Gray, 2005; Jordan, 2000; Jordan & Neimeyer, 2003; Kato & Mann, 1999; Silverman, 2000).

An important aspect of meaning making involves the shift away from relationships with the deceased in body toward continued relationships in remembrance. As Attig (2001) describes,

"the central challenge as we grieve is moving from a life where we loved them in presence to a new life where we love them in absence" (p. 46).

Utilizing re-constructive story telling (narrative), metaphor and creative expression, ritual, memorial and symbolism to help to tell the story of the deceased and help the bereaved to create meaning in the loss are significant aspects of the meaning reconstruction process. Neimeyer (2001) writes that:

> Significant loss - whether of cherished persons, places, projects, or possessions- presents a challenge to one's sense of narrative coherence as well as to the sense of identity for which they were an important source of validation (Neimeyer, 1998b). Like a novel that loses a central character in middle chapters, the life story disrupted by loss must be reorganized, rewritten, to find a new strand of continuity that bridges the past with the future in an intelligible fashion (p. 263).

2.3.3.1 Symbolism, Ritual and Memorial

Meaning reconstruction acknowledges that humans live in both a literal and richly symbolic world. Therefore losses are acknowledged in terms of the physical reality of what is missing but losses also create impact on systems of meaning as well (Neimeyer et al., 2011). The use of metaphorical articulation furthers the grieving process (Neimeyer et al., 2011). Pivnik (2011) expands on this noting that traumatic loss disrupts semantic memory and verbal recollections, leaving only procedural memory. He argues that both semantic memory (the ability to recall and apply concept-based knowledge, meanings and understanding) and the ability to verbally articulate the loss are required in order to mourn. He distinguishes mourning from memorializing. Memorializing instead uses procedural memory (such as following rituals) to facilitate grieving. Anderson (2010) argues that rituals compress experiences into a symbolic short hand and in the case of violent death and public tragedy, ritual can restore beliefs that the world is safe.

An examination of the use of symbols and activity rich in symbology (e.g. memorials, rituals) becomes particularly important given the agreement among authors that sudden or traumatic deaths place the bereaved in a crisis of meaning (Neimeyer et al., 2011) and potentiates a prolonged course of grieving (Andersen, 2010; Ginzburg et al., 2002; Neimeyer et al., 2011; Pivnik, 2011; Rando, 1985). Pivnik (2011) notes that rituals rely on cultural norms to create a sense of order in the helplessness and disorganization that follows a sudden/traumatic death.

In their study examining ritual use by bereaved parents, Cacciatore and Flint (2011) found that rituals mediate grief by assisting in negotiating and channeling intense emotions after death and facilitated meaning seeking and maintained desired bonds with the deceased. Kastenbaum (2004) notes that rituals use the past in order to provide control over the future or present. Authors have also described ritual as a bridge or crossing from one status to another (Reeves, 2011) or a rite of passage (Ben-Ari, 2005; Cacciatore & Flint, 2011). Reeves (2011) adds that:

- Ritual assists with intense grief soon after death during a period marked with anxiety and ambiguity.

- Ritual offers a time limited and safe forum where the death, and differences in grieving styles are accepted and acknowledged.

- Incorporation of symbols and active rituals can raise self-esteem and create a positive sense of meaning and direction.

- Ritual creates congruence through the participation of mind, body and spirit (as noted by Neimeyer, Torres and Smith (2011) engaging the bereaved at the meaning and physical levels).

Others have discussed the role of symbology (including ritual and memorial) as significant in paradoxically creating a sense of presence of the deceased in their absence (Coleman, 2010; Segal, 1952).

In addition to ritual and symbology, memorializing involves shared memory and collective grieving (Pivnik, 2011). Further, it is a cultural activity shaped by dominant discourse and norms (Pivnik, 2011). Traumatic death in particular creates a sense of cultural trauma, wherein the culture cannot protect its members (Pivnik, 2011). In these instances, memorial is empowering offering a means of responding to the deaths. That said, individual grievers within the culture run the risk of becoming preoccupied or stuck in the re-telling of the traumatic details of the death (Rynearson, 2001; Pivnik, 2011). Ritual and memorial following sudden death helps individuals to minimize or mitigate disabling grief responses (Neimeyer et al., 2011; Pivnik, 2011; Reeves, 2011). Memorializing activities allow a means to find meaning and to rebuild and create a narrative that repairs fragmentation within the culture generally and for the individual specifically (Pivnik, 2011). Furthermore, memorializing creates a paradox of one over-arching, collective, and common narrative but simultaneously represents many individual stories and a coming together of diverse individual experiences (Andersen, 2010; Pivnik, 2011).

Emerging discussion has begun to examine online forums for the expression of grief and memorializing such as grief blogs, Facebook, or Internet memorial sites. Online forums like these for grief responses and memorializing challenge Western discourse around death that emphasize privatization (Anderson, 2010; DeGroote & Carmack, 2013). These forums also blur the line between private and public grief by bringing private expressions of grief and mourning into the public domain (DeGroote & Carmack, 2013). Others have argued that online forums provide means for more genuine expression of emotion less inhibited by social constraints (DeGroote & Carmack, 2012, 2013; Suler, 2004).

Whether more traditional memorial or ritual, or online means such as these, creative, metaphorical and symbolic actions facilitate meaning reconstruction by engaging the bereaved in

multiple ways and on multiple levels; thus, assisting in renegotiating sense of self and systems of meanings in a world physically absent of their deceased loved one.

2.3.3.2 Critical Reflection of Meaning Reconstruction

While meaning reconstruction does acknowledge social factors and changing roles and identities in bereavement, its applications have remained predominantly a psychological process of change. Other authors have expanded on meaning making concepts by looking beyond the individual to their social contexts in order to help explain how meaning is made and what meanings are given significance. For instance, Winchester-Nadeau (2001) looked at the context of the family and how as a unit the family shapes meanings made.

If we recognize that the subjective experience of individuals is influenced by their social context, then this raises further questions regarding how dominant discourses and larger social contexts are also agents in shaping the meanings made by family or individuals. For instance, a study by Ginzburg, Geron and Solomon (2002) studied grief in Israeli parents whose sons had died in military action. They found these parents had prolonged grief reactions but discuss this finding in relation to cultural views on military service and sacrifice. They note a 'bereavement culture' where military death is viewed as heroism and sacrifice for the people and homeland. Further, mourning and life-long grief is encouraged giving social and national meaning to the death.

It is important to note that cultural variations in bereavement and grief have been understudied and that theories and models developed thus far have been from a Westernized perspective (Ginzburg et al., 2002; Parkes, 1997; Rosenblatt, 2008, 2009; Somer, Klein-Sela & Or-Chen, 2011). Rosenblatt (2008; 2009) argues that both culture and grief are social constructions. Grief varies widely from culture to culture and within cultures. Vast differences are also reflected in the meanings derived regarding the death and the multiple losses connected

to it such as: what classifies a death as 'good' or 'not good'; how and when grief is socially recognized (e.g. miscarriages may be grieved in one culture and not another); how grief is expressed; and, how it is expected one grieve as 'policed' by society. To illustrate, Somer, Klein-Sela and Or-Chen (2011) discuss the need to examine non-Western psychological resources in coping with death. In their work with bereaved Durze[5] parents in Israel (where a male son was killed in military action), they found, counter to Western grief models that emphasize psychological processes of mourning toward accepting the absence of the deceased, these parents had difficulty accepting their sons' deaths and believing their sons were gone. Further, beliefs in fate and religious beliefs of reincarnation facilitated their coping.

As we expand our understanding and conceptualizations related to bereavement we have learned to be mindful of their generalizability to specific circumstances of the death and the subsequent implications for the bereaved. For example, while it is generally held that traumatic modes of death (e.g. homicide, suicide) will indicate a clinically significant risk factor for complicated grief. Currier, Holland and Neimeyer (2006) studied college students who had lost a friend or parent and found that failure to make sense of the loss was a better predictor of complicated grieving than if the circumstances of the death were violent.

Armour's research (2003) also contributes to evolving epistemology. She argued that the narrow definition in which one 'makes sense' of the death and searches for a silver lining is not always possible for those who are traumatically bereaved; for instance, finding meaning in a senseless act like homicide may not be possible. She notes that these families are secondarily victimized by the media and criminal justice system, compounding the difficulty of integrating the experience into one's self-narrative and how they see themselves in relation to others.

---

[5] "Durze (a sect that diverged from Islam in the 11th century)" (Somer et al., p. 459).

Meaning making in these circumstances she states, reflects trauma and integrates action such as fighting for what is right, exposing declarations of hypocrisy, making declarations of self-determination, having others benefit from their experience and an intense pursuit of what is important in life. She argues then, that a broader approach to meaning making is necessary to incorporate the types of meanings one derives in varied circumstances.

Armour's critiques also highlight a more recent critique of bereavement theory and models, which is the lack of integration of thanatology and traumatology, particularly under circumstances of sudden, traumatic death (see 2.4.2). Despite this, the meaning making perspectives offers the widest possibilities for incorporating unique and individualized experiences of grief within a social context.

2.3.4 Moving Forward

Advancements in the field of thanatology (focused on bereavement) have refuted many of the universal and reductionist perceptions informing bereavement care through to current day. It is now acknowledged that bereavement alters one's sense of self and life narrative. Further, experiences of grief and mourning are understood to be ongoing, dynamic processes that are influenced by social context rather than linear, time limited and solely intrapsychic as previously thought. Additionally, there is growing recognition that continued bonds, not detachment, are desired by most bereaved individuals. Meaning reconstruction offers a theoretical framework for understanding these subjective experiences as well as the foundations for clinical practice aimed at enhancing meaning making.

Nevertheless, this section also identified how many of the concepts currently drawn on in relation to evolving views of grief and bereavement are in early stages of development and many questions remain such as ways in which social and cultural context shape grief and bereavement

or instances when continuing bonds may be detrimental. The following section builds on

discussion of the emerging epistemology just reviewed and looks specifically at circumstances of

sudden death.

2.4.0 SUDDEN DEATH

In instances of sudden death there has been continued recognition of the unique and

qualitatively different experiences of the bereaved (i.e. Doka, 1996; Janzen, Cadell & Westhues,

2004; Lindemann, 1944; Rando, 1993; Redmond, 1996; Scott, 2007). Sudden deaths are notably

differentiated and complicated by features of suddenness, untimeliness, lack of preparation, age

of the deceased, a sense of preventability and often mutilating circumstances of the death (Doka,

1996; Rando, 1993; Stewart, 1999).

Conceptual frameworks identify commonality in grief reactions of the suddenly bereaved

such as: survivor guilt and blame; cognitive dissonance; psychic numbing; anger; fear; a sense of

vulnerability; intense sadness; and, shattered beliefs or assumptions (Alexander & Klein, 2000;

Doka, 1996; Janoff-Bulman, 1985; Lindemann, 1944; Parkes, 1973; Rando, 1984, 1993;

Redmond, 1996; Worden, 2009). It is also widely recognized that bereavement arising from

sudden, unexpected death places the bereaved at increased risk for a prolonged bereavement,

complicated grief, physical and mental illness (Doka, 1996; Figley, 1996, 1999; Lundin, 1987;

Neimeyer et al., 2011; Pivnik, 2011; Rando, 1984, 1993; Redmond, 1996; Stroebe et al., 2008;

Worden, 2009).

Other circumstances such as notification, viewing the body of the deceased, interactions

with varied professionals and systems that typically coincide with sudden death, are also

understood to add to the complexity of the experience. These factors can add to the trauma or

offer opportunity for solace. For instance, death notifications are recounted as traumatic for many surviving family members (Asaro, 2001). It is widely accepted that if handled poorly, notifications can negatively impact bereavement processes and enhance susceptibility to PTSD (Lord, 1996; Stewart, 1998) and complicated grieving. (Janzen et al., 2004; Paul, 2002; Rando, 1984; Stewart, 1999). Williams, Solomon and Bartone (1988) and Stewart, Lord and Mercer (1999) argue that alternatively notification provides opportunity for secondary prevention that could have lasting positive impacts on coping and bereavement processes.

Other authors and researchers have considered implications of viewing the deceased's body (if desired) with respect to grief and mourning. Generally, they note the potential for viewing to assist in affirming the reality of the death, facilitating goodbyes, and providing images less distressing than imagined images (Cathcart, 1995; Finlay & Dallimore, 1991; Lundin, 1987; McLauchlan, 1990; Paul, 2002; Scott, 2007; Stewart, 1999; Von Bloch, 1996; Wells, 1993). More recent works add that viewing verifies circumstances surrounding the death and provides a sense of peace and solace for the bereaved having seen their loved one (Chapple & Ziebland, 2010; Harrington & Sprowl, 2011). Additionally, opportunities to view allow the bereaved to attend to perceived presence and needs of the deceased during transition from life (Harrington & Sprowl, 2011) or, to feel connection with the presence or spiritual being of the deceased (Steffen & Coyle, 2011). Similar to poorly handled notifications, there is some evidence that those denied opportunities to view are more likely to experience symptomology consistent with traumatic stress (Harrington & Sprowl, 2011). Furthermore, many gaps in knowledge remain such as, possible risks or benefits to viewing the body when mutilating injuries have been sustained.

Few studies have looked directly at systemic impacts (including practices, policies and professional roles) on surviving family members despite accumulating practice knowledge that negative impacts do exist (e.g. Biddle, 2003; Chapple & Ziebland, 2010; Harrington & Sprowl, 2011; Janzen et al, 2004; Jones & Buttery, 1981; Li, Chan & Lee, 2002; Orth; 2002; Rynearson & Geoffrey, 1999). To illustrate, Biddle (2003) conducted a qualitative study exploring the effects on surviving family members of coroners' suicide inquests in the UK. Her findings highlighted an interference with grief work that resulted from delayed inquests, confiscation of suicide notes or hearing graphic evidence (not being advised of right to leave room). She also noted an exacerbation of grief symptoms such as, shame, stigma, guilt, anger, and fear pre-inquest. Rando (1993 citing Redmond, 1989) also captures these concerns:

> [S]ystems of health care- emergency workers, medical staff, and mental health professionals—can ameliorate or exacerbate the experience for mourners. Too often, the needs of survivors are overlooked in the crisis (e.g. notification accomplished poorly, insufficient time given for mourners to send with the body, and questions ignored). Later on despite good intentions, survivors are misunderstood, pathologized and mistreated.… It appears that in those instances where there is less secondary victimization, survivors have less complicated mourning reactions, given other factors (p.551).

2.4.1 **Theoretical Development Regarding Sudden Death**

There has been little discussion in the literature regarding models specific to sudden death, despite the risks associated with being suddenly bereaved and the greater likelihood for professionals or other care providers to intervene and influence grieving. Janoff-Bulman's (1985) work (more typically cited as a significant work in traumatology) stands apart here. She describes the interruptions in survivors' cognitive schemas and the cognitive reprocessing that is to occur in healing. Her writing builds on Parkes' (1973) definition of the *assumptive world*, which is "a strongly held set of assumptions about the world and the self which is confidently

maintained and used as a means of recognizing, planning and acting…Assumptions such as these are learned and confirmed by the experience of many years" (p.132 in Janoff-Bulman, p.17).

Janoff-Bulman (1985) defines three areas of shattered assumptions: 1) The assumption of invulnerability, where one believes 'It can't happen to me.' This shattered assumption yields anxiety and helplessness resulting from a lost sense of safety and security. 2) The perception of the world as meaningful, in which people assume a comprehensible and orderly world. Social theories and structures facilitate this belief and in particular those related to justice. 3) And, the notion that we generally hold positive self-perceptions (i.e. self-image, self-worth, and esteem), which are altered following trauma. To cope with these shattered assumptions individuals must re-establish new assumptions while integrating their experience of victimization.

Janoff-Bulman's (1985) work continues to influence current day meaning making perspectives. There appears to be a universal acceptance of the applicability of these assumptions but, this may not be the case. For instance, can her first assumption of invulnerability be used to understand the experiences of families following a military death where there is pre-existing discourse of the possibility of death occurring?

Rando's (1993) Six R-Processes of mourning are also typically relied on in close relation to sudden death. Her work emphasizes complicated grief and its treatment. The highest risk factor for which she argues is sudden death. (Note that the terms used to capture the notion of disordered grief have varied and are often used interchangeably e.g. abnormal, complex, complicated or pathological).

Rando (1993) described three phases of mourning (avoidance, confrontation and accommodation) each with related processes. The avoidance phase encompasses the time from becoming aware of the death to shortly thereafter during which the loss is recognized and

acknowledged. During the confrontation phase (or acute grief) the bereaved react to the separation, recollect and re-experience the deceased and their relationship with the deceased, and relinquish attachments to the deceased and their previously held assumptive world. Finally, during the accommodation phase processes include readjusting and moving forward with a revised assumptive world and new personal identity. This includes new formations of the relationship with the deceased and a reinvestment of emotional energy in more reciprocal relationships.

The presentation of complicated grief described by Rando (1993) mirrors symptoms and criteria for Post Traumatic Stress Disorder (PTSD). Generally these symptoms include repeatedly reliving memories of the traumatic experience (or deceased) with sensory and visual intensity, avoidance of reminders of the trauma (or deceased) including psychological experiences of emotional avoidance and blunting, numbing, detachment or dissociation, and patterns of increased arousal expressed by hypervigilence, irritability, sleep disturbance, memory and concentration problems and exaggerated startle responses (DSM III, 1980; Figley, 1999; Rando, 1993, 2013; van der Kolk, McFarlane & Weisaeth, 1996; van der Kolk, 2001). Later works (Rando, 2013; Rubin, Malkinson & Witztum, 2011) have clarified that while symptomology may overlap it does not always reach the threshold of meeting diagnostic criteria but that there needs to be recognition of the added complexity when trauma is a feature of the bereavement.

2.4.2 **Bereavement or Trauma? Disordered or not?**

As noted, the delineation of normal versus pathological grief is not a new debate (e.g. recall Lindemann's (1944) paper where he first separated and classified normal and pathological grief reactions (2.2.1)). More recent discourse has questioned the conceptualization of

complicated grief arguing that what constitutes disordered grieving has not been defined in a consistent manner and is influenced by the socio-cultural context in which the death occurs. The historical divide between the fields of trauma and bereavement may also bear influence on the lack of resolution in this regard.

Trauma epistemology has traditionally developed in parallel to thanatology and unlike bereavement has focused on the etiology of traumatic stress (organic versus psychogenic), defining symptomology, diagnostic criteria, and devising therapeutic techniques to treat the same.[6] Until the late 1990's trauma symptoms in bereaved family members were acknowledged only superficially in the trauma literature. For example, Wilson, Smith and Johnson (1985) conducted a comparative analysis of PTSD among various survivor groups. They identified that the death of a loved one ranked among those groups showing significantly more PTSD symptoms (i.e. rape victims, multiple trauma, family trauma, and divorce) than comparators. However, there is no further discussion of this finding and its implications with respect to other trauma literature. The epistemological division of the two fields has served to minimize the lived experiences of many bereaved.

In light of attempts to determine the point at which one's grief becomes disordered, the division between the two fields has been highlighted and further attention consequently drawn to recognizing experiences in sudden death that overlap with the diagnostic presentation of traumatic stress disorders such as PTSD. With greater clinical recognition of the overlap of common experiences between the two fields there has emerged conflicting opinion regarding which phenomenon is the presenting concern (trauma or grief) and regarding the sequencing of treatment modalities.

---

[6] The reader is invited to explore works by Figley, Bride & Mazza, 1997; Kardiner, 1941; van der Kolk et al., 1996; van der Kolk, 2001, for historical summaries and further details on the origins of traumatology.

Some argue that the trauma needs to be dealt with first before grieving can begin (Cable, 1996; Descilo, 1999; Figley, 1996; Rynearson, 1996 citing van der Kolk, 1987). Typically this involves specific clinical treatment regimes, for example, eye movement desensitization and reprocessing (EMDR), trauma focused therapy (TFT) (Descilo, 1999, Figley, 1996) or critical incident stress management (CISM) (Cable, 1996). Others argue that there is an oscillation between the two and one must constantly assess which to be treating (Hyer & Brandsma, 1999; Rando, 2013). Rando (2013) identifies that the anxieties posed by the death and/or trauma (be that separation anxiety, anxiety created with loss of identity or ability to cope with intense emotions) needs to be addressed as a preliminary step to treating trauma and loss. She subscribes to the position that trauma needs treatment first but argues that in unique circumstances loss accommodation may need to precede trauma mastery. While either perspective may hold merit, this debate is consistent with the historical division of the two fields. There appears to be little consideration that there are two processes occurring simultaneously and defining which is occurring when is more dynamic and complex than can be accounted for by current treatment models or explanations.

Our ability to definitively determine what is trauma and what is loss is not as clear cut as existing works imply. Distinguishing one from the other to separate treatment tasks may hold less value than to integrate them and look to unique implications for meaning making and continued bonds. This is not to suggest that delineating the two has no role in supporting the bereaved, but as a primary objective may emphasize modernist objectivity to the exclusion of the subjective reality of what traumatic grief implies for the bereaved.

Rubin, Malkinson and Witztum (2011) write that the distinction between sudden death or traumatic death holds little relevance and note that the traumatic is subjective. Any type of death

may be experienced by some as trauma simultaneous to their grief depending on the nature of the interpersonal relationship between the bereaved and deceased. Likewise, learning of attributes of the deceased that were unknown (e.g. substance misuse) may also be experienced as trauma, so that we cannot limit our understanding of what constitutes traumatic in a sudden death simply by the surrounding circumstances.

2.4.3 **Advancing Knowledge of Sudden Death**

It is accepted that sudden death poses additional challenges for the bereaved such as an increased propensity for difficulties with emotional and physical health and a prolonged course of grief. The suddenly bereaved are also more likely to interact with professionals and other care providers who can ameliorate, or in some instances negatively influence, their grief and bereavement (as discussed above in 2.4.0). Furthermore, clinicians and researchers have begun to recognize the overlap between trauma and sudden death where historically these two fields have developed in isolation of one another. Yet it is unclear at what point grief becomes complicated or disordered and what determines if grief is traumatic. Both cases raise questions regarding implications for practice. The next section looks specifically at combat related deaths and highlights the limited inquiry into differing forms of sudden death and what these variations mean for bereavement.

2.5 MILITARY FAMILIES FACING DEATH

Implications regarding death and bereavement arising from military action gained attention with casualties during the mission to Afghanistan. It is surprising that in general a dearth of knowledge and research exists to guide practitioners and families in the wake of numerous causalities that have occurred. This silence or omission in knowledge development has

persisted despite the known risk of death during military action faced by national defence(s). For example, many deaths occur outside of combat during peacekeeping. In Canada, many peacekeepers have been killed in action since Canada joined the United Nations (statistics vary depending on the missions included) (Canadian Peacekeepers Veterans Association online http://www.cpva.ca/documents_e/news/obituaries/The%20Fallen.pdf; CBC, 2009a). In reviewing the available literature related to this issue, I was unable to locate Canadian resources (with exception of one research abstract); therefore, what is reflected below is predominantly rooted in American experience.

2.5.1 The Military Family and Loved Ones Killed in Action (KIA)

Research and literature on the military family and death is limited. In most instances there is an implicit acknowledgment of the fear and anxiety related to potential death but explicit discussion on death having occurred or family needs and experience post-death is minimal. The majority of these works focus primarily on two broad and peripheral areas. The first area covered in the literature relates to family functioning and can be can be subdivided into three areas:

1. Family adjustment to and coping with military life in general (see Burrell, Adams, Briley Durand & Castro, 2006; Castro, Adler & Britt, 2006; Cozza, Chun & Polo, 1997; Hardaway, 2004; Lamberg, 2004).

2. Coping with respect to deployment. A sub-set of these works are looking specifically at impacts on children (Castro et. al, 2006; Cozza et al., 2005; Hardaway, 2004; Mabray, Bell & Bay, 2009).

3. Returning home and coping with post-traumatic stress disorder (PTSD) or Operational Stress Injury (OSI) in the soldier (see Castro et. al, 2006a; Grenier, Darte, Heber & Richardson, 2007).

The second broad area covered in the literature discusses notification processes. This is discussed later in this section (see 2.5.2). A third and scant area covered considers the meanings conveyed in social discourse surrounding deaths in the military (see 2.5.3).

2.5.1.1 Works Considering Death as an Aspect of Family Functioning

Cozza, Chun and Polo (2005) comment that military families experience more immediate exposure to death through media, informal networks and memorial services. They argue that this results in higher levels of fear in children anticipating the death of their own parent. They note that coping with a death of a parent in this context is negatively influenced if the surviving parent is not able to cope. Children's grief is further complicated by disruptions in routine and the loss of military connections such as, health care or housing (Cozza et al., 2005; Hardaway, 2004).

Wright, Burrell, Schroeder and Thomas (2006) write explicitly on bereavement and early intervention with military spouses. They present a model, which they argue draws on trauma theory. Specifically, they discuss the use of disclosure (a term they have chosen) to verbalize the experience of the loss and beginning to find meaning in the same. The model requires early intervention by 'grief leadership', which has been concretized in the organizational and instrumental role of the casualty assistance officer (CAO). Encouraging disclosure and social support outreach is facilitated through Family Assistance Centers but, they note that there is no evidence as to whether the role of the CAO, or outreach and social support efforts of Family Assistance Centers have, any impact (positive or negative) on coping in initial bereavement processes. Given previous discussion regarding the disruption of semantic memory and verbalization following trauma, a model centered on disclosure may well be inadequate because the trauma of the death interferes with the ability to verbally articulate the experience of the loss. They also highlight the absence of cross-cultural research with respect to military death.

Wright, Burrell, Schroeder and Thomas (2006) further provide discussion on the role of ceremony surrounding military death. They cite Provost's study (1989) related to spouses and the

dedication of the National Vietnam Memorial Monument as an evidence base for the use of such

practices:

> Formal, detailed rituals, procedures, and memorial services acknowledge the contribution and sacrifice of both the lost service member and the bereaved spouse. Such events may help the bereaved begin the process of recovery by taking the first steps towards making sense of the loss, understanding why it happened and, possibly, finding some value or benefit that may have resulted.

> Making sense of and finding something positive in the loss of a service member are reflected in the military's emphasis on the sacrifice and contribution of victims who become heroes, and in the reverence and respect accorded those who die in combat or in the line of duty (Provost, p. 77 cited in Wright et al., 2006).

This quote reflects a central military belief that efforts need to be made to convey a purpose to

the loss (Ben-Ari, 2005; Ender, Segal, Stanley 1999; Wright et al., 2006). Larger political

agendas, such as the need to maintain public favour and support for war and peacekeeping efforts

as well as the need to maintain functioning of the unit that has lost a comrade, are not made

explicit.

More recently, some Canadian evidence has emerged on the needs of family members of

casualties (injured and fallen). Manser, Ogilvie and Campbell (2012) highlight that Family

Liaison officers (a role introduced in 2009 to support families) tracked presenting issues and

have determined that the largest barrier to meeting family needs is a lack of community services

and specialized supports. While this is helpful for examining systemic needs, it fails to offer

appreciation of the unique and more specific needs of those bereaved by a combat related death.

To date, no systematic inquiry exists exploring the perspectives of the bereaved in the military

context.

2.5.1.2 Determining the Needs of Bereaved Family Members

The most comprehensive sources of information on family experience are anecdotal

accounts and survivor authored books. One such book is *Military Widow: A Survival Guide,* by

Steen and Asaro (2006). Directed at widows, this book is predominantly a general overview of grief but, the authors identify six complicating factors in military deaths:

1. The age of both the wife and deceased. "It is exceptionally hard to accept the death of someone you see as having a purpose to his life, and this acceptance is further complicated when the person dies young" (p. 31). The average age of enlisted men is 18- 33 (Bartone & Ender, 1994; Harrington Lamorie, 2011).

2. Despite functioning as a 'single' parent for long periods of time, wives often feel alone and isolated after death.

3. Military families will offer initial support but soon return to their own lives post ceremony. A reality Steen and Asaro indicate as the first experience of detachment from the culture.

4. There is grief associated with raising children alone or the inability to have 'his' children.

5. Deployment delayed grief is a factor not seen in other contexts. They argue that given the normalcy of separation grieving often will not begin until his unit returns home without him, confirming the reality of his death.

6. Finally, when deaths result from hostile acts it can take a long time to retrieve and identify the body and often there is no body to view.

Furthermore, details of the death are often withheld because of the classified nature of the mission. Family members may feel anger at their loved one for choosing to enlist and guilty at their feelings of anger (Harrington Lamoire, 2011). Additionally, family members who considered themselves outside of the military context prior to the death may now find themselves immersed in an experience that is foreign to them and may not best support the bereavement needs of all (Personal communication, 2012a).

Other factors also differentiate military and civilian death: families may have heightened anticipation of notification having heard in advance of 'a' death through media or informal networks, autopsies are required, a casualty officer is assigned to conduct notification and tend to instrumental needs, and military deaths are highly public in nature and offer symbolic and

ceremonial differences (e.g. military funeral, access to a military cemetery) (Steen & Asaro, 2006). Harrington Lamoire (2011) observes that: "Because of the number of events and the expectations of those in attendance to encapsulate a permanent vision of a grief-stricken survivor, military families can tend to become professional grievers" (p. 557).

In both Carroll's (2001) and Hardaway's (2004) work there is reference to the loss of identity experienced by military widows in role and in social belonging and how this loss of identity can be recognized in concrete ways such as having to leave your home in a matter of weeks. While the military may 'take care of its own' the limitations to this are not made explicit within the culture.

The concept of forewarning of the death is briefly discussed in a few articles but is poorly defined and references tend to be circular. Lindemann (1944) briefly discusses the grief of wives whose husbands had left for war. Although a death had not actually occurred, he observed that they experienced many of the same symptoms of acute grief as bereaved families. His observations introduced the first conceptualization of anticipatory grief. Anticipatory grief and forewarning are typically used as interchangeable terms in related later works (Fulton & Gottesman, 1980). Outside of Lindemann's observations, early works on forewarning discuss this phenomenon in relation to war separations and suggest that the "…partial shocks or pre-bereavements (i.e. leaving home, partings at furloughs, and leave-taking before overseas duty) might serve as a rehearsal for what was to come. Such forewarning, he believed, had the potential to function as a partial defence against the shock of the actual death" (Fulton and Gottesman, 1980 citing Eliot, 1946).

This phenomenon, presuming it exists, requires differentiation from the conceptualization of anticipatory grief, now most commonly utilized in literature related to the dying, and where

the occurrence of a death has been a stated fact. Forewarning of a death (where the death has not been disclosed as a medical certainty) poses questions for how the bereaved cope pre-death and later make meaning of the death in relation to the context of and circumstances surrounding this type of death. Further, a phenomenon of forewarning also poses potentially significant implications for grief reactions.

There is also limited work identifying the needs of and appropriate supports for the bereaved. Carroll (2001) conveys the story of a military widow who sought peer support after her husband's death and found no support networks existed. She and another widow founded the now nationally recognized TAPS (Tragedy Assistance Program for Survivors) in the United States; a key resource now provided to families by CAOs. Similar peer support groups, on a smaller scale, are currently evolving in Canada; for instance, the Saulte Ste. Marie Military Families Support Group (SSM MFSG, 2012). Internet is also being used for informal support networks amongst families of fallen Canadian soldiers, such as Families in Remembrance of Military Members (FIRMM)- a private Facebook group (FIRMM, 2012), Canadian Heroes website (www.canadianheroes.com) or Red Fridays Foundation of Canada (www.redfridays.ca).

Another gap in research and literature related to death, bereavement and family functioning relates to definition of family. Discussion of deaths in combat and family bereavement tends to be centred on widows or children (e.g. Cozza et al., 2005; Hardaway, 2004; Steen & Asaro, 2006; Wright et al., 2006). Only in relation to notifying next of kin does discussion of extended family occur (Bartone & Ender, 1994**;** Ender & Hermsen, 1996; Harrington Lamorie, 2011). Ender and Hermsen (1996) make the distinction between primary and secondary contacts. The primary contact being the spouse, children or a parent when there is no spouse. Secondary contacts refer to parents (when there is a spouse) or siblings in the absence

of parents (Ender & Hermsen, 1996; Harrington Lamorie, 2011). Research on secondary contacts (that is, typically family of origin) be that parents or siblings, has not been explored.

2.5.2 **The Knock at the Door**

The second broad area discussed in the literature is the notification process. Both the Canadian and American forces have detailed manuals and policy on how to conduct notification (DND/CF, 2009; DND/CF, 2010; Casualty Assistance Handbook (US) cited in Ender et. al, 1999).

Beyond the 'how to' of notification, discussion centres on the role of, and effects on, casualty officers (Bartone & Ender, 1994; Bartone, 1996). While this discussion directly relates to interactions with family following a death, family grief and coping is not the central focus of these works, but is rather a by-product of a process. Echoed throughout these writings is recognition that casualty officers are untrained in grief and bereavement, nor is this considered to be their role. The role of the CAO is an *assigned* duty with as little as twenty-four hours notice (Barton,1996, Ender et al., 1999; DND/CF, 2009; Steen & Asaro, 2006,). Both factors have implications for family and the officers.

Bartone and Ender (1994) recognize the impact of sudden death on surviving family as well as co-workers. He discusses the notification process over time from original methods of providing telegrams weeks post-death to the current role of CAO and standardized notification practices. He argues that organizations such as the military have a responsibility to develop policy and procedure that will support positive coping for families and the unit. These authors further argue that the provision of instrumental services offered by CAOs, the extension of benefits offered to family, creating and conveying a sense of cause and purpose in the death, and full utilization of military ceremony and symbology facilitates coping and quicker healing for

family and the unit thus allowing for normal operations to resume. This is consistent with general bereavement literature that has highlighted that the actions and attitudes of care providers working with the bereaved are thought to significantly influence grieving (Harrington & Sprowl, 2011; Janzen et al., 2004; Jones & Buttery, 1981; Parrish, Holden, Skiendzielewski, 1987). However, access to professionals experienced in grief support for families is not included nor is it listed in Bartone and Ender's appendices of support and services families are entitled to.

Research in this area is limited. Leash (1994) argues that notifiers should have specialized training and involve professionals with grief and bereavement experience to reduce potential risks. Ender and Hermsen (2001) conducted a mixed methods study of CAOs to understand challenging aspects in experiences with notification. They found that defining 'next of kin' and 'significant other' as particularly challenging in non-traditional, blended or re-configured families. Additionally, CAOs found supporting members of diverse groups, different from their own race or ethnicity, as difficult at times. Finally, the strong 'emotional work' that falls outside of the role description impacted the CAOs' own emotional experiences. Ender, Segal and Stanley (1999) studied how CAOs negotiated their role as described in the manual versus the emotional needs they were met with. Many CAOs noted that they found the need to step outside the prescribed role and provide emotional support and companionship.

2.5.3 Cultural Script and the 'Good' Death

A final point of discussion in the literature examines social and military discourse about the meaning and value of military deaths. Ben-Ari (2005) discusses what constitutes a 'good' military death from an organizational and military culture perspective. He underscores that advanced democracies emphasize rhetoric that desires to minimize casualties and that needs to justify use of military power. When deaths in military action do occur, he writes, they are among

a few kinds of death that should have meaning. The young age of the deceased exacerbates

feelings that the death is not natural and therefore there is a strong need to emphasize its value.

Casualties also present organizational difficulties for justifying the death and the

legitimacy of the military actions and for issues such as recruitment and retention. According to

Ben-Ari, the military places value on rapid recovery and group functioning as a means of

containing protests and resistance to the use of military force. He also identifies the paradox that

despite the planning required by the military in case of death, individual families still perceive

the death as sudden and unexpected. Therefore, the value of rapid recovery encompasses a desire

to reduce family grief (and potential out cry) and has led to careful attention within the military

toward casualty operations (Bartone & Ender,1994; Ben-Ari, 2005). Ben-Ari writes that:

> By constructing the buffer zone and managing what goes on within it, the army
> concurrently displays its human and caring aspects, absorbs the family's initial emotional
> reactions, maintains control over the situation, prevents potential disruptions, and
> demonstrates its efficiency in accomplishing the mission of handling the soldier's death
> (p. 661).

Cultural scripts regarding a good death promote symbolic victory over social demise and

the regeneration of life, whereas a bad death leaves surviving family and peers feeling despair

and hopelessness (Ben-Ari, 2005). A similar cultural script is observable in Canada. English

(2011) reflects on public perceptions in Canada post-WWI following the deaths of approximately

65,000 Canadian soldiers. This time period is referred to as the *Decade of Darkness* for Canadian

Forces, during which competing discourses emerged. One discourse expressed that the multitude

of deaths were in vain and another emphasized sacrifice as worthwhile and noble. It was the

"death so noble" (Vance, 1997) discourse that became dominant.

Extracting from the cultural scripts placing value and meaning on the deaths of soldiers,

Ben-Ari (2005) outlines the criteria of a good military death which include:

- a belief that combat related deaths are publicly accepted as a form of death encountered by young, unattached men (and women)- for a good cause;

- the entire body (or all parts) were retrieved;

- full military funeral, official ceremony and remembrances were used, and

- the family have psychological resolution (facilitated by military ceremony and ritual).

How the death is perceived and understood will likely have implications for how family members proceed with meaning reconstruction during bereavement.

2.5.4 Foundations for Inquiry

Limited information and inquiry (particularly Canadian) is available about the bereavement of family members following the death of a soldier and loved one. Where this does exist, death is typically only discussed as a peripheral concern to family functioning or in relation to notification processes. Anecdotal writings exist on the unique bereavement experiences of military spouses but not on the bereavement of family of origin. Further, limited writing explores military responses to casualties, social discourse regarding the meaning and value of deaths in combat or adequate family supports. In light of these gaps further research is needed examining the needs and experiences of family of origin, the influences of military culture, procedure and policy on grief and mourning as well as, unique features associated with this form of death and the subsequent implications for bereavement. This study begins the exploration into the essence and experiences of family members bereaved following a combat related death.

2.6 CHAPTER SUMMARY

Advances in the understanding of bereavement and grief have preoccupied large bodies of literature since the turn of the century, and more so within the last four decades following the

development of thanatology as a field of practice and inquiry. As increased attention has been paid to this area, knowledge development has shifted from objective modernism with prescriptive, psychoanalytic models to more post-modern paradigms emphasizing subjectivity and the interactional nature of bereavement with social context. As writing and inquiry expand on previous concepts there is also, areas of knowledge that have been significantly understudied are brought to light.

Looking more narrowly at sudden death, many of these gaps in understanding can be brought to light such as aspects of sudden death where limited inquiry has occurred (e.g. influences of interveners or organizational systems on grief and mourning). Attempts to define disordered and traumatic grieving are also being challenged and debated most often in relation to sudden death. Finally, when we turn our attention to sudden deaths that occur as a result of military action there are unique circumstances and contextual factors that shape the grief and bereavement of military family members. However, a dearth of research and literature exists in relation to this type of death and its implications for the bereaved. We do not know how current theories align with the experiences of these bereaved families or where they have failed to appreciate the lived experiences of the same. It is hoped that this study will begin to open up conversation, lay foundations and pose questions for further inquiry into knowledge about this form of death and bereavement. Chapter three discusses the research question and design, methodology used to explore the question, ethical considerations and positions the researcher in relation to the study.

CHAPTER 3 - RESEARCH DESIGN & METHODOLOGY

3.0 INTRODUCTION

This study implemented a qualitative design and drew from a blend of methodological approaches. Drawing from phenomenology in particular, allowed for exploration of the nuances, diversity and commonalities that were at the heart of this complex phenomenon. This chapter explores: the study design, the theories used to inform the study design and analysis, and the methodology used to implement the study. Human subject concerns are then reviewed along with positioning the researcher in relation to the study.

3.1 RESEARCH DESIGN

As noted in Chapter one, this study aimed to uncover a deeper understanding of the lived experiences of family members of fallen Canadian soldiers, with a specific focus on the mission to Afghanistan. It also sought family members' perspectives on particular interventions and their perceptions regarding how the context of a military death shaped their bereavement process.

3.1.1 Qualitative Inquiry

This topic is well suited to qualitative, exploratory research as individual grief responses vary widely and are differently influenced by the context surrounding the death. Further, a qualitative design allowed for a more indepth exploration of this topic and facilitated a fuller understanding of the perspectives of family members and the meanings they have created from this experience. Qualitative inquiry allows for both the recognition of subjective individual experiences combined with objective reality (Creswell, 2007). Being able to blend two paradigms (modernist objectivity and post-modern subjectivity) was particularly important in this study given that bereavement practices and knowledge continue to evolve and blend both the

'old' and the 'new'; the subjective and the quantifiable. Further, a qualitative design accommodated openness and flexibility in the approach recognizing that this is an area of study about which little is known, potentially requiring revisions to methodology.

3.1.2 Phenomenology

The study design is informed by a phenomenological approach to inquiry, although I have not adopted a specific type of phenomenology. Instead, I chose phenomenology more generally for its emphasis on the essence of lived experience (Creswell, 2007; Liamputtong, 2009) and opted to maintain flexibility in the research design should additional approaches facilitate a deeper appreciation of participants' experiences. Adopting a phenomenological approach to inquiry permitted exploration of the nuances, subtleties and variation in experiences related to the specific type of death and context. Creswell (2007) writes that the best type of problem to address through phenomenological inquiry is:

> …one in which it is important to understand several individuals' common or shared experience of a phenomenon. It would be important to understand these common experiences in order to develop practices or policies or to develop a deeper understanding about the features of the phenomenon (p.60).

Interviewing multiple participants allowed for identification of differences and commonalities amongst family members' experiences and perspectives. Further, appreciation of the depth and variation of their experiences will help to inform epistemology, practice and policy in an area where an absence of related knowledge is evident. For the purposes of analysis I have used Moustakas (1994) as a guide to interpreting findings and this is discussed further in 3.2.4.

3.1.3 Theoretical Framework

The research design and analysis of the data drew from a number of theoretical perspectives: narrative theory, existential theory, critical theory and a conceptualization of trauma and bereavement that includes the biopsychosocial-existential aspects of this experience.

3.1.3.1 *Narrative Theory*

Narrative theorists posit that the way in which we order, make sense of, and understand the world and ourselves is through language and story telling. We 'story' our lives by creating a sequenced, dominant narrative and ascribe meaning to our story in order to make sense of our lives (Neimeyer, 2001; White & Epston, 1990). In the context of trauma and loss, our life narratives are disrupted. This study sought to understand how individuals re-story their lives to integrate trauma and death and further how this was shaped by external factors such as social discourse and military culture (Kelley, 1996; Neimeyer, 1993).

When language fails, symbols are often used to tell our story and re-construct our subjective sense of self and understanding of the world (Neimeyer, 2001; Neimeyer & Stewart, 1996). In this study narratives were used to give voice to the stories and experiences of military family members and how they make sense of the death of their fallen soldier. Narratives included metaphorical articulation (e.g. symbology, ritual, memorial) as an element of re-storying and integrating the death into a revised, dominant life and self-narrative.

3.1.3.2 *Critical Theory*

Current dominant discourses value ways of knowing that are fixed, singular and logical (Fook, 2002). Modernist traditions have formed the basis of our knowledge and practice related to supporting the bereaved and understanding their experience and have tended to promote universal and reductionist understandings of what is more accurately a subjective and diverse experience. As noted (see 2.5.1.2), there are also gaps and limitations in this knowledge as it has largely failed to consider the perspectives of those it aims to support. Critical theory and post-structuralism offer means of examining social narratives and the context within which individual narratives unfold. Post-structuralist scholars argue that our language and discourses are situated

in, and must be understood in relation to, social, political and historical contexts (Fook, 2002) such as the context of military and combat related deaths.

Fook (2002) outlines five steps for narrative deconstruction and critically appraising discourse, which have informed this research process. They include

- uncover the narratives of those involved, identifying which are dominant,
- identify the functions of different narratives including which aspects serve to empower and disempower,
- validate the narrative,
- uncover/build alternate narratives, re-telling the story in a new empowering way, and
- create further social validation by 'going public with the story'.

This research process gave voice to the narratives of family members' of the fallen. Varied aspects of the narratives were illuminated, identifying that which was positive, negative or neutral to their grief and bereavement. The research process also aspired to validate their experiences and share their narratives in a manner consistent with their lived experience. It is intended that the insights gained in this study will be brought forward to the public forum in hopes of informing policy and practice.

3.1.3.3 *Existential Theory*

Being bereaved is largely an existential or spiritual experience for many. That is, how we understand our own mortality, the boundaries of life or death, our purpose in life, or spiritual and religious aspects of self are brought to the forefront, and often shaken, with the death of someone we love. This study drew from existentialism the concept that opportunities to create meaning exist in all circumstances and that a primary human motivation is to desire and search for meaning both at micro (self) and macro (self in relation to the world around us) levels (Krill,

1978, 1996). Further, individuals' search for meaning is inherently subjective (Krill, 1996), which is consistent with existentialist perspectives.

3.1.3.4 *Biopsychosocial-Existential Framework*

Informed by my clinical experience with the bereaved, I was mindful of the complexity with which a death impacts family members. To more fully address this complexity, the biopsychosocial (Engel, 1977, Walter & McCoyd, 2009) and existentialist (Krill, 1996) perspectives were integrated to conceptually create a biopsychosocial-existential framework. This permitted me to be attuned to biological and psychological impacts of being bereaved, to recognize social impacts and changes experienced by the bereaved, and to be aware of how the socio-cultural discourses influence this particular type of grief. Lastly, the framework allowed me to be attuned to the existential aspects of participants' grief such as spirituality or their search for meaning in the death and subjective changes in personal systems of meaning.

3.1.4 Research Question

The combined theoretical orientations and methodological designs described above permitted the following research question to be answered:

What are the bereavement experiences of immediate family members of fallen Canadian soldiers, where the death occurred during the mission to Afghanistan?

Sub-questions:

● What, if any, differences/factors do family members' perceive as unique to the experience of combat related death?

● Who was involved in notification and their early bereavement care and how was this experienced?

● What were their experiences and perceptions in relation to symbology and ceremony

post notification?

- What was their experience around viewing or not being able to view the deceased?

- And, what meanings do families create to make sense of the loss?

3.2 METHODOLOGY

The research design and questions outlined above shaped the methodology for this study. This section reviews operational definitions related to the research question and sub-questions, sampling strategies, data collection, data analysis, and trustworthiness of the research process.

3.2.1 Operational Definitions

In order to present clear recruitment materials and to derive meaningful results, operational definitions were ascribed to the terms found within the research question(s) including what was meant by fallen soldier and immediate family member. Here "fallen soldier" refers to a member of the Canadian Department of National Defense (army, navy, air force) whose death resulted after being deployed to Afghanistan for the purposes of combat, peacekeeping or a related training mission.

Immediate family member is defined as spouse (married, common law, same sex partner), adult siblings (over age 18), parents (biological, adoptive, step, or the individual(s) primarily responsible for raising the deceased to adulthood such as a grandchild raised by grandparent).

3.2.2 Sampling Strategies

The goal was to interview a minimum of twelve to fifteen family members (four to five each of: parents, siblings, spouses) with an effort to include both genders.

3.2.2.1 *Inclusion/Exclusion Criteria*

Participants met the following inclusion criteria:

- were of the age of majority for their province/territory (e.g. 18 or 19 years of age) or over;

- had experienced the sudden death of an immediate family member in active duty during the mission to Afghanistan,

- the deceased was a member of Canadian Department of National Defense,

- were willing to discuss their experiences with notification, symbology, and ceremony, death within the military culture and subsequent impacts on their bereavement process.

Exclusionary criteria included

- sudden and unexpected deaths occurring to CF members in circumstances unrelated to peacekeeping, combat or training during the mission to Afghanistan;

- children under age 18, and

- suicide after re-integration home.

While sudden deaths are difficult anytime (e.g. motor vehicle accident, cardiac arrest), this study aimed to uncover experiences specifically related to combat and peacekeeping as these circumstances are markedly different in nature. Children of the deceased have not been included because varied developmental stages will impact on how bereavement is expressed, the death understood and what information has been shared. Children were also less likely to have direct involvement with early interveners, a focus of this study. Finally, suicides resulting after re-integration home were not included in this study as these circumstances are overlaid with different dynamics such as personal choice and arguably deserving of independent research.

3.2.2.2 *Recruitment*

Participants were recruited utilizing availability and snowball sampling strategies. An invitation describing the study and inclusion criteria was sent to family members on informal, Internet support networks created by family members, including a private Facebook group and e-mail listservs. This process was assisted by two family members on the listservs who agreed to post the information; each acting as intermediaries. Using a qualitative design allowed for flexibility in the recruitment process (Rubin & Babbie, 2005); thus, snowball sampling was also used permitting participants to share the information with other bereaved family members. It was made clear that the intermediary held no interest in the person's participation and that I would not disclose whether any of their contacts chose to participate. In all cases interested parties contacted me directly. This was followed by a telephone call to screen for inclusion criteria and to provide opportunity to answer any questions. Interview dates were arranged for a mutually agreed upon time and place. Participant information and consent forms were e-mailed to the participant prior to the interview. During the initial telephone call family members were also invited to bring photos of the deceased or any symbolic item they wished to share to assist in articulating their experiences.

3.2.3 Data Collection

Data collection included audio taped, semi-structured interviews; field notes taken during interviews; post- interview reflections; information collected during member checking; and, observations recorded of non-reactive measures.

3.2.3.1 *Interview Construction*

Questions for the interview process were formulated, keeping the research objectives in mind and informed by relevant literature (see Appendix C). I was respectful that families of the

fallen were the experts over their own experiences and therefore wanted to ensure that the research questions (and later analysis) did not perpetuate existing discourse of the researcher or clinician as expert. To this end, and inspired by principles underlying participatory action research (e.g. Alpeter, Schopler, Galinsky & Pennell, 1999; Whyte, 1991), one mother of a fallen Canadian soldier (hereafter referred to as Leslie) was consulted to help inform the questions asked, and throughout the analysis process to check emerging themes. This individual did not take part in the study as a participant.

Non-reactive measures such as media releases, newspaper articles, the documentary, *If I should Fall* (Culliton, 2011), and any other books recommended by family members were used to sensitize and guide the study. The use of semi-structured interviews facilitated discussion in a manner directed at exploring each of the sub-questions. Further the interviews allowed for flexibility to incorporate information participants wanted to share, and opportunity to ask further exploratory questions based on the information discussed.

3.2.3.2 *Interviews and Follow-Up*

Participants meeting inclusion criteria took part in interviews ranging from one hour and fifteen minutes to two hours and 43 minutes (excluding breaks that were needed or time following the interview where I was shown memorabilia). These interviews were transcribed for analysis. It needs to be noted that in the first two interviews there were complications with the recording device and data was lost. In Jerry's interview (4.2.2.4) approximately the first ten minutes were lost where he described his son growing up. In Evelyn's interview (4.2.1.6) the recorder failed after we took a break. Notes were taken during the second half of the interview (approximately an hour) and numerous notes on the content she described were manually recorded within an hour of the interview ending. In cases where participants shared photos,

memorabilia or other items to assist in articulating their experience, these were described in field notes or discussed during the interview and formed part of the transcript. Several participants also recommended books, which were obtained and reviewed.

All participants were very open to further contact and questions from the researcher. In October 2012 follow up questions on emerging themes were e-mailed individually to each participant (see Appendix F). This also served as an initial opportunity for member-checking. Four respondents sent typed responses, one acknowledged the e-mail but chose not to respond, and one set up a phone call to discuss their thoughts. These responses were spread out over a period of three months. I was careful not to send questions in close proximity to Remembrance Day but, responding participants clarified that the time of year was particularly busy accounting for delays.

Participants had two other opportunities to participate in member checking. In September 2013, all were offered opportunity to review their individual case summary and invited to offer any points of clarification or correction. Eleven participants responded to this invitation, four of which provided minor corrections. For instance, for Arthur (4.2.2.2) and Alice (4.2.1.1) it was important to them that I not refer to their son's common law partner as their daughter-in-law. In January 2014, participants were provided with an electronic draft of the analyzed data to ensure accuracy. Five participants responded to indicate that they had chosen to review the analysis and validated the accuracy of the findings.

3.2.4 Data Analysis

Drawing on phenomenological data analysis methods as described in Moustakas (1994), themes were permitted to emerge from the data. Initially, the transcripts and audiotapes were manually reviewed, in a reflexive manner aiming to approach the data in an objective and

reflexive manner free of bias related to personal beliefs, values and judgments (bracketing).

Every aspect of the data was considered with equal value (horizontilization). Units of meaning

were identified from participants' stories and clustered by thematic content into 30 categories.

NVivo was used to store data and organize categories. During this process it became apparent

that a number of thematic categories could be combined reducing the 30 emergent themes into

seven thematic clusters. This then allowed for conceptualization of overarching thematic areas

that have formed the basis for presentation of results including: KIA: Finding and Making

Meaning; Metaphorical Articulation; and, Reconstructing Life Narrative.

During the process of coding and analysis, features of the narratives themselves emerged

and offered additional information in relation to participants' experience of trauma. As section

5.3.2.3 will discuss, where trauma was present or minimally integrated into the larger narrative

of the death, the content of the interviews differed from others. These interviews tended to be

shorter, contained less detail or even omitted information altogether.

Commensurate with the flexibility of qualitative design to modify methodological

approach, I included in part of my analysis not only the themes within the data but the structure

and content of the narratives themselves. Further, horizontilization in phenomenology looks

inclusively at data, considering the significance of all units of meaning (as noted above). I have

interpreted this to include meaning evident in the structure and content of participants' stories.

This position allowed me to optimize analysis of the data by examining the data in two different

ways. Further, the meaning observed in relation to structural aspects of the data applied to a

subset of the cases. While narrative analysis could be posed as an alternate method of analyzing

this data, phenomenology uncovered meanings and depth of results that narrative analysis may

not have or would have potentially answered different questions than this study set out to explore.

Finally, during data analysis, I met with Leslie on several occasions to discuss patterns that seemed to be emerging and benefited from her verification and expanded understanding of the same. Her insights and validation of emerging themes served as another means of improving the dependability of the study (see 3.2.5.3).

3.2.5 Trustworthiness

Trustworthiness of this study was ensured by applying the four criteria provided by Lincoln and Guba (1985): credibility, authenticity, dependability and transferability.

3.2.5.1 *Credibility*

Careful planning went into enhancing the trustworthiness and rigour of the study. In particular, I attended to the following questions: does the study and its findings reflect the question asked? Do participants' voices remain central throughout? And, can a methodological approach to inquiry be demonstrated? The measures taken to achieve the goals inherent in these questions are discussed in the following sections.

3.2.5.2 *Authenticity*

To ensure that participants' voices remained central and that I had captured their experiences and meanings accurately, member checking was offered to all participants (see 3.2.3.2) allowing them to correct any errors and challenge researcher interpretations. Leslie provided an 'insider' view, which helped to shape the questions asked in the interview and enhanced their relevance to this population (3.2.3.1). Thick description was used to present the data and results in order to help demonstrate and express central themes in participants' own words.

3.2.5.3 *Dependability*

An audit trail of all field notes, reflexive methodology journal and transcribed audio recordings were maintained to help ensure that the methodological approach to the design and analysis of the study could be demonstrated. These methods also enhanced reflexivity and transparency in my decision-making throughout the process.

Methodological triangulation through non-reactive measures (e.g. photos and symbolic items provided by family members, analysis of newspaper articles, media releases) were also used to provide alternate methods and lenses through which to view the data thus enhancing the dependability and overall credibility of the study.

3.2.5.4 *Transferability*

Depth not generalizbility was the goal of the study. However, the thick description used to present data and analysis (Chapters four and five) is intended to provide ample documentation so that readers' may draw their own conclusions as to similarities between the cases studied and application to their own case or context.

3.3 HUMAN SUBJECTS/ETHICAL CONSIDERATIONS

Methodological considerations included ensuring that participation was based on free and informed consent and further that potential harms had been considered and made explicit. This section discusses measures taken to meet ethical obligations and to protect the well-being of participants.

3.3.1 Ethics Approval

This study has taken into consideration the *Guiding Ethical Principles* of the Research Ethics Board at Memorial University and *Tri-Council Policy Statement Ethical Conduct for*

Research Involving Humans. (Retrieved online, January 20, 2012). Ethics approval was obtained in April 2012 and renewed for one year in April 2013.

3.3.2 Informed Consent

Participants were reminded in a Participant Information Letter/ Consent to Participate Form (Appendix B) and at the commencement of the interview that their participation was voluntary. They were also advised that they could choose to withdraw at any time or to not answer a particular interview question. Parkes (1995) discusses the vulnerability of the newly bereaved and advises that they may be easily pressured into participation, therefore they should be given time to review the details of the study at their leisure (in the form of a detailed letter). He recommends this be followed up by a discussion with the researcher and that the researcher also make it known to the participant his/her credentials and the measures taken to protect the participant from further harm. This study allowed for these measures. Participants had time to consider the information on the study prior to contacting me. Furthermore, it was solely the participants' choice to leave their information for a follow up call. The screening call was a second opportunity for participants to consider the information regarding the study and to ask questions. Additionally, more detailed study information was e-mailed to the participants following the screening call. In both the screening call and participant letter my qualifications to conduct this study were identified.

3.3.3 Confidentiality

All names (apart from public figures) were replaced with pseudonyms to protect participants' confidentiality. Only I am able to match to a specific participant for the purposes of member checking. All data is securely stored. Additionally, to the best of my abilities, information that might be identifiable to others has been removed from the data. However, it is

noteworthy that most participants expressed a lack of concern with respect to concealing their identities or that of the deceased. This is consistent with analysis discussion related to meaning making and losing the individual in the collective as we will see in section 5.1.3/5.1.3.1. It also needs to be noted that data itself and participant identities were not disclosed to Leslie, nor did she actively participate in analysis.

3.3.4 Potential Harms and Benefits

In consideration of harms and benefits to participation, family members were required to self-identify as willing to be in the study. This requirement ensured prevention of further traumatization that contacting an involuntary participant could otherwise cause. Participants were also reminded in the Participant Information Letter and prior to commencing the interview that sharing their personal stories and experiences may elicit strong emotional responses; therefore, appropriate referrals to services in proximity to their local area could be organized if needed.

One case in particular, posed challenges to my role as a researcher versus clinician. I was left feeling concerned and unsettled about the participant's well-being following the interview (although imminent risk was *not* a concern). In consultation with committee members, a follow-up call to clarify information in the interview also allowed for opportunity to check on how this participant was coping and remind them that I could arrange for services, which was declined as not required.

This participant, as well as others, noted positive benefits to their participation, confirming that the opportunity to share one's story has therapeutic value in and of itself. This is consistent with the observations of Harper and Cole (2012) who found therapeutic benefits similar to that of group therapy in participants who were provided analysed data for the purposes

of member checking. Further, it is hoped that the knowledge gained from this study will help to inform practice and policy related to family needs following a combat related death.

3.3.5 Personal Reflexivity

Researchers generally select and come to a topic because they have an interest in it. Therefore, they are likely to have some preconceived ideas and biases about the expected results (Stake, 1994). Personal and professional beliefs, values and attitudes may also effect data observation, collection and interpretations. Consistent with phenomenological thought, researchers are required to adopt a position of reflexivity, remaining attentive to personal bias versus objectivity. Phenomenology espouses to utilize the method of 'bracketing' one's beliefs and assumptions in order to look explore the phenomenon being studied from a new perspective (Creswell, 2007). However, despite best efforts to 'bracket' one's own beliefs and assumptions even the most reflexive researcher will not be able to do so entirely and may not be conscious of times when they are not fully reflexive (Alversson & Skoldberg, 2009; Creswell, 2007; Liamputtong, 2009). In undertaking this project I was aware that I had potential bias and assumptions but I aimed to remain reflexive throughout the research process.

Much of my clinical practice (e.g. as a social worker in a trauma centre and current private practice) has centred on supporting those affected by trauma and bereavement; therefore, I come to this research question with substantial clinical experience in crisis intervention, trauma and bereavement. Additionally, I grew up in a military family (navy) and thus bring personal experience and knowledge of military culture to this question. However, it was brought to my attention during the research process that this insider lens and understanding might have actually facilitated participant response.

A methodology journal was maintained throughout the research process. This allowed me

to record thoughts and decisions about the research process to help ensure transparency, credibility and personal reflexivity throughout study design, data collection, analysis and presentation of results. Furthermore, peer discussions with my committee and Leslie helped me to continually assess and reflect on my own thoughts, assumptions and biases.

3.4 CHAPTER SUMMARY

This chapter reviewed how a qualitative, phenomenological research design, utilizing semi-structured interviews, optimized the study's ability to capture depth and essence of this experience. Blended theoretical orientations (e.g. narrative, existential, critical and a biopsychosocial-existential framework) informed the study design and analysis of data in a manner that permitted answering the study questions. A variety of methods were utilized to enhance the trustworthiness of the study such as attention to researcher reflexivity, maintaining efforts to keep participants' voices central, maintaining a methodology journal, as well as utilizing member checking, 'insider' consultations and methodological triangulation with non-reactive measures.

Due consideration was given to human subjects concerns such as providing ample time to consider the details regarding the study and opportunities to ask questions. Further, participants self-identified and their confidentiality has been maintained. Resources for additional support were also made available and ethics approval was obtained. In chapter four participants and their stories are presented.

CHAPTER 4: DATA PRESENTATION

4.0 INTRODUCTION

The purpose of this chapter is to describe the family members who participated in the study and to present summaries of their stories. Each summary is organized around the responses they provided during the semi-structured interviews, follow up questions and any additional thoughts they offered during interviews or member checking. Depth and diversity in responses have been highlighted.

4.1 PARTICIPANT BACKGROUND

Eighteen potential participants self-identified and were screened for participation in this study. All met inclusion criteria but, three respondents (one brother, one sister and one mother) did not follow through on subsequent communications to arrange an interview time. Six of the respondents heard of the study by word of mouth through other family members or friends, twelve located the information through social media (Facebook, e-mails about the study).

In total fifteen family members participated in the interview process. All interviews were conducted between May 2012 and July 2012. Eleven interviews were held with individual family members in mutually agreeable locations (nine in their homes; one in a private space at their employment; two in a reserved room in the community and one over Skype at the respondent's suggestion). One interview included four family members and was conducted as a group because this was the family's preference and with their consent confidentiality was not an issue. Care was taken to give each family member opportunity to voice their perspectives on the questions asked; therefore each person's data was treated as an individual. Further, in this interview the sister-in-law viewed herself as a sister and wished to participate. Initially, I was not sure this data would

be included but did not wish to negate her experiences. However, her data was included but did not provide a significant point of comparison in the data that emerged.

Two of the participants were divorced and unaware the other had participated. Care was taken to remove identifying material as outlined in the Participant Information and Consent Form, but there is still a possibility given the limited number of subjects available that their stories may be recognizable to others, and more specifically each other. The potential for this to occur was also discussed in the Participant Information and Consent Form.

4.1.1 Demographics

Minimal demographics were collected in this study apart from relationship to the deceased and ensuring that all participants met the minimum age of inclusion, although many participants volunteered additional information. Concern for the small sample, and implications for protecting their confidentiality, limits what information can be shared. Table 4.a presents an overview of cases by relationship to deceased, age of deceased, mode of death and years since the death (at the time of the interview). Year of death, age of deceased, and mode of death are a matter of public record. All deaths occurred between 2006-2010, which represents the years with the highest numbers of casualties, and years of the operation engaged in active battle. All participants were between age 21 and early 70's at the time of the interview. Collectively they represent ten families and four provinces and territories. Six mothers, four fathers, two brothers, two sisters and a sister-in-law completed the interview process. While the study sought to interview spouses as well, no spouses identified for participation.

4.2 INTRODUCTION TO PARTICIPANTS AND THEIR STORIES

Participant stories are divided into three sections: mothers, fathers, and siblings. The stories within each section are presented in no particular order. Following each section a Table is provided summarizing participant responses (Table 4b, 4c, and 4d).

Table 4.a: Participants by Relationship to Deceased, Causation and Time Since Death

Relationship to Deceased	Pseudonym & Age of Deceased	Mode of Death	Years since Death (at time of interview)
Mothers:			
Alice	Scooter 28	IED	3
Amy	Andy 25	IED	5
Heather	Dale 24	IED	2
Colleen	Rob 22	Suicide bomber	
Evelyn	Daniel 33	IED	5
Yvette	Kyle 21	IED	4
			3
Fathers:			
Arthur	Scooter 28	IED	3
Joe	Lucas 24	Small arms fire	5
Matt	Evan 21	IED	3
Jerry	Nick 33	Friendly Fire	6
Siblings:			
Rick	Dave 40+*	IED	3
Alex	Scooter 28	IED	3
Janice	Dale 24	IED	2
Carlie	Scooter 28	IED	3
Stephanie	Dennis 40+	IED	2

* Those age 40 + are not identified by specific year as this data would be identifying amongst those in this age range and would compromise the respondent's rigjt to anonymity.

4.2.1 Mothers

*4.2.1.1 Alice***:** Alice was part of the family interview noted above and lost her son, Scooter at the age of 28. She described the army as significant part of her son Scooter's identity. As a child Scooter dressed in camouflage, played with GI Joe and desired to be an "army man" (line 13). He was also very athletic. Alice stated, "he loved his work but he loved his private life as well" (line 19). Scooter strove to present himself well, keeping in good physical shape and wearing

well made clothing. Alice spoke of Scooter's admiration for his older brother, Alex, and noted the boys would stick up for each other.

Alice shared that on the day of Scooter's death his unit was heading out on a maneuver, checking the villages. Scooter was not required to go this time but had indicated that if his men were going, he was going. During a rest period, she explained, Scooter leaned against a building detonating the IED (Alex would correct details of this account). Alice stated that it took about a year before they were able to obtain what they felt were the facts related to his death and these details were important in her grief. For the most part they felt that they were just being told what they wanted to hear. The family did not receive the Coroner's report, as his common law spouse, Janet, was the primary: "when it came down to it we didn't have any rights to him at all. She had, she called all the shots, got everything" (line 181-182).

Alice explained that there were tensions between them and their son's common-law partner that were exacerbated following his death. For instance, she described wanting to be near her son's clothes at his home; hoping to be close to his scent. Janet locked the bedroom door and had others follow her every time she went to the bathroom. The family also did not receive any of his belongings until just a few months prior to our interview (years after his death). Alice was hurt by the terminology and processes around primary and secondary. She recounted a conversation with her assisting officer:

> [H]e kept saying the secondary and I said, 'What are you talking about secondary?' He goes, 'Well you're the secondary'. I go, 'No, no, no, no, I'm his Mother; please do not refer to me as a secondary. I am his mother, that's his father, that's his brother'. He goes, 'That's the way the military does it.' I said, 'Fine, but when you're in my presence, I am not a secondary.' 'Cause that really, really hurt (line 1190-1094).

She shared her husband's observation regarding differences in the nature of their relationships: "she can get another lover but he can never get another brother. We can never get another son"

(line 1224). Alice also clarified that there are also differences if the soldier had been married for many years versus having just married or moved in together. She recalls feeling hurt and thinking: "Did he think so little of us" (line 3161) and further described feeling as if she'd lost her son again because everything related to him had been taken away from her.

Alice had a strong desire to see her son and had not initially appreciated that there was no body to view. On learning the graphic nature of his death, she expressed that her first concern was did he suffer? She later took comfort in knowing he had died immediately. She also shared that for her a viewing would have held 'closure' and noted that for months after his death she questioned if it was really her son. The realization of the impact that the blast had on his body was driven home later when they viewed a You-tube video. The video showed the explosion that killed her son and other soldiers after using geiger counters to find shrapnel for analysis and for cleaning up body parts. She further reflected that she did not feel her son would want to have survived if he had lost his limbs.

Alice and her husband received a call in the early morning from Janet, notifying them of Scooter's death. The time that would follow held many delays. The military took hours to arrive at their home. By 4 p.m. they were still trying to sort out air travel to get to their son's home. Alice expressed frustration that the military would only pay for one round trip flight. Given their remote location there were no direct flights and they were required to take two flights. She noted: "it could have all gone more smoothly. We sat around most of the day, just waiting for somebody to tell us what the next step was" (line 357-358). Alice spoke to a shared feeling of frustration amongst the family. She indicated that their AO was novice, and that this was the first death in their area, therefore they felt they were the "guinea pigs" (line 396) and that for the next family from the area things went more smoothly.

Alice spoke of attending Scooter's repatriation. As the highest rank among the returning men, he came off the plane first. She knew he was coming home in a casket but the image of the casket draped with the Canadian flag was profoundly difficult for her. She shared in her last conversation with Scooter he had promised to be safe and was looking forward to seeing her soon. As she approached his coffin, she told him he had broken his promise to her.

The media were not perceived as intrusive by her, in fact she commented that their presence was appropriate given what her son represented. Alice also commented, like other participants, that the Governor General in particular was so "personable" (line 648) and cried with them. Alice felt as a mother herself, the Governor General had an appreciation for her loss. Proceeding on the Highway of Heroes she was in awe of the number of people that stood in the cold to thank their son for what he had done.

Alice described a number of challenges with respect to the funeral planning; a process they felt they were not included in. She clarified that the padre had attempted to see that their wishes were incorporated but that Janet made the ultimate decisions. She further described that his funeral had been arranged for 11 a.m. They would later learn, by chance, that the time of the funeral had been moved up to 10 am and they had not been informed: "we would have been late for our own son's funeral" (line 771). Alice commented on the need for military processes to be more inclusive of parents and siblings.

Remembrance Day, as Alice recalled was a day off from school in her youth. Later she said she never really gave much thought to past wars and soldiers, until it happened to her. She commented on the significance *O' Canada* now holds for her:

> [before] you would just sing it but now I really listen to the words, you know. 'Our true North strong and free and we stand on guard for thee'. That now means something to me because that's what my son did, he stood on guard for us (line 860-862).

Prior to her son's death, he took note of the tremendous support our country displayed through yellow ribbons and programs such as, Red Fridays.

The anniversary of his death and Remembrance Day are difficult days. When they attend services in Ottawa it is also an opportunity to visit his gravesite, as distance is a barrier for them. When asked about the return of his unit, Alice speculated that although they did not know when the unit came back, she would have found it difficult to know they returned and he did not.

Alice was extended an invitation to go to Afghanistan (a procedure unique to this mission that was offered to family members from approximately 2006 - 2012). She allowed her other son to go in her place. Prior to Scooter's death, Alice did not feel any real connection with the military. Now they have become friends with many of his peers and often stops to see them when they are near the base. She noted the many amazing people they have met through this process. She also expressed a heightened awareness of the war efforts particularly after their son's first tour. When they see a soldier now they make a point of stopping to thank them for what they are doing. She has noticed as well, that they are now known and recognized by strangers and that they still find comfort in the gratitude they receive for their son's sacrifice. Losing Scooter has also taught her that no matter what terms you might be on you always tell people what you feel, and always say I love you.

Alice also reflected on the perception of veteran and the entitlement to use this title after completing one tour. When she asked Scooter after his first tour if he intended to get Veteran's license plates, he commented 'I'm too young for that'.

She described her concern that at times Steve may feel left out as they frequently speak about Scooter. In her personal journey, she expressed that for the longest time she did not feel she had the right to laugh or be happy. Alice was aware of formal supports offered through the

military but indicated that as a family they were a strong support system for each other. She has also found ways in which she feels a connection remains with Scooter. For instance, she described that as a child he always found dimes in pay phones. Now she finds dimes on the ground and smiles at the thought of her son connecting with her in this way.

4.2.1.2 Heather: Dale was Heather's oldest child and only son (age 24). She reminisced about a mischievous young boy who had difficulty in his grade school classes. He was later diagnosed with a learning disability but high IQ. As he matured she recalls him taking on leadership roles and being puzzled by peers' poor choices. She described his charisma and sensitivity despite his outward persona as big, tough and athletic. After high school he worked in manual labour but soon decided this was not what he wanted do. He joined the army, trained in engineering and thrived in the teamwork and camaraderie. He often brought his new friends home to visit. She recalls that he seemed happy. Dale excelled in basic training, surpassing his classmates. He was posted out west and resided with his fiancé but when he was asked to go to Afghanistan his fiancé moved back to their home province and the relationship dissolved.

Heather remembers how happy and proud he was to go to Afghanistan. She began to worry: "I was just sick to my stomach" (line 67). It was important to both Dale and his family that he visit home before deployment but Heather clarified that after a week at home he had said he had stayed too long: "[T]hen I read a thing afterwards, they try to separate themselves from their families after being deployed" (line 74-75). As deployment neared, she was aware of his increasing anxiety. She noted: "when he first was told he was going there they had only killed one Engineer and by the time Dale was killed there was thirteen" (line 95-96). His sergeant was killed a few months before him, and he was injured in the blast. Heather conveyed how he

helped to secure the scene, even with a concussion, and although he would spend time in the

hospital (there) for PTSD and auditory issues he did not want to come home.

First accounts of his death by the media angered her as they indicated he had stepped

down off the vehicle onto a land mine; a mistake she perceived no engineer would make. She

would come to learn that they were on foot patrol and it had been a "screwy morning" (line 122).

It was Dale's turn to be at the front of the line. At the time sergeants were being targeted and she

believes because of his size he was mistaken as the sergeant. The IED was remotely detonated

hitting him from behind. He sustained a concussive blow, shrapnel injuries and was thrown into

a wall. She clarified that he had died in his sergeant's hands on the helicopter from his combined

injuries. She would hear other accounts such as, he was alive at the hospital in Kath, but

distinguished these stories as comparable to other later interactions with people who wanted to

be part of the moment in some way. Given conflicting information they requested the coroner's

report and found comfort from details within; yet, she still questions at times if she has all the

information. Heather did express disgust that a photographer was on the aircraft photographing

evacuees and fears these photos will someday surface, but also indicated there were means in

place to prevent this. In attempting to understand meaning behind his death, she rationalized that,

of the men, Dale was the only single male and was leaving no children behind.

Heather recalls the morning she was notified, it was her birthday and she stayed back

from camping to wait for Dale's call. The doorbell rang at 5:30 a.m. and she was met by a padre

and officer from their local area. They requested to speak to her husband (Dale had indicated that

he would want his father notified first if anything happened to him). Only her oldest daughter

was home with her at the time. Once informed her spouse was camping, they told her

immediately that Dale had been killed. She believes this was so she did not have a chance to

perceive that it was an injury. The local police services assisted in notifying her husband and other daughter and bringing them home. She noted that they should have been told not to make phone calls because within minutes another family member had spread the news via the internet, before her husband knew. Heather's AO, while kind and supportive, was a reservist and clearly novice and nervous in the role. In fact they initially asked him to leave but later valued his role. She clarified that AOs generally do receive some training and as she understood it the role of AO is typically a once in a lifetime assignment. Heather felt that given the number of deaths that year the availability of AOs with more career experience had diminished.

She recalls that her spouse welcomed the media. She found the flood of visitors and media overwhelming. Living in a small town, 'everyone' came to their home and Heather noted that in light of feelings of shock it was hard to say no. They eventually placed a Do Not Disturb note on their door. Heather commented throughout the interview and shared examples of individuals seeking self-serving motives and feigning connection to them. For instance, women claiming they had been a girlfriend and they had not, the mayor looking for political recognition for his town or, others hosting fundraising events that did not respect the family's wishes. Heather commented on the liberty people took in using his name in events without their permission. She feels it is important to remember him as soldier and what he was stood for but also as Dale, the individual.

During the repatriation they met a number of dignitaries, but with the exception of a few she noted it held no meaning for her, perceiving rather that they attended out of duty. She described their presence as an invasion of her family's privacy.

She remembers waiting for her son and the door to the plane would not open. She thought: "Maybe this is just a joke. You know your mind tries to hold on to that last thought that

maybe he is alive" (line 506-507). She recalls the significance of a train whistle in the distance as the door lowered and shared that trains were a passion of his. It was natural instinct for her to approach and kiss the coffin but, the single rose provided to them she felt was stupid. As with other participants the Highway of Heroes held significance, she wished her son could have seen the pride of fellow Canadians. She recalls him encouraging her to go to prior repatriations but she never felt she could; she has not missed one since. She also discussed his escort and how it was helpful to her to know he was not left alone. Initially, it was to be his close friend, but was changed to someone they did not know. In hindsight she expressed that it would have ruined the life of the original man assigned.

Heather had an opportunity to view her son's body with her family. She recalled that when she was told he was 'intact' she was surprised that she had not considered the possibility that he might not be. Heather conveyed having experienced a number of family deaths and having familiarity with funeral processes. She shared a distinction that her husband, Jeff, had made: "Jeff wanted people to remember him forever and those, that immediate moment, are not about remembering him it's about being part of this show" (line 389-390). Dale had chosen a full military funeral, conducted in his hometown. Members of his unit attended and she extended their home, provided food and space for them to change and rest. She remembers being very concerned for them acknowledging their loss of a close friend. Her daughter continued the care and support: keeping in touch with the deployed unit to let them know they were supported; sending care packages and, has since become close friends with many of them. When his unit returned Heather was happy they were safe but wished Dale were with them. She did not think it had significant impact on her grieving but noted that memorials and the first Christmas without him did.

Reflecting on her personal journey, she spoke of her ongoing lack of concentration. She feels fortunate to have been given a year off work but was then called on the exact day of the one year anniversary with the expectation she was ready to return. Her extended health insurer insisted she attend a psychiatric evaluation, which made the determination she was ready to back to work. She was also required to participate in grief therapy. In both instances she felt that the therapists spent more time asking about the military than listening to her actual needs. She felt the required grief sessions were too soon for her. She also spoke with HOPE, and clarified that they called her and initiated contact but neither she nor her spouse felt a connection. Later she would seek counseling support from the MFRC and has found this more valuable. Her personal faith has also been a source of support and strength. Heather commented on informal support networks with other families and while she has found some support here she noted that:

> People think that you should just get along with other parents that are in the same situation. Some of them make a point of making you feel that their grief is harder than yours, it's like a competition (line 1022-1023).

In her bereavement she has needed to compartmentalize her roles (e.g. focusing on work while at work) but, given the public nature of her son's death she feels she is not afforded the privacy or distance she craves at times.

Personally, she does not believe the mission to Afghanistan was successful but noted her feelings are mixed with respect to her bereavement. Her son was doing something he loved yet it took his life. She also wonders about if he had come back further injured and suffering from PTSD: "I always wonder if he'd come back, he'd be a mess" (line 795-796). She declined a trip to Afghanistan because she didn't feel it would be helpful for them.

Heather did not feel connected to the military before Dale's death but after has found the support to be: "spectacular, first class, kid gloves" (line 837). Although, she was the only

participant to express that at times there are additional expectations placed on her and the support feels like: "it's like an over bearing grandmother" (line 853). For instance, she described requesting an extra ticket to an event for another family member. The hope was to enjoy a quiet family day and quickly they were escalated to VIP seats and a more public attendance. She also noted that honours such as meeting officials, even royalty, come with additional expenses such as specific clothes or hair appointments. Finally, she indicated that she did not like the term fallen soldier: "I hate that 'cause he didn't fall" (line 1059).

4.2.1.3 Amy: Andy was the eldest of Amy's four children. He was described as very smart: "but not smart enough to stay out of the army"(line 38). It was a surprise when he enlisted and she noted that he did not tell his parents until after the fact: "he knew we wouldn't approve" (line 50). Amy said that he enjoyed the camaraderie of being on a team and being in reserves but his options to do so (e.g. team sports) were limited as they lived in a remote area. She believes it was this quality that attracted him to the army. Amy clarified that while they support their son and the decision and choices he made for his life, they do not support the act of war or this mission- Andy knew they would not support this. He had other aspirations as well. Prior to, and while enlisted, he was working on a university degree (which two credits short of completion would be conferred after his death). The army supported his goals in this regard.

Andy was on his second tour in Afghanistan and Amy recalls fear each time he was deployed: "we thought he was out of his mind. You can't tell them that though, you just support them " (line 95). Andy was a paratrooper and radio operator. On the day of his death he was traveling with his captain and an interpreter and was responsible for communicating with other members in his troop. She did not elaborate further on the circumstances surrounding his death.

Andy was married and living on base with his wife, Rachael. Rachael was the first to be notified as his primary contact and called his parents. Soldiers were sent to Amy's home but the address Andy had provided was incorrect so they did not arrive until a few hours later. Amy's provincial government helped her to reach her youngest son and bring him home, who as part of his work role was deep in the forest. To avoid alarm his entire crew was brought back and subsequently provided much needed support to her youngest son.

The details surrounding Andy's death were very important to Amy, and she felt that they were well informed. They later accessed the autopsy report as well. However, Amy explained a strong desire to see Andy's body in the morgue but was told that the coffin was locked in Afghanistan – later to find out this was not accurate. She needed verification that it was their son; so with some advocacy their AO was able to take a photo of Andy's tattoo, unfortunately the image (inside of wrist) was not familiar to her and therefore did not allay her fears.

Amy explained that they did not have the right to make decisions regarding viewing and initially her daughter-in-law was not going to allow this. Amy indicated that it took time to convince her that other family members had needs to be considered as well. Eventually a family viewing was arranged. While waiting for ceremonies and planning arrangements, Amy would describe other instances where she felt very left out and that only his wife's needs and wishes were being considered. Yet Amy also acknowledged that she needed to remind herself that they, as parents, held in a differing role in his life now that he was married. The assisting officer, with whom they remain in contact, and the padre were able to recognize that family needs were being overlooked. Amy felt they helped to guide Rachael where possible to make more inclusive choices. Her AO was also very effective at controlling media access to the family and she felt that media were very respectful.

Andy's repatriation was lengthy as six soldiers were brought back at the same time. Amy recalled the devastating long wait for her son to come off the plane as Andy, a corporal, was among the last. Even as Andy's coffin came off the plane, Amy struggled over and over in her mind: "am I sure that's my kid in there?" (line 297). Amy also observed the lack of dignitaries present at this particular repatriation, given the number of soldiers that returned, in contrast with their presence at previous ceremonies. While she did not feel this impacted her personal grief, she did think it showed a lack of respect for those who died.

Amy discussed the procession on the Highway of Heroes. She noted that they had prepared her to be overwhelmed but at the same time the experience was a "foreign concept" (line 319). She recalls being taken by surprise at the public response and images such as, Veterans bearing flags and a man standing on the highway barrier with his hand on his chest: "It was just some images just really hit home for me" (line 310). Amy also was the only family member to mention that she received videotape from the military of the procession. During this ride, she felt pride in her son and expressed the wish that he could have been there to see it. Departing from Andy at the coroner's office was difficult, as she still wanted to see her son. It helped to know he was being escorted by the medic from his troop and that all those who supported them during the early process, as she understood it, had volunteered to do so and were honoured to.

Amy felt that her son never expected to die when making the selections on his military forms but it was Andy who chose to be buried in the national military cemetery. She felt his funeral honoured his wishes and the choices he made for his life. She found humour expressing that her son, whom she described as somewhat anti-authority, would have laughed: "all that brass were saluting him" (line 408).

Amy described her family as: "pretty low key" (line 446) with respect to public involvement and therefore described only positive impacts from the public nature of Andy's death. She described the outpouring of community support and as she noted, even years later heartfelt condolences. Amy found that the public connection to her family has been more personal and not because of the 'story'. This has been positive in their grieving process. For instance, in their local high school, a former teacher of Andy's uses his name and photos as part of her Remembrance Day teaching: "[T]he kids in her class always write us, they a wrote a letter telling us how it affected their lives...so I mean, it's so very positive and we were seeing that he is remembered in a positive light" (line 457-458).

As with other participants, Remembrance Day now holds more significance for Amy although she had strong family ties to family members involved in previous wars. Amy and her son had very different philosophical views in this regard. She feels that the dead should not be forgotten, whereas Andy had expressed on many occasions that the focus should be on those returning physically injured or suffering with PTSD; feeling that the dead are gone. In her personal grief journey, Amy would like to become more involved in supporting Veterans who suffer from PTSD but has found this difficult noting that it is still too painful for her. The return of his unit was not significant for her, she indicated that they often were unaware of when he was coming or going. Further, they did not feel a connection with the military before Andy's death. Following his death, she feels their beliefs on war were a factor in being shutout by her daughter-in-law. Geographically, she also noted that they do not live near a base and while she believed support from the military would be there if she sought it out, she has a limited connection within her community to the military. As a family they have supported one another. She did go to Afghanistan with Rachael. The trip was important for her to understand where her son had

worked and died and to visualize what he had described to her. It was ultimately helpful in her grieving process as well. She derived benefit from having one of his friends as their escort for the trip. (Procedure dictates they cannot be unescorted).

Amy is concerned that her daughter-in-law has surrounded herself with other widows, widowers, partners and friends connected by their loss or military involvement. She sees this as a negative influence, preventing her daughter-in-law from moving forward in her life. Amy also shared a conversation with an officer on the family trip to Afghanistan. The officer had observed that over a number of trips families of origin appeared to grieve more deeply where spouses wanted more recognition and acceptance amongst other spouses. Reflecting on the significance of the deaths in Afghanistan, Amy felt that the number of deaths made it possible to see the individual behind the soldier. She hoped this would raise awareness for peacekeeping and the costs of war and would make us less willing participants in future.

4.2.1.4 Yvette: Kyle (age 21) was Yvette's middle child- mischievous, intuitive and very bright. She recalls one of his teachers referring to him as a genius although in class he was typically bored. Kyle loved history and spoke of teaching one day. After graduation he joined the army and as Yvette described, he thrived. She was surprised that he did not choose the air force as he learned to fly at a young age and did better than the majority of adults in the class. She said that he loved driving the LAV and she compared its technology to the video games he played. During our interview she shared photos of Kyle as a child and young man.

At first Yvette did not realize that infantry meant he was the front lines; further, she perceived that the role of the Canadian army was to help people, it wasn't war. Reality hit home the first Remembrance Day he was away when her employer read off the names of soldiers who had died thus far. When Yvette learned he was being deployed, she described dropping to her

knees begging him not to go. She asked him to promise that he would come home to which he responded, 'I can't do that'. She believes they both knew that he would not be coming home. At the same time she struggled that as a mother she did not sense anything was wrong the day he was killed.

Yvette recounted what she has come to know about the events that day. Two of the tanks were proceeding through a town and hit a traffic jam. On board of Kyle's tank were two civilians. The officer in charge made the decision to turn back. Yvette said she later read that he regretted not following the rule that you never go back the way you came. As the commanding officer gave a thumbs up to go ahead, a bomb went off throwing Kyle's tank in the air and flipping it over. Yvette took some solace in the knowledge that her son died instantly after hitting his head, yet she had nightmares for long time that he had been conscious, suffering and could not get out. Yvette needed to know what happened although her family fought her on trying to obtain the details. The details brought her some peace and she believed they were as accurate as they could be. She also expressed dismay that satellites monitor everything that occurs and the military can see these occurrences right down to the name on someone's uniform; yet, she had difficulty getting an accurate account.

The day Yvette was notified she was celebrating the holidays with her friends, her ex-husband and son arrived at her home and at first she thought something had happened to her former mother-in-law. It quickly became apparent that this was not the case: "I think I realized then it wasn't his mom and it was Kyle. I knew he wasn't injured. I just knew it. Then I realized I am on the floor and I hear screaming and it's me" (line 336-338). She recounted the difficulty of calling other family members. Kyle's father had told the military they needed to notify her too but she was not 'on the list' so this took place hours later and special approval was required.

When the military arrived Yvette was still hoping it was a mistake. One of the officers was unsupportive, which upset her more: "There was no emotion whatsoever coming from him. He looked pissed off that he had to be there after spending the whole day trying to find everybody. He just didn't want to be there. He was so cold" (line 455-457).

Yvette clarified that Kyle's fiancé (Mona) was listed as the primary. They could not locate her at the time of the death. Yvette explained that the relationship between Kyle and Mona dissolved just prior to his death and had been acrimonious. He changed his will immediately but had not completed the paper work to change the beneficiary on his life insurance. Yvette stated that the papers he had started "mysteriously disappeared" (line 441) from the base in Khandahar, leaving Mona as the beneficiary. Yvette indicated that she has moved on with her life and has not spoken with his family since. Yvette also noted that after the break-up, Kyle came home for his leave from Afghanistan. She is thankful now to have had this last time with him.

Following notification Yvette's home was filled with friends and family, she stepped into the role of caring for others feeling the need to do something but not knowing what she was supposed to do. The AO and the public relations officer that were assigned to the family were helpful in guiding her through the next steps and have become counted among her close friends.

Yvette was offered the opportunity to see her son and did so with her current spouse. She remembers being afraid and that her husband went to see him first. He indicated that Kyle did not look like himself but Yvette still needed to see him: "I said I have to go and see him. I was the first one to see him when he was born. I'm going to be the last one to see him" (line 507-509). It was important that his hairstyle be fixed to how he wore it, so she could ensure he would be pleased with this aspect of his send off. Meaningful items were placed in his casket. She expressed that her only regret was not giving him a kiss goodbye. Had she not seen him she

believes she would still question weather they had the correct person, or worse that he was being held a prisoner of war.

The repatriation ceremony was long and Kyle was the last of five off the plane. It was cold and she had not dressed for the weather even though mitts and earmuffs had been supplied. She was the first to approach his casket and lay her rose and she remembers her ex-husband collapsing. Yvette thought of a conversation Kyle had with one of his lifelong friends, he did not want to die in Afghanistan alone, so she took comfort that he had arrived home. Yvette found that the geographical distance between her and Kyle at the time of his death still affects her today and further emphasized the length of time it took before she was able to see her son. Today she fears being away from her family for any length of time. Yvette also spoke about one of his escorts, who was a good friend of his: "It affected him very badly (line 702)…. when [he] got back from Afghanistan, he left the Army. He couldn't deal with it anymore" (line 710-711).

The travel back to the coroner's office in Toronto was described as one of the most incredible experiences she has ever witnessed. Yvette remarked that even in downtown Toronto you could hear a pin drop.

Yvette was careful to be kind to Mona in order to influence the funeral decisions and not be shut out. She recognized that despite recent events Mona had been a big part of her son's life and she did not want to embarrass him. She also noted that military and dignitaries had seated themselves at the front of the church and she made them move indicating those seats were for family and close friends. Similarly at the repatriation, she said: "I kind of wondered, actually, why they were there" (line 676).

Certain points along her journey have been more difficult such as holidays and anniversaries. Yvette described making friends with many of Kyle's unit members but it

bothered her, as they would count down the days to their return. She felt she should be excited for them but was saddened that Kyle was not returning with them. Remembrance Day also holds more meaning for her but is a difficult time of year. She feels strongly that there needs to be appreciation for the loss of all soldiers in the past and what their sacrifice means. She contrasted this with her ex-husband's perspective as she sees it, that this loss is only a personal loss. However, she was clear that she wanted Kyle remembered as a person as well not just a soldier.

Prior to her son's death she did not feel connected to the military. When he died she briefly thought there would be a sense of obligation to support the military however, she remarked that they have supported her, treated her like family, and buffered her from the media. She further explained that Kyle loved being in the military and it was part of who he was. She has taken the military in as her family and thanked them for caring for her son when he was not home.

Yvette shared that after his death her marriage almost ended and she lost her self-confidence. She also explained that making Kyle proud of her has become a central focus in her life. With some challenges, Yvette accessed counselling through the military and a support group offered through a local hospice. Reflecting on Kyle's death in comparison to other deaths she has experienced, she noted that losing a child is very different kind of loss, and is a: "club you don't want to be in" (line 996).

4.2.1.5 Colleen: Rob (age 22) was Colleen's middle child. Stubborn and determined, but very outgoing and caring. He enjoyed some outdoor sports but for the most part Colleen described that once he accomplished something he moved on. He enjoyed gaming but aside from this was not one to sit still. She described him as: "full of piss and vinegar" (line 190). She noted that her children were exposed to lots of experiences (particularly with farming and wild life) and were

not afraid to jump in and help out. Rob had aspired to be in the police forces but became frustrated with the slow pace of training and knowledge that he could not be hired until age 25. When he announced he was joining the military, Colleen knew it was a "done deal" (line 130). Calls home from training indicated to her how happy and excited he was in his new role. His unit was deployed as one the of first battle units during active combat. Recently engaged, his young fiancé (Lilly) was expecting and had some complications. He struggled with whether or not to go, but decided to go; knowing they would send him home if needed. Colleen recalls speaking in their own code "he'd say things like it was hot, really hot and so I knew things were pretty rough" (line 229-230).

The morning she was notified she recalls their family dog was acting strangely and she suspected a bear was in their yard but then heard a knock. She reflected later that she knew the day she hugged her son goodbye she would not see him again. Each day was harder for her. On this day she awoke suddenly at 1:00 am, sensing something was wrong. She believes that parents, and mothers in particular, possess intuition in this regard. Two members of their local unit were standing there, one of whom recognized her and was visibly uncomfortable. Closing the door on them she went to change and rouse her spouse. When she came downstairs they were notifying her husband. Later the padre would ask why she had not asked about the reason they were there, she replied she did not need to – she knew. She and her husband began calls to their sons, family and the parents of his fiancé (who had not been listed as next of kin). Colleen recalls how they would later be subjected to criticism about how Lilly was notified and that she did not receive an AO of her own.

Colleen expressed that she needed to be in control of the situation, to the surprise of the military, and began to give direction by telling people not to answer the phone and telling others

to go home. The notifying officers left several hours later and she had wondered why they were still there. Her AO called to say he was delayed and did they need anything? She told him she did not really care but notes that she did not understand his role at that time either. She would come to value his support, particularly after her husband suffered a heart attack within twelve hours of notification. Colleen referred to her AO as her "knight in shining armour" (line 615) despite, as she believes, the military's distaste at her using this term for him. Colleen also clarified that in her case, the padre and AO had to be together at least the majority of the time. She described a flurry of activity and response; her home flooded with people as they are from a small community where everyone knows everyone.

Media response was overwhelming and initially intrusive. She tasked her AO with the role of dealing with the media once he arrived, indicting the need to: "shut these people down"(line 508). She described endless calls to her home and quickly learned that they were calling her neighbours who did not even know of the death. Colleen noted she was livid and at one point blew a whistle in the ear of a caller on the phone. Only once they had assistance from their AO and a public relations officer did they release a statement.

At first they were told the men were killed by a suicide bomber on a bike, little else was said. She believes the military was unprepared to respond to the number of casualties (injured and dead) that day. Colleen would learn from other men in her son's unit details of that day and stated it was not what the media or military presented. The inaccurate myths that were repeatedly published about the events surrounding his death anger her. She still feels she is missing information. Colleen clarified that in the United States families are provided quickly with an incident report. She had asked for the coroner's report and incident report from 'day one'. While she received the former she was still waiting on the incident report. In relation to this Colleen

also expressed her anger with former Prime Minister Chretien:

> When Chretien sent us over on this tour we were totally unprepared, we didn't have the right uniforms, we didn't have the right equipment, we had nothing. Then when Martin decided that we were going to from Kabul town to Kandahar and we were going to be taking over the whole ball, we still didn't have the equipment. We still didn't have anything, but what we had, we had Ricky Hillier[7] and I think we would have had a lot more deaths if it hadn't been for that man (line 578-583).

Colleen initially refused to have a funeral, she does not care for them and described how in her community there are people who go to funerals and rate them based on food, flowers, and such. She was not interested in a 'glitzy' funeral. They did decide on a military funeral although the community pitched in and took care of many of the preparations. Colleen insisted that his regimental colours, not the Canadian flag, be draped over his coffin as his regiment held so much meaning for him. She also reflected on the inability to exercise his wishes to be an organ donor.

The repatriation and ramp ceremony brought mixed emotions. Rob was the third of four to come off the plane and she described a memorable moment when a monarch butterfly was circling his casket. It came over and touched her, her husband and other son, then returned to the casket, remaining until it was in the hearse. She remembers a number of points in which the public outpouring of support touched, and surprised her. She would later comment that the name of highway 401 was not changed until 2008 and she believes this is directly related to it having been an election year. She contrasted this support with the lack of support in the general public and some politicians whose comments hurt them deeply. She does not feel she will ever be able to forgive them. She was angry when hearing Jack Layton, who did not support the mission, planned to attend the repatriation. She also described positive support from government in addressing details such as, ensuring Rob's daughter could use his last name once she was born

---

[7] Referring to General Rick Hillier, former Chief of Defence Staff for the Canadian Forces.

and in obtaining eventual recognition of his fiancé by Veterans Affairs.

Once repatriated to his hometown, they had a private and public viewing (by invitation). Colleen noted the significance of this to others in the family but did not feel it had an impact on her own grief. She reflected on the days leading up to his funeral. She did not want people sitting around her home weeping so they had several large bonfires in their back yard, and celebrated memories, practical jokes and being together. She reminisced about the symbology of when the freezer full of the food that had been prepared for them 'died', representing the loss of much support they had received at that time.

Colleen and her husband went to Afghanistan:

> You have your meeting prior to going to Afghanistan…and they asked me what my expectations were and I said I didn't have any. They asked me if I had closure. I said I wasn't looking for it, I don't think that there is such a thing as closure (line 1142-1146).

Throughout the interview Colleen spoke fondly of the connections she has maintained with the men in her son's unit, officers that supported them along the way and some other families. She stressed concern for the mental health and well-being of a number of the soldiers who had become part of their lives. She also expressed disdain for drunken behaviours and mis-representation of PTSD experiences in previous war veterans that she has observed on numerous occasions. Further, Colleen expressed that she hates Remembrance Day and always has but is also proud that the soldiers are remembered and not forgotten. Colleen noted she declines welcome home events, indicating that this is a happy time for families and not her place to be there. She found it very hard when Rob's unit returned without him.

Colleen became an active member of the peer support initiative through the military and has found this to be helpful. She also derives satisfaction in the advocacy role the group has exercised in improving processes for later families. She questioned some of the other public

efforts that have occurred in memory of the fallen. For her accountability of funds is important as well as respect for the deceased as an individual. She shared examples to the contrary. She expressed that she needs to know that her son's name is not being used without permission or for someone's personal gain. When this does occur she expressed the inherent lack of respect and sense of lack of control she experiences:

> Every Tom, Dick and Harry is raising money for the military family and where the hell is all this money that they are raising going? And I've asked for accountability for some things but I've been verbally attacked by some other mothers and I don't give a shit. I need to know (line 1275-1277).

She finds it appropriate when funding is raised to support the soldiers surviving with PTSD. Additionally, she observes symptoms of PTSD in some of her own family members. Humour, or dark humour as she calls it, has been healing for her.

Colleen raised a number of other concerns she has experienced and observed: 1) She makes a conscious effort to balance the number of photos in her home of all her children and contrasted this with 'shrines' she has seen in other homes. 2) Similar to one of the fathers in the study, she also raised the unique issues of her granddaughter, born after her father's death, to a grieving mother, and living with the legacy of her father as a hero. 3) She conveyed discrepancies by the military in who is invited to an event, or differences in commendations and memorabilia awarded. 4) And, she identified tensions and hurtful actions occurring between some of the families of the fallen as well as what she perceives to be attention seeking behaviours displayed by some family members.

Colleen offered thoughts on what differentiates this type of death from other deaths in the line of duty (i.e. police, fire fighters), but was clear that they too should be honoured for the nature of their sacrifices:

Our deaths were fighting on foreign soil and fighting evil. My son did not have the luxury

of going home every night to his family and friends. He did not eat 3 hot meals a day. He did not shower for weeks, if at all. That is the difference (line 1868).

She also expressed the significance of the wait for the bodies to return home and an additional wait for the coroner's investigation before they could have a funeral and begin to grieve. Personally, she feels she can only share her grief with other families who have experienced the same type of death.

4.2.1.6 Evelyn- Daniel was the eldest of her two boys. He was married with three children of his own. She remembers how as a small child he demonstrated that he was very bright and the school had even wanted him to skip two grades. She described her son as always willing to help others, and while he could be serious, always had a smile on his face. As a single mom she sought out programs that would provide male role models and structure. Daniel was in cadets and then joined the reserves. He knew in his teens that the military was the career he desired. In the military he moved through ranks quickly, and had been on several tours (Bosnia, Kosovo, and three times to Afghanistan). After his second tour in Afghanistan he received special commendation for his work. Evelyn clarified he was proud of his work but never sought out accolades and kept private about much of what he was involved in. Evelyn described how his men were important to him and he was not afraid to speak out for them. She shared one example after an earlier tour where he confronted his superiors indicating that the infantry were dying because they could not recognize an IED. He then designed and implemented a successful training program for those being deployed. After his last tour he was to be posted to his home province and was looking forward to being with his family and extended family. Evelyn, stated that he was due home in less than a week but never made it.

Evelyn described that his unit was taking a generator into a village, and had cleared the road of IEDs the previous day. She said that there were three tanks, the Taliban let the first one

through and blew up the second (her son's). She would later learn that there was footage of the blast from the cameras on the LAVs that she was not permitted to see but was told that the blast left a crater eighteen meters wide and threw the tank 75 feet in the air. She described having vivid nightmares, and hearing bits of information that she wondered if it applied to her son. For instance, she had heard about a fire and that the protocol did not allow other soldiers to go and assist in such an instance. Evelyn demanded information needing to know if her son was aware for a period of time; if he had suffered. She received verification that there had been a fire but that they could recognize Daniel and further that he had died instantly. This eased her mind. However, she noted that approximately a year later she learned other graphic details from the coroner's report that led her to question why she had been lied to. She wanted honest answers. She described how the information concealed from her set her grief back and caused the onset of nightmares once again. Her trip to Afghanistan occurred around this time and it was helpful for her to see where her son was and to piece some of those details together in a concrete way. Evelyn would describe one difficulty in this type of bereavement was having her son so far away and being unable to go to him. She also described other features: the graphic nature of the deaths- and noted the impact on the other soldiers in the unit of needing to clean up and carry on and, the intenionality of his death. She described his death as murder.

In her role as a mother she has not been able to share detailed information with her other son for fear of what knowing might do to his well-being. She described how close her boys were and felt that this had already been hard enough on her other son. Evelyn reminisced about the relationship between her boys and the mischief they would collaborate in to pull the wool over her eyes.

Evelyn describes: "all that last tour I had a bad feeling" (line 378-379). The day of his

death, she had gone to work and recalls breaking down and crying uncontrollably just after 10

am but was not able to explain why. Something had just come over her. She reflected that the

time of death in Afghanistan was 10:22 a.m. and that she believes this hit her at an instinctual

level just after 10 her time. Daniel's spouse was the primary and was notified first. Evelyn

returned home that evening and two military representatives were waiting in their vehicle down

the street for her to arrive.

> [T]hey knocked on the door and as soon as I opened it I knew, and I just stood there and
> stared at them. They had to ask me three times, are you Evelyn? And I just stood there
> and stared, once I acknowledged that I was, that's when I fell apart, they didn't even have
> to tell me (line 416-419).

She expressed empathy that it had to be a difficult task for them and that in her case they never

actually had to tell her. She began to notify family and struggling to do so, they assisted with the

calls. Later her AO and a padre would arrive.

Evelyn wanted to see her son but was never given the opportunity. She spoke

passionately at a number of points in the interview about the exclusion of family when a spouse

or partner is the primary. Evelyn was led to believe by her daughter-in-law that the casket was

closed and could not be opened (she perceived this as a result of him dying in an explosion and

that he could not be viewed). She would later learn that her daughter-in-law and her parents did

have a private viewing. Further, she was led to believe that she could not provide flowers as the

military arranges all such details. On the day of the funeral she saw large arrangements from

Daniel's spouse and from his in laws. She noted that these things remain a source of pain for her

to this day. Evelyn also described that she feels robbed of the opportunity to say good bye to her

son, noting that even if she could only have seen his tattoo that would have helped. She clarified

that years later, she still struggles at times to believe he is dead. Additionally, it bothered her that the military had her name wrong in the funeral schedule.

She believes that more education should to be provided to family members about their rights. While she acknowledged the role of the primary, she felt that parents need to have some input and knowledge in what is happening with preparations and choices through to the funeral. She further commented that his spouse would move on. Evelyn did note that her son chose the military funeral, and had the foresight in advance to request burial in the military cemetery knowing that family tensions would pose an issue should anything happen to him. She expressed that soldiers themselves (especially the young) need better education on what it means when they select certain things related to identifying primary and secondary. By way of example she described a soldier who worried his mother could not handle news of his injury or death and listed a friend as primary instead. In doing so he mistakenly disentitled his mother to benefits.

Evelyn stated that she could not describe the feeling of standing on the tarmac waiting for her son to come home and seeing a casket come off. Daniel was first given his rank. She noted the symbology of the other soldiers carrying him on their shoulders. Presence of dignitaries held little meaning for her and she indicated the people lining the highway and over passes meant far more. She also described the presence of three clouds. As each soldier was carried off the plane, a cloud moved from over the plane to over the building. She felt he had arrived safely home. Evelyn's indication of the location of his presence would prompt me to ask other participants this question as well. Evelyn experienced distress when their limo was required to part from the limo of the deceased at the coroner's office. She felt that she had 'just got him back and had to leave him again'. In light of this, knowing an escort was always with him provided comfort that he was not alone.

The media did not find her right away and when they did, calls were fielded by her son. She noted that an interview with her son later was so condensed that meanings were taken out of context. She has been in the media since and has had no issues.

Evelyn has been very active in memorials for remembrance of her son and other fallen soldiers and has founded a number of projects to this end. She stated she prefers to keep busy rather that to sit and mull things over. She had found the most value and support from informal sources such as, other families and gestures that as she described, come from the heart. Evelyn has also been a support to many other family members but noted boundaries to be challenging at times. She shared experiences of trying to support another mother who has not had a positive experience with the military and the investigations surrounding her son's death. Personally, she feels connected to the military and well cared for. Prior to his death she was also well connected and supported the efforts in place to assist military families.

She described an initial counselling experience as negative, noting that the bereavement counsellor could not handle the traumatic material she was sharing. A later experience has been better for her and the techniques used have assisted in her ongoing experiences of distraction.

Remembrance Day is very significant for her now and she does not work that week. Further, she advocates that Canadians need to better appreciate the role of the military and their sacrifices not just on this mission but past, present and future. She noted that if we were not fighting on their territory, we would be fighting on ours. She holds an awareness that her son is no longer just and individual but one of Canada's fallen. The pride attached to her experience was described to be 'huge'. She noted that she is recognized as a silver cross mother, which elicits support from people. She did share some experiences with public philanthropists touting support for military families, but as she perceived it they were only seeking personal gain and

recognition. Evelyn prefers the term fallen soldier, recognizing that it avoids saying killed or dead.

Following our interview, Evelyn gave me a tour of the large collection of symbolic items and photos that she displays and cherishes as memories and connection to her son.

4.2.2 **Fathers**

4.2.2.1 Joe: Lucas was Joe's only son, age 24, and the oldest of his two children. He described that Lucas has become the 'myth' of a hero but Joe saw him differently:

> To me and to the rest of his family he was just my son, but who he was as a person was a skinny little athletic boy who grew up to be a big, tall, strong, man. He was a person that all his life had been concerned with fairness and also with the mythology and heroic stories and warriors. I believe he always saw himself as a protector (line 20-23).

Being a soldier was an important part of who his son was. Joe drew a parallel between an instance where Lucas stood up for a young woman being harassed at a party and the role of the Canadian Forces in Afghanistan. In both situations he was protecting the vulnerable but Joe noted that heroes sometimes get away with standing up to bullies and sometimes they do not.

Lucas was on his first mission and among the first group of reservists that had been deployed by Canada since the Korean War. Trained to operate a specialized leopard tank, his role was to accompany each mission to assist disabled tanks. Joe recounted a phone conversation with his son the weekend before his death. Lucas was pleased that he earned and enjoyed the companionship and respect of his team despite his youth.

Joe shared in detail the events of that day as he had come to understand them and of his son's heroic actions. He described that the mission was to establish an outpost, which required two lines of personnel, one as a rouse and one to actually complete the task. Returning to base they were traveling along a dry river-bed. One of the tanks lost its track and Lucas's tank was

Table 4b. Summary of Mothers' Responses

	Alice	Heather	Amy	Yvette	Colleen	Evelyn
Primary/ Secondary	Secondary (offended by term)	Primary	Secondary	neither	Primary	Secondary
First **Notified By**	Call/ son's Partner	military	Daughter in law	Ex-spouse	military	military
Able to View deceased	No body	Yes	Yes; denied early viewing	Yes	Yes	Denied, told no viewing
Afghanistan	No	No (declined)	Yes (helpful)	?	Yes (helpful)	Yes (helpful)
Mode of death	Pressure plate IED	IED- Remote detonation	IED	IED	Suicide bomber	IED (?remote detonation)
Desired details/info	Yes, - 'no rights to him at all' - YouTube video helped	Yes, conflicting accounts added to distress	Yes	Yes, family tried to prevent her from obtaining	Yes, waiting on some details 6+ yrs later	Yes, was mis-led only to discover truth later
Views on Death	-In line of duty - emphasized sacrifice for our freedoms - public attention appropriate given what he stood for	Murder - sacrifice is important but individual equally/ more important	Opposed to war but support son's choice to defend our rights	Parental bereavement- a club you don't want to be in - supportive of what her son loved	On foreign soil fighting evil	Murder - feels Canadians need to appreciate military sacrifice- past, present future
Ritual & memorial	Excluded from funeral planning - active in memorials & supporting troops	Active in funeral planning but it was a 'show', involved in memorials but emphasis on the individual	Advocacy required to have their needs considered (funeral, viewing); limited ongoing involvement	Active in funeral planning, ongoing memorial	Active in peer support, initial & ongoing memorial and supporting peers in son's unit	Excluded from funeral planning, very active in memorial now and peer support efforts
Personal Expression of Grief/ Mourning	-questioned own right to be happy -still feels presence/ connection to her son - grief intensified by	PTSD, lack of privacy - expectations to 'be over it'	Remained more private in their grieving - grief intensified by exclusion	Fearful to be away from family, loss of self-confidence, struggles that she wasn't there for him	Separates private from public grief; can only share with others who have experienced the same	Had nightmares, still struggles to believe he's dead at times - feels he 'came home' - struggles with

				and not aware moment he died, believes she knew he would not come home	kind of death; public does not understand	distance/ could not go to him
exclusion - worries about unequal sibling attention						
Primary Supports	AO (novice)/ family/ other military families	Family/ church SW at MFRC	family	AO, hospice support group	- family, active in peer support	Other families; a counsellor (after an initial bad experience with another counsellor)
Views on **Mission**	supportive	Not successful but son believed in what he was doing	Not supportive, Hopes awareness raised on costs of war, so less willing to go to war in future	(not clearly stated) did not initially realize infantry was front lines/ war	Supportive but feels military was unprepared	Supportive

deployed to return it to operation but lost its track as well. The unit was under fire from three

directions, and the remaining tanks formed a "ring of steel" (line 137) to hold off the small

grenades and fire arms. The crews of the disabled vehicles got out to work on the tanks for hours

while under fire. Joe noted that Lucas returned to his tank after the repairs. A Taliban member

had snuck into position 600 m away, using a Russian anti-tank weapon he hit the tank and, as Joe

described it, sheared off a bolt at a bizarre angle. The bolt struck Lucas in the heart, killing him

instantly. His actions of bravery that day received a number of awards and accommodations.

These details were important to Joe but were not the details he received initially. Joe was told his

son was outside the tank and had been killed by mortar fire. He conjured up graphic and

traumatic images: "I just thought to myself that my son was destroyed" (line 350). While he

understands the need for operational security, he noted this was upsetting for him. He was also

later told that the military had been monitoring communications between the Taliban. Joe

clarified, that when a fatality occurs, all communication to and from Kandahar shuts down for

everyone. Media, he notes, recognize that the base shutting down equates to a casualty. Nothing

is shared until family is notified. Mis-information cast doubt for Joe on the circumstances

surrounding his son's death and suspicions of a cover up. It took hearing the same information

from multiple sources, and peers serving with his son that day, to allow him to feel he had an

accurate account of what happened. To him the truth is very significant both personally and

publicly. He does not want misrepresentations of his son to be reported as the truth.

Joe recalls the day he was notified and more specifically the moment he opened the door

as a defining moment in his life. A padre and two officers stood at the door, one was his assisting

officer. Joe recalls their discomfort in the role. He also remarked how one of his friends (an

enlisted member who lived nearby and saw what was occurring) was reprimanded later for

showing up outside of protocol. Joe indicated needing his friends and that it was not a time for

formalities. He then proceeded to contact his daughter – a difficult moment. Lucas's mother

could not be reached until later in the evening, once this occurred media began to contact the

home. However, Joe experienced the media then and over time as: "very respectful, very

accurate, very professional, very nice"(line 295). He attributes the role of the military as key in

this early on as they assisted in buffering media relations with the family.

It was important to Joe to see his son and he did so with his ex-wife. Together they chose

to have a closed casket. Joe described that: "we said that's him, but he's not here anymore" (line

459). He expanded on this stating that it was eleven days from death to burial: "You are talking

about…you've had an autopsy and have gone half way around the world" (line 468-469).

Lucas was the only fallen soldier in his repatriation. Joe described standing on the tarmac

in Trenton on a dark day. As Lucas was lowered off the plane, a ray of sunlight broke through

the clouds, hitting his face. After laying their roses on his coffin and closing the doors to the

hearse- the rain poured down. He described other perceived moments of connection to his son as

well. For instance, a friend of Lucas was critically injured six months after his death: "He told

his parents that when he was in the tank that Lucas held him up and told him don't lose

consciousness. It's not your time to go, and I'm gonna take care of you" (line 523-524).

Joe described the Highway of Heroes (and similarly the repatriation of Lucas to his home

town) as a transformational process. He attributes the influence of these experiences as a key

factor in why he has never felt anger or bitterness. The humanity, grief and sorrow, others shared

with them, remains with him. He reflected on a change in his perceptions feeling closer to

humanity and pondered the notion that perhaps grief is the most important aspect of our

humanity. Further, losing a child he described as a humbling experience. Joe also commented on the public nature of his grief and how the public has created a perception of his son.

Lucas was laid to rest beside his grandfather. Joe expressed having experienced awe at Lucas' funeral: "I remember one comment, and this kind of sums it up for me, and he said that he'd been to funerals of four star Generals, and they weren't as moving as Lucas'" (line 629-631). Further, he felt their options were unencumbered as the costs were covered. He noted as well the significance to him that Lucas was carried on the shoulders of his peers. At subsequent funerals he attended the coffin was rolled in.

Joe welcomed his son's unit home with happiness as he had come to know many of their families. He reflected on other days of significance, namely Remembrance Day and Father's Day, both coinciding with his children's births. Remembrance Day shifted from birthday parties, to now attending ceremonies. He states that he has learned to look at ceremonies and monuments differently. On his wall Joe has a painting he privately commissioned that symbolizes his son, holding up a beer and indicating 'Freedom's on us'.

Joe did not feel connected to the military before his son joined, and commented on his lack of awareness at what his son was getting into going to Afghanistan; he was supportive but recognizes: "I was detached from the whole experience" (line 793-794). He has found it hard to believe how supportive the Canadian Forces have been and how they look out for each other, at the same time recognizing that in "bureaucracy" (line 796) there will be failures. Joe has found the formal support he needed though this experience from many sources, such as being a member of HOPE and accessing counselling (while he felt that 8 hours was not enough he knew where to find other resources). He felt these resources were readily available to him.

Divergent from some of the participants, Joe drew parallels between this type of death

and those who die in the line of duty:

> Lucas and the other soldiers who are doing this, the First Responders, go in where there is a crisis, where no one else is trained, skilled, or brave enough to go in. They go in there and they are trying to help people. People that do that are unique. They run forward when everyone else is running backward. I couldn't do it or wouldn't do it, but it needs to be done by somebody (line 865-868).

Following our interview, Joe showed me the wall he has dedicated to his son's photos and memorabilia, as well as the art and horticulture he has used and created as part of his personal journey. He shared some of his own rituals of remaining connected with his son, including watching hockey with Lucas's photo.

4.2.2.2 Arthur: Arthur described his son as a capable man and professional soldier. Since childhood Scooter would sit back and observe before coming to decisions and conclusions on what action to take. This ability remained in adulthood and in his career until his death at age 28.

Arthur shared his wife's views on the importance of being able to see their son and in understanding the facts surrounding his death. Once it was clarified for them that there was no body to view, he could appreciate the military's position given what he could imagine about the effects of an explosion on the body. He further described the graphic nature of not having an intact body as an important feature in this type of death. Arthur also reflected that his son was vain and would not have wanted to survive with serious disfiguring injuries. He recounted how the information they came to learn differed from what they originally understood. Much of what they would come to learn was achieved through conversations with other soldiers on tour with Scooter. They would become trusted sources of information. Access to further information such

as the coroner's report was not extended to them. Arthur explained that Scooter's common-law

wife, Janet was listed on documentation as his primary.[8]

Janet was the one who called to notify him of Scooter's death at quarter to six in the

morning. Initially, Arthur did not believe the news, and tried to reassure Janet that she was

mistaken and Scooter was just hurt. As reality set in, he described the painful task of notifying

the rest of his family and feeling the immediate need to get to his son's home. Thus began a long

period of planning and waiting on military supports that took hours to arrive. Arthur expressed

that despite the best efforts of their AO, and any standard training, he was a novice to the role

and was unable to answer their questions. Many calls had to be made to his superior on base thus

extending the delays. Despite this, Arthur perceived that his AO did a good job in new and

difficult role, and for this he gave him credit. Arthur himself called airlines to find out what

arrangements could be made from their geographic location. He was able to gain the support of

two airlines that would ensure the family connecting flights.

Arthur also recalls attention from the media throughout the day calling not only their

home but also the homes of extended family members (e.g. nephew, brother-in-law). They did

not feel the military played a role (at least early on) in assisting them in dealing with media. In

later interactions, he found the military controlled media's access to families (such as at the

repatriation) and respect was apparent. Arthur reflected on the ongoing role of media in their

grieving process: "Journey's never gonna end because every time we see something on TV it

flashes back to, it doesn't make a difference where it's from" (line 401-402). Further, he likened

---

[8] It is noteworthy that he questioned the use of the term spouse or wife and its applicability as they were not married and requested these terms and the use of daughter in law be corrected in the family's summaries. This reflects both personal values and tensions between the family and Scooter's partner.

the experience of Scooter's death to other deaths in the line of duty, which reflect heroism and bravery. Hearing of the death of an officer or fire fighter similarly triggers his own grief.

Scooter's repatriation was a difficult day. He recalls the media in the distance, and meeting with dignitaries prior to the ceremony but his focus was on his son coming off the plane in a casket. Given his rank, Scooter was the first off the plane: "The hardest part is when they lowered the tailgate of the plane, you saw eight guys carrying your son out, you know he's in there and your looking at it and it's like get out of there, get out of there" (line 597-598).

Arthur spoke about being on both sides of the Highway of Heroes, in the motorcade for his son and in support of others families in the deaths that would follow. He explained that in both instances he felt it in his heart. Travelling the highway at 140 km/hr still felt like slow motion. He also noted an incident in which a vehicle tried to stay with the motorcade and was quickly surrounded and escorted off the road by unmarked Ontario provincial police (OPP) vehicles. Arthur described a moment standing on the bridge where two strangers. On learning he was a father of a fallen soldier, they gave him their Highway of Heroes pin that sports a poppy. The original pin, he explained, was changed removing the poppy and replacing it with a maple leaf after protest from the Legion that the poppy symbol was part of their organization and could not be used.

Leaving Scooter at the coroner's office, after an exchange of formal handshakes, was recalled as a difficult moment having not had the opportunity to see his son. Arthur also conveyed the lack of role he was allowed to have in his son's funeral planning. He needed to assert himself to ensure Scooter's partner permitted him to speak at the service. Arthur has become vocal on this issue, raising awareness that the process needed to be reconsidered:

> …got two priorities here- we've got a fiancé and a daughter and we definitely have parents and siblings, things that have to be worried about so you have to take these two things together, and not make one decision by one person (line 792-795).

He further clarified differences in the nature of spousal and parental/sibling grief: "And, I always say she's grieving him as a lover and we're grieving him as a son and a brother- there's a difference" (line 798). He feels it took Janet time to come to appreciate their needs and in the interim this caused his family a great deal of pain. Arthur called attention to the fact that the baby had also lost a father and the way in which the baby will come to know her father is through connection with her grandparents.

Following Scooter's death, Arthur advocated for proper memorials in his home area. He noted that Canada has been to war for an extended period of time and we are now re-experiencing what it means to lose our men and women. He has also, as part of his personal grief journey, remained connected and active with his local military support group. He argues for a more pro-active approach with reservists and young personnel that appraises them and educates them more fully on the choices they are making when assigning emergency contacts and beneficiaries. He also advocates for those veterans with unequal access to disability entitlements, and again, feels more education on benefit entitlements is needed upfront. He spoke passionately about this and the need for government and military to take better care of our veterans. Apart from active involvement in the local support group, Arthur drew most of his support from family and reflected that for the most part other supports were designed for, and more accessible to, those on the military bases (or in close proximity to them).

Arthur shared private and poignant memories of the last conversations and memories of his son, things that will remain with him and have changed his perspective. The family was prevented from obtaining most of Scooter's belongings but, among Arthur's cherished

memorabilia are beads from his mother's rosary, carried with Scooter while on tour, and found next to his body at the time of his death and his dog tags. Listening to *Oh Canada* or the sound of a trumpet, now holds greater significance for Arthur as well.

Going to Afghanistan was important to Arthur, he believes part of his son remains over there: "because I think that's part of the closure that I know that my son is there and now I'm powerless" (line 474-478). Arthur described the trip as an amazing experience. It allowed him to connect with other families and to be in his son's presence. In a very tangible way he was able experience some of what his son was experiencing in the last days of his life, for example, where he slept or the discomfort of flying in a Hercules. During this trip he also learned of his son's heroism. A reporter embedded with the unit shared how Scooter had saved his life.

Arthur has been able to feel a continued connection with his son, and reflected on ways in which he feels his son plays games on him noting sudden appearances of heavy rain on several occasions they tried to run outdoor activities. He did express concern though for extended family members wanting to live in the past and failing to move forward with their own lives.

4.2.2.3 Matt: Evan, age 21, was Matt's eldest son. He has one other son and a daughter. Evan was athletic, smart and enjoyed experiential learning. He was successful in school with little effort but Matt recognized that sometimes Evan expressed anti-authority attitudes. Matt sought out ways to allow him to excel outside of the traditional classroom. At age fifteen Evan soloed his first plane: "I dare say it was a memorable moment in my fatherhood career" (line 55). Matt was still concerned about the security of his son's future so he suggested that a career in the military would provide him with an income and benefits while he figured out what he wanted to do with his life. In a follow up call, Matt openly expressed that guilt was part of his experience, having suggested Evan join, but that it was not a consuming factor for him. After Evan chose the

army, Matt was unsure he would follow through but Evan graduated with recognition for top marksmanship. Evan lived on base with his girlfriend.

Evan had a strong desire to go to Afghanistan. Matt had no concerns about this or perceived sense of danger. He was proud of his son for doing what he wanted to do: "I reasoned that a kid could get stabbed or shot going to a Canucks game on the Sky train. At least we'd know where he is and what he is doing" (line 112-113). In his own life he values working as part of a team and was pleased his son had come to also appreciate this at a young age. Evan had also talked about life after the military. Matt clarified that it was his job rather than his identity.

When asked about the circumstances around his son's death, he summed this up in one sentence. Unlike other participants, he did not feel that obtaining this information would have been helpful or important to his grieving process. Matt's expressed that his feelings about the mission itself have been "checked at the door" (line 519). It was only important to him that Evan was doing something he believed was important.

His memory of the day he was notified is vivid, and he noted in some respects the memory of that night is worse than the loss itself. Matt received a call from his work asking why military was there looking for him and recalls being upset clarifying that it was not something to joke about. Looking out his window he saw they were at his home. Nothing was said until they were in his apartment. He was seated and asked if he had a heart condition before he was told. Matt then notified his other son. The men did not stay and had been unable to locate his ex-wife. Matt and his son drove to her home. He stated he could not get any words out and believes he "kind of passed out" (line 233) in the doorway. He recalls the horror that unfolded as she reacted. Military personnel later showed up at her home as well. The following day his AO and the padre were around and, as he recalls, took over. Matt was unable to remember much about what

happened after but did remember hearing about his son's death all over the media: "It was a nightmare. A nightmare" (line 256). Media interactions were controlled by military and were perceived as respectful. The knowledge that this was the major event on the news for days is what sat with him. As a private person he has minimized involvement in ceremony and causes related to the fallen. He stated: "I am not really a crusader for anything. I don't need to get a message out or represent anything. I just have respect. That is why Remembrance Day is important to me" (line 495-497). Matt also noted the sadness of Remembrance Day now and that the whole year revolves around it. He did not have strong feelings about freedom in relation to his son's death.

Matt did not wish to see Evan's body. He was aware that his ex-wife wanted this but his preference was to remember Evan as he was, he did not feel this would bring him comfort. When asked if looking back he would make the same decision, he indicated he has not thought of it since but again felt it would have upset him more.

Matt spoke little of the repatriation but noted the freezing weather and feeling that: "It was just the kind of shit you don't expect to go through in real life. It was surreal" (line 305-306). Evan was the last of five to come off the plane. Overall Matt felt numb yet he noted some recognition of significance that military and government officials had attended. Similarly on the Highway of Heroes, he felt that with his immense sadness it was hard to be impressed, and yet it was impressive. Evan came home to his hometown and Matt indicated there was never any question about this. His ex-wife, with the military support, made the funeral arrangements and he was happy with whatever decisions she wanted to make. However, in secrecy he contacted his son's favorite local band, and to his surprise the lead singer came and played at the funeral- a truly moving moment. The overall attendance of the funeral also stayed with him as an

astounding response. Being in the public eye was a humbling experience for him and Matt felt the tremendous empathy they received has been a source of strength for him.

He reports that his connection to the military has waned. Matt was aware of formal supports available to him and saw a psychiatrist for a period of time but felt that: "No switch got flicked to make it easier" (line 556). He expressed that he has changed dramatically. He is amazed his current wife remained with him and noted he left a job of 21 years for one of less pressure. He described that he is, and is observed to be, "emotionally bankrupt" (line 596).

In his daily life he says that Evan's death is the elephant in the room and he tries not to look at it. Sometimes this is challenging. He was aware; for instance, when the unit returned without his son and expressed the brutality of the notion.

Matt has viewed the nature of his son's death within the context of war and does not see any value in being angry at whoever made the bomb. He did go to Afghanistan and while he had not given the impact of this experience much thought until asked, he responded saying:

> I hadn't really thought about this before, but to be brutally honest it probably did more harm than good, because until you see that shit over there with your own eyes, it just seems like something in a mythical far off world. I felt myself wondering what the hell any of us are doing over there (line 672-674).

He questioned if there might have been more valuable uses for the team such as, assisting earthquake victims. Prior to the trip he had accepted that as a country there were times appropriate to step up on an international stage; he left feeling they did not deserve his son.

When asked about the terminology of fallen soldier, Matt indicated that once your head wrapped around the concept of death the terminology of fallen soldier is of trivial concern.

4.2.2.4 Jerry: Nick was a happy young man who had accomplished great athletic goals before joining the military. He was the oldest of Jerry's three sons (age 33). Jerry noted that it was difficult to speak of his son's personality as he was so uplifting and positive; it brings pain along

with the memories. Unsure of the next steps for his career and future, Nick considered, and joined the military. Jerry would clarify that it was less of an identity for him and more of a role he held.

While his son was in Afghanistan, he recalls occasional worries about Nick's safety as a number of deaths had already occurred. Nick would make comments like, take care of his daughter. Jerry pushed these thoughts aside. In reflection he believes doing so gave him a feeling of security, thinking that it would not happen to them. Jerry described very little about the events surrounding his son's death other than that he was killed in a friendly fire incident.

Jerry recalled the weekend of his son's death he was in a very bad mood and not able to pin point why until the moment the military arrived at his door. As they spoke, he was thinking: "yes, I know- shut the hell up" (line 138). Unfamiliar with protocol, Jerry smiled that he left them standing at the door unaware he had to invite them in. The officer and padre stayed with them until the AO arrived and helped with phone calls. Jerry was listed as primary, and Nick's daughter (a minor) as secondary. The padre initiated arrangements as well for his youngest son, Tom, away at basic training, to come home. Jerry spoke of this as a point of soreness. On Tom's flight home there was a layover of several hours at the airport. During his wait the media was flooded with stories that an unidentified soldier had been killed. Tom sat alone knowing it was his brother. To Jerry's knowledge, and with their advocacy, the policy regarding this was changed so others would not be traveling alone. Beyond this, he found the support they received to be very helpful and he remains friends with his AO today.

Once everyone in their family was aware his name was released to the media (as is protocol): "then after his name was, then come the chaos. The street was full of TV cameras, one guy even come up to the door and sticked the camera through the glass through the door there"

(line 200-202). The media was later restricted from their property but being a closed court, effectively left them feeling trapped in their home.

Jerry insisted on seeing his son and questioned the initial hesitation of his AO. However, Nick was considered to be 'viewable' and so family was allowed to see him. Jerry described this opportunity as very helpful. He was directive, indicating they would take the time they wanted with Nick and if the service needed to wait, so be it. He limited cameras from the funeral home and service and felt that in all instances their requests were respected. Jerry and his wife chose to lay Nick to rest in the national cemetery, despite the geographic inconvenience for them. They believed this is where he would like to be. Furthermore, they felt it was appropriate given that he represented Canada as an athlete and now had died for his country. He did distinguish the decision was separate from his own political beliefs as to whether or not the mission actually served Canada in any way. Gravesite visits have served as a means of continued connection with Nick for his family.

Regarding the repatriation ceremony, Jerry shared that he was numb to most of what was going on and feels he 'blocked out' a lot of things from that time frame and for a long time after. He remembers the long wait for his son to come off the plane. There were five repatriated at that time, Nick was the second last off the plane. He recalls meeting dignitaries but it held little meaning at the time. He stated that he: "couldn't care less" (line 402) and "I don't want to be nice to nobody" (line 403). His focus that day was on his son and family. At one point he thought that he did not want to live but checked these thoughts quickly. Jerry also recalled that a representative from the allied forces responsible for the friendly fire incident, was in attendance. He did not want to speak with this individual but with encouragement from his supports he agreed to let the representative approach and address only him: "he came over but it's, I can't

even remember what he looks like, right because those things were, they come later, the anger, …but at that day, I really couldn't care less" (line 418-421). He did express that people standing on their vehicles along the highway had more of an impact on him. Jerry also remembers a call from the Prime Minister indicating that the military is like a family, and thinking to himself such a remark was crazy. However, he describes that after six months to a year later, having met and connected with many of the soldiers that it is indeed like a large family.

For Jerry the unit's homecoming was a positive experience. They were invited to a celebration and were extended the honour of 'inspecting the troops' (a procedure, he indicated, that is generally reserved for officials or royalty). He also found benefit in meeting members of the troop. This brought mixed emotions, first, the sad acknowledgment that his son was not there and, secondly, the recognition of the youth of the men as well as seeing and hearing about their injuries that day. Many of the men still visit and remain connected with Jerry's family.

Jerry was aware of other supports offered through the military but felt that they were impractical and inaccessible for the most part: "I heard of them, a little bit of information, but as far as I'm concerned it, I haven't participated in anything like that, it just ah, for me it's on paper but it doesn't exist" (line 568-570). He did not feel the experiences he had with the MFRC were helpful at all and described a number of occurrences that left him puzzled. He indicated that he does not think they always receive all the information needed before being in touch with families. For instance, he expressed bewilderment and recalled distress that two months after his son's death they called to ask how he was adjusting to his deployment.

Jerry did not feel connected with the military before and still carefully considers invitations before attending things he is asked to participate in. He tries to distance himself from the political aspects of this experience and has felt more connected in terms of 'the people' and

other families. He also clarified that Nick was *his* son. Yes, he served Canada but he was his son, and he does not always want to talk about his experiences in the public eye. He does attend Remembrance Day ceremonies and acknowledged that remembering the sacrifices of soldiers is important. However, he expressed that he is not only thinking of the dead on that day he is thinking of those soldiers remaining overseas still in harm's way. He refused the offers to go to Afghanistan for several years but finally went with some pressure from the military. He felt his wife wanted to go as well. He did find value in being able to see where his son had been and brought back rocks as a connecting object. He also found that during the flight he experienced changes in lighting that helped him to understand how the friendly fire incident could have occurred. This replaced some of the suspicions in his mind. Outside of this he found Afghanistan to be a desolate place that he did not feel connected to.

It was important for Jerry to obtain details about his son's death. He was able to receive reports from both Canada and the U.S. The U.S. reports had much information blocked out which frustrated him. He was also permitted to see a video of 'secretive' information showing footage of the shooting. He found this disturbing as he could see what was occurring but not in enough detail to identify individuals. He was not prepared prior to seeing this for the detail of what he would be shown. Jerry is satisfied with what he knows thus far but clarified he will likely always listen for more details as he doubts that he was told everything.

Jerry described that his personal journey continues and he despises the notion of closure. For him grief will not end but is like a circle, sometimes he has better days and sometimes his grief is very intense and as fresh as when Nick died.

Table 4c. Summary of Fathers' Responses

	Arthur	Joe	Matt	Jerry
Primary/ Secondary	Secondary	Primary	Secondary	Primary
First **Notified By**	Call/ son's partner	Military	Military & simultaneous call from work peer (traumatic experience of then notifying ex-wife)	military
Able to View deceased	No body	Yes	Did not wish to view	Yes
Afghanistan	Yes (helpful)	?	Yes (not helpful)	Yes (helpful in some ways0
Mode of death	Pressure plate IED	Small arms fire (bizarre sequence of events led to death inside tank)	IED	Friendly fire
Desired details/info	Yes, what he was told was inaccurate; accounts from other soldiers on same tour more trusted	Yes, inaccuracies in first account led to traumatic images, needed verification of 'truth' from several sources	No	-Yes, upset with son's name blacked out in incident report - satisfied with what he knows but feels he will never know all
Views on Death	-In line of duty - emphasized sacrifice for our freedoms	- In the line of duty - emphasized heroism, bravery, standing up for others - son hero of the operations that day	- seen as in the context of war - the elephant in the room, tries not to look at it	Not expressed but noted his son represented Canada in more than one capacity (athletic/ this mission)
Ritual & memorial	-experienced exclusion in processes after death - active in ongoing memorials & supporting troops	Active in funeral/ memorials and ongoing memorial & support of troops - public support fostered resiliency	- not involved in funeral planning (except musical surprise); limited ongoing involvement – more individualized - feels military has moved on	Active in funeral, initial memorials - prefers memorial that represents son as an individual; avoids 'political', selective about ongoing attendance

Personal Expression of Grief/ Mourning	- you need to always tell people how you feel - active in advocacy for Veterans & for pro-active approach with reservists - connection to son/linking objects	- emphasized his journey in re-definition of self; changed perceptions ambiguity of public/private - public symbol of grief ad being public facilitated his mourning	- more private in grieving - emotionally bankrupt - guilt but 'not a consuming factor' for him	- blocked much of initial time frame out/ numb/ angry - no such thing as closure- grief circular
Primary Supports	AO (novice)/ family/ other military families/ local support group - military supports more for those on/near base	Family/ military supports/ peer support network (as a facilitator)	family	Family, son's military peers, padre, other families - does not feel formal supports are currently accessible/ meaningful
Views on Mission	supportive	- chooses to be neutral and 'not weigh in'	- trip to Afghanistan raised questions- hopeless cause & undeserving of his son	- limited comments, successfulness of mission questionable (reinforced by trip to Afghanistan)

4.2.3 Siblings

4.2.3.1 Rick: Rick and Dave were the closest siblings in age, relationship and have always lived in close proximity. Despite usual sibling 'spats' they saw each other most weekends. While Dave was in Afghanistan they spoke regularly on the phone. During our interview, he shared stories and memories of growing up with Dave, demonstrating their connectedness. Dave was described as easy going and always there to help others. He worked at a number of jobs before joining the military in his late 30's. Rick observed that he was happy with the career change and driven to meet the training requirements. Dave was excited to be on his first tour in Afghanistan. He returned home for his "eighteen days leave" (line 108) and shared an early Christmas with his family. Rick noted that his brother was unsettled about returning to Afghanistan:

> He didn't have a good feeling about it (line 109)…he was going back regardless but he didn't have a good feeling about it, I remember him saying that, you know, and maybe it's just I don't know what you want to call it, an apparition" (line 117-119).

Rick recounted that Dave was the driver of his vehicle, a Coyote, and was seated in the bottom of the tank. On the day he was killed the first two vehicles in line passed over the IED and it was detonated on Dave's vehicle. Rick shared his ongoing personal struggles with the fact that the IED was intentionally detonated. Furthermore, Rick struggles with the knowledge that the relatives of the individual who detonated the bomb (who is now incarcerated) reside in Canada. When asked if it was important for him to understand the details of his brother's death, he indicated that it was but these details were not readily available:

> [I]n the blasts I guess Dave was rendered unconscious, he must have spun his head or something like that. 'Cause he, when we seen him at the funeral home, he had stitches and scars still around his head right but he lost both his legs and he bled to death within about three minutes and I only found that out later, 'cause no one really wanted to you know (line 169-173).

He eventually learned more from another soldier who had served with Dave. Dave's wife,

Kathryn and their mother (listed as primary and secondary) had not requested the Coroner's report and personally he did not feel that he needed it as he is satisfied with the information he has received. Having the opportunity to see Dave's body was an important piece in Rick's comprehension and acceptance of his brother's death. While Dave's wife would have preferred a closed casket, their mother requested that the casket be open for family and this was permitted.

Rick learned of Dave's death from his sister-in-law. He was at work, when he received a telephone call from Kathryn: "'I have some bad news'. And I knew right away as soon as she said that. I started crying, as soon as she said, 'I have some bad news'. I just dropped to my knees" (line 300-301). He chose to drive himself to his brother's home rather than have someone pick him up and he did not feel that having the military do the notification would have made a difference to him.

Kathryn had an AO to help her with planning and preparations. Rick noted this officer was available to him, his brothers and mother as well. He expressed frustration that living close (less than an hour) to the formal ceremonies meant his expenses (e.g. travel, hotels, meals) were not covered whereas other family members received this courtesy.

Rick reflected on different family members' reactions. He reported crying frequently himself. His mother was sad but stoic throughout the notification; not breaking down until the funeral arrangements were discussed. One of his brothers: "never shed a tear" (line 413) and was joking around. He reflected that perhaps this was his brother's way of coping with the fact that his last interaction with Dave was on bad terms.

Unlike other siblings in the study, Rick expressed that he did not feel the need to step in and protect other family members but has been readily available to offer any support needed to his sister-in-law and nieces. He also did not feel that as a sibling he was left out. He clarified that

Kathryn had the right to make all decisions but consulted his mother. In hindsight he would like to have been more involved but at the time it did not really matter. He did discuss the Silver Cross awards and current policy to limit the number of crosses awarded. He acknowledged that he would very much have liked to have received one.

During this time Rick took two weeks off work followed by vacation time and conveyed the tremendous support his employer has been, giving him additional time off when needed.

Rick described standing on the tarmac in Trenton at Dave's repatriation. It was a frigid day. Dave came back alone escorted by his 'boss' in the unit. Rick recalled watching the plane come in, seeing Dave lowered and escorted to the hearse: "every old timer and everybody is saluting and bringing it down and it's, what a gut wrenching thing" (line 638). He remembers thinking, "why you" and feeling heart-broken. Meeting the dignitaries was a formality to Rick, with the exception of then Governor General- Michäelle Jean, who demonstrated genuineness and concern. To Rick, Dave's body arrived home but his "spirit" (line 663) remained in Afghanistan.

Following the repatriation, Rick and his family traveled the Highway of Heroes amazed that despite the weather so many turned out to pay tribute to his brother. He also commented on the proficiency with which the motorcade was carried out. He noted in particular one brave young woman, scheduled for heart surgery the following day, who stood awaiting Dave's arrival at the coroner's office: "'cause she wants to be as tough as a trooper for her heart surgery" (line 780). Rick has remained in contact with her and reflected on the amazing people they have met: "only from the loss of Dave" (line 795). Outside of this, Rick described leaving Dave at the coroner's office as the first of several good byes: "it was like you know what Dave, this is the

end of your ride…and it just kind of left it at that and hopefully you know, someday we will reconnect" (line 804-806).

Dave's funeral was a delayed over a week at the family's request to prevent his burial from occurring on his birthday. Rick delivered the eulogy at the funeral and despite how difficult it was, he felt it was important for him to have done so. He did note a mix up on the original funeral brochure prepared by the military. It contained a photograph taken from a Facebook page that was of Rick not Dave. The military was apologetic and the photo was replaced before the actual ceremony. Rick was unsure how the decision was made for Dave to be buried in the national cemetery but believed it was Kathryn's choice.

Rick did not go to Afghanistan on the family trip. The option, Rick stated, was given to Kathryn, who indicated the family did not wish to go. While Rick was clear that he did not hold this against his sister-in-law, he did feel that he missed an opportunity that would have been beneficial for his grief. Rick has made arrangements for a friend to bring home a vile of sand that he will add to his mementos and photos, to have a concrete connection with where Dave died.

Media throughout the process, he commented, were very respectful. He conveyed that the public nature of this type of death was unique but that it honoured his brother and Dave deserved it; further, it kept his memory alive. He shared that at times, particularly as time has passed, that continued memorializing (outside of anniversaries, etc.) seems to be excessive. Initially Rick frequented Facebook and social media but has found over time that he remains aware of activities but has distanced himself more.

During our interview Rick shared that approximately four months after Dave's death, his teenage niece died suddenly. Rick reflected on how having two sudden deaths in the family in a short period of time dramatically changed his own sense of identity and took him to dark places

in his coping. He shared his view of the pervasiveness with which sudden death can affect one's

life. He further described how Dave in particular, was very much a part of who he was and that

this is now gone. Rick struggled for approximately a year before seeking formal support. One

day in particular stands out to him as a wake up call:

> I got Dave's basket of goodies, he had four grenades, now these are all duds …couple of bullets which are a live ones, they are 22's from a machine gun…I was sitting on my back deck one day feeling like crap right, and I had a hammer…hitting the bullets in the back with a hammer that's how bad I was. Just hoping it would go off (line 1271-1276).

Rick was given six counseling sessions paid for by the military. During our interview he shared a

recent newspaper story reflecting on his loss and struggles, including his struggles with suicidal

ideation. He commented that he now has counseling sessions paid for life. (In further discussion

he did not appear to have made any connection between the change in his session accessibility

and the media coverage). He hoped that the media article would reach out to other families and

let them know that they are not alone and help is out there.

Within a month of Dave's death, Rick's first grandchild was born and has been a primary

source of strength for him. During this time, Rick dreamed of his brother often (and still does).

He noted that one night, about two weeks after Dave's death, his wife also had a dream in which

Dave appeared and told her to tell Rick that 'I am OK'. This brought Rick comfort.

Remembrance Day as well holds more significance for Rick. He spoke about always

having respect and taking pause at the eleventh hour, but now it holds personal meaning. When

asked about the return of Dave's unit, he was not something he was aware of and therefore it was

not a significant event to him. However, seeing pictures of Dave's unit without him had a

powerful impact. Rick observed that this type of death is different: "this does not feel the same as

if somebody had died of cancer or a disease, for some reason, this feels much stronger" (line

1377-1378).

Rick felt the mission to Afghanistan had accomplished a lot of good, and more importantly Dave would still support the mission today. Personally though, he felt it was time for our troops to pull out and expressed that he did not feel we were doing enough in Canada to protect our own citizens. Prior to Dave's death he did not feel a strong connection to the military, and did not clarify how connected he feels currently.

Rick's thoughts on the term fallen soldier reflected those of many others. He was neutral to the term and felt it conveyed a common understanding to those who read or heard it. He was the only participant to share thoughts on the terms repatriation and honour. Rick explained that the word honour is overused and that using honour in relation to a sacrifice held different meaning than being voted into an office with the title Honourable. Rick also expressed that the term repatriation was misused, and by way of example discussed the repatriation of a felon back into the country. Clarifying further, he felt the term should be reserved for bringing individuals back to Canada under circumstances that convey honour. Following our interview, Rick showed me the location where a new street was being named after his brother, a memorial that he is pleased to see the city complete in recognition of his brother's sacrifice.

4.2.3.2 Alex: Alex reminisced about his younger brother, Scooter (age 28). While they fought like siblings often do, they were always there for one another. Alex described his brother as active and not suited to a desk job. He was also resourceful, having the military pay for his education rather than expecting that his family would. He also noted with humour, Scooter's vain streak: "[W]hen he bought his house, one of the first purchases was a mirror to sit by his door. Like he checked himself before he left the house" (line 34-35). Scooter was also observant and aware of his surroundings. Alex recalled a story of heroism in which his brother saved a reporter during a gunfight: "another person might be so concentrated on the gunfight not to think of the

person behind him taking a picture. And like he said, he was 'if you'd like to live today, move behind me'" (line 224-226). Growing up, Alex noted there was an age gap and they were not as close for a while but had grown together again as adults who could share common interests. He expressed regret that prior to his death there was tension in their relationship.

Alex described the events surrounding his brother's death. Scooter was on his third tour, on that day they were on a 'mini-mission' to meet with an elder about what was going on in the village. Alongside Scooter was his "right hand man" (line 97) and an interpreter, both also killed that day. Scooter was the highest in rank among the men. Alex described the difference in the three types of IEDs. Scooter was killed by a pressure plate triggered IED which he sat on at the start of the meeting and exploded when he got up. Alex further clarified that given the 75lbs of gear the soldiers carry on their backs, getting up involved positioning themselves on their hands and knees then pushing up. He understood that the bomb went off as his brother rolled into position.

Alex stressed the importance of understanding the details of his brother's death but that it took time to gain this information. Initially he felt they were being told what they wanted to hear. In their case they found it helpful that video footage of his brother's death was posted on You Tube, which helped them to understand the events of that day. They were also able to gain information from other soldiers involved during the repatriation. For Alex it was also important to know what was happening for his brother in the hours before:

> …like what the mood was like that morning, everybody was you know, joking around, And that's the stuff you need to know, you wanna know that they were happy you know, fifteen minutes, twenty minutes, and hour before they died. You wanna know stuff like that. You don't wanna know 'oh, he was doing his job and blah, la la' (line 140-144).

Alex recalled the day they were told about Scooter's death. He and his family were at his in-laws' cottage; his mother-in-law took the call from his dad early in the morning. Immediately he

knew and did not want to take the call, not wanting to hear the news. They drove to his parent's

home and lowered the flag to half-mast. As his parent's had, he recounted the long wait for the

military to arrive and the novice, but caring skills, of their assisting officer. Alex believes that the

reservist training with respect to notification and the AO role differs and is more superficial than

that of the full forces. He speculated that the related mentality was that the likelihood of a

reservist fulfilling the role of AO was very remote. Similarly, he attributed delays to the fact that

they were not a military town and therefore there was less experience in responding to these

circumstances. It would be a full eighteen hours before they were able to make it to his brother's

home in the same province. He also recalls hearing about his brother's death over the news-

knowing that this could not have occurred until the family had been notified, which gave

credence to the harsh reality of death.

Seeing his brother was not a priority for him, preferring to remember him as he was.

However, this feeling was not clear-cut, as he described you want to see him but you do not want

a gory image in your mind. He also commented that: "I knew it wouldn't have been him" (line

518). For Alex a more important factor impacting his grief was the absence of opportunity to

speak with Scooter before he died to tell him how much he loved him despite any disputes they

may have had at times. It remains difficult knowledge for him that their last conversation did not

end on a positive note. He also discussed how Scooter's death has altered his perspectives and as

a family they take every opportunity to let each other know how much they are cared about.

Reflecting on repatriation ceremonies and the Highway of Heroes in particular, Alex

described varied senses of pride: pride in the people that attended en masse, pride and meaning

in the price the deceased had paid, and pride in Canada. Alex recalled conversations with

American family members who envied the patriotism of Canadians and felt that the media

blackout around American repatriations, as directed by the Bush administration, was a disservice to the country and fallen soldiers. It took Alex and his family approximately two years before they could attend other repatriations and he noted that while it was difficult to go it was important: "cause you know what's going on behind that limo window" (line 414).

Alex felt Scooter's funeral went well overall, although he commented that while the military does try to be accommodating, once a full military funeral is selected:

> …you're pretty much at their mercy. They'll ask us well what would you like but just because we say what we like doesn't mean we'll get what we want. They say OK, you've got 45 min, if that doesn't fit into our 45 min window then unfortunately it's not gonna fit in (line 749-752).

Media experiences varied for Alex. Although they had received many media calls following Scooter's death, the media presence in more formalized ceremonies was not intrusive, and was in fact agreed to by all four families. Alex explained that all families involved in the repatriation had to agree or media would not be included. In a larger sense, Alex noted that over the course of Scooter's tours they had come to learn that the media only presents a small portion of the real story.

Remembrance Day brings with it new meaning and Alex noted the *Last Post* as a particularly moving and difficult song to hear. Alex also commented that while this war has renewed Canada's patriotism, it is sad that we had lost touch with the impacts of war in relation to freedom and it is sad that it has taken another war to remind younger generations of the same.

Traveling to Afghanistan was also a particularly helpful and memorable event. Seeing the living conditions, feeling the heat, experiencing the smells his brother had lived and described - all these experiences were important for him in answering many questions he had. Alex also commented on the uniqueness of their family trip as it was all family members; no spouses, girlfriends, fiancés. Of these families he learned that only one had a positive relationship with the

wife/partner, speaking to the prevalence of issues stemming from the policy of 'primary and secondary': "[I]t's nine different families and out of the nine families one of them had a good relationship with the spouse or whatever, everyone else had their own version of our horror story, whether it be an estranged girl friend, an ex-wife, you know" (line 13-68-1371).

While Alex did not feel a strong connection to the military many of the other families and military friends they have made have become like extended family to them. He said that there are those people looking for the limelight: "I said for every one person that's crazy we've met, there's been ten amazing people" (line 1043).

With respect to sibling grief, Alex posited but did not expand on possible differences for parents and siblings in regards to the desire or need to view. He also denied feeling neglected as a sibling in terms of his grief, even when his mother indicated she worried about the unequal attention now paid to her sons, he strongly indicated this was not a concern.

Alex has been a part of a local awareness and support project but was clear that his brother's image on his van is not a support for this cause so much as his own personal and private tribute to his brother. It is an opportunity to see him each day and a quiet means of keeping his memory alive to others in the next few years. He differentiated from his wife in his lesser need for more public and vocal recognition or affiliation with a fallen soldier. For him it is enough to say 'Thank you' to those who comment on the vehicle, he does not feel the need to discuss that it is his brother.

About his personal journey, Alex notices he is not the happy, fun-loving guy he once was. He shared a particularly memorable moment when his child brought home a hand drawn picture depicting him as angry following which he recognized the need for an anti-depressant. As a family they have drawn on each other for support rather than formal supports available.

Alex felt the term fallen was appropriate and preferable to 'dead', commenting it was likely the more politically correct terminology. He further speculated at the origins of the term, to when soldiers were killed by bayonets (not bombs) and would have fallen to the ground.

4.2.3.3 Carlie: Carlie expressed a desire to participate in the interview process as a sister by marriage (sister-in-law) to Scooter. During the initial part of the interview Carlie allowed his family of origin to describe who he was and the events surrounding his death, adding clarifying details to the information being shared. She too shared the graphic nature of his death and expressed comfort in knowing Scooter had died immediately and compared this to another family who sat with the knowledge that their son had been alive for several minutes after the blast. She was frustrated that his parents were not notified at their door simultaneously to his wife, and felt that notification was poorly carried out. She also remembered a traumatic moment at the airport when news of Scooter's death had hit the media. She recalls looking at the airport television, which was showing an interview with Scooter prior to his death:

> …they're showing it, and we're like you're kidding me, 'cause nobody had known-'cause it just hit the news. And they're all hugging and I'm like freaking, like get it off this TV!…up until that point we just didn't really think that is was real. We thought that it was, he's gonna come home, he's just hurt and they've made a big mistake (line 305-310).

Carlie further described her role in dealing with the media on behalf of the entire family and did not perceive she had military support for this; however, she acknowledged that keeping herself busy helped her to cope. Over time, the media attention they have experienced has lessened and she observed that it tends to be concentrated in the home area of the soldier.

At Scooter's repatriation, she spoke of the media in the distance and can still hear the distant clicking of the cameras. Another memorable moment for her was the profoundness and difficulty of having to lift her child up to the casket to say goodbye. She also recalled with

humour her inability to pronounce the formal means of addressing the Governor General and being met with a comforting response: "I go, 'Thank you your uh, uh'. She goes, 'Honey don't worry about it just give me a hug'" (line 655-656). She reflected on the number of government officials she has met, and more so her young son although she did not feel he grasped the significance of such meetings.

Carlie found the outpouring of support and gratitude shown on Highway of Heroes to be very helpful in her grieving process. She expressed that it still perplexes her that they were being thanked for her brother-in-law's sacrifice. She also recalls the need to be there at the repatriations to follow, while they are difficult she expressed that there is an intimate knowledge of what that family is going through and a desire to be there for them. When asked about the return of the unit, Carlie was clear that it is too painful for her to think of any form of homecoming and that it makes her angry to think he did not have that chance.

Carlie also expressed challenges with respect to the primary and secondary roles and agreed that changes needed to be made to consider siblings. She clarified as well that things were further complicated as relationships with his wife were already strained before his death. It has taken them several years to gain some common understandings.

Carlie has become active in sharing their experience at local high schools on Remembrance Day. Her focus is imparting to the students to not just think of Remembrance Day as a day off but to remember their story in the years to come. Carlie also indicated she is more vocal about the connection to her brother-in law as a means of keeping his memory alive, in contrast to her husband's more quiet and personal reflection.

Reflecting on her family she noted changes in their personalities and relationships, her husband in particular being more bitter and angry. She commented on the wisdom of her son in normalizing this experience:

> [a conversation with her son about Scooter's mother] I said, 'so and so's not talking to nana because they say she's changed.' He turned around and he looked at me and goes, 'Well of course she's changed.'…'she lost her son, of course she's gonna change. Daddy's changed, papa's changed, you've changed,' he goes, 'I've changed, we lost Uncle Scooter. Of course we're gonna be different.' And I kind of looked at him and went 'whoa' (line 1246-1250).

She also discussed the many new friends they have made through their connections with families of those that served, and died, with Scooter. She indicated that they have become best friends and she could not imagine family functions without their presence. This was evident as many were gathering for a family celebration during our interview.

4.2.3.3 **Janice:** Janice was very emotional speaking about her older brother, Dale who was 24. She described him as: the protector of herself and two younger sisters, as athletic, well liked, he believed in the importance of family, an adventure seeker, and her hero. To his friends he was a leader, and she stated when they visit now you can still sense his missing presence.

The mission to Afghanistan was his first tour and Janice noted that while her family is very educated now about the mission, then they did not realize the extent of the danger he was heading into. She believes he was more aware but kept this from them to prevent worry. On the day of his death, she said he was investigating a hole in the ground believing it was an IED. Janice shared that the IED was remotely detonated from up in a tree. It was believed that his sergeant, who was with him, was the intended target as two other sergeants had just been killed. She speculated that Dale might have been the target as he had found many IEDs and the Taliban was always watching.

Janice felt that she needed to understand what had happened to her brother. Initially they were told he stepped out of his vehicle on to a land mine, but she could not believe this. She heard many conflicting stories thereafter from military and media. It was not until after she met his sergeant and two friends who were with him that she was able to trust and find comfort in the information provided. His friends also showed her pictures of where he died and this helped her. She did not feel that her younger sister could handle the facts and images about their brother's death but found no barriers in her own access to information, indicating that she was old enough to hear it.

When asked if she had experienced other sudden deaths she distinguished between the sudden medical death of her grandfather and that of her brother. The age was significant, given Dale's youth, and for her: "Dale was murdered, overseas" (line 92).

The day they were notified she recalls: "vividly like it was yesterday" (line 155). She was dreaming, and in the dream she was playing a war game and everyone was dying, then the doorbell rang (both in her dream and home). Seeing her mom crying and the officers she thought she was still dreaming. She went upstairs and came back down but the officers were still there: "I hated them"(line 145). Dale was injured earlier in his tour and they received a telephone call so she knew he had not just been injured. Further, she recognized the symbology and power of the uniforms coming to your door from movies. Her dad and sisters were away and she remembers that until they were notified they were not allowed to call or text anyone. She felt strongly that she wanted her family to be all together at that time.

Janice wanted to see her brother and participated in the private family viewing. She felt that she needed this opportunity to help her realize the reality of the situation and to ensure they had the right guy. Even so, a year later she recalled still hoping they had made a mistake.

Waiting for his repatriation and funeral was a long process, which left time to sit and think about what had to occur and to grieve with his friends and her family. On the way to the repatriation it seemed hard for her to believe that he would be coming off the plane, and she described the emotion of knowing what they were going to. Their AO had prepared them for the media in the distance and discussed with the family prior who they wanted to attend. Meeting officials felt obligatory for the most part. She noted in particular, not even wanting to look at the representatives from Afghanistan but feeling she had to be nice and represent her family. During the ceremony, Janice took on a protective role of her younger sister noting that her parents had to support each other. This role was ongoing throughout the early phases and continues as she still protects her youngest sister from the information surrounding her brother's death.

On the Highway of Heroes she expressed that she was touched when a family released doves as they went under the underpass and that even Via Rail had stopped, and they were standing on the train. She took comfort in knowing her brother was never alone as his escort was with him. She also received texts throughout the repatriation process from the escort keeping her informed along the way. She expressed awe at the number of people that attended his funeral, and the number of military peers that were in attendance: "out of the goodness of their hearts" (line 358-359).

She perceived the media, for the most part, as intrusive. For instance, attending the family home the day of the death: "they were like 'Can we just talk to one of the siblings?'" (line 404). She was also contacted by a number of reporters through her Facebook page making requests for information. Janice found the lack of privacy they experienced to be disturbing and questioned why so many people felt the need to come around who had not really bothered with them before or since.

As a sibling, and second oldest Janice felt she was an active part of the early planning and processes, to the extent she wanted to be, and did not feel she was kept from having information she wanted to know. She did comment that: "It sometimes feels like we're forgotten about as a sibling…people just think that you should get over it faster because it's not a husband or a wife, or a son, or a daughter" (line 484-487). Additionally, she reflected on losses to come as she will have to explain to her children in future that they had an uncle but he died.

Since Dale's death, she has gone to the Highway of Heroes and noted the importance of being there for those families as they were for them. She clarified though that doing so is personally hard and brings a fresh wave of grief. She described Remembrance Day in the same manner. It brings her back to the day of his death. She also shared that the Remembrance Day just prior to his deployment as particularly difficult and she recalls having to leave school. She described moments of distress as well each time the media announced there had been another death. Not only did this influence her grief, but also having connected with his friends she worried for them. She also felt for the next family going through this experience.

Janice does not recall the day his unit returned but discussed throughout our interview the close connections she has developed with members of his unit. She remained in contact with them throughout their tour and sees many of them to date. She would count some of them amongst her best friends. She has also felt a part of the military family following his death.

Janice sought formal counseling but found that it was not helpful. She describes having spent most of the session educating the counsellor about the military and the counsellor talking about herself. She noted that the last session they had focused on the car accident of her counselor's daughter. She expressed that counselors need a greater understanding of the military and this form of death if they are not military themselves.

Janice described a renewed sense of patriotism and respect for the freedoms we experience in Canada. She supported his unit while over in Afghanistan but questions personally what the mission itself really accomplished other than many causalities. She does not want what her brother stood for to be forgotten but she also does not want her brother as an individual forgotten. She feels that she is now more outspoken, although friends see her as quieter. She values each moment, reporting a heightened sense of vulnerability and she prefers to spend more time with her family now.

4.2.3.4 Stephanie: Stephanie and Dennis were very close despite sibling fights that persisted throughout their youth into adulthood. She lovingly described her brother as a 'bad ass' and as her protector. He loved the military and dedicated his life to his career until his death in his 40's. Yet, she said, he kept many of the details of what he was involved in to himself. Unlike others, he did not visit when on leave during a tour. Stephanie believed that it would be hard for him to leave their mom and return to a mission. She was also aware that many soldiers break up with their girlfriends or separate from their families before leaving. Dennis was on his third tour in Afghanistan and had been on multiple missions before (e.g. Bosnia, peacekeeping duties). Stephanie spoke to him every few weeks while on tour. She was surprised when her brother had one of the men in his unit add her as a Facebook friend since he was not one to communicate by distance technologies. He shared pictures of Christmas and what they were doing. She would speak to him for the last time on Boxing Day.

Stephanie learned from members in his unit that there was a different feel in the air that day. Dennis told his team that if anything was going to happen, it would be to him. In keeping with this, he took the lead in the foot patrol (normally the Sergeant leads from the end of the

line). At one point he indicated for the unit to hang back. It was a this moment that he stepped on an IED.

Stephanie has never been able to find out whether it was a pressure plate or trip wire but she did have the coroner's report explained to her a year and a half later. She recalls needing those details and feeling they were important in her grief. She was concerned that her brother had suffered so knowing he died instantly provided some comfort. She also learned more about his injuries and rationalized that he would not have wanted to live disabled. She believed he already suffered from PTSD and would have been miserable. In a follow up call for member checking (approximately 7 months later) she reflected on this stating that it was what she has needed to tell herself in order to cope. Stephanie had also questioned his significant weight loss and wondered if he was sick. She wondered in the back of her mind, had he been careless or 'something', perhaps knowing he had a diagnosis of cancer or some other illness. The report laid this worry to rest for her.

Stephanie took on a protector role and had the physician make note of points in the coroner's report that would be difficult for her mother to hear so that she could be prepared in advance. Stephanie feels she maintained the protector role, needing to be strong for her mother and to keep things organized. She even returned to work after two weeks but described that: "that's why now, two years later, I'm a freakin mess" (line 457-458).

She expressed that she was never concerned about Dennis' safe return, although her mom had bad feelings. In retrospect she noted his odd behaviours and comments just prior to his death; she believes now that he sensed he was not going to make it home.

Stephanie also needed to see her brother but knowing how he died, envisioned that he might not be viewable. She contrasted this feeling with when her dad died at home of cancer and

she did not want to be there when he drew his last breath. The family did have a private viewing for Dennis and numerous family members attended. Stephanie took charge of the crowd, coordinating the flow of the visitation. Those in attendance highlighted the similarity in personality between her and her brother. Seeing Dennis allowed her to put details together in her mind in a tangible way. She described trying to feel his leg (impacted by the blast) under the closed half of the coffin.

The day she was notified stands out vividly for her and she has retold the experience a number of times during "Remembrance month" (line 369) as a part of her healing. Stephanie recalls how her brother had missed his three week call. Her mother was primary and notified first; she was at a local community centre. She began to scream at the sight of the officers so much so she caused alarm to others in the building. During this, Stephanie's step-grandmother witnessed the officers' arrival and was taken back to the trauma in her youth when she was notified as a young bride of her spouse's death via telegraph. Stephanie herself was going shopping with her friend (Julie). Julie's spouse received the call that the military was on route to notify Stephanie and he had to detain her at their home. She recalls confusion at his odd behaviour that day. He made them sit on the couch as he paced; stating he needed to talk to them about something. Stephanie never considered that it was about her. Then she saw a van pull into the driveway and two uniforms get out; she began to scream, realizing they were gathered there for her.

Stephanie felt that she and her step-siblings were actively involved in planning the funeral and making decisions. She expressed that seeing him come off the plane was tragically painful and at the same time she was full of pride. She derived meaning from meeting the dignitaries at the repatriation and a phone call from the prime minister. She noted that it is what

her brother wanted, for the Canadian people to be proud of the soldiers. In Trenton and along the Highway of Heroes she described wishing that he could see the public response. Similarly, he received an outpouring of public support when his body was returned to his home community. Prior to their repatriation she noted that she had not been to the Highway of Heroes in fear that it might jinx her brother.

Stephanie went to Afghanistan alone and expressed regret that the military would not allow her to take her daughter as she was not defined as next of kin (even though she had been very close to her uncle). The trip was both scary and comforting. She derived benefit from connecting with other families. Stepping off the plan, she described a greater appreciation of where her brother worked and she felt connected to him. In fact, she found it difficult to leave.

Stephanie expressed gratitude for the support they received from the military along the way. At the same time, when she sees military in fatigues or the acronym KIA it is a painful reminder of her own loss. While she was not aware she could have had support during deployments, she has found that living close to a base following his death has allowed easy access for her and her daughter to social workers with the MFRC. She also noted that she had tried counselling for six weeks earlier in her bereavement but reflecting back thought it occurred too soon for her. She has also found benefit in group support, which has allowed her to see the commonality (and differences) between her loss and that of others. Stephanie is often asked how her mother is doing but commented that she feels she is the one doing worse. She feels that the loss in her life, and that of her daughter's, is not always acknowledged.

Stephanie feels at times like mourning and remembrance in the public sphere never ends but simultaneously does not want her brother forgotten. Privately, she has developed her own rituals of remembrance that reflect who Dennis was and what he enjoyed. She struggles to hang

his photos, which sit on her floor and notes that there must be symbolic meaning in this that is not yet clear to her. Stephanie shared feelings of guilt at having been able to better her accommodations with beneficiary monies that were given to her; but, paradoxically noted how he continued to protect and look out for her. She finds connection with her brother through signs that remind her of his presence. She is also learning to ride a motorcycle; she believes this embodies his 'bad ass' characteristic. Stephanie shared photos of her brother and the stories behind them, with me during the interview.

4.3 SUMMARY

The cases discussed above offer rich data on the experiences and nuances of being bereaved following military casualty. Within these narratives commonality and variation in experience can be observed. Throughout the accounts participants described the importance of and varied ways in which they remain connected to their son/sibling. Notification of the death left particularly vivid memories and was followed by a strong desire by all but one participant to obtain accurate information about the death and circumstances surrounding the death.

Forewarning of the death was a common occurrence, particularly among parents. Additionally, family members expressed a need, right and/or desire to be a part of death care practices and care for their loved one at end of life. This was illuminated in circumstances where their desire to be involved was disenfranchised by the person and protocols designating a partner as the primary. Feelings of pride and awe at the tremendous public response, particularly with the Highway of Heroes, facilitated positive emotion amidst tremendous pain for all participants.

Table 4d. Summary of Siblings' Responses

	Alex	Carlie	Janice	Rick	Stephanie
Primary/ Secondary	Parents Secondary	In-laws secondary	Parents primary	Sister-in-law primary; mother secondary	Mother primary
***First* Notified By**	Call from father	Call from father –in-law	Military (while notifying her mom)	Call from sister-in-law	military
Able to View deceased	No body, didn't want that image - ? parent vs. sibling need to view	No body	Yes	Yes	Yes
Afghanistan	Yes (helpful)	No	No (family declined)	No (wishes he had the option)	Yes (wishes her daughter was not excluded)
Mode of Death	Pressure plate IED	Pressure plate IED	IED (remotely Detonated)	IED (remotely Detonated)	IED
Desired details/info	Yes, -told what was believed they wanted to hear - YouTube video & other soldier accounts helped - important to know pre-incident info.	Yes, media release traumatic -comfort knowing died immediately	Yes, feels they weren't well educated on mission before - protects younger siblings from info	Yes, but details not readily available - 'they' don't really want you to know	Yes, obtained coroner's report a year later to allay worries
Views on Death	-In line of duty - emphasized sacrifice for our freedoms	emphasized sacrifice for our freedoms	Murdered, overseas	-anger at intentionality - feels brother knew he would not return	- believes he knew he would not return - had suspicions at first - died doing what he loved to do
Ritual & memorial	Limited involvement after death - active in ongoing memorials - noted some rigidity in military 'rules'	Active in ongoing memorials	As involved as desired to be - prefers memorial that keeps individuality	-as involved as he wanted to be - would like Silver Cross and Afghan. trip – public nature helpful but times when it's too much	- very involved; still active in memorial - protector role

Personal Expression of Grief/ Mourning	Changed priorities/ always tell people you love them - symbols/ memorial have a more private/ individuated meaning	- protected family from media - desires to increase public awareness - perceives communication of presence	- some experiences of disenfranchised sibling grief - changed perspectives/sense of safety	- suicidal for a time - loss of job, financial stability, health - compounded by another sudden death in family - grandson is his solace - protector of nieces	- delayed grief - some disenfranchised sibling grief - Remembrance Day- talking is therapeutic - connected to brother in ongoing ways
Primary Supports	family/ other military families	Family/ other military families	Family, close to military peers - negative counselling experience	Family, other families, counselling	Family, MFRC, bereavement peer support
Views on Mission	Supportive (implicit)	Supportive (implicit)	- feels things will never change - a waste - not even our war	-accomplished a lot of good, more important brother would still support today - not doing enough to protect on Canadian soil	(implicit support) - brother would be so proud/ Canada recognized the role of the Military

There were also numerous points of variation in the participants' stories. For instance, participants described varied interpretations and meaningfulness of the ritual, memorial and symbology that were an integral part of the post-death practices by the military and later memorializing efforts. There was variation in how family members felt about the mission and how they perceived the nature of the death (e.g. in the line of duty, homicide). There were also differences in experience based on relationship to the deceased. For instance, several mothers described additional stress when unable to enact their maternal role such as being with their sons near the time of death. Or, siblings experienced instances of disenfranchised grief by the public. The data analysis chapter to follow discusses patterns in the data and adds further depth to the summaries provided here.

CHAPTER 5- DATA ANALYSIS

5.0 INTRODUCTION TO FINDINGS

This chapter provides deeper analysis and extrapolates commonalities and diversity in participants' experiences in the wake of sudden death. As Chapter three discussed (3.2.4), themes emerged from the data and were clustered under three core areas. This chapter discusses each thematic area in further detail (themes are summarized in Table 5a.) The first theme, *KIA: Finding and Making Meaning,* discusses ways in which participants constructed meaning following the death by sustaining continuing bonds with the deceased, through re-negotiation of self and self in relation to context, and by preserving personhood or individuality within the collective. The second thematic area, *Metaphorical Articulation,* examines the role and functions of ritual and symbology in meaning making. The third theme, *Reconstructing Life Narrative,* presents how family members integrated loss and meaning into their life narrative as well as how this process was influenced by trauma. The final section of the chapter discusses the spectrum of meaning and narrative reconstruction observed across cases and implications for social work practice.

5.1 K.I.A: FINDING AND MAKING MEANING AFTER THE DEATH

As discussed above (2.3.3), the death of a loved one alters who we are and how we see ourselves in relation to the world around us (social context) as well as our relationship with the deceased. The process used to construct meaning and integrate the loss varied among participants, but common aspects of meaning making were also evident with successful meaning making creating solace. This section will discuss three core aspects of meaning making which included: a) continuing bonds with the deceased; b) disruptions and revisions in sense of self as well as

Table 5a. Introduction to Themes Presented in Chapter 5

THEME 1: KIA: FINDING & MAKING MEANING AFTER THE DEATH	THEME 2: METAPHORICAL ARTICULATION	THEME 3: RECONSTRUCTING LIFE NARRATIVE
• Relationship with the Deceased: The Continuing Bond (feeling connect to, and continuing relationship with the deceased) - Locating & Sustaining Presence - Perceived Communication of Presence - Linking Objects/Modalities	• Ritual & Memorial (role and functions of ritual/memorial in grief & mourning) - Order in the Chaos - A Shared Narrative - Rite of Passage - Remembrance Day	• Reconstructing Narrative After Death (contextual and perceptual influences on how meaning is created, then integrated in life narrative) - Primary/Secondary - Notification - Media - Perceptions & Meanings - Utilization of Supports
• Negotiating Self in Relation to Contextual Meaning Making (how we understand ourselves and world around us is altered by death) - Disruption & Revision of Self (common elements of understanding self in context) - Pride - Forewarning - Now That We're Famous: Public & Private Grief - Views on the Mission	• Symbology (role of symbology) - Status & Meaning - Communicating Shared Meanings - Personal Symbols & Reconstructing Meaning	• Traumatic Features of Grief (presence and implications of trauma in grief) - Trauma Symptoms - The Search for Meaning & Trauma Mastery - Trauma Narrative
• Preserving Personhood (ensuring the individual behind the soldier is remembered) - The Individual Within the Collective - Abuse of Personhood		

orienting sense of self and new roles within the social context, and c) preserving the personhood

of the deceased and uniqueness of family needs. Aspects common and different to meaning

making have been separated for discussion here when in actuality meaning reconstruction is a

multi-faceted, multi-layered process involving many factors (e.g. intrapsychic factors, socio-

cultural factors), the sum of which is truly greater than its parts.

5.1.1 Relationship with the Deceased: The Continuing Bond

An important aspect of meaning making for participants involved renegotiating their

relationship with the deceased primarily by facilitating an ongoing sense of connection

(continued bond). They did this in several ways: locating and sustaining their presence,

perceived communication of presence, and the use of linking objects or modalities. Additionally,

individuals and families used their own rituals and processes to maintain a sense of presence and

connection to the deceased; each of which is discussed below.

5.1.1.1 *Locating and Sustaining Presence*

Locating and sustaining presence of the deceased was important to continuing the

relationship bond. Physical locations were one way to establish this connection. Jerry describes

the gravesite as a place to visit their son: "You know I go visit the cemetery and I find, I like

doing that…[our] other son, Kevin just had a baby four months ago, he wants to go up there in

September sometime, show his son, his uncle" (line 357-362). The gravesite can also be a place

to gather with family and friends. Joe noted that: "…we have ceremonies there and buddies

gather there and visit. People always leave a beer for Lucas" (line 643-649).

For some participants the deceased 'came home' at repatriation. For others there was a

sense that their loved ones remained overseas. Rick felt: "well his body is home, but where is his

spirit and all that stuff, he left it in Afghanistan" (line 662-663). Stephanie also felt connected

with her brother in Afghanistan and while she found solace in the opportunity to go there,

leaving his presence was very difficult for her: "It was so good to go to Afghanistan. I didn't

want to leave there, I had a hard time leaving there, I had a hard time when I got home, I didn't

want to be here" (line 484-486).

Sustaining the feeling of presence and connection was facilitated by individual and

family meaning making. Individuals created their own personalized memorials or means of

remembering that were a unique representation of their relationship with the deceased or things

he enjoyed. For example, Stephanie celebrates the anniversary of her brother's death doing

things he enjoyed:

> [T]his year because my friends are not really into strippers, I decided to do something
> else that way I can be with my besties, you know my group of support. So I booked a
> hotel room, got all this army birthday stuff. It's like army plates, napkins, these little
> things…the four of us stayed the night downtown…we drank Blue, what he likes to drink
> and I commemorate that way (line 875-878).

Several family members described embodying characteristics of the deceased or

incorporating things that were valued by their loved one into their lives. This provided a means

of sustaining connection and demonstrated respect, honour and pride for the deceased. Yvette

explained how she has taken the military in as part of her family:

> Everything that I do now, I do to make Kyle proud of me. …Anything that the military
> has, I will go to (line 794-795). They've been like family. Kyle loved them. How could I
> hate something that he loved? That would be disrespecting his whole life, and it was his
> whole life. He lived it, he breathed it…It was part of who he was. I couldn't not take in
> this family. So that is what I did (line 827-834).

Some siblings described their likeness to the deceased and sustained connectedness

through similarity. For instance, Stephanie took comfort in a discussion at the funeral home

where she emulated her brother's take charge personality: "I reassured everyone and shuffled

them through and the escort says to me later…'you are your brother'…He goes, 'the way you've taken charge, I don't know why you need the army around'" (line, 539-541).

Families also shared narrative that sustained memory, relationship and presence. This was evident in Heather and Janice's interviews (mother and daughter). Several points throughout their narratives were almost identical, reflective of the narrative constructed by the family to understand the death. For example, both described a moment at repatriation where the hanger door on the plane would not open and they wondered if Dale, a practical joker in life, was playing another trick.

Alice conveys how family meaning making may successfully sustain connection with the deceased but may simultaneously exclude surviving children. She worried that: "I always feel that he [Alex] might feel left out because we're always talking about Scooter" (line 1005). Alex disagreed and the felt family reminiscence was appropriate. Colleen also voiced concern that following this type of death family focus shifts unequally to the life and death of the deceased:

> One thing I noticed about something families have is like almost a shrine in their house…
> I have two other children and I've had to point that out to other people that are good
> friends, that you also have other children (line 1672-1673).

5.1.1.2 *Perceived Communication of Presence*

Inter-related to being able to locate and sustain presence, many family members were able to perceive presence. This too created solace, provided reassurance of the deceased's well-being, and facilitated continued relationship. For some this was sensory through visualization or touch. Yvette shared this memory:

> The whole way [leaving for deployment to Afghanistan] he had his hand on my shoulder,
> because I was crying. I'll always remember his hand on my shoulder…[Following his
> death]I felt a hand on my shoulder. It was like a shock, like when you electrocute
> yourself, and it stayed there like a hand. I went like this [motions as brushing something
> off shoulder] and I turned around and nobody was there…I know for a fact that he was
> there. I turned to the AO and my husband, and I go. 'He's here, he's here' (line 105-123).

For others, their loved ones' presence was communicated through symbolic means. For example, Heather described that: "...as the door opens [to aircraft] the sun came out and the beams just shone on there [emerging casket] and you hear the train in the background, and Dale used to be an absolute train fanatic" (line 507-510). For several participants presence was also communicated throughout their grief journey. Alice discussed ongoing reminders of her son's presence:

> …it was funny when he was a kid growing up, payphones or vending machines, he'd always check the coin return and he always found money, always…and it's funny because I find dimes. I don't find quarters, nickels, pennies, I always find dimes and I know that's Scooter telling me he's with me. So on my birthday I found two dimes on the floor, we were shopping- Scooter's wishing me a happy birthday (line 1279-1285).

5.1.1.3 *Linking Objects/Modalities*

Sustaining connection with the deceased was also facilitated through linking objects, which were often tangible, concrete items. For example, Evelyn was presented the flag that draped her son's coffin on his journey from Afghanistan to home. She reflected that obtaining this meant so much to her as it had seen her son safely home. Likewise, Arthur cherishes rosary beads that accompanied Scooter to Afghanistan, and represent one of the few items of his son's he would be able to access:

> …when the padre came in at the funeral home she said, 'I have something here for you that they found near Scooter's body.' When Scooter first joined the military I sent a rosary that my mother had, and I said, 'Keep these, they're grandma's.'"...he always had them in his pocket, and what they came up with was the crucifix and some of the beads on the front of the crucifix and a couple of the beads around the rosary and ah, she gave them to us in a Kleenex and said, 'This was found around, in his, where his body was'. So I took them and I have them at home in a little case, and I'll keep those (line 496-503).

Linking modalities included more than concrete items. For many participants connection to the military, particularly the assisting officer, padre and members of the deceased's unit, became an important means of ongoing connection to the deceased. All participants except one

described having no connection with the military prior to their loved one's death. In the case of assisting officers and padres, relationships often persist long after the procedural requirement of one year. Many family members described relationships with military personnel as helpful in their grieving process and frequently formed relationships now central to their sense of self and social network. Yvette described her assisting officer as being: "a sister to me in this whole nightmare" (line 838). Janice spoke of her brother's military peers and their assisting officer as counted among her best friends. Alex indicated, "It's a new part of our life, and expanded family" (line 1057). In part, sustaining these relationships prevents further loss of connection with the deceased that the absence of these relationships would represent.

While ongoing connection with military can provide solace and feelings of connectedness, some discussed how it could simultaneously heighten the sense of loss. Stephanie shared this: "to see the military people was really hard, sometimes I feel very comforted and then, but lately I've been feeling I'm never going to see my brother, so I'm angry" (line 809-811). Yvette described a similar experience:

> I became friends with a lot of his friends on Facebook and they'd talk about four more days, two more days, on my way. It bothered me. I knew that he was supposed to be coming home. I knew that this was something that I was supposed to be excited about. There were milestones in this whole journey that I find very difficult. That was a really difficult one for me (line, 716-719).

Not all participants maintained close connections. Matt commented that: "The military has moved on as far as I'm concerned. Fair enough" (line 540). In Matt's case this may represent avoidance associated with traumatic connections between his son's death and the military (discussed further in section 5.3.2.3). Alternatively, association with the military was not necessarily a central aspect of meaning making for all. For instance, Amy felt that the military

connection was not an important aspect in their grieving and further that they were removed

from the military both geographically and in values and beliefs:

> [W]e didn't have that tight connection with the military, we still don't. We really don't agree with war, which is why Andy joined the army and didn't tell us. We really, really object to Afghanistan. We object to the deployment to the Middle East. (line 506-508)…I'd say we have our own support, we stick pretty close, our family is pretty tight …I don't think we ever really need the military support and because we were removed from it, we've been able to keep ongoing without them (line 560- 563).

She also had concerns regarding over-identification with the military as a means of coping:

> I can understand that people need support in situations but I really think that you need to leave it behind at some point and grow, grow from it instead of just hanging out in the same spot all the time, you know…they are all doing the same thing, they all sort of hang out, they have the same feelings, they have the same contact with old friends of Andy, that they were not necessarily friends of theirs. They are friends because of their connection with their fallen soldiers whether it's a friend, a spouse or a boyfriend or a girlfriend or whatever. So to me if they break some of those ties, or not even break, just make the ropes longer so they can go and do other things, have other interests and meet other people but they are kind of stuck in that same kind of rut…we don't know a lot about it except what we observe (line 530-541).

Finally, some family members discussed reciprocity in the connections between families

of the fallen and the deceased's unit who had also lost a valued member of their group. Family

members in these circumstances found meaning in caring for and helping those peers to cope. It

is plausible that this reciprocity also facilitates a continued bond for the peers with their friend.

5.1.2 Negotiating Self in Relation to Contextual Meaning Making

Reconstructing meaning after death involves a journey of rediscovering self and re-examining the beliefs and assumptions that allow us to understand our social context and our roles within it. The second significant area of meaning making involved participants renegotiating their sense of self and attempting to integrate and make meaning of their new subjective reality in relation to what it means to now be defined as a *family of the fallen*.

An underlying and central feature to being able to derive meaning from the social context relied on finding meaning and value in the death itself. With this type of death, social context includes military culture and public and political opinion regarding war efforts generally and the mission to Afghanistan specifically. Military ceremony related to repatriation, burial and ongoing commemorations convey a discourse of honour and sacrifice in these deaths for a greater good – our continued freedoms. Therefore, pride in the life selflessly given for others is valued and an important aspect of this social context. This discourse is perpetuated in the public realm although at times, it is diametrically opposed by alternate discourse; in particular by those vocal against the mission to Afghanistan. Family members oriented themselves in varied ways and to varying degrees to these beliefs and values. The ability to more closely align to these social and contextual meanings facilitated meaning making and assisted in integrating the loss. Many family members actively engaged in activities to remember the fallen, support the troops and more generally provide education to the public regarding what these deaths represent – past, present and future. These family members also tended to have closer, ongoing relationships with the military, which not only facilitated connection to the deceased but also assisted in ascribing meaning to the death.

The next section has two main parts. First, it discusses the disruption of self described by families and their attempts to revise their identity, beliefs, assumptions and attitudes to integrate the death into their life narrative. Second, it explores four aspects that influence how family members negotiate their sense of self. These aspects include: feelings of pride, a sense of forewarning, negotiating the ambiguity and implications of the public and private, as well as thoughts regarding the mission itself.

5.1.2.1 Disruption and Revision of Self

Family members expressed disruption of self and consequent impacts on their emotional

and physical health and their interpersonal relationships. Matt stated:

> I am totally changed. It is difficult to quantify, but my wife has told me, astutely
> observed, that I am kind of emotionally bankrupt. I don't give a shit about a lot. I am
> withdrawn. I am kind of antisocial, really, except for a few close friends. It did a number
> on me for sure (line 596-598).

Rick shared the pervasive effects on his life: "I lost my job for a little while, I lost my credit, I

lost my house, and I'm just starting to try and pull myself back up, but now I'm 50 years old how

do you get yourself back up at 50" (line 467-469). Following our recorded interview he shared

how coping by self-medicating had also cost him his health, with a recent diagnosis of liver

cirrhosis. Further, he feels that since Dave's death: "a piece of me missing, there's a piece of me

right here [points to heart], I don't have it back yet" (line 481-482). The cognitive changes

experienced by Colleen are similarly echoed by other participants: "When my son was killed I,

as well as other members of our family, showed signs of PTSD. My AO told me I had CRAFT

(Can't Remember A Fucking Thing), as I would forget things" (line 1903- 1904). For Alex, it

was his son who brought his personality changes, and consequent impacts on their family, to his

attention:

> [H]e drew a picture of me and I'm angry, and he explained all the pictures. '…dad's
> angry because he lost his brother'. And it hit me…the family doctor talked to me and put
> me on some pills to kind of level it out…I am getting better but I'm sorry, I'm not the
> same guy I used to be. Like I used to be a fun loving guy, happy go lucky - but you're
> happy go lucky and then something's taken away from you, how do you be happy go
> lucky anymore? You know, I've got a chip on my shoulder now (line 1256-1267).

Yvette shared impacts on her marital relationship:

My [second] husband, he is a wonderful man, but he doesn't understand. He doesn't get it. We actually almost divorced after Kyle died, because he couldn't understand (line 762-763).

There were also changes in beliefs and values to deal with the new reality. This is seen particularly in a heightened sensitivity to the importance of family as described by Janice:

I spend more time with my family now 'cause I know how important it is, whereas before I was in a relationship and…I cared about my family but I'd rather spend more time with him and not my family, but that's totally changed now because you just never know (line 683-686).

Others described re-prioritization of what was worthy of complaining about and limited patience for those who complain.

Embracing characteristics or enjoyed activities of the deceased not only facilitated continued bonds but for many participants this became a new part of their identity and a means of integrating the death into their life. Matt described riding a motorcycle was a new activity for him but something he believes his son would enjoy: "I bought myself a brand new motorcycle as a direct tribute to Evan. I bought it in his memory…I think of him kind of when I ride it, and I've got an army patch on the bike" (line 484-492). For others, this integration was not always easy. Amy wants to support causes related to PTSD as her son would have wanted, but feels unable to do so at this time in her grieving:

Andy used to get very angry when they had a death, and there was lots before it happened to him…he always used to say, 'why the heck do they keep honouring the dead, they are dead. What do they know? What about the guys that come back and that are injured, what about the guys with PTSD and what about the guys that have no legs'. That has a huge impact on me and I would very much like to get involved but I haven't been able to bring myself to it yet, it's a difficult journey for me to assist somehow those groups that are supporting those soldiers with PTSD (line 478-484).

Social roles also changed for participants (e.g. mourner, family of fallen). To illustrate, most of the siblings described stepping into a protector role in the family; several had explicitly

described the deceased as their protector. Rick looks out for his nieces: "these are like my girls now too, right, and I make sure they are all looked after" (line 60-61). Janice watched out for her younger sister: "I just wanted to make sure my little sister was OK 'cause she was only twelve. That's a lot for a twelve year old to take in" (line 257-259). Carlie shielded the rest of the family from the media: "I took care of all that crap, they didn't need to deal with that" (line 339).

5.1.2.2 *Pride*

Feeling proud was emphasized by participants and assisted in their ability to make meaning. Dominant discourse emphasizes the sacrifice of a soldier in relation to pride but, for family members the meaning attached to being proud was more diverse and consisted of pride in: the deceased as an individual and what he stood for, in Canadians for their supportive response, or a new/renewed pride in being Canadian. Regardless of beliefs regarding the mission, or agreement with larger social discourse, participants derived meaning from the fact that they were proud of, and honoured and supported, what the deceased valued and subsequent choices they made. Matt expressed this:

> I have checked at the door my thoughts about the mission and Afghanistan and stuff like that. I don't really have a lot of capacity to look at things on that level. It was always good enough for me that he was a proud member of a team that was doing what they were supposed to be doing to the best of their ability (line 519-522).

There was a paradox whereby even in the 'tragic pain' there was 'so much pride' and symbols that evoked both sorrow and pride. Pride was also incorporated into the pre-death story such as, parental pride. Joe clarifies that pride in his son in relation to his death is only a small part of his eternal pride for him. Arthur describes that having pride in his loss meant not avoiding the pain. Several participants discussed that their actions now are aimed to make their loved one proud. Further, feelings of pride were a factor in resiliency and assisted in finding meaning in the death. Feeling proud provided a strong positive emotion amidst intensely painful ones. Positive emotion

helped to mitigate disabling aspects of grief and allowed participants to ascribe meaning to the death that was socially recognized and valued.

5.1.2.3 *Forewarning*

A number of participants spoke of forewarning or knowledge of the death occurring before being told. Coping with knowledge or a sense of a foreseeable death consisted of not acknowledging or rationalizing away danger, taking things day by day and believing that no news, was good news. Several siblings reflected on the deceased's comments and behavior prior to the death and now believe they were trying to communicate their knowledge that they would not make it home. Yvette and Colleen described 'mother's intuition' and knowing when their sons left that they would not return. Colleen said: "I knew the day I hugged my son good bye as he was boarding the plane for his big adventure that I would never see him again. Each day after that was hard" (line 1936-1938). Other parents described more sensory and emotive intuition around the time of the death. For instance, Jerry felt 'rotten' that weekend and woke during the night at the same time as his son's death: "I was up when it happened there. And here was like eight hours difference or whatever it is, so it was ah, yes I know, before they show up at the door" (line 34-36). Yvette in contrast experienced additional distress at not intuitively knowing the moment her son was killed. This posed challenges in her grieving and contributed to feelings of guilt.

The frequency of this phenomenon across narratives is significant. While forewarning may be present in other types of sudden death, forewarning here varies qualitatively given the very real possibility of death that coincides with combat. The challenge with retrospective data is interpretation. Does this experience reflect parental bonds and continuity of bond from pre-death to post death? Or, is this reflective of a participant's needs to imbue meaning to allow for coping

after the thoughts became a reality. From this data, it cannot be determined whether most parents/siblings have similar thoughts that only take on meaning if the death occurs or if only the families where deaths occurred had experiences of forewarning acting as a form of anticipatory preparation for what was to come. This would be an interesting area for research.

5.1.2.4 *Now That We're Famous: Public and Private Grief*

Differentiation between the public and private grief is ambiguous, complex, and not static. Initial public attention helped most family members feel supported and proud. This was most consistently and poignantly described in relation to the Highway of Heroes. Joe also found comfort and meaning in the bravery and heroism of his son's actions the day of this death. Inaccuracies in the military's version of how his son's death occurred challenged this meaning and he insisted this be corrected in the public realm:

> **Interviewer:** So, It is important to honour his memory correctly.
> **Joe:** Yeah, when he's representative of the whole mission (line 430-432).

Most participants identified a lack of privacy, which could be both intrusive at times and/or accepted as part of representing their loved one and the honour they deserve. Alice commented on the media presence at her son's repatriation: "They went over there to fight for everybody, to fight for our freedom why shouldn't everybody get to share into why he was there" (624-625). Others juxtaposed the positive aspects of public support against the negative experiences. A few family members felt they were being observed and judged during a time of emotional turmoil. Some perceived that public does not understand and consequently experienced social expectations to 'be over it'. Heather said:

> People think you should be better. There's no prescription but they think she'd had her year off, like I was on holidays, you should be better now. You should have closure by now. I don't expect special treatment but I do expect some compassion (line 897-900).

Some families had more difficulty finding meaning in relation to the public nature of this

death and tended to more private grieving. Even for some of those who did find meaning

consistent with the discourse of the social context, public presence or a sense of entitlement by

the public to know what they are experiencing, resulted in more carefully guarding private

emotions. Colleen discussed her private grief:

> I find that I will only share my grief journey with others who have experienced the same type of death, that being, one military related. I cannot go to open memorials that seem to take place at Christmas time to remember everyone who has died over the years (line 1909-1911).

She also conveyed feeling singled out: "I also do not like to be singled out in a public place as,

'there is the dead kid's mom' as I have over heard a few times in the grocery store" (line 1912).

This is echoed by Heather who described new social expectations placed upon her:

> I don't shop here anymore, I shop out of town. I mean I couldn't even do my grocery shopping or I'd go to late at night to the store. I had one woman follow me around to tell me she knew exactly how I felt…and I said I didn't even know how I feel. She wouldn't leave me alone…I feel you have to maintain a sense of dignity because everything you do at this point, whether it's related to that, you do to honour Dale. So I don't want people thinking his mom is a bitch (line, 883-890).

5.1.2.5 *Views on the Mission*

Views regarding the mission and political beliefs also influenced meaning making and in

some instances impeded the same, particularly in instances where the mission to Afghanistan

was perceived negatively. Where family members questioned the value of the mission (or aspects

of it), it posed challenges in finding meaning related to the value of the death and presented

further traumatic features to their grief. Matt reflected on his experience of the family visit to

Afghanistan:

> …before he went I was in the belief and respectful of the notion that as a country we have to step up and do our part on the international stage and get our hands dirty…I was cool with that idea. The trip found me thinking, let's get the hell out of here, and you Americans get the hell out of here too. …It's lost. I didn't really have those thoughts prior (line 705-709). I don't have any conflict particularly about the fact that this happened. I am respectful, as was he, that this was the mission of the day.…Once over

there, I saw some disturbing stuff…I didn't really care for the Afghan army people that I interacted with. I thought the whole thing was self-serving, and I came away feeling that these bastards don't deserve my son and these other guys over there trying to help them (line 714-719).

However, these family members de-emphasized the implications of this and refocused on alternative aspects to find meaning such as shifting their focus to the deceased's values. Joe stated:

> Now whether the role we assigned to our soldiers in this conflict was a valid one, I am not going to weigh in one way or another, but that was a very important part of who my son was. He was going there with the most noble, as he believed it, of intentions to help people who needed it and could not defend or look out for themselves (line 25-28).

Alignment with military and national discourse was not required in order to find meaning. Amy differentiated supporting the mission and military action from supporting the principles behind what her son believed in:

> I attribute my son's death to the unleashing of evil. Evil that drove others to a war that included our nation's need to defend our freedoms…My son chose to defend our right to self-government and freedoms that we enjoy through our Charter of Rights and Freedoms. I honour his choices and approve of his actions (line 745-750).

Others focused on contextual discourse related to sacrifice for maintaining personal freedoms. Janice noted that, 'it's not even our war' and remains angry with respect to Dale's death in relation to the mission itself, "It was a waste because Dale died, and too many soldiers died. I don't know what they really truly accomplished over there*"* (line 709-710). However, she expressed a greater sense of appreciation for our freedoms in Canada after her brother's death.

Those vocal against the mission caused some participants additional distress. Colleen spoke of hurtful comments made by liberal and NDP opposition. Heather described harassment: "I keep getting all these letters in the mail they just really throw me off. I know someone is watching me it makes me very uncomfortable" (line 905-906).

In many instances the influence of views on the mission was mentioned in passing or implicit in participants' narratives and for some, provided inconsistencies in their meaning making that were easier to avoid or explain away. For instance, a few participants minimized the importance of their negative views on the mission as the alternative would mean accepting that the death was in vain.

5.1.3 Preserving Personhood

As noted, public support and memorials were a means for some to find solace and facilitated mourning. However, a third way families made meaning was attempting to maintain the uniqueness of the individual behind the soldier. This was important for all the family members in this study. This was not dichotomous, that is, remembering either soldier or individual but many of their efforts in meaning making and memorialization aimed to ensure that their loved one was remembered not <u>only</u> as a soldier but as an individual first and foremost. This is significant when one considers that the collective nature of memorials for the fallen tend to do the opposite, emphasizing the fallen collectively and at times losing the individual in the same. The dynamic interplay of the public and private is brought to light when looking at this issue. Public memorializing exacerbated grief responses for some participants when the means of remembrance lost the individual in the collective, whereas, memorials that were true to the values or identity of the deceased often held more meaning. The remainder of this section explores differentiating individuality within the collective and public abuse of personhood.

5.1.3.1 *The Individual Within the Collective*

"Canada's son" is one phrase used amongst some families of the fallen and within the larger social context reflecting entitlement or ownership of the soldier by the country. For some families this fits with their understanding of the death and their loved one's role in relation to Canada. Joe comments on the duality of how he now sees his son and what he has come to

represent: "To me, he was Lucas, and so for the last four and half, going on five years everybody…the myth he's become, the symbol he's become is Corporal Lucas O'Reiley" (line 17-19). Agreement or acceptance of this duality was not universal among participants. Jerry explained that: "Nick was a Canadian soldier, but Nick sure as hell is my son. I'm sorry. …I'm not sure I want to share. [H]e was a Canadian soldier, he served Canada, but he's my son" (line 836-841). He further discussed preferring to participate in memorialization activities that reflect who his son was apart from the military: "I was thinking about it and they had the track and field through the school and it's Nick Matthew Holmes Memorial Track Meet, that is the only day that I don't mind…I can handle that" (line 845-858).

Memorialization in the public realm not only portrays fallen soldiers collectively but also tends to portray of families of the fallen as a cohesive group. In some instances, the representation of uniformity in what should constitute grief and memorializing created divisions amongst families. For some families this also had negative implications for their grief. Colleen feels exploited by some of the memorializing activities that are occurring amongst other family members as well as the public:

> I find it very upsetting that I have no control over my son's face. Every time I turn around there is someone out there painting an ugly picture of his face or using his picture and name for some kind of fundraiser. 99% of the time they have not asked the families for permission or even care what we think! …Makes me sick and very angry (line, 1913-1920).

Amy also identified an aspect of public discourse that does not fit with her experience:

> In my opinion the public sees parents and families as heroes, I think this a mistake. If I'd had a choice he would not have served or died there. I am a pacifist and don't like to be called a hero for my sacrifice. It wasn't mine, it was my son's. I support his decision to do what he thought was right by going off to war, I don't intend to take any credit now that he's dead. I think that some people thrive on continued attention that they personally receive from the public surrounding their loved one's death. For them perhaps it does help them with intense pain. Perhaps they feel it would be appreciated by their lost child/sibling/spouse. I personally shrink from public recognition primarily because of my

comments above, I did not sacrifice – he did. I just try to do things that would make him proud of me (line 781-790).

Paradoxically, two mothers noted that given the small number of deaths compared to previous wars there was opportunity to raise public awareness because the individual could be identified within the collective. Although, the awareness each hoped to generate was dissimilar. Amy said:

> I can't remember where I read this, or I heard it on the radio or something, anyway, they said, 'There's only 150 guys. What's the big deal here? Other countries lost many, many more.' And I'm thinking to myself, that's why it's significant because there were so few. And I think it might help individuals realize what war can do and maybe we won't be quite so supportive of war years later (line 607-611).

Yvette echoed others views regarding public education:

> I try to do everything I possibly can to make people aware of these soldiers and what they've done because you don't hear about it. It's not like World War I or World War II where so many thousands and thousands died that nobody knows anybody who died unless they were your grandfather or your great grandfather or your neighbour's best friend's dog's cousin's friend (line 890-892).

5.1.3.2 *Abuse of Personhood*

Public abuse of personhood was also noted, where individuals or groups appeared to be serving motives other than honouring and remembering the deceased. Several participants spoke of people seeking 'fifteen minutes of fame' or trying to generate personal profit or gain by claiming association with the families. Heather describes a memorial gone awry: "…a girl organized a memorial baseball tournament and we thought she knew Dale and we thought her intentions were good and it turned out she wanted her fifteen minutes of fame. Didn't acknowledge anything we wanted or didn't want" (line 678-689). Alex clarified that:

> …it's like they want to be part of some sort of lime light and I can't, I don't know where the lime light is 'cause there is no lime light; I lost my brother, just for the fact for somebody to say 'oh, I knew that family', blows my mind and but like I said to my wife, I said for every one person that's crazy we've met, there's been ten amazing people (line, 1041-1044).

5.1.4 Journey Toward Meaning and Solace

Participants in this study undertook a journey to reconstruct meaning in their lives. The first way participants made meaning was by establishing a continued bond with the deceased, which allowed for continued relationship. The continued bond was facilitated by locating and sustaining a sense of presence and connection to the deceased. Linking objects and modalities were one means of maintaining this connection. Locations where family members felt connected to the deceased as well as perceivable communications from the deceased were other ways the relationship bond was maintained. There was a paradox where despite the solace that connection created, it could simultaneously heighten sadness.

A second and important aspect of finding and making meaning involved participants' adjustment to the disruption in their sense of self and emotional health toward revising and re-negotiating their sense of self in relation to this unique social context. Renegotiation of self as part of meaning making involved several common features including: feelings of pride, forewarning of the death, a negotiation of the public and private, integration of personal views on the mission and, whether or not their personal views on the meaning and value of the death aligned with social discourse on the meaning of the deaths.

Finally, the bereaved made meaning through efforts directed at maintaining the deceased's personhood and individuality amongst a collective identity. The data also illuminated that the needs of experiences of families of the fallen also tend to been viewed in a reductionist and collective manner, which can negate individual family needs. The following section builds on the experiences meaning making discussed thus far and examines the role and functions of symbology, ritual and memorial in reconstructing meaning and facilitating mourning.

5.2 METAPHORICAL ARTICULATION

Section 2.3.3.1discusses how memorial, ritual and symbology assists in the meaning

making process by engaging more than just the literal recognition of the loss but also the non-

literal (e.g. emotive, existential, sub-conscious). Ritual helps us to know what to do when we do

not know what to do and symbology can convey multiple meanings when words fail us or are

insufficient to express our experiences. Ritual and memorial are in and of themselves symbolic,

but for the purposes of discussion here common elements are discussed separately. This theme

will explore how ritual assisted participants with their grief and in finding and making meaning.

Then the section will look at symbology and its role in bereavement and grief following this type

of death. The section also highlights situations or conditions within which ritual and symbology

have failed to meet the needs of the bereaved.

5.2.1   Ritual and Memorial

As Pivnik (2011) described, memorialization is reliant on ritual and cultural norms to

create order and functionally takes advantage of procedural memory that is accessible when

semantic memory fails. Culturally, memorialization is a collective and shared response to a

tragedy that could not be averted.

The military as an organization also represents a culture. Its response to the death of a

fallen soldier is rich with ritual and memorial. Even the term *fallen soldier* is linguistically

symbolic of a number of meanings, such as a sacrifice deserving of honour. There was an

assumption that participants in this study would take part in the military's rituals and

memorialization immediately following the death. Overall participants described several ways in

which ritual and memorial in this context assisted with grief and mourning (albeit there was

some individuation and examples where this was not the case). First the rituals and memorials

created a sense of order, control and predictability, along with a collective narrative and shared

response to the loss. Rituals also marked a rite of passage for the bereaved and deceased. Remembrance Day memorials were found to be facilitative of individual and social meaning making.

5.2.1.1 *Order in the Chaos*

Several participants described a state of chaos after notification; feeling overwhelmed, confused and unsure of what to do next. Yvette described this: "I was making sure everyone was ok. Did anyone want a glass of wine? In between I was like what am I supposed to do? Somebody tell me what I'm supposed to do" (line 470-473). For most, this chaos was reduced by the ritualistic nature of military procedure and supports (assisting officer, padre, public relations officers) that imposed order and direction through to burial. Participants frequently conveyed how the 'military took care of everything'. Evelyn, for instance, spoke of her assisting officer helping her with tasks that were too hard for her to manage at that time (e.g. shopping for an outfit to wear to repatriation).

Family members also described an awareness of procedures (notification, repatriation and burial) following the death (from observing previous deaths), which created predictability of what would happen next and assisted them to orient themselves amidst intense emotions. Janice noted that time in between each step was facilitative of their grief: "It was a slow process 'cause he had to come home from Afghanistan so there was a lot of time to sit and think about everything, even though we were so busy to get ready for the repatriation, [we were] meeting his soldier friends and grieving with his friends and our own family" (line 233-235).

Participants generally accepted, even welcomed, military presence as appropriate and supportive. Military presence symbolized the significance of these deaths, which assisted in assigning meaning to the death. But there were also examples where specific aspects of the

imposed order were not necessarily facilitative for all. One mother expressed that she needed to

be in control: "I said right through the very beginning…I am a control freak- we have to have

control of this situation which shocked the hell out of the two military guys. I have to get control.

I can't deal with this" (line 345-347*).* Others expressed that the novice of their assisting officers

added to delays as all questions and actions needed to be relayed through the chain of command.

A few participants wished that the military had exercised better control over the initial media

responses, which were creating additional chaos and distress.

There were instances where imposed order and procedure superseded needs of the

bereaved and was not necessarily facilitative of mourning. A few discussed rigidity in 'rules'

such as length of funeral ceremony. Yvette described a presumed entitlement: "They said

dignitaries are going to be sitting up front and the military. I said no. They can stand outside. I

don't care. Kyle's family and friends are up front and nobody else" (line 588-589). Some felt

obliged to speak with political representatives, anger at particular politicians, and a lack of

privacy. At the same time, another mother noted that given the number of deceased at her son's

repatriation the absence of representation was disrespectful.

Unlike Janice above, some participants found that waiting for repatriation and autopsy

delayed their grieving. Colleen stated: "We had to wait nearly a week for our bodies to come

home and then we had to wait another few days for the coroner to do his work. Then we could

have our funerals, then we could start to grieve" (line 1876-1878).

So while military procedure reduced chaos for most, individual participants identified

circumstances where this was not the case or where the order was contrary to their bereavement

needs. When this occurred there was a tendency to minimize the significance of these examples

in order to deal with the cognitive dissonance created between perceptions of how the procedural

support of the military 'should' be viewed and what was their personal reaction. Furthermore, those that found meaning in a closer alignment with military discourse about the death were more likely to minimize or rationalize experiences where cognitive dissonance occurred than those for whom this discourse was not as central to their meaning making. For instance, Amy who was more vocal against the mission to Afghanistan describes, without providing rationalization, ongoing resentment toward the military for an experience that had negative implications for her grief:

> I wanted to go to the morgue but they wouldn't let us go to the morgue and they wouldn't let us take pictures of him until he had been stuffed and painted and dressed and made to look presentable. We wanted to see him the way he was but they wouldn't let us. That I found very difficult and I still resent that (line183-186).

5.2.1.2 *A Shared Narrative*

Ritual and memorial helped to create a sense of a collective and a community of support. Community included the military, other families of the fallen and the larger public that shared in their experience of grief. Amy recalled this realization standing on the tarmac in Trenton:

> I was quite overwhelmed, there were a lot of people there and a lot of soldiers there from different organizations, there were pipers and there were navy people and there were armed forces, there air force and army, and then there was all the families and all the people- that was really overwhelming. And seeing that stuff in person, lined up to receive solders was, that had a huge impact on me. It made me realize that it's not only us, it's everybody (line 277-281).

Mourning involves social recognition of the loss and the opportunity for external expression of the loss. A few participants discussed that the decision to make repatriations public was politicized and not focused on the needs of the bereaved. However, it was also felt that public repatriations allowed for what was likely an unprecedented social response to the loss that was both organized (repatriation ceremony, funeral services) and spontaneous (Highway of Heroes). The social response to the deaths assisted in making meaning and providing support to

the bereaved through a shared grief and empathy. Alex contrasted the positive value of

publicized Canadian repatriation ceremonies versus the American response to their deaths:

> …we had relatives in the States. When they came for my brother's funeral, they couldn't believe it. Because of what Bush did when he put the blackout on the media, you know. They don't want them seeing the soldiers come home. They missed out on that, and them being American, they thought it was the greatest thing…you go down the Highway of Heroes and you see how patriotic Canadians can be and it's amazing and they said, 'you know what, we wish we could experience this' (lines, 443-449).

Matt described the power of the response they received:

> It was hard to be impressed, although it certainly was impressive. It is hard to revel in it because of the burden of the sadness, but it was astonishing. Astonishing…Millions of people. It was freezing cold. Terrible weather. Millions of people all the way from Trenton to Toronto…It didn't mean much to me at the time. I guess it did, because it was hard not to be respectful and appreciative of all of that, but it is surreal (line 335-350).

Joe described the Highway of Heroes and public support as a factor in his resilience: "Maybe the

fact that I have never been bitter or angry or whatever. I am just still very, very sad but all those

strangers coming out to pay respect and share and grieve with us, it was pretty transformational"

(line 582-588). In contrast to the cases above, one mother commented that the initial ceremonies

were more about the 'show' than remembrance.

Despite the benefits they derived from memorials a few participants also noted that there

came a time to 'let them rest'. Rick described tension between wanting his brother remembered,

feeling he deserves to be recognized, yet feeling at times it is a bit much. There appears to be a

point at which social mourning is of less value to the bereaved and reflects other needs. This

involved individual attempts to maintain 'aliveness' of the deceased thereby avoiding integrating

the loss. Alternatively, there appears to be an expropriation of the grief by the public 'owning' it

as their personal loss and in some instances hampering the bereaved from moving forward in

their bereavement toward integrating the loss.

Part of making meaning after a death and integrating this into one's life story involves metaphorically writing and re-writing the self narrative to integrate the loss and understand how the loss fits or reshapes your life into a new cohesive narrative. The rituals offered here helped most to begin this process by providing social discourse about the meaning and value of the death and the implications of this for the new identity of the bereaved. In fact, many of those who responded to the study identified themselves in this manner: 'I'm Evelyn Patterson, mother of Sergeant Daniel Patterson, KIA, November 15, 2005.' This reflects a new role or designation and a revised aspect of identity.

5.2.1.3 *Rite of Passage*

The procedures and rituals set in motion following these deaths marked a symbolic entrance into the 'military family', a typically 'closed' community, for many of these participants (as opposed to what a spouse might experience). This was not immediately understood or accepted by all. For instance, Colleen and Heather were unclear on the role of the assisting officer; Colleen and her spouse initially asked him to leave. Jerry finds humour in the moment this status was conveyed to him with a call from Prime Minister Harper:

> I thought the damn man was drunk [laughter] I know he wasn't drunk but I'm saying it because what he said to me, 'You know Mr. Holmes, the army's like a family.' What? You know I didn't say anything and I thought to myself… what the hell? What are you talkin' about my son is sitting in a box somewhere and you're telling me it's like a family...and I find after, you know over six months, a year and stuff, he's right, but at the time I thought he was nuts. He's right because even these regular soldiers and people that I met, it's really like a big family, and there's always a connection you know (line 474-496).

Yvette had a similar response: "When I first found out about Kyle dying I thought now I have to support the military with a sticker on the back of the vehicle and all that. That lasted about 20 minutes. It was like they took us in. They've been amazing" (line 818-820).

The deaths also marked a change in status and role to now being defined as a family of the fallen, bringing with it new social expectations and obligations. Heather shared that while they are offered opportunities others might not be, additional costs and emotional tolls to the family are not necessarily recognized:

> …all these memorials and tributes are expensive when you have girls that you have to buy things for. Um, when we met Charles and Camilla, the military they arranged for eight families to meet them, you had to wear certain things and shoes...Jeff didn't understand how hard all that shopping is, it's tiring for me (line 921-928).

For some, acceptance of this new status facilitated their meaning making, re-negotiation of self and allowed them to continue to honour the deceased: being a family of the fallen has become central to their new self narrative. For others, this status was not central to their identity and formed a more limited part of their narrative.

5.2.1.4 *Remembrance Day*

Remembrance Day requires additional attention as both ritual and symbology forming a significant part of self-narrative as well as social confirmation of the meaning of the death. All participants discussed the new significance this day held for them as a central life event. What became clear in my interviews and follow up with families was the duration of Remembrance Day as a 'month', season, or longer. The meanings attached to Remembrance Day were multiple. Remembrance Day represents the collective narrative of what it means to stand up for our rights and freedoms through military action. In doing so the collective narrative joins past and present, and even future deaths. It also ascribes meaning to the death – that is, a sacrifice for the rights and freedoms we enjoy today. It provides a ritual to remember the deceased collectively and individually and ascribes attributes of honour, valour and pride for their lives as a soldier (and in doing so can omit other aspects of the individual). Family members emphasized varied but not necessarily mutually exclusive, meanings. For some family members, Remembrance Day was a

day for reflection and respect. Others emphasized the opportunity for public education on what the deaths mean in relation to preserving peace and freedoms. Remembrance Day was also an opportunity to make a more personal connection between the contextual discourse of sacrifice and freedom to the individual behind the same. Carlie conveyed this purpose speaking at her son's school:

> I went through right from when he died, through repat and I took them all through the journey with us. I said so, today and next year, and next year, and next year, make sure you think about what Remembrance Day is about not just getting out of class (line 868-870).

For several participants public speaking on Remembrance Day was facilitative to their grief and re-writing their narrative. Stephanie said: "I tell this story so good maybe because I've repeated this story to my school fifteen times during remembrance month. It is very healing for me though" (line 368-370). Remembrance Day was additionally noted as a grief peak, bringing with it a fresh wave of grief. For Jerry, Remembrance Day holds multiple meanings that included the continuing nature of the mission and connections he has made with the troops following Nick's death:

> You know a lot of people say to remember their loved ones, yes, I do remember Nick, there's no way, but you know something, I remember Nick every darn day of the week. Remembrance Day for me, it's for the guys who are there…but the political part of it, phew, nothing wrong with remembering the dead guys, who were WWI, WWII soldier, to stop the crazy thing that happened, we should remember their sacrifice, absolutely, absolutely, but for me what do I think of on the 11th hour, of the 11th day, of the 11th month, it's the guy who's probably dodging a bullet somewhere and that didn't happen to me until when we spent Remembrance Day in Afghanistan (line 678-689).

> Participants also described continuity in the meaning of Remembrance Days prior to the

death; recalling moments of awareness. Yvette remembers:

> I remember my first Remembrance Day when Kyle was there. [My] store manager read off the names of all the soldiers that had died…and I started to cry. I thought God please don't let him be one of those. That's when I realized that he could go there and something like this could happen (line 187-191).

5.2.2 Symbology

Mourning often incorporates symbolic expressions of grief and remembrance. Symbols used in this context were plentiful and formed an integral part of the military's memorial and ritual and were central to ongoing memorials. Symbols were also used independently to metaphorically articulate individuals' grief and remembrance. This section discusses some commonalities in the role of symbols with this type of death. First, symbols represented a change in status or social role. Secondly, symbols offered a shared understanding and means of succinctly communicating complex meanings and, symbols were a significant part of personal meaning making and re-storying the loss.

5.2.2.1 *Status and Meaning*

The military has its own recognized symbols that convey meaning related to the death of a soldier. For instance, the right to access the national military cemetery in Ottawa is symbolic of a status that recognizes sacrifice, service and those 'deserving' of burial there. Several participants spoke of other public symbols erected to acknowledge status and facilitate remembrance such as, parks or streets named after the deceased.

Meanings attached to military symbols also acknowledged the right of passage and changed status of family members. The Silver Cross is one recognized symbol that generally denotes the recipient as a family member of a fallen soldier. Silver crosses are given to up to three individuals selected by the deceased in advance. Rick reflected on the meaning of the symbol and limitations in the policy to acknowledge more family members:

> I would have loved to have one…remember I mentioned '*If I Should Fall'*…Mark's girlfriend and her father right, in the video is wearing a silver cross medal and I looked at it while watching the video and thought, how did you get one? Right, it doesn't matter that he had one, maybe he just borrowed it for the video or something like that, but it's like, you're not even really related, but you have one (line 697-703).

Several mothers talked of their new role as a Silver Cross mother, which has become part of their revised sense of identity as well as a linking object to the deceased. Similarly, Joe described this:

> One of the strangest things has been the loss of my privacy. It has been a very public grief. Lucas became a symbol of a national hero. He's an archetype. Other people in our family, but most specifically me because I have become fairly public, have become a public symbol of grief (line 705-707).

It needs to be noted that not all family members desired to have the role and identity bestowed upon them as central to their new sense of self and in fact did not wish to be representative of war sacrifice in general or all wars prior. In these instances, the meaning ascribed to the symbol was limited and reflected meanings related to their particular loved one's death and personhood.

5.2.2.2 *Communicating Shared Meanings*

Participants spoke of symbols that represented shared understanding within the group that may not have been appreciated by others. For instance, a 'silence' occurs around a death acting as a symbol of forewarning: "Understand also that soon as there is a fatality, and perhaps you already know, all communication in and out of Kandahar is stopped" (Joe, line 368-370). Others discussed that media announcing a death indicated to family members that the notification process had been initiated and began an anxious wait. Janice described worry after her brother's death: "[E]very time we heard on the radio or on the news, there's another Canadian casualty you look at that TV screen, thinking that, hoping that, you don't know that face" (line 722-725).

Other symbols are more widely recognized such as, the meaning associated with the poppy or uniformed officers arriving at their door. Janice explained that: "…he was injured earlier in his tour and no one came to the door to tell us. They called us and told us…Well you recognize it from the movies, you think that in all the war movies it's how they come and tell you. And, it's true they do, just like that" (line 152-153). Stephanie also vividly recalls the

officers' arrival to notify her: *"…this dark car comes in and then there was like beacon of light because all I can see is two bloody uniforms and when I saw those two uniforms I started to scream"* (line 371-372).

Participants also discussed symbols that evoked shared feelings of pride, sadness or and meanings related to heroism, sacrifice and patriotism. Most participants discussed symbols that took on new or intensified meaning after the death and further that many of these meanings were shared by other families, members of the military and/or Canadians more broadly. Alex, Alice and Arthur discussed the traditional music played in relation to a military death and the emotion it now evokes:

> **Alex:** Well personally, I can't listen to the *Last Post*.
> **Alice:** yeah, I can't either.
> **Arthur:** That trumpet just does something to your heart
> **Alex:** yeah it's, you can't, I can't get through that song (line 910-913).

Stephanie expressed a shared sentiment amongst many participants:

> Such mixed emotions, like how can I be so tragically in pain here but yet so full of pride at the same time, but the Canadian flag, I've never looked at the flag the same again. The Olympics happened not long after that and I cried every time I'd hear *Oh Canada* or see the flag and I'd get such a profound meaning for me now (line 606-609).

Arthur also discussed how the symbols themselves deserved respect as representative of respect for the deceased. He described a plaque listing names of the deceased in his local arena:

> And they put it on the wall and I says you can't leave it there because when people go to hockey games there, they buy their tickets and they lean against these walls and they're putting their feet up against the things. You gotta put something there so that these people are not putting their feet on the names of people who died (line 823-826).

Symbols also represented the duality in meaning making conveying collective remembrance and meaning yet defined by many individuals, for example, individual names on a cenotaph.

5.2.2.3 *Personal Symbols and Reconstructing Meaning.*

Participants spoke of a variety of symbols that held significance in their personal grief and mourning. Some of these symbols were a part of the social context whereas others were unique to the individual or family. Both had significance for integrating the loss into their revised life narrative. To illustrate, the casket of the deceased is typically carried at shoulder height by comrades from their unit; two parents discussed the meaning and symbolism in this procedure conveying that the deceased was carried 'on their shoulders'. The image provided solace amidst the sorrow. Joe said: "It was just so powerful and moving to see those guys carrying [him]" (line 689). Other personalized symbols became part of how the death was understood; for instance, unique symbols of forewarning such as a missed phone call or a dream, as Janice recalled:

> I was having a dream...my friend and I were at someone's house playing Call of Duty, the war game, and in the game everyone was dying. They just kept dying. And then the doorbell rang in my dream so I got up in my dream to go answer the doorbell, but it was actually our doorbell. I don't know, in a way I think Dale was kind of telling me, this is what you're waking up to (line 131-135).

Any given symbol could hold multiple or different meanings within families or amongst families of the fallen. Alex and Carlie discussed the photographic image of Scooter applied to their vehicle. For Carlie, her brother-in-law's image on the van reminded the public of him as an individual and what his death stood for. Alex described a more personal meaning: "I did the van thing because I get to see, I get to pay tribute...I don't drive it for Canadian Heroes, I drive it because my brother is on that van and I get the see him every day" (line 1113-1115).

Symbols did not necessarily facilitate meaning making if the bereaved did not share the perception or value of the symbol. Heather described how the rose given to her at repatriation by the military held no meaning for her: "I just kind of threw it. To me that was stupid, if you need something to hold on to, but to me it just seemed that it may have been started as a simple

tradition. It didn't help me" (line 529-531). Symbols assumed to be of value collectively in some

instances caused more distress:

> When I first saw my son's painting on the Portraits of Honour (or dishonour as we call it)
> I asked that it be removed as it was an ugly picture of my son and I was not asked
> permission for this to be shown to the public across Canada! My family, myself and my
> son's friends are still upset with this (Colleen, line 1916-1918).

> Other symbols took on more (or different) meaning after the death. For instance, the

Highway of Heroes was considered by all as a powerful ritual and symbol of support, gratitude,

pride and patriotism and formed an important part of their narrative of the death. The experience

of this ritual allowed for significant positive feelings in the midst of intense sorrow and for many

would act as a mitigating factor ameliorating disabling experiences of grief and creating

resilience. The response of the public further allowed participants to ascribe meaning and value

to the death. For some it also facilitated connection to the deceased and an embodiment of what

they valued. Stephanie said:

> I knew that he was proud of what he did, and he wouldn't go over to places if he didn't
> think there was a need to…and then when he was killed, to see Canada do what they did
> for us and him, it was like wow, you know you really wish and hope that he sees that
> because it's so phenomenal (line 66-70).

Several participants described that prior to the death the thought of going to stand along the

highway symbolized fear and hesitancy of thoughts they did not wish to acknowledge. Stephanie

recalls a conversation with her brother: "'I can't do a highway of heroes,' I said. 'I feel proud of

all the people that go out there but I just don't want to jinx you or something'" (line 631-632).

However, following his death attending subsequent motorcades was a way of actively creating

meaning and reflective of how the importance of the experience was incorporated into meaning

making. Heather has not missed a repatriation since Dale's death but recalled that: "He always

wanted us to go to the bridges and I said, I can't…I didn't want to have that experience (line

549-554). Janice expressed a sentiment shared by others:

[It] just seems like something we need to do now. To show your respect to their families I don't know, just you're thinking in your own head that your there, not really there for them but you know what they're going through…it felt good, felt good to be there for them (Janice, line 527-537).

As discussed above (5.1.1) symbology can also provide continued bonds with the deceased, such as through linking objects or perceived communication of presence. For Arthur, the trip to Afghanistan not only facilitated connection with his son but also was symbolic as described by Alex: "I think my dad put it best. When he [Scooter] was growing up as a boy I wanted him to follow me in my footsteps, now I'm going to follow him in his foot steps" (line 1006-1007).

5.2.3   Meaning Through Metaphor

The use of metaphorical articulation (ritual, memorial and symbolism) assisted participants to construct meaning in the death by engaging both the literal recognition of the physicality of the loss but also what this meant emotively, spiritually and socially. Although there was individuation, generally ritual and memorial helped to create order and direction amidst chaos. It also facilitated a shared narrative and community of support, which permitted meaning making and ascribed social value and meaning to the deaths. Ritual and memorial also represented a rite of passage, recognizing a changed social status and role. Change in social role formed part of how participants' re-negotiated sense of self but the extent to which individuals embraced this role varied. Remembrance Day in particular stands out amongst participants as significant to their meaning making, although the meanings derived differed.

Related to ritual and memorial, symbols formed an outward expression of shared meanings and changes in status. Further, symbols communicated shared meanings on literal and non-literal levels. In addition to collectively recognized symbols, individuals adopted personal symbols, which facilitated their reconstruction of meaning. It is important to recognize that symbols only

held meaning if they were perceived as meaningful to the individual. Assumptions that a particular symbol or memorial held the same meaning for all created additional distress for some. The final sections of this chapter examine how the meaning making discussed so far is integrated into family members' larger life narrative.

5.3   RECONSTRUCTING LIFE NARRATIVE

Neimeyer and Stewart (1996) describe how life events are stored in memory as a contextualized narrative. Our life narratives, allow us to organize (and re-organize) life events into a continually evolving and coherent story. Part of this narrative ascribes roles that are enacted during one's life (e.g. mother, widow). Further, the narrative encompasses those things that hold meaning. The meaning making we have discussed thus far in the chapter, is foundational to what participants have woven into their larger narrative.

Overwhelming life events, such as the death of a beloved family member disrupt life narrative and can pose challenges to integrating the event and new roles into a revised narrative. Similarly, deaths can potentiate trauma and an over-riding traumatic narrative (see section 5.3.2.3). Participants' responses were consistent with this conceptualization.

This theme has two main parts. First, it examines narrative re-storying in order to integrate loss and trauma. Traumatic features that were intertwined with family members' grief are then more closely examined and considered in relation to the ways in which trauma was integrated to allow for meaning making or in other instances impeded the same.

5.3.1 Reconstructing Narrative After Death

A number of circumstances and contextual factors stood out amongst narratives as influencing how, and if, re-storying of life narrative and meaning making occurred. This section

illustrates how the contextual influences of policy related to primary and secondary, notification of the death, media and, support services interfaced with narrative reconstruction. While these examples are certainly not the only aspects of context bearing influence on narrative, the examples below were chosen for discussion given their significance across cases and/or alignment with interview questions. Secondly, as much as meaning making and narrative reconstruction is informed by the context, it is also individuated. Therefore, individual interpretations (albeit not entirely separate from context) are explored for implications in coping and integrating the loss.

5.3.1.1 *Primary/Secondary*

Participants identified that military policy and procedure related to the designation of primary and secondary had significant influence on their grief. These family members (with the exception of one (see 2.3.2.3)) described a desire or need to actively participate in processes post-death (e.g. funeral preparations, viewing). However, where the deceased's partner (fiancé/girlfriend/spouse) was listed as the primary, family of origin often experienced exclusion and alienation such as being lied to or left out of funeral preparations, denied viewing, blocked from access to belongings of the deceased, or not being notified initially. Amy was silenced by her daughter-in-law: "She ordered us not to speak out against war or the military or speak about our son's discussions with us" (line 797-798).

The policy had implications as well for the intensity of grief and in some instances the presence of trauma. Several participants felt that the opportunities they were denied (e.g. viewing, providing flowers at the funeral) created further disabling emotions (e.g. anger, guilt). Evelyn, for instance, was deceived about being able to see her son. This still causes her pain and she does not know if she will ever be able to forgive her daughter-in-law:

I was told that it was a closed casket that it, that they couldn't open it…I didn't know anything other than that he had been killed in an IED explosion, so at that point I'm thinking Ok, he's all in pieces, that we can't see him. Nobody told me that he was viewable and nobody told me that Linda and her parents were seeing him. So I was left in the dark. ...it was because she was pissed off that I never got to see my son. I never got to say goodbye to my son (line 516-527).

This also created difficulties for her in integrating the loss: "I still can't believe he's gone and it's coming up on four years…he had a tattoo on his hand, even if I could have seen that it would have helped" (line 575-577). Alice expressed how this policy created additional losses: "You've already lost your son, you're grieving for that, but now you feel like you've lost him again because they've taken everything away because they made her the primary" (line 1375-1396).

It needs mention that of those families where the primary was the deceased's partner, most expressed tensions in the relationship, which likely underlay later conflict post-death. Limited data in this regard prevents further analysis. However, it was clear that policy and procedure related to the primary/secondary designations was a distinguishing factor in these deaths. Effectively, organizational measures to respond to the casualties structured and socially sanctioned unilateral decision making by the primary. In doing so, the grief of family of origin was disenfranchised and familial significance and role in the life of the deceased devalued. This was also symbolically conveyed by the terminology of being referred to as the secondary.

Rubin, Malkinson and Witztum (2003) argue that the nature of relationship with the deceased can interface with grief to potentiate traumatic features. Arthur and his family exemplify this notion describing relational differences with the deceased as an explanatory factor differentiating their grief from that of his spouse. They propose differences in the nature of grief if you are 'blood' versus a spouse or 'lover'. They, and others, noted that spouses are able to 'move on'.

Implicit in these policies and procedures was also the message that care and responsibility for the deceased lies solely with the primary, which the data reveal is contrary to the perceptions of family of origin. Inter-related with this notion, a few participants distinguished that their perceptions would have been different if the deceased had been married for many years. This is interesting as it suggests that longer term partnerships may allow for a more easily accepted shift in the roles and responsibilities surrounding care for the deceased. It is also noteworthy that among those killed in action many were young and inexperienced in life (as were their partners) and the relative 'newness' of their relationships were also factors in family members perceptions regarding how care and responsibility for the deceased should be managed.

To varying degrees negative experiences (at least in these cases) were mitigated but doing so relied on the ability of the padre, AO or family themselves to influence (or subtly manipulate) the decision maker. Where this occurred it permitted more active meaning making and organization of the death and surrounding events into their personal narratives. Others provided examples of how policy related to primary and secondary impeded this and created incoherence between how family wanted to manage the death and what was permitted.

Finally, families felt the military needed policy revisions and clearer explanations regarding the rights and involvement of NOK apart from the designation of primary.[9] For those who were able to contribute to advocacy and policy change, this formed an alternate, active way of making meaning and finding a positive outcome in the death for future families.

---

[9] It is my understanding that revisions regarding NOK policy have occurred recently but access to Casualty Administration Manuals is no longer available to the public and therefore I cannot comment further on any changes that may have occurred since this study was conducted.

5.3.1.2 *Notification*

Notification, whether related to primary or secondary designation, was recounted across narratives as particularly memorable and in some cases as traumatic. Matt highlighted: "Well, it's the worst part of the whole thing, the memory of that night. It was worse than the loss in some respects" (line 177-178).

Trauma can be re-created for those who had to notify others but, this could be mitigated with the assistance of the AO or padre. For instance, in Evelyn's case the officers directly assisted in making phone calls. In Matt's case, in contrast, the notifiers did not remain to assist and he identifies that having to inform his ex-wife has had lasting negative repercussions. The additional trauma has contributed to interference with his meaning making.

Finally, a number of participants spoke about additional angst and pressure to try to reach other family and close friends before the media announced the name of the deceased. Joe also noted that there was organizational pressure to locate families recognizing that communication has stopped for everyone in relation to the base:

> So if you have a loved one over there, uh oh. You know there's been a loss. And the media knows the base has been shut down and there has been a fatality. Who was it? How was it? Was it one person or ten people? What is going on? Nobody knows anything until I get informed at that door (line 379-382).

Regardless of primary, secondary or other designation all participants recounted the intense and vivid memory of the notification, which has formed a central aspect of how this event has been organized into a new narrative and as Joe aptly noted: "I opened the door to what my life was before and what it will always be after" (line 221-222).

5.3.1.3 *Media*

Given the public nature of the deaths, media attention was a circumstantial factor that could both create elements of traumatic narrative or offer a means of re-constructing meaning. A

few families described no perceived issues with media. In these cases media response was typically well managed by the AO, padre or a public relations officer.

For others, initial media involvement was experienced as invasive and lacking boundaries in pursuit of the 'story'. In some instances social media was described as paricularly intrusive and harder to control. Janice described this:

> [T]hey were on Dale's Facebook. Dale's Facebook wasn't privatized, and it was listed him and I are siblings and then my profile is there. They were clicking on my profile and messaging me…telling me who they are. They're from Globe and Mail and stuff, like really, you're pestering my Facebook? Like that, I found that really intrusive (line 442-426).

Others highlighted aspects of trauma intertwined with their grief and in relation to media presence. For instance, watching the unfolding news or, as Carlie described, the intrusive auditory memory of 'clicking' cameras. Media also contributed to hyper-arousal. A few participants feared re-traumatization should new images or information surface. Heather worries about this:

> [T]here was a photographer on the helicopter when Dale was dying, I'm pretty sure I know who it was because he was tasked there that month just to take video of these evacuees, which disgusts me…so my concern is one day those pictures will pop up somewhere and hopefully not in his sisters' lifetime (line 159-163).

Later interactions with media were largely controlled by family choice. Some sought public attention as a means of coping with their grief and facilitative of re-constructing their story and making meaning.

Even where media attention was welcomed or accepted it could still present problems for meaning making. Evelyn described an interview involving her son that, when published was so condensed it lost meaning. This was upsetting to her as it devalued aspects perceived by her as important in their narrative of the loss. Additionally, media coverage conveying inaccuracies about how the death occurred caused participants additional distress. In these instances, active

meaning making occurred to increase public understanding of the 'truth' about the death or conditions of those still serving.

5.3.1.4 *Perceptions and Meanings*

How the death was understood formed an important part of participant narratives (although at times this was more implicit) and had implications for grief and meaning making. Some participants likened the death to homicide, highlighting the intention to cause death (i.e. remotely detonated IED's, targeted attacks). In these instances there appears to be more disabling grief, anger and a presence of traumatic features. Alternatively, Matt viewed Evan's death as part of the context of war. Still others drew a parallel to deaths in the line of duty. They found meaning in the bravery and heroism of standing up for the rights and safety of others. For instance, Arthur said:

> I am truly proud of my son and those who have put our country and safety ahead of themselves (line 1450-1451). If a person's duty is to their occupation and they fall in danger to this they are all under the same umbrella for the sake and safety of their country, province, city (line 1456-1457).

Those that shared Arthur's perspective, which emphasizes heroism, conveyed amelioration of disabling grief responses. Furthermore, narrative related to heroism attributed meaning to the death as opposed to the other cases, which demonstrate a senselessness to the death that poses challenges to finding meaning and value in the loss.

The data provides other examples where the participants' perspectives reflect varied meanings. These meanings function differently and can assist in recreating narrative, can intensify grief or simply remain neutral. The meanings associated with homecomings provides example of this. As noted (section 2.5.1.2), delayed grief reactions have been observed to occur in spouses until the time the unit returns home. This was not necessarily the case with family of origin. Families were often invited to attend homecomings and described them in varied ways. A

few avoided homecoming with the expectation that it would be too difficult. For instance, Carlie said: "I can't think of any kind of homecoming…it makes me angry in a kind of a way because he never had the chance to do that" (line 940-943). Several discussed attending the homecoming as helpful. The "celebration" gave them opportunity to connect with unit members to: obtain information; to mourn; to find meaning and, facilitated a feeling of connectedness to the deceased. Jerry reminisced about the homecoming of his son's unit:

> And one of the guys, the guy that come here all the time, he was the one who stayed with Nick, you know by him, and he helped to take care of the other guys who weren't killed or anything because you know there were some bad injuries (line 542-545). I remember sitting at a table with four or five of the guys who were with Nick, that day, some of them were injured, one guy he had part of his head's gone, and we were sitting down there at the dinner and we started talking and the whole table kind of break down, and I think I started first (line 530-534).

Still others felt that homecoming was insignificant in their grief or chose not to attend indicating that homecoming is intended to be a happy time and therefore not their place. In cases where homecoming was insignificant, the event was not central to the narrative of the death.

The family trip to Afghanistan also demonstrates the effects of varied meanings on grief and trauma. For some the trip facilitated concrete understanding of the pre-death experience and circumstances of the death, allowing for integration of loss and trauma. Alex and Arthur described this:

> **Alex**: I think that's exactly what it was…you got to experience the heat, like we didn't get to experience all the equipment they put on but we had to on a flack jacket and a helmet when we flew from Dubai to Afghanistan and you know we flew in a Herc. They try to make it feel like what they went through (line 1008-1011).
> **Arthur**: You're sitting in a Herc and saying now this is the plane that took my son over to fight in Afghanistan, this is the plane that took my son home in a casket (line 1016-1017).

The trip also allowed for shared grief and support from other families and soldiers and, provided opportunity to take linking objects (sand, rocks). A few described feeling connected with the

presence of the deceased while there. Others indicated that the trip raised questions and negative

emotions about the value of the mission thus challenging meaning and purpose associated with

the death.

Location of the death was another circumstantial factor distinguished by some

participants as having significant implications for their grief and roles in relation to life narrative.

For instance, two mothers felt additional distress in not being able to go to their sons. Yvette

described: "I should have been there to say goodbye and to hold him the way he used to hold me

when I was hurt or sad. I couldn't do it. That was the worst part" (line 339-341). For these

women, the inability to enact their maternal role and provide care to their deceased child at end

of life provided additional struggles in their meaning making and expression of guilt over failure

to be there at end of life.

5.3.1.5 *Utilization of Supports*

Families drew on formal and informal supports to assist in: making meaning, managing

intense emotions and in integrating the death into their new sense of self and life narrative. Most

participants drew on existing informal supports such as family members, local communities, peer

support networks (e.g. bereavement groups) or formed their own social support networks (often

through social media). These supportive measures were effective in facilitating the emerging

narrative through shared experience and understanding. Instances where informal support instead

posed further distress have already been discussed in relation to assumptions that the collective

meaning making was facilitative for all (see section 5.3.1.1).

Only a few participants drew on formal supports offered by the military. AOs and padres

formed a source of support as relationship and shared experience had occurred during the initial

crisis. These individuals were also central to the narrative of the death for many family members.

A few participants were involved with the HOPE program and in these cases were able to create meaning through action in advocating for policy change and in offering support to other families. Others felt this resource was imposed on them and was not facilitative of their mourning. Similarly, barriers were identified by several participants that spoke to organizational failure to offer useful and accessible resources in their bereavement journey.[10] For instance, Family Liaison officers (FLO) were thought to be covering too large an area to be perceived as accessible. Jerry commented that:

> [O]verall I find for me as a father of the fallen, if I want resource I have to go out there and, I want this done and I have to go look for it for me…I don't think they do enough as far as helping the parents, I don't know for spouses but for parents and children of fallen (line 628-632).

A number of family members accessed counselling services. The efficacy of these services depended on the ability to establish relationship, the therapist's knowledge of the military, sudden death and trauma and, the therapist's ability to self-manage their own responses to the traumatic material presented. Therapists not meeting these criteria were not able journey along with participants in the reconstruction of their meaning and narrative. Timing of counselling services was also identified as an issue, highlighting that reconstructing narrative cannot be forced in a pre-determined and time limited manner.

5.3.2 Traumatic Features of Grief

There are many instances throughout the bereavement journey where grief can be intensified, become disabling or concomitantly reach traumatic thresholds. Many family members described experiencing psychological trauma, the emotional shock of which overwhelmed their ability to cope. Much of the literature on trauma and grief looks at

---

[10] It is likely these experiences to some degree are specific to particular regions not an overall systems issue.

differentiating the two in order to apply preferred, therapist facilitated, techniques (see section 2.4.2). With the majority of participants in this study such a division was less clear, and what was more significant was how the extent and presence of trauma influenced meaning making and narrative reconstruction. This section is divided into three parts: traumatic symptomology, trauma mastery, and trauma reflected in narrative reconstruction about the death.

5.3.2.1 *Trauma Symptoms*

The literature identifies common features of trauma such as intrusive images, avoidance, hyperarousal and increased feelings of vulnerability, disorganized or incomplete narrative, and as discussed above (5.1.2.1) disruption of self. Consistent with this, several participants in the study discussed having been diagnosed with PTSD or believed they observed this in their family members. Regardless of whether a formal diagnosis had been applied (or would meet threshold to be), traumatic features to grief were evident for many. Evelyn discussed repeated imagery and nightmares. For her (and others) the distress was often associated with fears that the deceased had suffered or his body was not intact:

> I said I need to know certain things because I'm living with nightmares and I'm having a very difficult time with that. Was he alive for awhile after? Did he suffer at all? And he [commanding officer] said 'no, he was killed instantly'. …that kind of set my mind at ease because I didn't know, ah, the other question I asked him was, is his body intact? Did all of him come back? And he said, 'Yes'. So and that eased my mind and the nightmares eased off and I was able to accept what had happened and the fact that we got him all back (line 204-223).

A number of participants described cognitive disturbances with memory. For instance, Heather refers to her "brain damage" related to PTSD. Evelyn continues to struggle with "distraction". Stephanie compared vivid images of what she was wearing the day she was notified against what her memory is like more generally now: "I have a horrible memory, I am 49 years old and I have a terrible memory, I remember this thing like it was yesterday" (line 335-

336). Jerry discussed incoherence in his memory following the death: "I think a lot of that day, of that week was a blank for me. I just I don't remember a lot of those little things" (line 208-209).

Some participants also described an increased sense of vulnerability. Yvette re-arranged her work schedule:

> [I]t is so important for me to not work the weekends and the nights because if I am away from my family and I don't have to be and something happens to them and I'm not there for them…Kyle came up, and I said I should have been there for him (line 337-339).

Avoidance, also reflective of trauma, was observed with some participants. For example, Matt noted that:

> Well, you block it out. You don't go there. I don't put myself in positions where I talk about this stuff. The elephant is right there. It is just that my daily life right now, two and a half years later, I don't look at it if I can help it (line 578-580).

The degree to which trauma was present or had been successfully integrated influenced how dominant the traumatic narrative was and as such, how much it impeded the ability to make meaning and re-write a cohesive life narrative. This is further explored in the following sections.

5.3.2.2. *The Search for Meaning and Trauma Mastery*

All but one family member in this study described the need to understand the details surrounding the death. Accessing this information had implications for their grief and integration of the death. Developing a narrative and finding meaning was undermined by the absence of reliable information. Many discussed that the information they were originally told contained fallacies or inconsistency. Receiving mis-information or conflicting information was a source of distress. Evelyn provided an example of how mis-information re-traumatized her. A year after the death she learned new details from the autopsy report about the extent of her son's injuries and events of that day:

Well that was all stuff I didn't know, so that put me right back to day one. And then I called the base the next day and I freaked out on this kid on the phone…I said 'why was I lied to?' I wanted some honest answers, I don't know whether I've been told the truth from one or the other and I was literally freaking out, and he said 'I don't know ma'am, those records are, ah, the files are locked'…and my biggest thing was, and I kept saying to him, 'why was I lied to? Why was I lied to only find out the truth or to only find out what had happened a year down the road and have it put me back to day one' (line 233-245).

Heather expressed anger at mis-information about how the death occurred; the truth of the actual events she would not find out for some time:

When he was killed in the news it said he was getting out of his vehicle and he stepped onto a land mine. There's not, I don't think an engineer in Canada that would do anything that stupid but that keeps coming up and that's what we heard too and I'm so mad at how can you do something so stupid (line 114-117).

She also heard conflicting information, which created more distress: "Henry assured us he died in his hands in the helicopter, the medic that was treating him in the helicopter swears he was alive when he got him to the hospital at Kath" (line 132-133). Differing accounts made families suspicious that something was being covered up; although, family members also justified reasons for mis-information as attempts to protect them or as related to operational security. This rationalization permits these instances to align with the meaning and narrative they have created. Further, members deployed with the deceased were more trusted sources of information and families sought these connections.

The phenomenon of seeking detailed information about the death is significant. All participants but one, described wanting to know the facts and circumstances of the death, with a caveat of being prepared in advance for some details. The desire to obtain this information is inconsistent with professional tendencies to protect families from detailed information; particularly graphic details. Contrary to common practices that discourage exposure to graphic material, it appears instead that the search for details, including the seemingly graphic, can

function to assist family members with trauma mastery and managing intense emotions. Family members who *wanted* and were able to access detailed information expressed solace in the 'knowing'. For example, Stephanie alluded to concerns that her brother had taken his own life but hearing the coroner's report alleviated this worry. Others were concerned that the deceased had suffered and needed more information to calm the angst that such thoughts created. Furthermore, obtaining details about the death and surrounding events helped to contextualize the death thus permitting family members to piece together information about the death into a more cohesive narrative.

Viewing played a facilitative role here as well. Some participants discussed integrating visual and tactile information to assist them in acknowledging the death and confirming information they had received. This is consistent with Harrington and Sprowl (2011) who observed that one of the benefits for bereaved individuals who viewed the deceased was confirmation of identity and verification that what they had been told about the death was accurate. Most participants in this study expressed a need to view the deceased with the exception of three (one father, one mother and one brother). Where viewings occurred it helped facilitate integration of loss and trauma.

Similarly, the work of Harrington and Sprowl (2011) observed traumatic stress in those who desired, but were denied, a viewing (or more specifically an early viewing prior to funeral home preparations). This is exemplified above with Evelyn's experience of nightmares and Amy's ongoing pain and resentment at not being allowed to see her son in the morgue. Both women experienced lasting negative impacts on their bereavement.

Additionally the desire for information needs consideration in light of the fact that trauma mastery is typically thought of as professionally guided. There does not appear to be

acknowledgement of the inherent abilities and need for the traumatically bereaved to undertake trauma mastery on their own. Rynearson (2001) has previously described the obsessive quality with which the traumatically bereaved repeat the details of the death, appearing stuck. This data presents an alternate possibility. Much like the common re-exposure task of writing one's trauma narrative repeatedly, in increasing detail, these participants sought and reviewed details of the death and circumstances around it. For those able to do so, it appears that they have had more success in creating a more cohesive narrative that allows for integration of the loss. Although, some participants spoke of an awareness that they would never likely know the full truth.

5.3.2.3 *Trauma Narratives*

The majority of participants came to the study and answered questions in great detail; many of those also described 'telling their story' as therapeutic. Their ability to engage in trauma mastery, to make meaning and re-story the loss around these meanings was reflected in their ability to tell a more cohesive 'story'. A few participants (both male and female) shared narratives that were brief and a less cohesive or complete 'story'. This is consistent with Neimeyer and Stewart's (1996) explanation that traumatic narrative subverts other attempts at re-storying the life event into a new narrative. Narrative is stalled at the time of the event. Thus, it is plausible that the lack of narrative in these participants reflects that less re-storying has occurred – there is little narrative to tell. Further, traumatic narrative reflects the intensity of experience at the time the trauma occurred and recreates the overwhelming response as if it were happening again; this prompts avoidance.

Two cases provide interesting insights here. One mother and one father, divorced before the death and each were unaware the other was participating. Their interviews varied greatly in detail and in information left out completely. For instance, the father described the events of the

death in one line: "I haven't really looked too closely in that box. I just know it is pretty much a matter of record that he ran over a huge bomb that exploded underneath his machine" (line 137-138). He has limited involvement in most ceremonial or remembrance activities; did not view or desire to view and did not seek or wish to know the details of the death. As we have already learned these things can assist literally and metaphorically with reconstructing meaning, integrating the death and trauma, as well as helping to mitigate disabling grief and trauma.

He also left out all details regarding his son's primary (a recently ended relationship) and the complications surrounding this. The mother discussed these things at length and identified significant issues arising from her son's primary (who had not yet been removed as NOK), which was a complicating factor in her grief.

It cannot be determined from this example whether the father found the role of the primary to be insignificant and therefore left these details out, or found them so additionally distressing that their exclusion reflects trauma avoidance. Regardless, observing the entirety of these two narratives, the brevity and incompleteness of the father's narrative may represent having experienced significant trauma, which has formed an overriding traumatic narrative. This narrative disrupted the ability to find and make meaning that would otherwise assist in integrating the death into life narrative and new roles.

5.3.3 Through Trauma and Meaning Toward Re-Constructed Narrative

Trauma and grief were interwoven for participants in this study but to varying degrees. Further, what was experienced as traumatic was not necessarily universal. The sections above reviewed instances where trauma symptomology was evident, such as re-living the event of the death (or associated events like notification), an increased sense of vulnerability, or lack of narrative about the death. Several contextual and perceptual factors associated with sudden death

and/or this type of death specifically were highlighted (i.e. primary/ secondary designation, notification, experiences with media, individual beliefs and perceptions, utilization of supports). These factors demonstrate circumstances commonly associated with the presence of trauma and/or acting as a complicating factor in grieving for participants. Alternatively, some of the same contextual factors were a source of resilience to a few family members (e.g. individual beliefs that emphasize heroism versus those that saw the death as murder).

Most participants found ways to intuitively engage in trauma mastery, which allowed for a more cohesive narrative about the death and integration of loss. A perception of trauma mastery as intuitive offers an alternative view for understanding trauma where trauma mastery otherwise is typically regarded as therapeutically guided. The presence of trauma also had important implications for the ability to create meaning, a foundation to new narrative. Instances where the presence of trauma impeded meaning making and narrative re-construction were also observed to prolong the intensity and acuity of grief. The next section discusses the inter-relationship between meaning making, trauma and integration of the loss into life narrative.

5.4.1 Emerging Narratives and Meanings

The journey toward meaning and integration of loss after a death is dynamic. It reflects an individuated, subjective reality experienced by the individual, which is non-static and shaped by both internal and external factors. Yet the structure of the dynamic can be objectively represented by an observable pattern. The data collected in this study, as Figure 5.a (below) depicts, uncovered an observable spectrum of the ways in which grief, trauma and meaning concomitantly influenced the degree to which the death was integrated into a new life narrative and roles for the bereaved.

Point A in the diagram demonstrates one end of this spectrum in which trauma was present with limited trauma mastery having occurred. This disrupted the ability to find and make meaning related to the death. Further, significant trauma created a dominant traumatic narrative that perpetuated ongoing experiences of emotional shock and distress and prevented attempts to re-story the loss into a new cohesive and purposeful narrative.

Figure 5.a. Spectrum of Meaning Making Considering Trauma and Social Context

A.
Greatest disparity
with trauma
interrupting
meaning making

B.
Varying degrees of trauma present and impeding
meaning making or integrated and intertwined with
grief and meaning making. Similarly, varied
alignment with social-contextual meaning making
- Most participant experiences reflected this

C.
Absence of trauma or most
successful integration, allows
for greatest meaning making.
In most cases included close
alignment with social-
contextual meaning making

- - - -   Trauma
.... Personal Meaning Making
———   Social-Contextual Meaning
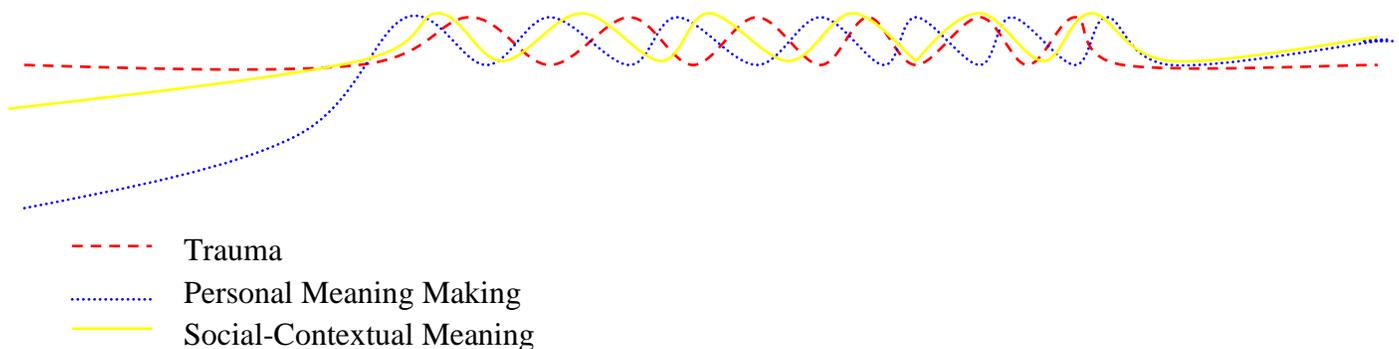
Point C represents the opposite end of the spectrum where trauma is absent or has been successfully integrated allowing for the greatest extent of meaning making and narrative reconstruction. In these cases there tended to be a close alignment in personal meaning making and adoption of roles with the meanings and narrative conveyed by social-contextual discourse. This dynamic fostered resilience by minimizing cognitive dissonance between the individual and contextual meanings.

There are two important exceptions to clarify. The alignment with contextual meanings and narrative was not essential to being able to find meaning. A few cases provided examples of instances where despite variation in alignment with social-contextual discourse participants were still able to derive alternate meanings that permitted integration of the loss.

Additionally, participants themselves raised concern that over identification with the military as a means of integrating the loss, poses problems in and of itself. This presents additional information for practice implications as well. First, it is plausible that over identification with the military and extensive involvement in activities to create meaning and preserve personhood of the deceased may in fact be avoidance of intense emotions (or reflective of trauma) and form its own dominant narrative that prevents *integration* of the loss.

Second, many of the commemorative activities and military supports are likely to abate overtime. This is particularly true given that the mission officially ends in 2014. Leslie has noted that families already perceive the military to be withdrawing. I too have observed changes at my local Remembrance Day services where the individual was lost within the collective and Silver Cross family members only given a brief acknowledgement for their attendance. For those family members that have redefined their sense of self, their roles and life narrative in a manner that is dominated by the death, its meaning and ongoing involvement with the military, the retractment or natural distancing of services of the military may pose additional crises in the years to come. Further, those who have remained connected with the military as a primary means of maintaining connection with the deceased may also be presented with additional challenges in integrating the death into their life narrative.

Finally, point B on the diagram represents the majority of participants whose experiences with trauma, grief and meaning making are intertwined and cannot easily be differentiated. There

is fluctuation and variation in the acuity of grief, traumatic features and trauma mastery and an evolution of meaning and narrative over time. Generally there was a progression toward integrating the death into a revised life narrative. However, bereavement is an individuated journey and therefore time since the death is a poorer predictor of the amelioration of grief than the ability to make and integrate meaning.

5.5 CHAPTER SUMMARY

The previous sections of this chapter reviewed varied ways in which meaning is sought and made after death resulting from military action. It has examined the role and influences of metaphorical articulation in meaning making. Finally, meaning was discussed in relation to reconstruction of life narrative. An important part of this section explored the effects of trauma on this process. This final section of the chapter pulls together these findings to elaborate on the spectrum of family members' responses and journey in reconstructing meaning after the death. The narratives shared by participants in this study have helped to uncover the ways in which meaning is made and the death integrated into their lives. Further, their stories have provided additional depth to existing knowledge that could inform practice and policy. Chapter six re-visits the questions guiding the study and provides answer to the same. Limitations of the study and questions for further research and implications for practice are then discussed.

CHAPTER 6- CONCLUDING THOUGHTS

6.0 QUESTIONS ANSWERED

The death of a loved one is a life-altering event that results in a personal journey to redefine one's sense of self as it is altered by the death. This journey is influenced and shaped by many external factors such as family, societal views and/or, cultural norms and expectations. This study aimed to gain greater understanding of bereavement following combat related deaths, in particular those that occurred during Canada's mission to Afghanistan. Understanding the essence of family members' experiences serves to: inform practice knowledge in a manner that emphasizes the lived, subjective experiences of the bereaved; form a basis from which to critically evaluate and enhance current practices and policy with respect to sudden death in general and this type of death specifically; and to provide a foundation for further study of bereavement, especially as it relates to deaths in combat.

This study is significant given it is the first qualitative inquiry conducted to explore and uncover the experiences of Canada's families of the fallen. Furthermore, as was outlined in Chapter two, there is scant literature or inquiry in general, on which to ground theory and develop policy that assists those who provide support to those affected by military deaths. The findings of this study represent the voices and experiences of bereaved families of origin whose son or sibling was killed in action. The questions guiding the study endeavored to answer the following

- to seek family members' perspectives on what differentiated this type of sudden death,
- to understand how military culture (including procedures, discourse and symbology) and the public nature of the death influenced grief and mourning,
- to explore how the co-occurrence of trauma likewise influenced grief and mourning, and

- to understand how family members find meaning and integrate the death into their

   personal system of meaning and life narrative.

6.0.1 Question 1: Distinguishing Factors and Influences on Bereavement Following Combat Related Deaths

Participants described many consequences of bereavement already identified in the literature on sudden death. For instance, they experienced initially disabling grief responses, a disruption to their sense of self and consequent impacts on emotional and physical health. Additionally, a biopsychosocial-existential framework applied to the data analysis helped illuminate existential crises of meaning and social implications of the death (e.g. loss of job, changes in social role and associated expectations). Experiences of the death (and events thereafter) were overlaid with traumatic features as well.

Participants also identified a number of perceived differences related to deaths during combat. These include the location of the deaths and proximity to home, the differing bereavement experiences of family of origin from that of spouses, feelings of pride and a sense of forewarning, the graphic and violent nature of the deaths, homecomings, and the social context. Each will be discussed in turn.

The location of the deaths and proximity to home was a critical issue. Geographically the bereaved were separated from the deceased and could not attend their perceived needs. Chapple and Ziebland (2010) and Harrington and Sprowl (2011) previously identified that family members feel a right, an obligation or an inherent need to care for the deceased. Further, there is often a perception of a remaining presence of the deceased requiring care from family members (Harrington & Sprowl, 2011). However, given the separation and the time from death to burial, there were differing opinions as to whether or not the presence remained with the body once the

deceased arrived home. The long wait for the soldiers to arrive home, then the wait until burial, had differing implications for grief and bereavement. For some the wait delayed grief, whereas others felt the time facilitated individual mourning.

<u>Family of Origin and Spouses- Differing Bereavement Experiences</u>

Bereavement experiences differed for families of origin and spouses; there were also differences within families of origin (e.g. parents versus siblings). Organizational processes defining a primary and secondary emergency contact, in many cases, resulted in disenfranchised grief for family of origin, devalued their role in the life of the deceased, excluded them from death care practices, and implicitly communicated that the responsibility for caring for the deceased rested entirely with the primary. In response, family members described heightened grief, trauma, and/or this was perceived as an additional loss. Data in this regard also suggest that this experience was influenced by the 'newness' of the relationship between the deceased and their partner (e.g. married only one year, a new girlfriend or fiancé) and the youth and limited life experience of the deceased (and their partner). This also poses questions as to whether or not family members' perceptions regarding the role and responsibility of caring for the deceased shift over time and are more accommodating of the partner taking on this role in longer-term relationships.

<u>Pride and Forewarning</u>

Feelings of pride and/or forewarning influenced grief and meaning reconstruction. The intensity of positive feelings of pride in particular (i.e. pride in deceased, country, compassion of Canadians) assisted in mitigating disabling emotion (although trauma acted as an oppositional influence for some, reducing the extent of the positive impacts).

The phenomenon of forewarning posed additional implications for understanding the

death and coping pre-death. Differing from anticipatory grief where a medical certainty of the death is known, forewarning included: beliefs they would not return home, sensory and emotive responses around the time of death and even premonition. This was most prevalent amongst parents in the study and suggests a possible relationship between forewarning and the parental bond. Siblings reflected on the behaviours of the deceased prior to the death and believed that they anticipated their own death and were trying to communicate this. In response to these experiences of 'awareness', most participants attempted to ignore or discount them until their meaning was later validated during meaning reconstruction.

Symbols of forewarning were also common to participants' experiences; for instance, a silence in communication or media announcement of a death resulted in anticipatory distress. The distress created by these symbols and the 'news' they communicated was re-experienced with deaths that followed their own child's/siblings. It is important to note that the ongoing nature of the mission (and risks for soldiers inherent in that), created additional grief peaks and disabling, acute grief responses. These symbols heightened participants' personal grief, and their concern for their expanded, military family members - creating an additional layer of distress.

Graphic/Violent Deaths

The graphic nature of the deaths, as well as the implications of this for surviving soldiers, was noted as a complicating factor in this type of death by one mother. Despite this, the majority of participants felt driven to gain knowledge of the details about the death and felt the information was important to their grieving (discussed further below).

 Homecoming

Unlike the existing literature that indicates spousal grief is delayed until the unit returns home, the data in this study show that family of origin experienced varied responses and

reactions to homecoming. Some family members were neutral or unaware that it had occurred;

some experienced emotional distress or were avoidant of the occurrence and others derived

benefit from attending. One mother shared her belief that homecoming is intended to be happy

and therefore not appropriate for families of the fallen to attend.

Social Context

Finally, as anticipated, the 'culture' of the military as well as the public nature of the

deaths influenced grief and mourning and were differentiating factors in these deaths. Put

simply, military policy, procedure and values regarding the deaths directly influenced how the

deaths were understood and how meanings were made. Similarly, the public response to the

deaths influenced grief and mourning; although the result of contextual influences on

bereavement varied amongst participants (e.g. some tended to private grief in light of the public

attention or some had traumatic experiences with the media whereas others used the public

forums to facilitate mourning). This is discussed further in relation to question two below.

6.0.2 Question 2: Positioning Military Culture and Social Discourse as Influential Aspects
of Being Bereaved in This Context

Military culture and public attention inextricably shaped grief and mourning. For all

participants, the bereavement journey began with involvement in formal notification, repatriation

and burial ceremonies, and associated procedure and policy. Of particular significance is that

even those with limited ongoing involvement with the military or public memorials agreed that

Remembrance Day has become a time of renewed significance and simultaneously a grief peak,

re-creating intense emotion.

While military involvement was predominantly described as positive, individual

experiences illuminated how the organization, and professionals within the organization, could

add additional distress or assist in ameliorating grief. For instance, the novice of some AO's

contributed to poor control over initial, intrusive media responses whereas padres or AOs

sensitive to, and advocating for, inclusivity of family needs assisted with grief and mourning.

Ritual, symbol and memorial associated with the post-death period (until burial) provided

social response to the loss, thereby facilitating mourning. These rituals also functioned to ascribe

purpose and meaning to the death. The magnitude of public response to these memorials helped

produce positive feelings of pride, creating resilience for the most participants. Likewise (but to

varying degrees amongst participants) ongoing involvement in memorials for years after the

death assisted in meaning making. There were exceptions where symbols held no meaning for

the bereaved individual (e.g. a rose provided to hold on to at repatriation or use of the deceased's

face/name without consent). In addition, the social status of being defined as a family of the

fallen was unwanted by some or brought with it undesirable perceptions or expectations. It is

significant that extensive and ongoing memorialization and public mourning reached a point for

a number of family members where it appeared to be excessive or serving needs other than those

of the bereaved.

Another significant consideration with respect to military and public memorializing is the

extent to which the individual becomes invisible within the collective. Family members were

clear that they wanted their individual loved one, behind the soldier, remembered. To this end,

they enacted measures to try to ensure that this occurred. Over time as the individual becomes

more implicitly part of the fabric of the collective, they lose personhood, which may present

additional complications for grief.

6.0.3 Question 3: Participants' Attempts to Master Trauma And Integrate Loss

Contemporary literature discusses the co-occurrence of sudden death and trauma. Data in this study demonstrate how sudden death and trauma are intertwined. Participant narratives helped to articulate and illuminate that the suddenly bereaved engage in an inherent process to gain mastery over traumatic features of, or associated with, the death. This did not necessarily require that the trauma mastery process be therapeutically guided. In fact, participants in most cases sought out, through self-directed means, information needed to piece together the fragmented, traumatic understanding of the death into a more cohesive narrative. The persistent search for concrete details regarding the death, including the graphic, helped participants to manage their anxieties and gain mastery over the traumatic nature of these deaths. Viewing the body of the deceased and attending the family trip to Afghanistan were two of the ways described by many family members as facilitating this process.

There were also instances where trauma was more dominant. In these circumstances, a traumatic narrative overrode and created significant distress or an inability to verbally articulate the experience of the death, thus prompting avoidance and interrupting attempts to make meaning and integrate the death.

6.0.4 Question 4: Re-Storying Life Narratives: Creating Meaning, Re-Defining Self And Seeking Narrative Coherence

This study also sought to understand how families created meaning in order to make sense of the loss and to allow for the death to be woven into their life story and personal sense of identity. As part of meaning making, it was clear that participants desired ongoing connection with their loved one. This was facilitated in a number of ways such as, determining locations where they felt connected to the deceased, through the use of linking objects (e.g. the flag that

saw his body home) and linking modalities like the military and/or military peers, all of which provided a sense of connection to their loved one. Participants also described solace in knowing that they could perceive the deceased's presence and that this was communicated to them in varied ways.

Finding meaning also involved a process of first managing intense emotions then re-defining sense of identity, and re-learning social roles and expectations. For some participants remaining active publicly assisted in their meaning re-construction. Others tended to more private mourning and an internal experience of grief. There was variation in the extent to which participants' beliefs and values aligned with military and public discourse about the meaning of the death and of the mission itself. While those that shared these values and beliefs tended to have an easier time reconstructing meaning, there were also other ways of finding meaning. The most frequent alternate meaning involved believing in their loved one and what they valued regardless of larger socio-political views. This is not to say that cognitive dissonance did not exist for some participants, particularly where the value or purpose of the death was questioned which in itself could be traumatic. Trauma likewise interfered with participants' ability to find and make meaning (as discussed above). Similarly, for those who shared values of the military and general public, further distress and a need to protect their revised identity and meanings occurred when faced with oppositional opinions particularly about the mission and its value or success.

Concern was also raised with respect to those that over-identified with the 'cause' in exclusion to other meanings that would alternately or simultaneously allow for deriving pleasure in life once again. Similarly, perseverating on the death as the sole feature of one's new identity and social role presents challenges grief and mourning. It is plausible that a narrow re-definition

of self and over identification may in fact reflect avoidance of the pain by trying to keep the deceased 'alive' rather than a truer integration of the death into life narrative.

6.0.5 **In Summary**

Many aspects of combat related death parallel other forms of sudden death. For instance, formal notification, the co-occurrence of traumatic stress, or varied potential for viewing the body or accessing desired information regarding the death. But there are also critical differences.

The organizational response to the casualties was structured, even rigid. This had positive and negative implications for grief and bereavement. For instance, policy and procedure imposed order during chaos and elicited a significant social response to the loss that facilitated mourning and resilience. On the other had, organizational priorities also led to the disenfranchised grief for many family members and added to the complexity of their grieving while at the same time there were often inadequate supports to meet bereavement needs.

Social and military discourse (or the cultural script described by Ben Ari (2005) –see 2.5.3) is a second critical difference in these deaths. The extent to which family members agreed with the cultural script of a 'good death' (i.e., the death held meaning and represented sacrifice for a greater good) played a significant role in how they made meaning of the death, integrated the loss, and re-defined their sense of self. Having said this, some family members were able to find and make alternate meanings apart from social discourse that likewise allowed for integration of the death. Related to social discourse, deaths in this context also allowed for greater variation than other forms of sudden death in how the death was understood and ultimately how this interpretation influenced their grief reactions and meaning making. For instance, deaths perceived as heroic and in the line of duty allowed for easier integration of

meaning making whereas those perceived as murder or a senseless death posed challenges for meaning making.

Concomitantly, aspects of the death (e.g. graphic nature) or organizational factors (e.g. notification) precipitated traumatic stress, which was interwoven with the grief experienced by these family members. Most participants intuitively sought means of integrating this trauma into their understanding and narrative of the death. The extent that trauma was present and/or the degree to which they were able to accomplish trauma mastery, also influenced their ability to reconstruct meaning and narrative of the loss. The greater the presence of trauma, the more significantly meaning making was disrupted. This has significant clinical implications for bereavement practices discussed further below (6.2.3).

6.1 LIMITATIONS OF STUDY

One limitation of the study is its reliance on qualitative methods of research. Key criticisms of qualitative inquiry center on issues of generalizability and subjectivity. Qualitative inquiry does not allow for broad generalization from the participants in the study (a relatively small number) to the general population. This sample is self-selected, so it is not representative of the population of all bereaved family members whose son/sibling was KIA (i.e. may be more reflective of those who access informal list serves). However, use of thick description assists readers to draw conclusions for themselves as to the applicability of the results to their situation or context. The clarity provided by this study is an effective base for formulating a broader, generalizable, quantitative study. It also assists in framing other qualitative studies desiring greater depth or study of specific features of military death, notification, and bereavement.

Another concern is that when participants self-select to participate it is difficult to know if they are participating because they have a particularly positive or negative experience to share (which might skew the conclusions drawn about the essence of this experience). The lack of response from spouses also limits comparisons beyond that of families of origin. While spouses would be an important source of data and understanding; that they were not drawn to participate in the study is interesting in itself. Additionally, pre-existing tensions between family of origin and partners of the deceased is one of several aspects contributing to conflicts regarding how and who should provide care to the deceased and manage death care practices. This was evident in several of the cases in this study but insufficient data prevented deeper analysis. Further inquiry isolating this aspect is warranted.

Social desirability was likely another limitation for data provided by some participants in this study. Participants spoke of perceived social expectations and the desires to not bring dishonour to the deceased and to conduct themselves in accordance with perceived expectations of how one is supposed to grieve a death resulting from war. Participants may have censored their answers particularly if they do not share the dominant view of how their grief ought to look and be expressed in the public sphere. This was alluded to in member checking with one father, who noted that in future he will document his own account which is less likely to represent the social niceties and politically correct presentation of self he has maintained thus far. Considering that the mission was ongoing at the time this study was conducted, additional social pressures in this regard may be reflected in some of the responses.

Finally, while careful measures were taken to remove identifying aspects of the data, total anonymity can never be guaranteed. Some participants may have limited the information they were willing to share on such a sensitive topic in order to protect their confidentiality within a

small and relatively closed community. Nonetheless, the study did reveal many interesting findings that can be used to inform death care practice and policy as well as serving as a foundation for further inquiry.

6.2 **IMPLICATIONS FOR FUTURE RESEARCH**

This study began inquiry into a form of sudden death, where a dearth of literature currently exists. It is not surprising then that the study raised as many (if not more) questions than it sought to answer.

Opportunities for Additional Qualitative Research

Questions arising from this data offer the foundation for numerous other qualitative studies, several of which are significant and discussed below.

First, this study occurred while the mission to Afghanistan was ongoing, which was a factor influencing how meaning making was occurring as well as an influence on the acuity and re-triggering of intense grief responses. A longitudinal study on meaning making would help to uncover aspects of grief and meaning making post mission and may illuminate instances where the continued bonds pose challenges rather than solace (as discussed above in 6.0.4).

Secondly, this inquiry highlighted many areas of nuance for further exploration such as, distinctions in bereavement experiences related to relationship with the deceased (e.g. paternal, maternal, sibling or spousal bereavement) or gender of the deceased (experiences of families of female soldiers). Similarly, another question to examine would consider how the 'newness' of a partner relationship with the deceased effects how care and responsibility for the deceased is perceived by family of origin; that is, who bears the responsibility for caring for the deceased and decisions related to death care practices.

A third area for qualitative inquiry would explore variations in experience related to the mechanism of death (e.g. friendly fire versus intentional acts such as a suicide bomber). Likewise, phenomena seemingly unique to this type of death suggest areas for further study, such as the concept of forewarning and implication of this phenomenon for meaning reconstruction, or the role of social mourning – its limitations and benefits related to creating resiliency (as it did in creating pride).

Finally, research on inherent abilities to master trauma following sudden death and the implications of the presence of trauma on meaning making, are promising questions that would help to inform death care policy and practice.

Opportunities for Quantitative Research

Participant narrative can also be used to inform quantitative measures for evaluation of military procedure and policy as well as the efficacy of bereavement service provision for this population. This is important data to gather in order to revise current policy and practice toward greater alignment with stated needs. Such data would also assist in determining core practice competencies in this area for future use and to ensure provision of adequate support for ongoing needs.

Further Inquiry with Spouses and Surviving Children

While spouses did not participate in this study, participants' narratives and existing literature do indicate that there are differences in the bereavement experiences and needs of spouses/partners of the deceased. This requires further inquiry as well to ensure that any service revisions consider a range of need and experience. This would also allow for comparison between the experiences of spouses (from the spouses' perspective) to that of family of origin experience.

Additionally, several parents in this study raised concerns related to the unique needs of surviving children of the deceased or those born after their death. These experiences need consideration qualitatively (e.g. born with the legacy of a hero as a father and/or to a grieving mother) and in concrete ways; for instance, policy evaluation to ensure therapeutic costs are available or to ensure that survivor benefits are extended to the newly born.

6.3 PRACTICE IMPLICATIONS

This study provided a foundation for critical evaluation of practice and policy. The results also suggests opportunity to establish preventative practice and offer alternative and enhanced understanding of the integration of trauma and bereavement that will assist in informing death care practices.

6.3.1 Critically Re-Evaluate Services For Alignment To Stated Needs

There were numerous examples highlighted in participant narratives that demonstrate the need to evaluate the efficacy of current services and processes. For instance, several participants discussed that formal supports provided by the military appeared to be designed for those on, or in close proximity to, a CF base. Service delivery and availability both need to be revised to be more accessible to those in remote areas. Service delivery also needs to take into consideration the vulnerability of the bereaved. For instance, one participant described that HOPE should not call participants directly without consent facilitated through the AO.

There is also a need for more extensive training related to the role of the AO. Several participants spoke of the novice of their AOs, particularly in instances where reservists were called on to undertake this role. Advanced training for individuals in these roles would improve services for the bereaved and may also assist the AOs in dealing with the emotionality and

potential compassion fatigue. Negative consequences for assisting officers have already been identified in American literature (Bartone & Ender, 1994; Ender et al., 1999; Ender & Hermsen, 1994; Leash, 1994).

Similarly, therapeutic supports (and training for peer supports) need to remain proactive and abreast of evolving evidence on which to base practice in this area. Core competencies need to be established for therapists undertaking treatment with this bereaved population. Several participants spoke of poor experiences with counsellors that did not understand the military, sudden/traumatic death, and/or could not self-manage their own responses to the graphic nature of what their clients needed to disclose and discuss. Additionally, timing and duration of services requires re-evaluation. Participants identified that services provided too soon after the death or limited in number (e.g. eight sessions) were inadequate or inefficient in meeting their needs.

The data also demonstrated that bereaved family member could clearly articulate in many instances where they felt improvements were needed and in some examples, such as aspects of notification, have successfully advocated on their own behalf to effect change. The first-voice experiences of the bereaved offer rich foundation from which to begin re-evaluation of practice and policy.

6.3.2 Information for Preventative Practice

The findings in this study provided insight regarding how some family members have integrated the death, formed continued bonds and revised their sense of identity. Concern arises where these elements of meaning reconstruction have heavily relied on connection to the military or peers, have adopted identity as a family of the fallen to the extent that other aspects of life and self are precluded. In some cases this might include active and extensive involvement in memorializing and supporting military efforts in a manner that attempts to maintain 'aliveness'

of the deceased and avoidance of pain as opposed to integration of the death into life narrative. It is plausible that these individuals will re-experience crises as the mission officially draws to an end and services and connections distance overtime. Similarly, vigorous attempts within the public forum to maintain the personhood of the deceased may lead to a heightened acuity in their grief as over time remembrances, like Remembrance Day, emphasize the collective of fallen soldiers and in doing do the personhood of the individual is assimilated into the collective. Clinicians need to be attuned to this change and the potential for disabling grief responses as well as crises in meaning. Therapeutic support should encourage additional ways of deriving meaning, remembering and facilitating a continued bond with the deceased.

6.3.3 Reconsidering Trauma and Grief

The findings of this study have uncovered a promising alternative for understating how trauma and bereavement are interrelated and as such form the foundations to adopt a practice stance that allows inherent trauma mastery to occur. Providing opportunity and choice that allows for bereaved individuals to engage in trauma mastery can assist in managing anxieties and in integrating the sudden death and traumatic aspects of the same. For instance, this might include assisting participants in the search for concrete understanding of the death (not just the written form but through experiential means such as touch, or visualization as in the case of viewing or experiencing Afghanistan). Further investigation is required as instances where this may be detrimental need to be explored. Additionally, it should not be assumed that all bereaved want these details; therefore, choice is required. Individuals may also benefit from preparation prior to receiving information or may benefit from facilitation of this process (i.e. having a Coroner's report read and interpreted as opposed to simply providing the document).

6.4 CONCLUDING THOUGHT

Carol expressed a sentiment that metaphorically articulates experiences of most, if not all, participants in this study: "I feel like a tea cup that's been cracked and been glued back together so it could still work, just nudge it and it will shatter again." (line 865). One goal of this study is to help inform death care practice and policy so as to assist bereaved family members in binding their lives back together in a fulfilling, empowered and meaningful way.

REFERENCES

Abraham K. (1912/1953). Notes on the psychoanalytical investigation and treatment of manic–depressive insanity and allied conditions. In K. Abraham (Ed). *Selected papers* (Vol. 1): *Selected papers on psychoanalysis* (p. 137–156). New York: Basic Books. (First published in German).

Alexander, D.A. & Klein, S. (2000). Bad news is bad news: Let's not make it worse. *Trauma*, *2*, 11-18.

Allumbaugh, D.L. & Hoyt, W.T. (1999). Effectiveness of grief therapy: A meta-analysis. *Journal of Counseling Psychology, 46,* 370-380.

Alpeter, M., Schopler, J.H., Gainsky, M.J. & Pennell, J. (1999). Participatory research as social work practice. *Journal of Progressive Human Services, 10*(2), 31.53.

Alversson, M. & Skoldberg K. (2009). *Reflexive methodology: New vistas for qualitative research* (2nd edition). London: Sage Publications.

American Psychiatric Association. (1980). *DSM III: Diagnostic and statistical manual of mental disorders*. Washington: The American Psychiatric Association.

Andreasen, N.C. (2007). DSM and the death of phenomenology in America: An example of unintended consequences. *Schizophrenia Bulletin*, *33*(1), 108-112.

Anderson, H. (2010). Common grief: Complex grieving, *Pastoral Psychology, 59,* 127-136.

Archer, J. (1999). *The nature of grief: The evolution and psychology of reactions to loss*. London: Psychology Press, Taylor & Francis Group.

Armour, M. (2003). Meaning making in the aftermath of homicide. *Death Studies, 27*, 519-540.

Asaro, M.R. (2001). Working with adult homicide survivors, Part 1: Impact and sequelae of murder. *Perspectives in Psychiatric Care*, *37*(3) July-September, 95-101.

Attig, T. (2001). Relearning the world: Making and finding meanings. In R.A. Neimeyer (Ed.) *Meaning reconstruction and the experience of loss.* Washington: American Psychological Association. Chapter 2.

Balk, D. (2004). Recovery following bereavement: An examination of the concept, *Death Studies, 28*(4), 361-374.

Bartone, P. T. (1996). Family notification and survivor assistance: Thinking the unthinkable. In A. E. Norwood (Ed.), *Emotional aftermath of the Persian gulf war: Veterans, families, communities, and nations* (pp. 315-350). Washington DC, US: American Psychiatric Association.

Bartone, P.T. & Ender, M.G. (1994). Organizational responses to military death. *Death Studies, 18,* 25-39.

Becker, E. (1973). *The denial of death.* New York, NY: The Free Press.

Bedikian, S.A. (2008). The death of mourning: From Victorian crepe to the little black dress, *Omega, 57*(1), 35-52.

Ben-Ari, E. (Summer 2005). Epilogue: A "good" military death. *Armed Forces and Society. 31*(4), 651-664.

"bereavement *noun*" *Oxford Dictionary of English*. Edited by Angus Stevenson. Oxford University Press, 2010. *Oxford Reference Online*. Oxford University Press. McMaster University. 23 August 2011
 http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t140.e0977490

Biddle, L. (2003). Public hazards or private tragedies? An exploratory study of the effects of coroners' procedures on those bereaved by suicide. *Social Sciences and Medicine, 56,* 1033.

Bowlby, J. (1980). Loss, Sadness and Depression. In C. Yorke (Ed.) *Attachment and loss* (Vol. 3)*.* London: The Horgarth Press and The Institute of PsychoAnalysis.

Burrell, L. M., Adams, G. A., Briley Durand, D., & Castro, C. A. (2006). The impact of military lifestyle demands on well-being, army, and family outcomes. *Armed Forces & Society, 33*(1), 43-58.

Cable, D.G. (1996). Grief counseling for survivors of traumatic loss. In K. Doka (Ed.). *Living with grief after sudden loss: suicide, homicide, accident, heart attack, stroke.* Washington, DC: Hospice Foundation of America; Taylor & Francis. Chapter 9.

Cacciatore, J. and Flint, M. (2012). Mediating grief: The post-mortem ritualization after child death, *Journal of Loss and Trauma, 17,* 158-172.

Canadian Broadcasting Company (CBC) News. (September 3, 2008). Who's Paying the Ultimate Price? CBC News Canada. Retrieved online at http://www.cbc.ca/news/world/story/2008/08/14/f-afghan-analyze.html on July 31, 2012.

Canadian Broadcasting Company (CBC) News. (February 10, 2009, updated May 10, 2011). Canada's military mission in Afghanistan: Training role to replace combat mission in 2011. CBC News Canada. Retrieved online at http://www.cbc.ca/news/canada/story/2009/02/10/f-afghanistan.html July 18, 2012.

Canadian Broadcasting Company (CBC) News.(July 14, 2009a). Lest we forget the costs of peacekeeping. CBC News Canada. Retrieved online at http://www.cbc.ca/news/canada/lest-we-forget-the-cost-of-peacekeeping-1.801072 March 12, 2014.

Canadian Heroes website. (2013). Retrieved online at http://www.canadianheroes.com/ March 12, 2014.

Canadian Peacekeepers Veterans Association. (undated). *Canadian peacekeeper casualty statistics.* Retrieved online at http://www.cpva.ca/documents_e/news/obituaries/The%20Fallen.pdf March 12, 2014

Carroll, B. (2001). How the military family copes with a death. In C. Johnson (Ed.), *When all the friends have gone: A guide for aftercare providers* (pp. 173-183). Amityville, NY: Baywood Publishing Co.

Castro, C. A., Adler, A. B., & Britt, T. W. (Eds.) (2006). *Military life: The psychology of serving in peace and combat* (Vol. 2)*: Operational Stress*. Westport, CT: Praeger Security International.

Castro, C. A., Adler, A. B., & Britt, T. W. (Eds.) (2006a). *Military life: The psychology of serving in peace and combat* (Vol. 3)*: The military family*. Westport, CT: Praeger Security International.

Cathcart, F. (1995). Seeing the body after death. *British Medical Journal*, *297,* 997-8.

Chapple, A. & Ziebland, S. (May 2010). Viewing the body after bereavement due to a traumatic death: qualitative study in the UK. *British Medical Journal, 7754*, 1017.

Coleman, W. (2010). Mourning and the symbolic process, *Journal of Analytical Psychology, 55,* 275-297.

Connor, S. (1998). *Hospice: Practice, pitfalls and promise.* Vermont: Taylor and Francis.

Corr, C.A.& Doka, K.J. (2001). Master concepts in the field of death, dying, and bereavement: coping versus adaptive strategies. *Omega: Journal of Death & Dying, 3*(3), 183.

Cozza, S.J., Chun, R.S., & Polo, J.A. (2005). Military families and children during operation Iraqi freedom. *Psychiatric Quarterly, 76*(4), 371-378.

Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd Ed)*.* California: Sage Publications.

Culliton, B. (2011). *If I should fall: A true story of the Afghan War experience.* Film documentary. Ontario, Canada: Joint Media Group Inc.

Currier, J.M., Holland, J.M. & Neimeyer, R.A. (2006). Sense-making, grief and the experience of violent loss: Toward a mediational model. *Death Studies, 30*, 403-428.

Darwin, C. (1872). *The expression of emotions in animals and man.* New York: D. Appleton & Company.

DeGroote, J.M. & Carmack, H.J. (2012). Blogging as a means of grieving. In T. Dumova & R. Fiordo (Eds.) *Blogging in the global society: Cultural, political and geographical aspects* (pp.161-177). Hershey, PA: Information Science Reference. Chapter 10.

DeGroote, J.M. & Carmack, H.J. (2013). "It may not be pretty but it's honest": Examining parental grief on callapittar blog. *Death Studies, 37*, 448-470.

Deutsch, H. (1937). Absence of Grief. *Psychoanalytic Quarterly, 6*, 12-22.

Descilo, T. (1999). Reliving the naumatic aspects of death with naumatic incident resolution and EMDR. In C. Figley (Ed.). *Traumatology of grieving: Conceptual, theoretical, and treatment foundations*. USA: Brunner/Mazzel, Taylor & Francis Group. Chapter 9.

Dictorate of Casualty Support and Management (DCSM). (2009). Assisting Officer Guide: Casualty Support and Administration, National Defence and the Canadian Forces: Canada. Retrieved at http://www.cmp-cpm.forces.gc.ca/cen/pub/aog-god/index-eng.asp on July 31, 2012.

Doka, K. (Ed.). (1996). *Living with grief after sudden loss: suicide, homicide, accident, heart attack, stroke.* Washington, DC: Hospice Foundation of America; Taylor & Francis.

Doka, K. (2003). Description, history, analysis. In C.D. Bryant (Ed.), *Handbook of death and dying, Volume One.* Thousand Oaks, California: Sage Publications Inc.

Ender, M. G., & Hermsen, J. M. (1996). Working with the bereaved: U.S. army experiences with non-traditional families. *Death Studies, 20*(6), 557.

Ender, M.G., Segal, M.W. & Stanley, S.C. (1999). Role conformity ad creativity: Soldiers as administrators and caregivers after loss. *Journal of Personal and Interpersonal Loss, 4,* 1-23.

Engel, G.L. (1977). The need for a new medical model: a challenge for biomedicine. *Science, 196*(4286), 129-136.

English, A. (2011). Not written in stone: Social covenants and resourcing military and veteran health care in Canada. In A. Aiken and S.A.H. Bélanger (Eds.). *Shaping the future: Military and veteran health research.* Canada: Canadian Defence Academy Press.

Families in Remembrance of Military Members (FIRMM). (2009). Retrieved online at http://firmm.ca/html/index.php   August 1, 2010.

Fiefel, H. (Ed.) (1959). *The meaning of death.* USA: Routledge, Taylor & Francis Group.

Figley, C. (1996). Traumatic Death: Treatment Implications. In K. Doka (Ed.). *Living with grief after sudden loss: suicide, homicide, accident, heart attack, stroke.* Washington, DC: Hospice Foundation of America; Taylor & Francis. Chapter 7.

Figley, C. (Ed.) (1999). *Traumatology of Grieving: Conceptual, theoretical, and treatment foundations*. USA: Brunner/Mazzel, Taylor & Francis Group.

Figley, C., Bride, B.E. & Mazza, N. (1997). *Death and trauma: The traumatology of grieving.* USA: Taylor & Francis.

Finlay, I. & Dallimore, D. (1991). Your child is dead. *British Medical Journal*, *302,*1524-5.

Fook, J. (2002). *Social work: Critical theory and practice*. London: Sage.

Foote, C.E. & Frank, A.F. (1999) Foucault and therapy: The disciplining of grief. In A.S. Chambon, A. Irving, L. Epstein (Eds.) *Reading Foucault for social work* (pp. 157-188). New York: Columbia University Press.

Freud, S. (1917/2005). Mourning and Melancholia. (S. Whiteside, Trans.) In A. Phillips (Ed.) *On Murder, Mourning and Melancholia*, (pp. 201-218). London: Penguin Books

Fulton, R. & Gottesman, D.J. (1980). Anticipatory Grief: a psychological concept reconsidered. *The British Journal of Psychiatry, 137,* 45-54.

Gambrill, E. D. (2005). *Critical thinking in clinical practice: Improving the quality of judgments and decisions*. Hoboken, N.J: Wiley.

Gilles, J. & Neimeyer, R.A. (2006). Loss, grief and the search for significance toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology, 19,* 31-65.

Ginzburg, K., Geron, Y. & Solomon, Z. (2002). Patterns of complicated grief among bereaved parents. *Omega, 45*(2), 119-132.

Gorer, G. (1965). *Death, grief and mourning in contemporary Britain.* London: Cresset Press.

Government of Canada (not specified). *Canadian Forces: Supporting Canada's mission*, website Canada's Engagement in Afghanistan, Retrieved online at http://www.afghanistan.gc.ca/canada-afghanistan/assets/pdfs/fs-fi/cf_ops_e.pdf on July 18, 2012.

Government of Canada (Aug. 24, 2011). *Canada's approach in Afghanistan*, website Canada's Engagement in Afghanistan, Retrieved online at http://www.afghanistan.gc.ca/canada-afghanistan/approach-approche/index.aspx?lang=eng&view=d   on July 18, 2012

Gray, P. (2005). Is grief counselling a waste of time? *Therapy Today, 16*(7), 26-28.

Grenier, S., Darte, K, Heber, A. & Richardson, D. (2007). The Operational Stress Injury Social Support Program: A peer support program in collaboration between the Canadian Forces and Veterans Affairs Canada. In C.R. Figley & W.P. Nash (Eds). *Combat Stress Injury: Theory, research, and management.* New York: Routledge, Taylor & Francis Group. Chapter 13.

"grief *noun*" *Oxford Dictionary of English*. Edited by Angus Stevenson. Oxford University Press, 2010. *Oxford Reference Online*. Oxford University Press. McMaster University. 23 August 2011
 <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t140.e0351340>

Hardaway, T. (2004). Treatment of psychological trauma in children of military families. In N. B. Webb (Ed.), *Mass trauma and violence: Helping families and children cope* (pp. 259-282). New York, NY US: Guilford Press.

Harper, M. & Cole, P. (2012). Member checking: Can benefits be gained similar to group therapy? *The Qualitative Report, 17*(2), 510-517.

Harrington, C.M. & Sprowl, B. (2011). Family members' experiences with viewing in the wake of sudden death. *Omega: Journal of Death and Dying, 64*(1), 65-82.

Harrington LaMorie, J. (2011). Operation Iraqi Freedom/Operation Enduring Freedom: Exploring wartime death and bereavement. *Social Work in Health Care, 50*(7), 543-563.

Hyer, L. & Brandsma, J.M. (1999). The treatment of PTSD through grief work and forgiveness. In C. Figley (Ed.). *Traumatology of grieving: Conceptual, theoretical, and treatment foundations*. USA: Brunner/Mazzel, Taylor & Francis Group. Chapter 8.

Interfaith Committee on Canadian Military Chaplaincy (ICCMC). (2008). *Interfaith Committee on Canadian Military Chaplaincy (ICCMC) Handbook 2008*. Canadian Forces Chaplain Branch, Canada. Retrieved online at http://www.cmp-cpm.forces.gc.ca/cfcb-bsafc/pub/doc/iccmch-gciamc-eng.pdf on August 1, 2012.

Janoff-Bulman, R. (1985). The aftermath of victimization: Rebuilding shattered assumptions. In C. Figley (Ed.). *Trauma and its wake: The study and treatment of post-traumatic stress disorder.* New York: Brunner/Mazzel. Chapter 2.

Janzen, L., Cadell, S. & Westhues, A. (2004). From death notification through the funeral: bereaved parents' experiences and their advice to professionals. *Omega, 48*(2), 149-164.

Jones W. H. & Buttery, M. (1981). Sudden death: survivors' perceptions of their emergency department experience. *Journal of Emergency Nursing*, *7*, 14-17.

Jordan, J.R. (2000). Research that matters: Bridging the gap between research and practice in thanatology. *Death Studies, 24,* 457- 468.

Jordan, J.R. & Neimeyer, R.A. (2003). Does grief counselling work? *Death Studies, 27,* 765-786.

Kardiner, A. (1941). *Traumatic Neuroses of War: Psychosomatic medicine monograph II-III,* Washington, DC: National Research Council.

Kastenbaum, R. (2004). *On our way: the final passage through life and death*. Berkeley: University of California Press.

Kato, P.M. & Mann, T. (1999). A synthesis of psychological interventions for the bereaved. *Clinical Psychology Review, 19,* 275-296.

Klass, D. (1988). *Parental grief: Solace and resolution*. New York: Springer Publishing Company, Inc.

Klass, D., Silverman, P.R. & Nickman, S.L. (1996). *Continuing bonds: New understandings of grief.* New York, NY: Routledge, Taylor & Francis Group.

Kellehear, A. (1984). Are we a death denying society? A sociological review. *Social Science Medicine, 18,* 713-723.

Kelley, P. (1996). Narrative theory and social work treatment. In F.J. Turner (Ed.). *Social work treatment: Interlocking theoretical perspectives,* 5th Edition. New York: Oxford University press. Chapter 20.

Krill, D.F. (1978). *Existential social work.* NY: The Free Press.

Krill, D.F. (1996). Existential social work. In F.J. Turner (Ed.) *Social work treatment: interlocking theoretical perspectives, 5th Edition.* New York: Oxford University press. Chapter 12.

Kübler-Ross, E. (1969) *On death and dying*. New York: Macmillan.

Lamberg, L. (2004). When military parents are sent to war, children left behind need ample support. *JAMA: Journal of the American Medical Association, 292*(13), 1541-1542.

Leash, R.M. (1994). *Death notification: A practical guide to the process*. Hinesburg, VT US: Upper Access.

Li, S.P., Chan, C.W.H., Lee, D.T.F. (2002). Helpfulness of nursing actions to suddenly bereaved family members in an accident and emergency setting in Hong Kong. *Journal of Advanced Nursing*, *40*(2), 170-180.

Liamputtong, P. (2009). *Qualitative research methods* (3rd Ed). Oxford University Press.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry.* CA: Sage Publications Inc.

Lindemann, E. (1944). Symptomology and management of acute grief. *American Journal of Psychiatry, 101,* 141-148.

Littlewood, J. (1992). *Aspects of grief: Bereavement in adult life.* London: Routledge.

Lord, J.H. (1996). America's number one killer: Vehicular crashes. In K. Doka (Ed.). *Living with grief after sudden loss: suicide, homicide, accident, heart attack, stroke.* Washington, DC: Hospice Foundation of America; Taylor & Francis. Chapter 3.

Lundin, T. (1987). The stress of unexpected bereavement. *Stress Medicine*, *3,* 109-114.

Mabray, D., Bell, M. & Bay, D. (2009). *Redeployment and reintegration: Military family issues*. In The American Association for Marriage and Family Therapy, Family Therapy Magazine. March/April 2009 (pp. 30-35).

Manley Panel Report. (January 2008). Independent Panel on Canada's Future Role in Afghanistan, *Her Majesty the Queen in Right of Canada, represented by the Ministry of Public Works and Government Services.* Cat. No. FR5-20/1-2008, Canada. Retrieved online at http://www.afghanistan.gc.ca/canada-afghanistan/assets/pdfs/Afghan_Report_web_e.pdf on July 19, 2012.

Manser, L., Ogilvie, L. & Campbell, S. (2012). Supporting families of the ill, injured and fallen: Family Liaison Officers (abstract # 48). In A. Aiken and S.A.H. Bélanger (Eds.). *Military and veterans health research (MVHR): Research abstracts 2013* (pp.34). Canada: Canadian Institute for Military and Veteran Health Research (CIMVHR).

Marris, P. (1986). *Loss and change.* London: Routledge & Keagan Paul.

Martinson, I., Adams, D.W., Deck, E., Folta, J. & Bates, T. (1988). Statement on the care of the dying and bereaved in developing countries. *Death Studies, 12*(4).

McLauchlan, C.A.J. (1990). Handling distressed relatives and breaking bad news. *British Medical Journal*, *301,* 1145-1149.

Michael, C. & Cooper, M. (2013). Post-traumatic growth following bereavement: A systematic review of the literature. *Counselling Psychology Review, 28*(4), 18-33.

Mistakidu, K., Tsilika, E., Parpa, E., Kasuda, E. & Vlahous, K. (2003). A Greek perspective on concepts of death and expression of grief, with implications for practice. *International Journal of Palliative Nursing, 9*(12), 534-537.

"mourning *noun*" *Oxford Dictionary of English*. Edited by Angus Stevenson. Oxford University Press, 2010. *Oxford Reference Online*. Oxford University Press. McMaster University. 23 August 2011
 <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t140.e0537760>

Moustakas, C.E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications Inc.

National Atlantic Treaty Organization (NATO). (undated). *What is NATO? An introduction to the transatlantic Alliance*. [Brochure] NATO: Public Diplomacy Division, 1110 Brussels, Belgium. Retrieved online at http://www.nato.int/welcome/brochure_WhatIsNATO_en.pdf on July 20, 2012.

National Defence (undated). *Family Info Line 1-800-866-4546: Serving the families and Loved Ones of Canadian Forces Personnel* [Brochure]. Military Family Support Program, Canada: Author.

National Defence (undated). *Shoulder to Shoulder: Caring for our Own, Supporting Families of the Fallen* [Brochure], Canada: Author.

National Defence (undated). *Your Family Liaison Officer: Supporting the families of ill and injured Canadian Forces personnel and the families of the fallen* [Brochure]. Military Family Support Program, Canada: Author.

National Defence and the Canadian Forces (DND/CF). (2004). *Operations/ Involvement in Afghanistan*
http://www.afghanistan.gc.ca/canada-afghanistan/assets/pdfs/fs-fi/cf_ops_e.pdf

National Defence and the Canadian Forces (December 5, 2006). *Backgrounder: Changes to the Criteria for the Memorial Cross*. BG-06.037. Canada. Retrieved at http://www.forces.gc.ca/site/news-nouvelles/news-nouvelles-eng.asp?id=2158 on August 1, 2012.

National Defence and the Canadian Forces (2008). *About Joint Personnel Support Unit.* Canada. Retrieved online at http://www.cmp-cpm.forces.gc.ca/jpsu-uisp/ajp-sui/index-eng.asp on August 1, 2012.

National Defence and the Canadian Forces. (2009). *Casualty Administration Manual.* Retrieved online at http://www.cmp-cpm.forces.gc.ca/cen/pub/cam-map/cha-01-eng.asp   August 1, 2010.

National Defence and the Canadian Forces (March 24, 2009a). *Backgrounder: Repatriation of Fallen Canadian Forces Personnel.* BG-09.012, Canada. Retrieved at http://www.forces.gc.ca/site/news-nouvelles/news-nouvelles-eng.asp?id=2925 on July 18, 2012.

National Defence and the Canadian Forces (2010). *CFAO 26-18 & CFAO 241: Casualties – Reporting and Administration*. Retrieved online August 29, 2011 http://www.admfincs-smafinsm.forces.gc.ca/cfa-oaf/024-01-eng.asp

National Defence and the Canadian Forces (October 24, 2011). *Backgrounder: Shoulder to Shoulder Program.* BG-11.023, Canada. Retrieved online at http://www.forces.gc.ca/site/news-nouvelles/news-nouvelles-eng.asp?id=3972 on August 1, 2012.

National Defence and the Canadian Forces (March 27, 2011a). *HOPE (Helping Others by Providing Empathy)*. Dictorate of Casualty support management (DCSM). Retrieved at http://www.cmp-cpm.forces.gc.ca/cen/ps/hope-espoir-eng.asp on July 31, 2012.

National Defence and the Canadian Forces. (November 24, 2011b). *Member Assistance Program (MAP).* Canada. Retrieved online at http://www.forces.gc.ca/health-sante/ps/map-pam/default-eng.asp on August 1, 2012.

National Defence and the Canadian Forces. (February 1, 2012). *Canadian Forces' casualty statistics (Afghanistan): Fact sheet.* FS-12.002, Canada. Retrieved at http://www.forces.gc.ca/site/news-nouvelles/news-nouvelles-eng.asp?id=3695 on July 19, 2012.

National Defence and the Canadian Forces (January 31, 2012a). Fallen Canadians. Retrieved online at http://www.forces.gc.ca/site/news-nouvelles/fallen-disparus/index-eng.asp on July 31, 2012.

Neimeyer, R.A. (1993). An appraisal of constructivist psychotherapies. *Journal of Consulting and Clinical Psychology, 61*(2), 221-234.

Neimeyer, R.A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction, *Death Studies, 24,* 541-558.

Neimeyer, R.A. (Ed.) (2001). *Meaning reconstruction and the experience of loss*. Washington: American Psychological Association.

Neimeyer, R.A. (Ed.) (2001a). The language of loss: Grief therapy as a process of meaning reconstruction. *Meaning Reconstruction & The experience of loss*, (pp. 261- 292). Washington: American Psychological Association. Chapter 14.

Neimeyer, R.A., Baldwin, S. and Gilles, J. (2006). Continuing bonds and reconstructing meaning: mitigating complications in bereavement. *Death Studies, 30*(8), pp. 715-738.

Neimeyer, R.A., & Stewart, A.E. (1996). Trauma, healing, and the narrative employment of loss. *Families in Society: The Journal of Contemporary Human Services, 77* (6), 360.

Neimeyer, R.A., Torres, C. & Smith, D.C. (2011). The virtual dream: rewriting stories of loss and grief. *Death Studies, 35*, 646-672.

Orth, U. (2002) Secondary victimization of crime victims by criminal proceedings. *Social Justice Research*, *15*(4), 313-325.

Ottawa Citizen's News. (2012). *Canada's Fallen.* Retrieved online at www.ottawacitizennews.com/soldiers/ now archived at archive.is/www.ottawacitizennews.com/soldiers/ March 12, 2014.

Park, C. L. (2008). Testing the meaning making model of coping with loss. *Journal of Social and Clinical Psychology, 27*(9), 970-994. Retrieved from http://search.ebscohost.com.qe2a-proxy.mun.ca/login.aspx?direct=true&db=swh&AN=59256&site=ehost-live&scope=site

Parkes, C.M. (1970). Seeking and finding a lost object: Evidence from recent studies of reactions to bereavement. *Social Science and Medicine, 4,* 187-201.

Parkes, C.M. (1972). *Bereavement.* New York: International Universities Press.

Parkes, C.M. (1973). *Bereavement: Studies of grief in adult life*. New York: Tavistock Publications Ltd.

Parkes, C.M. (1995). Guidelines for conducting ethical bereavement research. *Death Studies, 19,* 171-185.

Parkes, C.M. (Ed.). (1997). *Death and bereavement across cultures*. London: Routledge.

Parrish G.A., Holden K.S., Skiendzielewski, J.J. (1987). Emergency department experience with sudden death: a survey of survivors. *Annals of Emergency Medicine*, *16,* 792-6.

Paul, R.J. (2002). Viewing the body and grief complications. In G.R. Cox and R.G. Stevenson, (Eds). *Complicated grieving and bereavement: Understanding and treating people experiencing loss*. Amityville, N.Y: Baywood Publishing Company Inc.

Payne, M. (2005). *Modern social work theory* (3rd edition). New York, NY: Palgrave Macmillan.

Personal communication (2012). Family Liaison Officer/Social worker, Toronto Military Family Resource Centre. May 5, 2012.

Personal communication (2012a). Mother of a fallen Canadian Soldier. January 5, 2012.

Personal communication (2012b). Outreach Support Coordinator - Hamilton/Cambridge London Military Family Resource Centre, April 25, 2012.

Personal communication (2012c). Staff at Family Information Line. May 5, 2012.

Pivnick, B.A. (2011). Enacting remembrance: Turning toward memorializing September 11th. *Journal of Religious Health, 50,* 499-515.

Rando, T. (1984). *Grief, dying and death: Clinical interventions for caregivers*. Champaign, IL: Research Press Company.

Rando, T. (1985). Creating therapeutic rituals in the psychotherapy of the bereaved. *Psychotherapy: Theory, Research, Practice, Training, 22*(2), 236-240.

Rando, T. (1993). *Treatment of complicated mourning*. Champaign, IL: Research Press.

Rando, T. (2013). Responding to Traumatic Stress when loss and trauma intersect in anticipatory and post-death mourning. [Hand Outs] Conference material, International Working Group on Death, Dying and Bereavement, April 27, 2013. From T.A. Rando [2013] *Coping with the sudden death of your loved one: A self-help handbook for traumatic bereavement,* In Press: Dog Ear Publishing.

Raphael, B. (1985). *The anatomy of bereavement: A handbook for the caring profession.* London: Routledge.

Red Fridays

Redmond, L.M. (1996). Sudden violent death. In Doka, K. (Ed.). *Living with grief after sudden loss: suicide, homicide, accident, heart attack, stroke.* Hospice Foundation of America; Taylor & Francis: Washington, DC. Chapter 5.

Reeves, N.C. (2011). Death acceptance through Ritual. *Death Studies, 35,* 408-419.

Research Ethics Board, Memorial University (2010). *Policy on Ethics of Research Involving Human Participants*. Approved by University Senate October 14, 2003. Retrieved online at http://www.mun.ca/research/researchers/human_subjects1.php   August 1, 2010.

Rosenblatt, P.C. (2008). Recovery following bereavement: Metaphor, phenomenology, and culture. *Death Studies, 32*, 6-16.

Rosenblatt, P.C. (2009). The culturally competent practitioner. In K. Doka & A. Tucci (Eds.) *Living with grief: Diversity and end-of-life care* (pp. 21-32). Washington, DC: Hospice Foundation of America.

Rubin, A. & Babbie, E. (2005). *Research methods for social work*. Belmont, CA: Thomson Learning, Inc.

Rubin, S.S., Malkinson, R. & Witztum, E. (2003). Trauma and bereavement: Conceptual and clinical issues revolving around relationships. *Death Studies, 27,* 667- 690.

Rynearson, E. K. (2001). *Re-telling violent death.* USA: Brunner-Routledge.

Rynearson and Geoffrey (1999). Bereavement after homicide: Its assessment and treatment. In Figley, C. (Ed.). *Traumatology of grieving: Conceptual, theoretical, and treatment foundations.* USA: Brunner/Mazzel, Taylor & Francis Group. Chapter 7.

Sault Ste. Marie Military Family Support Group (SSM MFSG) (2010). Retrieved online at http://www.cfpsa.com/en/psp/DMFS/In_Focus/SaultSM_Support_e.asp August 1, 2010.

Scott, T. (2007). Sudden traumatic death: caring for the bereaved. *Trauma*, *9,* 103-9.

Segal, H. (1952). A psychoanalytic approach to aesthetics. *International Journal of Analysis, 33,* 196-207.

Shakespeare (1599/1992). Romeo and Julliet. In B.A. Mowat and P. Werstine (Eds.). *Folger Shakespeare library series.* New York, NY: Washington Square Press.

Shand, A.F. (1914). *The foundations of character: Being a study of the tendencies of the emotions and sentiments*. St. Martin's Street, London: MacMillan and Company, Ltd.

Silverman, P.R. (2000). Research, clinical practice, and the human experience: Putting the pieces together. *Death Studies, 24,* 469- 478.

Soanes, C., & Stevenson, A. (Eds.). (2005) *The Oxford Dictionary of English* (revised edition). Oxford Reference Online: Oxford University Press. Memorial University of Newfoundland. 17 August 2009 http://www.oxfordreference.com.qe2a-proxy.mun.ca/views/ENTRY.html?subview=Main&entry=t140.e58253

Somer, E., Klein-Sela, C. & Or-Chen, K. (2011). Beliefs in reincarnation and the power of fate and their association of emotional outcomes among bereaved parents of fallen soldiers. *Journal of Loss and Trauma, 16*, 459-475.

Stake, R.E. (1994). *The art of case study research.* Thousand Oaks, CA: Sage Publications Inc.

Steen, J. & Asaro, M.R. (2006). *Military widow: A survival guide*. Annapolis, MD: Naval Institute Press.

Steffen, E. & Coyle, A. (2011). Sense of presence experiences and meaning making in bereavement: A qualitative analysis. *Death Studies*, *35*(7), 579-609.

Stewart, A.E. (1998). Complicated bereavement and post traumatic stress disorder following fatal car crashes: recommendations for death notification practice. *Death Studies*, *23* (4), 289-321.

Stewart, A.E. (1999). Complicated bereavement and post traumatic stress disorder following

fatal car crashes: recommendations for death notification practice. *Death Studies*, *23*(4): 289-321.

Stewart, A.E, Lord, J.H. and Mercer, D.L. (1999). A survey of professionals' training and experiences in delivering death notifications. *Death Studies, 24*, 611-631.

Stroebe, M.S., Hanson, R.O., Schut, H. & Stroebe, W. (2008). *Handbook of bereavement research and practice: Advances in theory and intervention.* Washington, DC: American Psychological Association.

Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*(3), 197-224.

Stoldz, S. (1996). Psychoanalysis and constructivism: Convergence in meaning-making perspectives. In H. Rosen & K.T. Kuehlwein (Eds.), *Constructing realities: Meaning-making perspectives for psychotherapists.* San Francisco: Jossey-Bass Publishers..

Sudnow, D. (1967). *Passing on: The social organisation of dying.* Englewood Cliff: NJ: Prentice-Hall.

Suler, J. (2004). The online disinhibition effect. *Cyber Psychology & Behaviour, 7,* 321-326.

Tedeschi, R.G. & Calhoun, L.G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Thousand Oaks, CA: Sage.

Tri-council Policy Statement (TCPS2). (December 2010). *Ethics for research involving human participants*. Research Ethics Board, Memorial University. Retrieved online at http://www.mun.ca/research/researchers/human_subjects1.php
http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf   January 20, 2012.

Turner, V. (1969). *The ritual process.* Chicago: Adline.

Valentine, C. (2008). *Bereavement narratives: Continuing bonds in the twenty-first century.* New York, NY: Routledge, Taylor & Francis group.

Vance, J.F. (1997). Death so noble: Memory, meaning and the first world war (pp. 29-44). (Vancouver: UBC Press), 257-267.

van der Kolk, B.A , McFarlane, AC & Weisaeth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.

van der Kolk, B.A. (2001). Posttraumatic stress disorder and the nature of trauma. (Unpublished manuscript). Retrieved from Canadian Mental Health Association, *Manual for a one-day workshop: Trauma-Informed helping skills for frontline workers*. Produced by CMHA , Ontario division. Funded by, Ontario Ministry of Citizenship, Culture and Recreation.

Volkan, V.D. (1972). The linking objects of pathological mourners. *Archives of General Psychiatry, 27*, 215-221.

Von Bloch, L. (1996). Breaking the bad news when sudden death occurs. *Social Work in Health Care*, *23*(4), 91- 97.

Walter, T. (1991). Modern death: Taboo or not taboo? *Sociology, 25,* 293-310.

Walter, C.A. & McCoyd, J.L.M. (2009). *Grief and loss across the lifespan: a biopsychosocial perspective.* New York: Springer Publishing Company, Inc.

Weinstein, J. (2008). *Working with loss, death and bereavement: A guide for social workers*. Los Angeles: Sage Publications Inc.

Wells, P.J. (1993). Preparing for sudden death: Social work in the emergency room. *Social Work*, *38*(3), 339-342.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. NY: Norton.

Whyte, W.F. (1991) *Participatory action research* (vol. 123), Sage focus editions. Thousand Oaks, CA: Sage Publications Inc.

Williams, C.I., Solomon, S.D. & Bartone, P. (1988). Primary prevention in aircraft disasters. *American Psychologist, 43*, 730-739.

Wilson, J.P., Smith, W.K. & Johnson, S.K. (1985). A comparative analysis of PTSD among various survivor groups. In C. Figley (Ed.) *Trauma and its wake: The study and treatment of post-traumatic stress disorder.* New York: Brunner/Mazzel. Chapter 8.

Winchester-Nadeau, J. (2008). Meaning-making in bereaved families: Assessment, intervention, and future research. In M.S. Stroebe, R.O. Hanson, H. Schut & W. Stroebe (Eds). *Handbook of Bereavement research and practice: Advances in theory and intervention.* Washington, DC: American Psychological Association. Chapter 24.

Wolfelt, A. (2008). The art of companioning the bereaved: caregiver workshop. Presented Friday, September 19th, 2008 at Bay Gardens Funeral Home, Hamilton, Ontario, Canada.

Worden, W.J. (1981). *Grief counseling and grief therapy: A handbook for the mental health practitioner.* New York, NY: Springer Publishing Company, Inc.

Worden, W.J. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (4[th]Edition)*.* New York, NY: Springer Publishing Company, Inc.

Wright, K. M., Burrell, L. M., Schroeder, E. D., & Thomas, J. L. (2006). Military spouses: Coping with the fear and the reality of service member injury and death. In C.A. Castro, A.B. Adler & T.W. Britt (Eds.). (2006a). *Military life: The psychology of serving in peace and combat* (Vol. 3)*: The military family*. Westport, CT: Praeger Security International.

Zimmerman, C. & Rodin, G. (2004). The denial of death thesis: sociological critique and implications for palliative care. *Palliative Medicine, 18*, 121-128.

**Living with the Loss of Canada's Fallen: A qualitative study
of family members' experiences following military death**

Information Sheet

Principal Investigator:
Christina Harrington, MSW, RSW, PhD (c) – Memorial University, NL

Investigator's Credentials:
I have obtained a Bachelor of Arts in Psychology, a Bachelor of Arts in Social Work, a Master's
degree in Social Work and am currently working towards completion of a PhD in Philosophy of
Social Work. The focus of my doctoral work is on trauma and bereavement. I began my career in
community mental health, and then worked in critical care for nine years in the region's trauma
centre. Currently, I work part-time as a medical social worker in a hospital and run a private
counseling agency, Social Work Solutions Canada, focused primarily on adjustment to injury,
trauma, bereavement and loss.

Thank you for taking the time to look more closely at the details of this study,

You are being invited to participate in a research study because of your experience and
knowledge related to the sudden death of a close family member and fallen Canadian soldier.
This research is part of the requirements for my doctoral dissertation in Social Work,

In order to decide whether or not you want to be a part of this research study, you should
understand what is involved and the potential risks and benefits. This form gives detailed
information about the research study, which will also be discussed with you if you are interested
in considering participating. You will have an opportunity to ask any questions you might have
before the interview takes place. Please take your time to make your decision. Feel free to
discuss it with your friends and family, or your family physician.

Why is this research being done?

The purpose of this study is to develop a deeper understanding of family members' experiences
with military death. I am seeking your perspectives and experiences following a military death
and how this type of death and grief differs from other experiences of sudden death. This study
also seeks your thoughts on particular features of this experience such as ceremony, media and
supports available to you.

Every study requires inclusion and exclusion criteria so that the results will be clearly understood

and so that these experiences can be used to help professionals and policy makers do a better job at supporting other family members like yourself.

Inclusion criteria for this study:

- participants must be age 19 or over;
- participants must have experienced the unexpected and sudden death of an immediate family member who was deployed for active duty in peace keeping or combat, as part of the Mission to Afghanistan;
- the deceased was a member of Canadian Department of Nation Defense;
- participants must be willing to discuss their experiences with notification, symbology and ceremony, death within the military culture and subsequent impacts on their bereavement process.

Exclusionary criteria include:
- sudden and unexpected deaths occurring to DND members in circumstances unrelated to Peacekeeping or combat;
- Children under age 19;
- Suicide after re-integration home.

What will be expected of me if I take part in the study?

If you choose to participate, I will contact you to arrange a time and place to meet. You will participate in an interview lasting approximately one and a half to two hours long. This interview will be audio-taped for later transcription. All tapes and transcripts will be stored in a secure location and destroyed after five years.

The interview questions are designed to help me gain a more in-depth understanding of your experiences following the death of a Canadian soldier and to further understand your thoughts/views on how this type of death, the military 'culture' and supports that may or, may not have been available to you, have impacted on your grief and bereavement. After your interview has been transcribed and reviewed, I will contact you by telephone to verify any themes/commonalities that I have observed and to correct or expand on any of the information you have provided. If required, a second interview may be held to further explore information that still needs clarified. You will have the option of reviewing your transcripts for accuracy should you wish to do so.

What are the possible risks/discomforts and benefits?

Since you are being asked to share your personal experiences of the death of your loved one, this study carries the risk of causing emotional distress or discomfort as you share your experiences in the interview. However, as a family member of a fallen soldier you are entitled to counseling services, in your home area and at no cost. Before the interview I will provide you with the telephone numbers of, and more information on, the organizations that arrange these services. If needed, I can also assist you in initiating the referral process.

If you choose to take part in this study, you can choose not to answer a specific question at anytime and, although I would greatly appreciate your continued participation, all participants have the right to withdraw at any time. Any data collected prior to your decision to withdraw will be removed from my records and destroyed.

What are the possible benefits for me and/or society?

You may benefit directly through sharing your story and experiences, as doing so offers therapeutic value for many bereaved individuals.

Furthermore, by helping me to better understand the needs and experiences of family members such as you following a military death, it will help us to provide better care to others in similar situations. Your experiences will help us to understand the impact of this experience on the lives and grief of family members and will assist in evaluating current practices and make recommendations for policy or practice change where needed.

How many people will be in the study?

This study is aiming to develop deeper understanding of the experiences and needs of the loved ones of fallen Canadian soldiers. I hope to interview a small number of study participants (approximately 12-15).

What information will be kept private?

Your information will not be shared with anyone, except with your consent or as required by law. All personal information such as your name, address, and phone number will be removed from the data and will be replaced with a pseudonym. A list linking the pseudonym with your name will be kept in a secure place, separate from your file. Your answers (with identifying information removed) will be securely stored in a locked office. All tapes, transcripts and other information collected, will be stored in a secure location and destroyed after five years.

For the purposes of ensuring the proper monitoring of the research study, it is possible that my supervisor, Dr. Ross Klein of Memorial University may have access to your research data once your personal, identifying information has been removed. You will be asked to sign a consent form to authorize such access.

If the results of the study are published, your name will not be used and no information that discloses your identity will be released.

Because the participants for this research project have been selected from a relatively small group of people, some of whom are known to each other, there is a small possibility that you may be identifiable to other people on the basis of what you have said. This researcher will make every attempt to remove all identifying information from the data. Additionally, you have the right to review your transcripts and withdraw data you feel may run this risk. Every effort will be made to ensure your anonymity and the only identifying information included in the dissertation

will be that which has been agreed to by you. By signing the consent form, you acknowledge this risk.

This study is not a project of the Department of National Defense or Canadian Forces.

Can I withdraw from the study after saying I will participate?

If you volunteer to be in this study, you may withdraw at any time without any repercussions. You have the option of removing your answers from the study at any time. You may also refuse to answer any questions you do not want to answer and still remain in the study.

Will I Be Paid to Participate in this Study?
Participants will not be paid for the study; however your participation and experiences are greatly appreciated.

Will there be any costs?
Your participation in this research project will not involve any additional costs to you or your health care insurer.

If I have any questions or problems, whom can I call?

If you have any questions about the research now or later, please contact:

Christina Harrington   Supervisor:
Social Work Solutions Canada   Dr. Ross Klein, PhD
68 Ivy Lea Place   Memorial University,
Hamilton, ON, Canada   St. John's, NL, Canada
L8T 3R6   Phone: (709) 864-8147
(905) 388-2157   E-mail: rklein@mun.ca
christina@christinaharrington.ca

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 709-864-2861".

**Living with the Loss of Canada's Fallen: A qualitative study
of family members' experiences following military death**

Participant Information Sheet/Consent Form

Principal Investigator:
Christina Harrington, MSW, RSW, PhD (c) – Memorial University, NL

Investigator's Credentials:
I have obtained a Bachelor of Arts in Psychology, a Bachelor of Arts in Social Work, a Master's degree in Social Work and am currently working towards completion of a PhD in Philosophy of Social Work. The focus of my doctoral work is on trauma and bereavement. I began my career in community mental health, and then worked in critical care for nine years in the region's trauma center. Currently, I work part-time as a medical social worker in a hospital and run a private counseling agency, Social Work Solutions Canada, focused primarily on adjustment to injury, trauma, bereavement and loss.

I would like to invite you to participate in a research study conducted as part of the requirements for my doctoral dissertation in Social Work, because of your experience and knowledge related to the sudden death of a close family member and fallen Canadian soldier.

In order to decide whether or not you want to be a part of this research study, you should understand what is involved and the potential risks and benefits. This form gives detailed information about the research study, which will also be discussed with you. Once you understand the study, you will be asked to sign this form if you wish to participate. Please take your time to make your decision. Feel free to discuss it with your friends and family, or your family physician.

Why is this research being done?

The purpose of this study is to develop a deeper understanding of family members' experiences with military death. This study seeks family members' perspectives on their experiences following a military death and how this type of death and grief differs from other experiences of sudden death. This study also seeks family members' perspectives on particular features of this experience such as ceremony, media and supports available to you.

What will be expected of me if I take part in the study?

If you choose to participate, I will contact you to arrange a time and place to meet. You will participate in an interview lasting approximately one and a half to two hours long. This interview will be audio-taped for later transcription. The tapes and transcripts will be stored in a secure location and will be destroyed after five years.

The interview questions are designed to help me gain a more in-depth understanding of your experiences following the death of a Canadian soldier and to further understand your thoughts/views on how this type of death, the military 'culture' and supports that may or, may not have been available to you, have impacted on your grief and bereavement. After your interview has been transcribed and reviewed, I will contact you by telephone to verify any themes/commonalities that I have observed and to correct or expand on any of the information you have provided. If required, a second interview may be held to further explore information that still needs clarified. You will have the option of reviewing your transcripts for accuracy should you wish to do so.

What are the possible risks/discomforts and benefits?

Since you are being asked to share your personal experiences of the death of your loved one, this study carries the risk of causing emotional distress or discomfort as you share your experiences in the interview. However, as a family member of a fallen soldier you are entitled to counseling services, in your home area and at no cost. Before the interview I will provide you with the telephone numbers of, and more information on, the organizations that arrange these services. If needed, I can also assist you in initiating the referral process.

If you choose to take part in this study, you can choose not to answer a specific question at anytime and, although we would greatly appreciate your continued participation, all participants have the right to withdraw at any time. Any data collected prior to your decision to withdraw will be removed from my records and destroyed.

What are the possible benefits for me and/or society?

Alternatively, you may benefit directly through sharing your story and experiences, as doing so offers therapeutic value for many bereaved individuals.

Furthermore, by helping me to better understand the needs and experiences of family members such as yourself following a military death, it will help us to provide better care to others in similar situations. Your experiences will help us to understand the impact of this experience on the lives and grief of family members and will assist in evaluating current practices and make recommendations for policy or practice change where needed.

How many people will be in the study?

This study is aiming to develop deeper understanding of the experiences and needs of the loved ones of fallen Canadian soldiers. I hope to interview a small number of study participants

(approximately 12-15).

What information will be kept private?

Your information will not be shared with anyone, except with your consent or as required by law. All personal information such as your name, address, and phone number will be removed from the data and will be replaced with a pseudonym. A list linking the pseudonym with your name will be kept in a secure place, separate from your file. The data, with identifying information removed will be securely stored in a locked office. Audio-tapes, transcripts and all other information provided by participants will be destroyed after five years.

For the purposes of ensuring the proper monitoring of the research study, it is possible that my supervisor, Dr. Ross Klein of Memorial University may have access to your research data once your personal, identifying information has been removed. However, no records that identify you by name or initials will ever be allowed to be shared beyond this. By signing this consent form, you authorize such access.

If the results of the study are published, your name will not be used and no information that discloses your identity will be released.

Because the participants for this research project have been selected from a relatively small group of people, some of whom are known to each other, it is remotely possible that you may be identifiable to other people within this group on the basis of what has been said. This researcher will make every attempt to remove all identifying information from the data. Additionally, you have the right to review your transcripts and withdraw data you feel may run this risk. Every effort will be made to ensure your anonymity and the only identifying information included in the dissertation will be that which has been agreed to by you. By signing the consent form, you acknowledge this risk.

This study is not a project of the Department of National Defense or Canadian Forces.

Can I withdraw from the study after saying I will participate?

If you volunteer to be in this study, you may withdraw at any time without any repercussions. You have the option of removing your data from the study at any time. You may also refuse to answer any questions you do not want to answer and still remain in the study.

Will I Be Paid to Participate in this Study?

Participants will not be paid for the study however; your time and experiences are gratefully appreciated.   .

Will there be any costs?

Your participation in this research project will not involve any additional costs to you or your

health care insurer.

If I have any questions or problems, whom can I call?

If you have any questions about the research now or later, please contact:

Christina Harrington
Social Work Solutions Canada
68 Ivy Lea Place
Hamilton, ON, Canada
L8T 3R6
(905) 388-2157
christina@christinaharrington.ca

Supervisor:
Dr. Ross Klein, PhD
Memorial University,
St. John's, NL, Canada
Phone: (709) 864-8147
E-mail: rklein@mun.ca

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 709-864-2861".

CONSENT STATEMENT

SIGNATURE OF RESEARCH PARTICIPANT

I have read the Participant Information/Consent Form thoroughly. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction. I agree to participate in this study.

By signing this consent form I understand that:

- I will participate in an interview approximately one and a half to two hours long;

- this interview will be taped and later transcribed. The tapes will be destroyed after transcription and the transcripts will be destroyed after seven years;

- I will be contacted by the researcher after the interview to clarify or add to the early observations of the researcher and that a second interview may be held if needed;

- I have the option to review my transcripts;

- I may experience some discomfort while sharing my experiences. The researcher will provide me with information on, and contact numbers for, two organizations that will arrange counselling in my home area, at no cost;

- I may also benefit from the opportunity to share my experiences and my experiences will help to inform bereavement care practices and policies;

- my information will be held in the strictest confidence, and all identifying information will be removed from the information collected. All information collected for this project will be stored in a secure manner;

- only the researcher's supervisor may have access to information, that has had identifying information removed, in order to monitor this project;

- there is a remote possibility that others may recognize my story; however, the researcher will take care to remove all my personal information and aspects of my story which may be identifiable. I acknowledge this risk and also understand that I too can have information removed that I am concerned will reveal who I am;

- my participation is completely voluntary. I may choose to withdraw from the study at any time, that I may choose to withdraw all or part of the information I have shared and that I may choose not to answer any given question during the interview or follow up contact with the researcher;

- there will be no costs to me or my health insurer;

- I will not be paid for my participation and,

- I understand that I will receive a signed copy of this form.

_____

Name of Participant

_____   _____

Signature of Participant   Date

Consent form administered and explained in person by:

_____

Name and title

_____   _____

Signature   Date

Living with the Loss of Canada's Fallen: A qualitative study of family members' experiences following military death

INTERVIEW GUIDE

A. Families' experience of death in the military

1) We are meeting today to talk about your experience following the death of _____. Perhaps we can start with you introducing your loved one to me and telling me a bit about who they were? (If they have brought a picture or symbolic object bring this into the introduction- with object inquire about the meaning/significance) What was *(insert loved one's name)* like? What was your relationship like?

2) Can you tell me the circumstances surrounding/leading up to _____'s death? Are there other events of that day that stand out for you in particular?

3) Are there specific words you would use to describe how you felt during this all this? Can you explain why you felt this way?

4) Have you experienced a similar loss before? What got you through that situation?

5) Are there other things about (*insert loved one's name)* or his/her death that you would like/ or feel is important to share before we move on?

B. The experience and impact of particular aspects of this type of death

6) **Notification**: How did you come to learn about _____'s death? (If not the one notified- do you have thoughts about not being the one notified?)

If notified- can you tell me more about what that experience was like? Can you tell me about the notifiers- does anything stand out for you? Was support offered to you at this time? If so, by who?

7) **Viewing:** Did you see _____ in the days following his/her death?

   If YES
- Can you tell me about that experience? (Who was present? How long did they spend with their loved one? Were they left alone with the body; did they want to be? Was this option encouraged/discouraged? Where did they view?)
- Can you comment on whether or not you think it was important for you to see _____?
- Do you have any regrets/ would you do things the same?
If NO

- Can you tell me more about that...was the option ever presented to you? Was it your decision not to view or were others involved? Where were you? Who was with you?
- Can you comment on how important this decision/option was for you?

Do you feel having seen _____ / or not having seen _____, immediately following his/her death has had any impact on your overall grieving process? Can you explain why you feel this way?

8) **Ceremony:** Can you tell me about your experience with:
      a) military funeral (military cemetery)
      b) Highway of Heroes
Who made the decisions regarding these? Do you feel this had an impact of your grief and bereavement? Are there things you would have changed?

9) **Media**: What was your experience with the media after _____'s death? Are there aspects of media attention that stand out for you (positive or negative)? Did you have choices about media presence/involvement?

10) **Return of Unit**: Can you tell me about when _____'s unit returned home? How did you experience the return? (If they went on a subsequent mission- did that evoke any thoughts/feelings?)

11) **Support:** What support(s) if any were offered to you following the death? Were there things you recall as particularly helpful or unhelpful? Are there things you would suggest could be improved upon (examples)?

Are there other things about this type of death that make your grief experience unique? Can you tell me more/provide examples?)

C. Impact on meanings
12) How has _____'s death changed who you are as a person? If at all. Have you noticed your thoughts and perspectives have changed regarding the world around you? About this mission in particular?

13) How connected did you feel to the culture or lifestyle of the military before _____'s death? Has this changed in anyway?

If did not feel connected: What was that experience like? Has this changed in anyway?

Do you have particular thoughts or feelings about the term 'Fallen Canadian Soldier'?

14) Is there anything else you'd like to add to what we have discussed today?

APPENDIX D:

Confidentiality Agreement

I, _____, agree to hold in confidence all content of the audio-recordings and transcriptions I have access to during the transcription process for the dissertation research conducted by Christina Harrington.

_____   _____

Printed name   Date

_____

Signature

_____   _____

Witness   Date

APPENDIX E:

MOCK TELEPHONE SCRIPT

Hello, I'm calling for _____.

This is Christina Harrington. I am returning your call regarding the research study. Thank you for connecting with me. Can I ask how you heard about the study?

Have you had an opportunity to look over the detailed information letter? If yes, Do you have questions or are there things I can expand on?

- If no, review the study/ information in letter with them verbally. Questions?

May I ask a little about what brings you to this study? (screen here for inclusion criteria, clarify relationship to deceased, circumstances of death i.e. active duty)

(If still interested) Do they have supports or concerns about participation in study?

Obtain address or e-mail to mail participant information letter and consent to.

I am meeting with families in their home area. Is there somewhere you might feel comfortable with us meeting? (Obtain whatever details are needed to make arrangements for meeting/ offer my own suggestions).

I will send you the information and consent forms right away. Please do not hesitate to contact me by phone or e-mail if you think of further questions.

How can I best reach you over the next few weeks so that we can make arrangements to meet?

Thank you, I will look forward to speaking with you further.

APPENDIX F:

Follow Up Questions for Clarification

Hello everyone,
Thank you for taking the time to look these questions over. Some of you will have discussed some of this with me so I apologize in advance for any repetition.

If you can take a few moments to reflect on the following it will help me to clarify and/or expand on some of the commonalities and aspects I am seeing.

- you can answer below, save your answers and send them back to me. If you feel more comfortable and would like directions on password protecting the document I can try to assist with this.

- OR, I'd be happy to arrange a time to call you to discuss the points below.

As always, your participation is voluntary and you can choose to answer only some of the questions.

Here they are in no particular order…

A) Pride/Feeling Proud

I believe I am hearing the significance of 'feeling proud' in your experiences and in a number of ways.
- proud of your son/brother for who they were and/or what they did
- in your remembrances and memorials, striving to make them proud of you
- and for some, feeling pride in relation to patriotism

Is this correct? Can you comment further on this?

B) Line of duty:

Do you see this type of death/experience as similar to/ different from other instances where someone is killed in the line of duty i.e. police officer/ fire fighter?

C) Layers of Grief

I am hearing that there are two (? more) layers to your grief experience; the public and private.
- do you agree? Can you comment further?

Following most sudden deaths the focus tends to be on individuals' emotions (guilt/ anger/ intense sadness, shock, etc). Is there a tendency to protect/ share less of your personal grief journey because there are so many public aspects to your experience already? If so, can you comment on this some more?

- I have also heard that the public layer/aspect has helped some of you in your personal journey and self- reflection. Others have raised concerns that for some, being very involved in ceremonies/memorials/fundraisers etc. may be more a means of avoiding the intense personal pain. What are your thoughts?

D) Forewarning/Intuition

Many of you described a sense of knowing/a feeling that your son/brother was not coming home either from the time they left or in the weeks/days prior. Others described conversations where it would seem their loved one is the one who had this sense or feeling. There is no good terminology to describe it.

If this happened for you? Can you tell me more about what this sense/feeling was like for you? How did you carry on with this/cope in the time frame in between having the sense and the reality of the loss?

E) We talked about the importance (or not) of understanding the details of what happened on that tragic day. Was it more valuable/ trustworthy to get those details from other soldiers that were there at the time?

F) Names/Privacy

I think that for some of you, it might almost be more important that I do use your loved one's name in my research to help carry on their memory. Unfortunately, this would be very complicated and unlikely to be approved by ethical processes. Since I do have to pick pseudonyms (fake names) for your names and your loved one….
Are there names that you would like me to use that would hold more value than ones I've pulled out of thin air (a relatives name, middle name, etc)?

Thank you again, I look forward to you thoughts
Christina Harrington

Living With the Loss of
Canada's Fallen Soldiers

A sudden death is unimaginable at anytime but is even more complicated when the death arises out of military action. This research study aims to better understand families' experiences following the military death of their loved one and their bereavement following this type of loss and the surrounding circumstances. Sharing your thoughts, views and experiences will assist helping professionals and institutions to appreciate the uniqueness of this type of loss and to design services to be the most useful during these difficult times.

<u>YOU can help…</u>

• Are you a close family member of a fallen Canadian soldier (i.e. spouse, child over age 19, mother, father, sister or brother)?

• Do you feel your experiences following the death effected your bereavement (positively, negatively or not at all)? For example, were you involved in military ceremonies? Were you notified of the death?

• Do you feel you had adequate support following the death?

• Are you willing to share your experiences, thoughts and views to help us better understand what family members experience and what they need following a military death?

Primary Investigator: Christina Harrington, MSW, RSW, PhD (c)

Your stories and experiences can help improve bereavement care for others. Please **call (905) 388-2157 ext. 3**, and leave a message in the confidential voicemail. Or, **e-mail** your contact information directly to the researcher at **christina@christinaharrington.ca** You will be contacted with further details on this study.

APPENDIX H:

ICEHR Number:	**2012-341-SW**
Approval Period:	**April 16, 2012 – April 30, 2013**
Funding Source:	
Responsible Faculty:	Dr. Ross Klein School of Social Work
Title of Project:	*Living with the loss of Canada's Fallen: A qualitative study of family members' experiences following military death*

April 16, 2012

Ms. Christina Harrington
School of Social Work
Memorial University of Newfoundland

Dear Ms. Harrington:

Thank you for your submission to the Interdisciplinary Committee on Ethics in Human Research (ICEHR) seeking ethical clearance for the above-named research project.

The Committee has reviewed the proposal and appreciates the care and diligence with which you have prepared your application. We agree that the proposed project is consistent with the guidelines of the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (TCPS2). *Full ethics clearance* is granted for <u>one year</u> from the date of this letter.

The Committee reminds you to be especially mindful that participants in more rural and remote regions of the country may not have access to bereavement counseling.

If you intend to make changes during the course of the project which may give rise to ethical concerns, please forward a description of these changes to Theresa Heath at icehr@mun.ca for the Committee's consideration.

The TCPS2 requires that you submit an annual status report on your project to ICEHR, should the research carry on beyond April 30, 2013. Also, to comply with the TCPS2, please notify us upon completion of your project.

We wish you success with your research.

Yours sincerely,

[signature]

Michael Shute, Th.D.
Chair, Interdisciplinary Committee on
Ethics in Human Research

MS/th
copy: Supervisor – Dr. Ross Klein, School of Social Work