

“I’m Going Through Another Phase... But I’m Taking Her With Me”: Exploring the Positive Impact of Continuing Bonds, Nostalgia, and Reminiscence on Coping with Bereavement

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I confirm that the thesis submitted is the outcome of the work that I have undertaken during my programme of study, and except where it is explicitly stated, it is all my own work.

I confirm that the decision to submit this thesis is my own.

Signed: 

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Contents

Thesis abstract	6
Paper 1: Literature review	7
Abstract	8
Introduction	9
Aims and objectives	11
Method	11
Information sources and systematic search	11
Inclusion and exclusion criteria	12
Data management	13
Quality assessment	13
Results	13
Study identification	13
Summary of papers	15
<i>Study characteristics</i>	15
Quality appraisal	24
Data synthesis	26
Findings	27
Theme 1 - Continuing bonds	27
<i>Sub-theme 1 - Therapeutic practice aligning with the continuing bonds concept</i>	27
<i>Sub-theme 2 – Reasons for non-integration of continuing bonds</i>	30
<i>Theme 2 - Alternatives to a continuing bonds approach</i>	32
<i>Theme 3 - Basic counselling skills and approach</i>	33
Discussion	33
Implications for clinical practice, policy and future research	35
Limitations	36
References	38
Appendices	42
Quality appraisal table	51
List of papers reviewed and reference numbers	54
Breakdown of search strategy, using CHIP tool Shaw (2010)	56
Paper 2: Empirical paper	57
Abstract	58
Introduction	59
Continuing bonds	59
Nostalgia and reminiscence	61
The current study	62
Method	63
Design	63
<i>Methodology</i>	63
<i>Epistemological position</i>	63
<i>Researcher reflexivity</i>	64

<i>Participants</i>	64
<i>Contextual information</i>	65
<i>Recruitment</i>	65
<i>Procedure</i>	66
<i>Ethical procedures</i>	66
Analysis	66
<i>Memo writing</i>	67
<i>Theoretical sampling</i>	67
<i>Constant comparison</i>	68
Findings	69
Category 1. Influences on the bond	71
Category 2. Manifestation of the bond	75
<i>Subcategory 2a. Bonds manifesting externally</i>	75
<i>Subcategory 2b. Bonds manifesting internally</i>	76
Category 3. Comfort while adapting to loss	77
<i>Subcategory 3a. Emotion regulation and soothing</i>	77
<i>Subcategory 3b. Supportive presence of the bond</i>	78
<i>Subcategory 3d. Transformations in self and relationships</i>	79
<i>Subcategory 3e. Comfort through meaning-making and reflection</i>	80
Discussion	81
Helpfulness of continuing bonds	81
Nostalgia and reminiscence	82
Clinical implications	83
Limitations and recommendations	84
Conclusion	85
References	86
Appendices	96
Target journal guidelines	96
Participant demographic information	104
Original research advertisement	105
Participant information sheet	106
Second and third research advertisements	112
Sample interview questions, and their purpose	113
Ethical approval	117
Content of consent form	118
Debrief information	119
Examples of open, axial and theoretical coding within categories and subcategories	121
Memo examples, and how they guided process	122
Concept maps produced after each interview to guide developing framework	124
Full categories and category descriptors	129
Paper 3: Executive Summary	132

Thesis abstract

This thesis focuses on the continuing bonds model of grief, bringing together existing knowledge and new theory.

Paper 1 is a review of the literature investigating continuing bonds from the perspective of those delivering therapeutic bereavement support. Fourteen peer-reviewed qualitative papers commenting on therapeutic activities were reviewed and critiqued to assess how the practice of bereavement counsellors and therapists aligned with continuing bonds. Included papers were generally good quality, and a narrative synthesis of their findings determined that relatively few therapeutic activities were aligned with the concept. In the absence of awareness or training on continuing bonds, counsellors relied on basic skills and older stage-based understandings of grief in their work. The review concludes that more work is needed to bring therapeutic practice in line with newer conceptualisations of grief such as continuing bonds.

Paper 2 is an empirical study exploring continuing bonds from the perspective of those who are grieving, specifically looking at how maintaining a bond has helped them adapt to their loss. Eight bereaved adults were interviewed about their experiences, and grounded theory methodology was used to analyse responses. From this, a framework was developed which aimed to illustrate factors involved in the formation, expression and helpfulness of continuing bonds. Bonds were judged to be an important resource as a bereaved individual adapts to the death, and serve a variety of functions. Different continuing bonds expressions were associated with different benefits: some providing temporary comfort in times of emotional need, and others acting as a guiding presence as the individual navigates their grief. The empirical paper concludes with clinical implications of the framework and recommendations for further continuing bonds research.

Paper 3 is an executive summary of the work. This was developed in collaboration with service users and provides an accessible overview of the empirical paper.

Paper 1: Literature review

Therapist experiences of working with bereaved individuals – what therapeutic techniques and activities align with the continuing bonds concept, and how can these be categorised?: A review.

Murray Graham

Word count – 7686

The intended journal for this literature review is 'OMEGA – Journal of Death and Dying'. The paper will be edited at a later date to be fully consistent with the submission guidelines for this journal (Appendix A). Tables and figures are integrated into the main text to support ease of reading, and where supplementary information is included for the purpose of the thesis, this will be removed for publication as needed.

Abstract

Objective

This review aimed to address a gap in the literature by assessing how counsellors working with bereaved populations integrate the continuing bonds concept into their practice.

Method

A systematic search strategy was used to identify journal articles which reported on the qualitative experiences of counsellors working with bereaved individuals, and specifically those which reported on techniques, activities and approaches which counsellors used in their practice. Thematic synthesis was used to synthesise findings and included literature was appraised using the CASP (2023) appraisal tool.

Results

The final number of papers included in the review was 14, and overall quality of the papers was judged to be good. After synthesis, three themes were developed: continuing bonds, alternative approaches to continuing bonds, and basic counselling skills and approach. The review found that there was a small amount of reported therapeutic activities which aligned with continuing bonds, that participants reported receiving a lack of training and education on bereavement, and that cultural factors were an important consideration within bereavement work.

Discussion

The review concluded that despite it becoming a well-known concept within bereavement and grief research, continuing bonds does not seem to have made its way into counsellor practice. This highlights the need for counsellors supporting bereaved clients to be better trained in bereavement, grief and loss, with a particular emphasis on improved awareness of continuing bonds and cultural influences.

Keywords

Bereavement, grief, continuing bonds, therapy

Introduction

Bereavement and grief have been areas of interest for researchers for several decades, and have been conceptualised in different ways throughout that time. Early theorists such as Sigmund Freud (1917) proposed that the process of grief was linear in nature and included a natural 'end' point, and stage-based understandings of grief such as Kubler-Ross' (1969) 5 stages model eventually became dominant in the field. These approaches promoted ideals of acceptance, detachment from the deceased person, and 'new life'. They tend to view behaviours or actions that promoted a continued relationship with lost loved ones as pathological in some way, and as hindering to the process of adapting to and ultimately 'moving on' from the bereavement.

In their book 'Continuing Bonds: New Understandings of Grief' (Klass et al., 1996), the authors questioned linear and stage-based models of grief and argued that bereaved individuals wishing to maintain a bond with a deceased person was normal, and could in fact help individuals cope with their loss. Their alternative viewpoint posited that although someone may no longer physically be present, the relationship that was shared can continue and an interpersonal connection can be maintained, and they termed this concept 'continuing bonds'. The authors did not offer a formal definition of a continuing bond, but suggested that bonds can be deliberately maintained in a number of ways, including through the use of objects such as photos, music or possessions once belonging to the deceased, or they may take other forms such as using the deceased as a role model to guide behaviour, or undertaking activities to honour the individual who had died.

Since the publication of the Klass et al. book, the notion of continuing a bond with departed individuals as part of a natural and 'normal' grieving process has become better understood and accepted within society. It has also been the focus of research, with much of this centring on whether maintaining such connections to the dead is in fact helpful or harmful for the bereaved (e.g. Boelen et al., 2006; Carr & Sharp, 2013). Existing literature however has not allowed researchers to make firm conclusions on either side, and instead paints a complex picture of the role of continuing bonds in bereavement. One review of the

literature (Hewson et al., 2023) found that there was no evidence of a simple causal relationship between continuing bonds and adaptation to grief, while Stroebe & Schut (2005) concluded in a separate paper that “there is no sound empirical foundation for the claim that continuing bonds serve a generally adaptive function in coming to terms with bereavement”.

Other researchers have highlighted difficulties with the broad definition of continuing bonds, and have sought to make a distinction between different ‘types’, arguing that some may be more helpful than others. In an overview of the literature, Root and Exline (2014) noted that across studies, different types of continuing bonds were associated with both ‘good’ and ‘poor’ adjustment to a bereavement - for example, using the deceased’s possessions and using memories as a source of comfort were linked with both lower and higher grief severity in the short and long term across different studies.

As well as these definitional issues, Root and Exline (2014) also proposed other obstacles to understanding the adaptive quality of continuing bonds, and stated there were important considerations to be made when looking at how helpful a bond may be, including the bereaved's perception of the bond as positive or negative, the quality of the pre-death relationship, and the bereaved's afterlife beliefs.

While research surrounding the function of continuing bonds goes on, the fact remains that grief and loss are universal experiences and therapists will meet often with bereaved clients, whether in specific bereavement support services or in public services such as the NHS. What any resulting grief work involves is unclear however - previous research has highlighted the ways in which established therapy approaches such as Cognitive Behavioural Therapy (i.e. Malkinson, 2001) or Acceptance and Commitment Therapy (Willi et al., 2024) can be applied to grief, but there is currently little research into the specific therapeutic techniques that are carried out in this type of work, or how these therapies are adapted by the therapist to account for individual grief responses and the unique nature of grief itself.

Even less clear is how the continuing bonds concept is being integrated into bereavement therapy. While continuing bonds is not attached to a specific therapeutic

approach, it has been accepted as an important concept in bereavement for almost 30 years, and therefore one may expect therapists working with grief to firstly possess knowledge of it, and to be informed by it in their work. The extent to which this is the case is currently unknown, with most research on continuing bonds and bereavement focusing on quantitative links between continuing bonds and coping, rather than exploring if and how clinicians make use of it in their work. This is therefore the focus of the current review.

Aims and objectives

This review aims to add to the literature by synthesising findings from qualitative empirical papers relating to therapists who routinely work with bereaved individuals, and by focussing specifically on the main techniques and activities that counsellors and therapists are integrating into their work with bereaved people, the review aims to answer three main questions. Firstly, since evidence exists that continuing bonds can be helpful in bereavement, and since there has been a general shift away from stage-based understandings of grief, how are therapists involved in bereavement work integrating continuing bonds in their practice through the techniques that they use? Secondly, as part of an ongoing effort to de-mystify the concept of continuing bonds and provide clarity on what it constitutes, can these therapeutic activities be categorised in any way? Thirdly, what other relevant themes emerge when bereavement counsellors are asked directly about their therapeutic approach with bereaved clients?

Method

Information sources and systematic search

The focus of this review was narrowed and the question developed using the Context, How, Issues, Population (CHIP) tool described and recommended for qualitative reviews by Shaw (2010). Using this framework, the 'context' was noted as bereavement, 'how' was addressed by the inclusion of qualitative and specifically interview-based studies,

'issues' was noted as the therapeutic practices of those working with bereavement, and the 'population' of interest was therapists or other individuals working specifically with bereaved individuals. A search strategy was developed which included key search terms combined with Boolean operators such as AND/OR. A thesaurus search was then conducted to establish appropriate synonyms and the final search terms used were (therapist OR psychologist OR counsellor) AND (work* OR experience*) AND (bereave* OR grie*) AND (interview*). These terms were used to search seven electronic databases on 14th May 2024 – MEDLINE, CINAHL Plus with Full Text, SPORTDiscus with Full Text, eBook Collection (EBSCOhost), APA PsycInfo, APA PsycArticles, APA PsycBooks. In addition to database searches, hand searching was also carried out by looking through reference lists of the final included papers. During searching, there were no restrictions on publication date or location of paper, which would allow for a range of cultural representation.

Inclusion and exclusion criteria

Studies in this review were eligible to be included if they:

- reported on the experience of individuals regularly providing bereavement support to individuals who were bereaved or grieving, in a professional context.
- discussed bereavement in relation to the death of a human being.
- were qualitative in nature, specifically involving interviews with therapists.
- were written in English (as no translation services were available).
- were peer-reviewed (to ensure a high standard of paper).

Studies in this review were excluded if they:

- did not report on any type of technique or activity that therapists included in their work.
- reported on the experience of the person *receiving* support, rather than that of the clinician.

Data management

Search results were firstly downloaded into Zotero (reference management software), and then imported into Microsoft Excel, where they were stored and managed during the review process.

Quality assessment

All 14 papers were appraised using the Critical Appraisal Skills Programme (CASP) Qualitative Studies Checklist tool (2023) to provide an overview of the quality of the literature. Endorsed by Cochrane and the World Health Organisation for use in qualitative evidence synthesis, the CASP is considered a user-friendly option for novice qualitative researchers (e.g. Noyes et al. 2018), hence its selection as the appraisal tool in this review. The tool provides researchers with 10 questions focused on three areas – the validity of the results, the results themselves, and the overall usefulness or value of the research. Users are asked to answer each question with either 'yes', 'no', or 'can't tell' and are provided with a series of prompts to assist with doing this. The checklist does not suggest or result in an overall 'score' but instead allows users to make their own judgements on the quality of a paper based on their responses and any comments made. Appraisal findings are discussed in the results section, and shown in detail in Appendix B. To supplement the findings from the CASP tool, additional notes were made around the general quality of the papers e.g. study characteristics, and these are reported where relevant.

Results**Study identification**

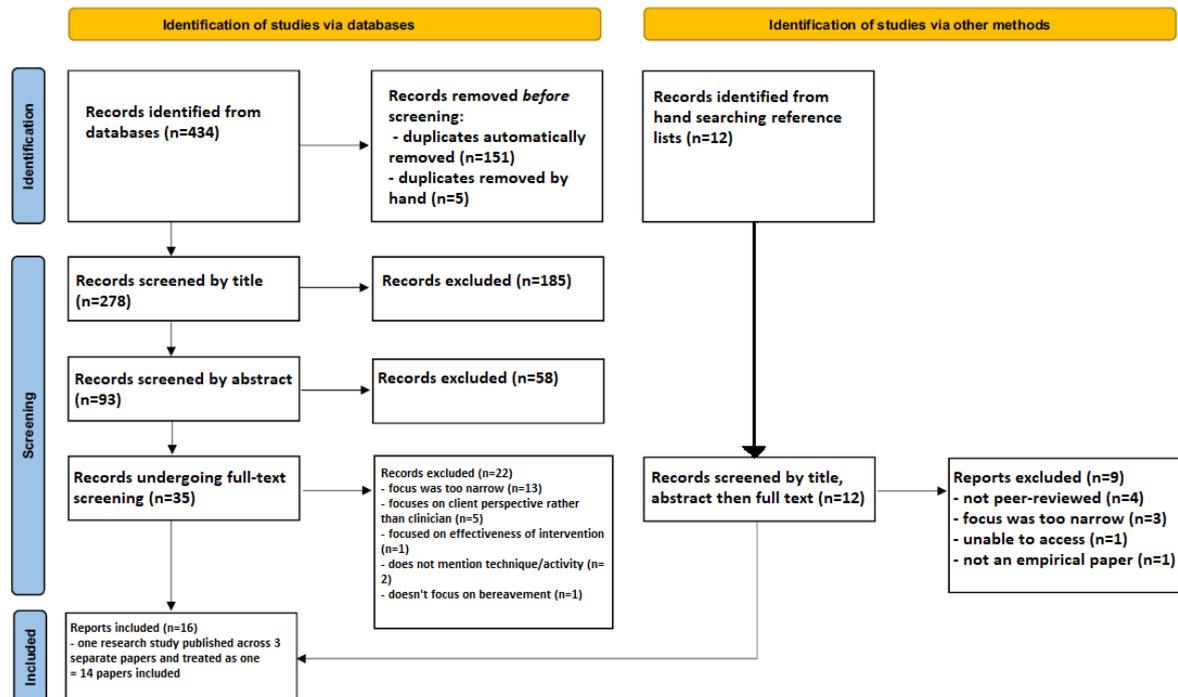
Search terms produced 434 results from the 7 databases searched, of which 151 were automatically identified as duplicates and removed. A further 5 duplicates were identified through manual searching and removed. This left 278 results which were screened against the specified inclusion and exclusion criteria. This was first done by title only (185

removed), and then abstracts (58 removed), leaving a total of 35 papers which underwent full-text screening. This process led to 22 further removals leaving a final total of 13 papers. Reasons for exclusion at the full-text screening stage varied but common reasons were that the paper focused on bereavement from the client perspective rather than that of the therapist, or that they focused on a specific aspect of the experience of being a bereavement counsellor, rather than talking about therapeutic techniques or activities that were carried out in their work. In addition to database searching, hand searching of references was carried out which identified a further 12 potential papers. These papers underwent the same screening procedure and this ultimately led to 9 papers being excluded, leaving an additional 3 which met the inclusion and exclusion criteria.

This led to a total of 16 final papers which were included in the final synthesis, however three of these papers were later noted to be referring to the same set of findings, as they were part of a study which had reported the findings across three separate published papers. For the purposes of this review they were considered to be one paper and have been reported on as such. A flow-chart showing a full breakdown of the screening procedure is shown in Figure 1 below.

Figure 1.

PRISMA diagram reporting the study selection process (adapted from Page et al., 2021)



Summary of papers

Study characteristics

Studies were conducted in 9 different countries - Australia (n=3), Brazil (n=1), Canada and Taiwan (n=1), Germany (n=1), Northern Ireland and Uganda (n=2), Israel (n=1), UK (n=3), USA (n=2). Studies included were published between 2002 and 2024. In total, 197 participants were interviewed, and these were recruited from a variety of grief/bereavement counselling services, as well as GP surgeries, hospitals or other care settings. Participants in the studies were generally referred to as 'bereavement/grief counsellors' but roles included psychologists, volunteers, art therapists, social workers and occupational therapists. All participants were noted to offer bereavement counselling as a distinct (but not necessarily the main) component of their job, however 'counselling' was also broadly defined and took many forms throughout the literature.

All 14 studies used semi-structured interviews as their main method of collecting qualitative data, though this was supplemented by artwork in one paper (Garti & Or, 2019) and vignettes in another (Munday, 2013). Thematic analysis was the most commonly used

method of analysis (n=7), followed by grounded theory (n=5). In the remaining two papers, content analysis (n=1) and a combination of approaches (n=1) were used to analyse results. Full study characteristics are shown in Table 1 below.

Table 1.*Table of characteristics for final 14 papers*

Authors, year and location	Study aim(s)	Design	Sample size and participant characteristics	Method of analysis	Key findings
1 - Payne et al. (2002) UK	Identify strategies that general practice-based counsellors use when offering support to bereaved clients.	Semi-structured interviews	Twenty-nine counsellors (26 females, 3 males) working in GP settings with involvement in bereavement support work	Grounded theory	<p>A small amount of techniques or activities were reported that aligned with continuing bonds.</p> <p>Counsellors often drew upon the concepts of stages, phases and/or tasks of bereavement when describing their views of bereavement generally.</p> <p>Counsellors drew on eclectic approaches to bereavement counselling and specific strategies included: facilitating telling of the 'story' of the loss; engaging in active listening and valuing allowing people to talk; establishing a supportive relationship; and enabling the bereaved person to deal with unfinished business and to say 'goodbye'.</p>
2 - Kuo et al. (2011) Canada/Taiwan	Explore and examine indigenous approaches to crisis counselling in Taiwan, through the lens of an	Two semi-structured, open-ended interviews conducted	One female counselling psychologist, with over 20 years of clinical experience specializing in crisis work with trauma	Grounded theory	<p>No technique or activity was reported that aligned with continuing bonds.</p> <p>Five cultural themes were abstracted from the interviews: a) significance of</p>

	expert Taiwanese counselling psychologist.	with one participant	survivors of natural disasters, accidents and crime in Taiwan.		counsellor's authority and expertness; b) primacy of client-counsellor rapport and relationship; c) centrality of collective familism; d) observance of indigenous grief response and process; and e) adherence to face-saving communication and interpersonal patterns.
3 - Munday (2013) UK	Explore and examine what methods are being used in the field of bereavement counselling	Semi-structured interviews in conjunction with vignettes	Six bereavement volunteers (5 female, 1 male) from a local bereavement counselling organisation.	Thematic analysis	A small number of techniques or activities were reported that aligned with continuing bonds. Results showed that bereavement counsellors are using a multitude of different and diverse methods of counselling. Analysis elicited the following themes: hearing the story; supporting the client in managing the emotional and physical symptoms of grief; rich and creative methods of working; pluralism and otherness.
4 - Breen (2010) Australia	Explore the ways in which current conceptualizations of grief are represented in grief counselling services. Derive recommendations for incorporating these understandings into the	Semi-structured interviews.	19 counsellors (13 females, 6 males) who identified as providing grief counselling services.	Not named - mix of techniques such as deriving themes from transcripts, constant comparison	Several techniques or activities were reported that aligned with continuing bonds. Counsellors' descriptions of grief and their counselling practices were diverse and many were influenced by classic grief theories and the grief work hypothesis.

	policies and practices of grief counsellors.			and concurrent data analysis and collection	Paper concluded that the translation of grief research into counselling practice remains a significant challenge on a global basis.
5 - Garti & Or (2019) Israel	To understand the art therapists' subjective experience in working with the bereaved.	Semi-structured interviews, in conjunction with the creation of an art piece.	Eight art therapists (7 females, 1 male). Participants specialised in loss and trauma, and worked in organizations or private practice with clients who had experienced a range of losses.	Thematic analysis	No technique or activity was reported that aligned with continuing bonds. Counselling strategies employed in bereavement counselling were related to strategies the counsellor had utilized in their own loss resolution process. Counselling style, way of being with the client, strategies utilized in the therapeutic process, and perceived goals of counselling were all heavily influenced by the counsellors' own experiences of loss and personal resolution.
6 - Dunphy & Schniering (2009) Australia	Explore the phenomenology of the bereavement counsellor's experience of treating clients bereaved by death.	Semi-structured interviews.	Two bereavement counsellors (1 female, 1 male) working at a bereavement service attached to a hospice.	Grounded theory	A very small number of techniques or activities were reported that aligned with continuing bonds. Themes common to both interviews formed the basis of a dynamic model featuring 3 interacting processes: personal loss resolution, bereavement counselling, and effects of the proximity of death.

7 - Montgomery & Owen-Pugh (2017a) N.Ireland/Uganda	Explore the provision of therapeutic interventions for bereavement in Uganda, through the eyes of Ugandan practitioners.	Semi-structured interviews.	Eighteen participants (16 female, 2 male). All participants were employed as counsellors, and provided bereavement counselling as part of their jobs.	Thematic analysis	No technique or activity was reported that aligned with continuing bonds. Ugandan therapists identified contradictions between their indigenous practices and western assumptions embedded in bereavement counselling theory and practice.
8 - Vlasto (2010) UK	Explore therapists' perceptions of the benefits and pitfalls of group work and individual counselling for bereaved clients.	Semi-structured interviews.	Nine therapists (no demographic details) with experience of both groups and individual therapy. Employed in a variety of settings including hospices, voluntary organisations, and mental health/trauma services.	Approach 'derived from grounded theory methodology'	No technique or activity was reported that aligned with continuing bonds. Findings suggest that the needs of bereaved clients, particularly those that are having difficulties and request help, can perhaps be best met by a combination of group and individual provision.
9 - Saciloti & Bombarda (2022) Brazil	To characterise the practices carried out by Brazilian occupational therapists working with bereaved individuals.	Semi-structured interviews	7 occupational therapists (2 females, 5 males) who develop interventions with people in mourning for at least three months. Three participants worked in hospitals and four in a primary care network.	Thematic analysis	A small amount of techniques or activities were reported that aligned with continuing bonds. The main duties reported by occupational therapists in assisting the bereaved culminated in three categories: occupational deficits, emotional demand, and providing a space for emotional exchange.

<p>10 - Montgomery & Owen-Pugh (2017b)</p> <p>N.Ireland/Uganda</p>	<p>Aimed to focus on the two settings' (Northern Ireland and Uganda) dominant bereavement discourses, with the aim of looking for overarching differences between them in the ways in which grief counselling is conceptualised and delivered.</p> <p>Answering the question: what constitutes the practice of bereavement counselling in N. Ireland and Uganda?</p>	<p>Semi-structured interviews</p>	<p>18 Ugandan counsellors (16 female, 2 male) and 20 Northern Irish counsellors (19 female, 1 male) were recruited. All offered bereavement counselling as a distinct component of their work.</p>	<p>Thematic analysis</p>	<p>No technique or activity was reported that aligned with continuing bonds.</p> <p>Participants in both settings offered forms of talking therapy. In Uganda, counsellors offered help with financial and practical matters and also prioritised the repair of their clients' relational networks, promoting connectedness to their communities.</p> <p>Whilst there were many similarities in practice, core differences arose from the two regions' predominantly collectivist or individualist settings.</p>
<p>11 - Betke et al. (2024)</p> <p>Germany</p>	<p>To explore the experiences of Bereavement Network Lower Saxony" (BNLS) bereavement counsellors in providing bereavement support to affected families.</p>	<p>Semi-structured interviews (11 individual interviews plus one group interview)</p>	<p>Fifteen bereavement counsellors (13 female, 2 male), all employed by the BNLS, an organisation providing professional bereavement support to families grieving their life-limiting ill or already deceased children.</p>	<p>Content analysis</p>	<p>A small amount of techniques or activities were reported that aligned with continuing bonds.</p> <p>Counsellors perceived that grief could be experienced very differently, and thus bereavement support must be based on the individual needs and resources of bereaved family members.</p>

<p>12 - Staniland et al. (2010)</p> <p>Australia</p>	<p>To explore participants' experiences of providing telephone bereavement support and perceptions of what constitutes best practice.</p>	<p>Semi-structured interviews</p>	<p>Twenty-six (24 female, 2 male) healthcare professionals working in Australian hospitals, hospices, and other palliative care settings.</p>	<p>Thematic analysis</p>	<p>A small amount of techniques or activities were reported that aligned with continuing bonds.</p> <p>The work was conceptualized as a space for bereaved individuals to share, process, and be validated in their experiences, thoughts, and emotions related to their bereavement.</p> <p>Participants highlighted their desire for specialized training and updated, evidence-based procedures that guide the delivery of bereavement services.</p>
<p>13 - Cutcliffe (2004)</p> <p>USA</p>	<p>Three-part paper attempted to answer the question: do bereavement counsellors inspire hope in their clients and if so, how?</p>	<p>Unstructured and semi-structured interviews</p>	<p>Eight bereavement counsellors (3 female, 5 male), all identifying as psychotherapists.</p>	<p>Modified grounded theory</p>	<p>No technique or activity was reported that aligned with continuing bonds.</p> <p>Resulting theory around the components of bereavement counselling consisted of one core variable: the implicit projection of hope and hopefulness; and three subcore variables: forging the connection and the relationship; facilitating a cathartic release; and experiencing a good (healthy) ending.</p>

<p>14 - Blueford et al. (2021)</p> <p>USA</p>	<p>Explore counsellors' perceived preparedness in counselling clients grieving the death of a person significant to them. Paper also aimed to understand the influences several types of experiences, including formal education, had on counsellors' development and approaches.</p>	<p>Semi-structured interviews</p>	<p>Eleven counsellors (9 female, 2 male) participated, all of which had professional experience counselling grieving individuals</p>	<p>Thematic analysis</p>	<p>No technique or activity was reported that aligned with continuing bonds.</p> <p>Counsellors did not see themselves as adequately prepared to counsel clients grieving a death and may rely on theories or models ill-suited for grief counselling.</p>
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Quality appraisal

Using the CASP (2023) qualitative studies checklist, papers in this review were judged overall to be of good quality. All studies had a clear statement of aims, and research designs and methods of data collection were particularly strong areas throughout the 14 papers. The suitability of the research design was judged to be unclear in two of the papers - Kuo et al. (2011) aimed to make conclusions about Chinese and Taiwan populations but reported on the experiences of one counsellor working with a single family and Munday (2013) used short vignettes which were given to participants in advance 'to plan and contemplate their answers', both of which resulted in limitations in their ability to answer the respective research questions.

Recruitment strategies were also unclear in some papers. Sample size across papers ranged from 1-38, with an average of 14. Six of the 14 studies (Cutcliffe, 2004; Dunphy & Schniering, 2009; Garti & Or, 2019; Kuo et al., 2011; Munday, 2013; Saciloti & Bombarda, 2022) had sample sizes which fell below the suggested range of 9-17 needed for saturation in qualitative literature (Hennink & Kaiser, 2021). In some of the studies who had lower sample numbers, there was little information around recruitment in relation to the aims of the paper - Dunphy & Schniering (2009) and Staniland et al. (2010) did not provide adequate information around how participants were identified, while Vlasto (2010) failed to provide any information on the 9 participants that took part, beyond a short note on how they were recruited.

Several issues were apparent when considering how well papers had considered the researcher's relationship with participants, which was judged not to have been adequately considered in 4 out the 14 papers. Three of those (Betke et al., 2024; Breen, 2010; Saciloti & Bombarda, 2022) did not refer to reflexivity or potential bias at all, while Payne et al. (2002) referred to field notes being taken that commented on the relationship between participant and researcher, but failed to include any subsequent discussion of how this influenced the research process. Some papers were unclear on how this aspect had been considered – Staniland et al. (2010) stated that a reflexive journal was kept throughout but did not include

any discussion of how this may have affected the research, while two others (Garti & Or, 2019; Montgomery & Owen-Pugh, 2017b) touched upon concepts such as bias but again failed to discuss this in relation to the study process.

Other weaknesses were seen when considering how well ethical considerations had been stated and followed. Two papers (Dunphy & Schniering, 2009; Payne et al., 2002) did not report that the study had been subject to ethical review and made no explicit references to ethical procedures while Cutcliffe (2004) and Kuo et al. (2011) referenced ethical approval but failed to comment further on how ethical standards had been followed during the study process. However, there were no concerns around any of the studies being unethical in the ways in which they had been carried out.

Data analysis generally appeared to be thorough and the analysis process was mostly well-explained throughout the literature, however this was less clear in the Staniland et al. (2010) paper which had only a short section on the analysis procedure. Reported themes and findings were generally clearly stated, well-described and backed up with extensive and relevant quotes, except in the Munday (2013) paper, where the findings section was very short, and some included themes felt weak, with minimal descriptions that were backed up by only one or two quotes.

Overall value of the included research was judged to be good in all but two papers, where it was less clear. Munday (2013) only loosely commented on how the current study added to the existing literature, and Garti & Or (2019), as well as focusing on a niche area (experiences of Israeli art therapists using art in their work) noted several limitations in their study which lessened its value.

More generally, a total of 197 participants were recruited from 9 different countries and this meant that a broad range of roles, experience and cultural diversity was represented throughout the papers. Some issues with gender diversity were noted - all papers but one (Vlasto, 2010) reported on participant gender and from the 188 participants whose gender was known, 158 (84%) of these were reported as female, and 30 (16%) male,

though it is noted this is in keeping with gender distribution in similar job roles (i.e. Morison et al., 2014).

Data synthesis

A thematic synthesis was carried out on the selected papers. Thematic synthesis refers to an approach to the systematic review that relies primarily on the use of words and text to summarise and explain the findings of multiple studies, which “offers a meaningful picture of what the research is telling us in relation to the review question” (Gough et al., 2012).

For the purposes of this review, the first three stages of Braun & Clarke’s (2006) approach to thematic analysis were used. Familiarisation with the data was achieved by reading the full texts of each paper, to ensure understanding of them. Papers were re-read and results sections were examined to begin identifying codes, which included any reported techniques or activities. The thematic synthesis process was both inductive and deductive in nature, with the reviewer deliberately seeking elements of practice which aligned with continuing bonds during the initial coding process, but also noting down other separate or contrasting codes which were grounded in the data itself and common across papers. After this coding process, three broad themes were established, and the first of these was further divided into two sub-themes. Individual quotes from papers were used to support the relevant themes as they developed, and these were tabulated in relevant sub-categories.

It is acknowledged that the above data analysis process described was conducted by a Trainee Clinical Psychologist who has ongoing personal and research interests in the topic of continuing bonds, and who has themselves engaged individuals in bereavement support as part of their role. Any analysis or interpretation will therefore have been influenced by these factors.

Findings

Theme 1 - Continuing bonds

Sub-theme 1 - Therapeutic practice aligning with the continuing bonds concept

Across the 14 papers, 7 were judged to report therapeutic practice which aligned with the continuing bonds concept (Betke et al., 2024; Breen, 2010; Dunphy & Schniering, 2009; Munday, 2013; Payne et al., 2002; Saciloti & Bombarda, 2022; Staniland et al., 2010).

Details of these activities are presented in categories and sub-categories in Table 2 below.

Table 2. *Continuing bonds practice categorised, and number of papers that referred to it*

Therapeutic technique/activity/approach that aligns with continuing bonds							
Conversational practices		Activities to 'bring the deceased into the room'				Promoting remembrance	
General encouragement of maintaining a connection	Normalising that it is ok for grief to remain, and providing space to talk about it	Meeting in place with connection to deceased	Clients telling or writing down the story of the deceased	'Bringing the deceased into the room' using chair work, photos, objects etc.	Writing letters to the deceased	Miscellaneous activities – scrapbooking, writing books/stories, memory boxes, making items from deceased's possessions	
Number of papers mentioned	6	4	1	2	3	1	4
Specific papers (see Appendix C for reference numbers)	1, 3, 4, 6, 11, 12	1, 4, 11, 12	11	9, 12	1, 3, 9	1	1, 4, 9, 11

After coding individual instances, continuing bonds activities were grouped into one of three categories: conversational practices, activities that appeared designed to 'bring the deceased into the room', and those that appeared to be designed to promote remembrance of the deceased person in future, and therefore an ongoing connection.

With regards to conversational approaches taken by counsellors, most frequently reported throughout (6 papers) was participants providing clients with general encouragement around the value of maintaining a bond with lost loved ones: "Sam suggested normalizing grief by *"giving them some education around the value of continuing bond... to know it's okay to still be talking to your loved one's photo"* (Staniland et al., 2010). Also frequently reported by counsellors within this category was normalising with clients that it is ok for grief to remain, which included dispelling myths around natural end points. This was seen as particularly important in cases where the client did not have opportunity to do this outside of the counselling space: *"they want to go on talking about it but they don't want to keep bending their relatives ear or the relatives are saying 'yes well come on you ought to get on with your life now'"* (Payne et al., 2002); *"people do not have a space to talk even among friends, among family members... it is still very difficult to talk"* (Saciloti & Bombarda, 2022).

A variety of practical activities related to continuing bonds were also reported by counsellors, some of which aimed to give a presence to the deceased person in the counselling space. This included meeting clients in a place with a symbolic connection to the deceased (Betke et al., 2024), chair-work (Munday, 2013; Payne et al., 2002) and letter-writing (Payne et al., 2002). Some counsellors reported that these techniques helped them connect with their clients, by facilitating a "shared connection with the deceased" (Staniland et al., 2010), or, where photos were used, by "put[ting] a face to the deceased" (Payne et al., 2002).

Activities designed to facilitate remembrance included making items from the deceased's clothing: *"we sewed little hearts out of the girl's T-shirt... and they also sewed*

lots of little hearts that went into the siblings' pockets and backpacks. Simply as a sign that they are still connected to each other" (Betke et al., 2024), writing books about the deceased to give to grandchildren (Payne et al., 2002), planting memorial gardens (Breen, 2010), using mementoes such as photos (Munday, 2013; Saciloti & Bombarda, 2022), or storytelling (Staniland et al., 2012). These techniques served various functions for counsellors, from "legitimising the continued relationship with the deceased person" (Breen, 2010), to "show[ing] them [families] possibilities for staying connected with their deceased child (Betke et al., 2024).

Sub-theme 2 – Reasons for non-integration of continuing bonds

Table 2 shows that the variation in activities or techniques aligned with continuing bonds was relatively small, and within these, the frequency that they were used was low. One paper contained one singular mention of a continuing bonds-aligned approach (Dunphy & Schniering, 2009), while in another, counsellors promoting the ideals of continuing bonds were noted to be in the minority (Payne et al., 2002). Reasons for this were rarely explicitly discussed in papers, however several offered important context for considering potential explanations.

Lack of training and education. One common theme reported by participants concerned a lack of training or education in any theoretical or therapeutic approaches to grief, leading to a lack of awareness of newer concepts such as continuing bonds. Blueford et al. (2021), who specifically set out in their paper to explore counsellors' perceived preparedness in counselling grieving clients concluded that "participants perceived foundational grief content to be missing from nearly all their training programs... they were unaware of current grief theories and models or evidence-based practices". Participants in another paper were also "unaware of current grief theories and models or evidence-based practices... for grieving clients" (Staniland, 2010), and in another considered themselves as

having “little awareness of newer models of grief which emphasize enabling bereaved people to develop continuing relationships with the deceased” (Payne et al., 2002).

Participants also reported receiving little training in bereavement generally (Breen, 2010) and reported on barriers to keeping up-to-date with latest research or practice recommendations, such as lack of time, access to academic libraries or lack of funding for professional development opportunities (Blueford et al., 2021; Breen, 2010).

Cultural context. Authors reported on broader cultural expectations and norms around grieving that directly conflicted with the ideals of continuing bonds, such as the encouragement of maintaining a connection with the dead beyond a certain point in time: – *“In Taiwanese culture, the entire mourning process appears to conclude with the ending of the funeral ritual... that is, once the funeral is over, no one talks about it anymore, as if nothing has ever happened”* (Kuo et al., 2011), *“our [Australian] culture is not grief friendly... ‘stiff upper lip, just get on with it and move on’”* (Breen, 2010), “Expressing emotions outside prescribed rituals may be unfamiliar territory for Ugandan clients...and doing so may contravene community-based and religious beliefs” (Montgomery & Owen-Pugh, 2017a).

Papers also made reference to the more general complexities of bereavement work with individuals in a culture which may discourage or lessen the need to seek help (Breen, 2010), and Montgomery & Owen-Pugh (2017b) discussed the difficult balance in recognising the benefits of and facilitating emotional expression from clients whilst working within a culture where this was not the norm, to the extent where the expression of emotion may be prohibited outside a mandatory grieving period.

Lack of training and education also fed into this area, with one counsellor in the Staniland et al. (2010) paper identifying “the need for *“more information on culturally appropriate bereavement follow-up for all different nationalities, religions... because everyone’s individual and different”*” and Kuo et al. (2011) concluding “effective engagements and interventions with Taiwanese clients in crisis situations necessitate a high degree of cultural as well as clinical acumen on the part of the counsellor”.

Theme 2 - Alternatives to a continuing bonds approach

As a potential consequence of a lack of education on newer models of grief, several papers reported on counsellor practice which conflicted with the ideals of continuing bonds, and many counsellors stated they relied on older but better-known stage-based models as the basis for their understanding. Several participants in different papers directly referenced Kubler-Ross (1969) stages of grief model (Breen, 2010; Saciloti & Bombarda, 2022) and participants commonly talked about clients moving through stages or along a linear trajectory: “[There] was a general assumption that a ‘normal’ pattern of response to bereavement could be mapped on to a series of stages or phases of feelings” (Payne et al., 2002); “The counselors’ descriptions of grief as stage-based and finite... were influenced by classic grief theories and the grief work hypothesis” (Breen, 2010). This naturally fed into their work with clients, with counsellors often trying to move individuals towards a place of closure in their relationship with the deceased: “For some counselors, the aim was... assisting the client to “*move on*”... others used words and phrases including “*resolution*” and “*closure*” to indicate their desired outcome of intervention” (Breen, 2010); “facilitating the closure of the relationship with the deceased was seen as a high priority by a number of counsellors” (Payne et al., 2002). Other stated aims of bereavement work included helping clients ‘say goodbye’ or resolving ‘unfinished business’ (Breen, 2010; Cutcliffe, 2004; Kuo et al., 2011; Payne et al., 2002; Saciloti & Bombarda, 2022). Little information was provided with regards to how these aims transferred to actual therapeutic activity with clients, besides one paper reporting on counsellor’s use of letter-writing and empty-chair work to facilitate closure (Payne et al., 2002), and other papers reporting on counsellors normalising older, stage- or task-based understandings of grief in their conversations with clients (Garti & Or, 2019; Payne et al., 2002; Saciloti & Bombarda, 2022).

Theme 3 - Basic counselling skills and approach

Papers reported on a wide variety of general therapeutic activities and techniques which individual counsellors employed. Some papers described practical techniques used to support people to express their emotions such as empty chair-work (Munday, 2013; Payne et al., 2002) and letter-writing (Munday, 2013; Payne et al., 2002; Saciloti & Bombarda, 2022). However, participants most often reported that general counselling skills such as active listening (Dunphy & Schniering, 2009; Montgomery & Owen-Pugh, 2017a; Munday, 2013; Payne et al., 2002; Saciloti & Bombarda, 2022), encouraging emotional expression (Cutcliffe, 2004; Garti & Or, 2019; Montgomery & Owen-Pugh, 2017a; Munday, 2013; Payne et al., 2002; Saciloti & Bombarda, 2022; Vlasto, 2010), and showing empathy (Blueford et al., 2021; Dunphy & Schniering, 2009; Kuo et al., 2011; Munday, 2013; Staniland et al., 2010) were the foundation of their practice.

Counsellors in several papers (Blueford et al., 2021; Breen, 2010; Cutcliffe, 2004; Staniland et al., 2010) spoke to the importance of involving family members in bereavement support, however this was most explicit in the Ugandan and Taiwanese studies where grief was viewed by counsellors as an entirely collective issue: *“In our culture, we hold ‘family’, not ‘individual’, as the basic unit—we are collectivists... my expectation in working with a [Taiwanese] family is not to focus on the adjustment of a single individual... instead, [a counselor should] strive for shared goals and benefits for the entire family”* (Kuo et al., 2011); *“[Ugandan] participants confirmed that therapeutic intervention was not seen as a one-to-one activity, but as one that should always involve others, and in particular, the extended family”* (Montgomery & Owen-Pugh, 2017a).

Discussion

This review aimed to synthesise 14 empirical papers focusing on the therapeutic practices of bereavement counsellors, and found that in general, there was only a small amount of evidence to suggest that continuing bonds was regularly used or considered in bereavement work. Where therapeutic practice did align with the concept, this rarely

involved practical activities with clients, with counsellors instead focusing on normalising the ideals of continuing bonds in their conversations and encouraging their clients to remain connected to the individuals they had lost. Some practical activities related to continuing bonds did take place, and these seemed to be designed to bring the deceased to 'life' in some way, perhaps through storytelling or photos. A small number of activities were reported that aimed to promote an ongoing connection using objects that they could keep. More generally, there appeared to be wide disparity within and across papers with regards to participants' understanding, agreement with and use of both continuing bonds approaches and older, stage-based understandings of grief.

Despite no restrictions being placed on publication date during searching, all papers included in this review were published in the last 22 years, and the majority (11) were published after 2010. This means that by the time participants were interviewed, several years had passed since the 1996 publication of Dennis Klass' book on continuing bonds, and its ideals were well-referenced in academic literature and grief training along with other models such as the dual process model (Stroebe & Schut, 1999) that promote assimilation of the deceased into the person's future. It is therefore of interest that across all 14 papers, and despite many of the researchers directly asking counsellors about their theoretical influences, there was only a singular mention by a participant of the phrase 'continuing bonds' (Staniland et al., 2010).

Based on the findings of this review, a likely explanation for this is a lack of counsellor training and education on the topic of continuing bonds, which combined with cultural considerations meant many counsellors did not stray from what they felt competent in and instead relied solely on familiar and generic counselling techniques such as empathy, rapport-building and active listening to guide their work. This observation was summed up by Cutcliffe (2004) who stated "participants unsure of the most appropriate approach to address their grieving clients relied on more foundational techniques to create a therapeutic alliance".

Implications for clinical practice, policy and future research

Findings from this review support previous research indicating counsellors do not see themselves as adequately prepared to support clients grieving a death (Blueford et al., 2021; Charkow, 2002; Low, 2004; Ober et al., 2012). Given the high number of participants who reported lacking knowledge of newer models of grief, this review has implications for bereavement counselling services as well as NHS services across the UK, as it has highlighted the importance of clinicians remaining familiar with theoretical developments and research findings in the area, which can be integrated into their practice. This is particularly important within a setting such as the NHS where clinicians may be under pressure to deliver effective, evidence-based and often short interventions, and is even more critical given the recent additions of grief-related diagnoses into the DSM-5 and ICD-11 diagnostic manuals (American Psychiatric Association, 2022; World Health Organisation, 2011). These changes make it likely that over the coming years, psychologists will receive referrals for individuals that have been given the diagnosis. Consideration needs to be given as to how services respond to recent changes, including assessing what training is available to staff during clinical training and once employed within NHS services. This review along with findings of earlier papers (e.g. Blueford et al., 2021) has also highlighted the need for more research on the practical elements of bereavement counselling and their efficacy, which is currently minimal.

A final implication concerns how the cultural factors presented and discussed in the findings can influence engagement or effectiveness when working with the bereaved, and the need for sensitivity around this. It is essential that therapists working in Western settings such as the NHS show caution when providing bereavement support to individuals from different cultural backgrounds, as continuing bonds may not always be culturally acceptable. Automatically adhering to western values and principles in bereavement work e.g. working with clients on an individual, rather than a collective level, or promoting emotional expression in clients from cultures where this is discouraged may unintentionally harm the counselling relationship and therefore the effectiveness of any intervention.

Limitations

Limitations were identified throughout the literature which impact the overall quality of the review. Many of these related to small sample sizes (Dunphy & Schniering, 2009; Kuo et al., 2011; Munday, 2013), and participant samples were lacking in gender diversity with 84% of participants identifying as female, harming the generalisability of the findings in this review.

Secondly, the methodology for each of the papers in the review involved interviews with counsellors, who self-reported which therapeutic techniques and activities they most often used. In one paper, counsellors interviewed had been given vignettes in advance and had time to prepare answers (Munday, 2013). Future studies investigating therapist practice may wish to employ direct observation or recordings of sessions to capture more directly the continuing bonds work which takes place. In addition, this review was specifically interested in the perspectives of those *delivering* counselling to bereaved individuals and so excluded the experiences of those who have received it, and so future literature reviews may wish to focus on participant's experiences of bereavement work and gain their perspective on how continuing bonds were drawn upon in the work, which would provide a different perspective and increased richness of data.

Related to this, the critical appraisal process highlighted issues with researcher reflexivity which may have affected how participant interviews were interpreted. Reflexivity, and self-examination of the researcher's beliefs, judgments and practices during the research process is a crucial concept and is pivotal in the methodology of qualitative research (Ide & Beddoe, 2023), and in 4 out of the 14 papers (Betke et al., 2024; Breen, 2010; Payne et al., 2002; Saciloti & Bombarda, 2022AI) these things were judged not to have been adequately examined.

A final limitation relates to the fact that the current review only included peer-reviewed papers, therefore risking the introduction of publication bias into the findings. As it focused on qualitative research, the consequences of publication bias may be reduced when

compared to quantitative reviews, however publication bias remains an issue that systematic reviewers of qualitative research need to consider (Petticrew et.al, 2008).

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Appendices

Appendix A

Submission guidelines for intended journal

OMEGA – Journal of Death and Dying

Your article must be within the scope of the journal and be of sufficient quality. If not, it will not be reviewed. Please read the journal's Aims and Scope to see if your article is appropriate.

The manuscript must be your original work, you must have the rights to the work, and you must have obtained and be able to supply all necessary permissions for the reproduction of any copyright works not owned by you, including figures, illustrations, tables, lengthy quotations, or other material previously published elsewhere.

Article types

Authors should note that only original articles are accepted for publication. Submission of a manuscript represents certification on the part of the author(s) that neither the article submitted, nor a version of it has been published, or is being considered for publication elsewhere.

Technical terms specific to a particular discipline should be defined. Write for clear comprehension by readers from a broad spectrum of scholarly and professional backgrounds. Avoid acronyms and footnoting, except for acknowledgments.

Most articles are between 5000-7500 words and while we accept long pieces that mandates additional evaluation because of space limitations.

Manuscripts should be saved in a Word .doc or .docx file type. The organization of the paper should be indicated by appropriate headings and subheadings.

Please be sure to remove all self-identifying information from the manuscript file before submitting.

When possible, all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end. If this is not possible:

Figures should be referenced in text and appear in numerical sequence starting with Figure 1. Line art must be original "drawings" in black ink proportionate to our page size. Indicate top and bottom of figure where confusion may exist. Labeling should be 8 point type. Clearly identify all figures. Large figures should be drawn on separate pages and their placement within the text indicated by inserting:

Insert Figure 1 here

Tables must be cited in text in numerical sequence starting with Table 1. Each table must have a descriptive title. Any footnotes to tables are indicated by superior lower case letters. Large tables should be typed on separate pages and their approximate placement indicated within text by inserting:

Insert Table 1 here

Clinical trial registration

The journal conforms to the ICMJE requirement that clinical trials are registered in a WHO-approved public trials registry at or before the time of first participant enrollment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

Formatting your manuscript

Accepted file types

Manuscript must be word processed, double-spaced, with wide margins. Paginate consecutively starting with the title page, which should be uploaded as a separate file. The organization of the paper should be indicated by appropriate headings and subheadings. Please be sure to remove all self-identifying information from the manuscript file before submitting. Author information should only be included on the title page.

Your article title, keywords, and abstract all contribute to its position in search engine results, directly affecting the number of people who see your work. For details of what you can do to influence this, visit [How to help readers find your article online](#).

Title

Your manuscript's title should be concise, descriptive, unambiguous, accurate, and reflect the precise contents of the manuscript. A descriptive title that includes the topic of the manuscript makes an article more findable in the major indexing services.

Abstract

Please include an unstructured abstract of 100 to 150 words between the title and main body of your manuscript that concisely states the purpose of the research, major findings, and conclusions. If your research includes clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract. Submissions that do not meet this requirement will not be considered.

For clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract.

Keywords

Please include a minimum of 4 keywords, listed after the abstract. Keywords should be as specific as possible to the research topic.

Artwork, figures, and other graphics

For guidance on the preparation of illustrations, pictures, and graphs in electronic format, please read Sage's artwork guidelines.

Figures supplied in color will appear in color online and in the print version. There is no charge for reproducing figures in color in the printed version.

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4. Was the recruitment strategy appropriate to the aims of the research?	Y	Y	CT	Y	Y	CT	Y	CT	Y	Y	Y	CT	Y	Y
5. Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
6. Has the relationship between researcher and participants been adequately considered?	N	Y	Y	N	CT	Y	Y	Y	N	CT	N	CT	Y	Y
7. Have ethical issues been taken into consideration?	CT	CT	Y	Y	Y	CT	Y	Y	Y	Y	Y	Y	CT	Y

8. Was the data analysis sufficiently rigorous?	Y	Y	CT	Y	Y	Y	Y	Y	Y	Y	Y	CT	Y	Y
9. Is there a clear statement of findings?	Y	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	Y	Y
10. How valuable is the research?	Y	Y	CT	Y	CT	Y	Y	Y	Y	Y	Y	Y	Y	Y

Appendix C

List of papers reviewed and reference numbers

Reference number	Title of paper
1	Payne et al. (2002) - Counselling strategies for bereaved people offered in primary care
2	Kuo et al. (2011) - Indigenous crisis counselling in Taiwan: An exploratory qualitative case study of an expert therapist
3	Munday (2013) - Making use of the vignette technique to examine methods of bereavement counselling: An exploratory study
4	Breen (2010) - Professionals' Experiences of Grief Counseling: Implications for Bridging the Gap between Research and Practice
5	Garti & Or (2019) - Subjective Experience of Art Therapists in the Treatment of Bereaved Clients
6	Dunphy & Schniering (2009) - The Experience of Counselling the Bereaved
7	Montgomery & Owen-Pugh (2017a) - Interventions for bereavement: learning from Ugandan therapists.
8	Vlasto (2010) - Therapists' views of the relative benefits and pitfalls of group work and one-to-one counselling for bereavement
9	Saciloti & Bombarda (2022) - Approach to grief: exploratory aspects about the assistance of occupational therapists.

10	Montgomery & Owen-Pugh (2017b) - Bereavement Counselling in Uganda and Northern Ireland: A Comparison.
11	Betke et al. (2024) - Bereavement Counsellors' Experiences Supporting the Families of Deceased Children Within a German Bereavement Network– A Qualitative Interview Study
12	Staniland et al. (2010) - Best Practice in Telephone Bereavement Support: A Thematic Analysis of Bereavement Support Providers' Perspectives
13	Cutcliffe (2004) - The inspiration of hope in bereavement counselling (made up of 3 individual papers)
14	Blueford et al. (2021) - Counselor preparedness to counsel grieving clients: Insights and implications

Appendix D

Breakdown of search strategy, using CHIP tool Shaw (2010)

CHIP element	Key concept	Possible search terms
Context	Bereavement	<i>Used - bereave* grie*</i>
How	Qualitative	<i>Used - interview*</i>
Issues	Therapists practice/experiences	<i>Used - (work* OR experience*)</i>
Population	Therapists/counsellors	<i>Used - (therapist OR psychologist OR counsellor)</i>

Paper 2: Empirical paper

“I’m Going Through Another Phase... But I’m Taking Her With Me”: Exploring the Positive Impact of Continuing Bonds, Nostalgia, and Reminiscence on Coping with Bereavement

Murray Graham

University of Staffordshire

Word count (excluding tables, references and appendices) - 7984

Note: The following paper has been written in the style of the ‘Death Studies’ journal as it has been identified as the target journal for the paper (see Appendix A for relevant author guidance). Where supplementary information is included for the purpose of the thesis, this will be removed for publication as needed. In addition, tables and figures are integrated into the main text, to support ease of reading.

Abstract

Research on continuing bonds demonstrates mixed findings; while some studies associate it with difficulties in psychological adjustment following bereavement, evidence also suggests it can positively impact wellbeing, though mechanisms remain unclear. Nostalgia and reminiscence have also been shown to positively affect wellbeing, though have rarely been explored within bereavement. This qualitative study explored these concepts and proposed an explanation for their influence on coping. Eight semi-structured interviews were carried out with bereaved participants, and constructivist grounded theory was used to analyse data. Findings suggest continuing bonds are shaped by a variety of contextual factors influencing their expression and adaptive potential within bereavement, and positively support the bereaved by providing comfort while they adapt to the loss. A framework is proposed to illustrate related processes and guide therapeutic approaches with bereaved clients.

Keywords: continuing bonds, nostalgia, reminiscence, bereavement, grief

Introduction

Bereavement is a universal human experience encountered across cultures and contexts, typically having a profound impact on those who experience it. As a result of significant research interest in the area, our understanding has evolved significantly since the early contributions of Sigmund Freud, who conceptualised grieving as a process of emotional detachment from the deceased, necessary to move forward. Freud's (1917) influential essay *Mourning and Melancholia* shaped much of the subsequent grief literature, and over time other models framing grief as stage-based or having an 'end' point were popularised. This included Kubler-Ross' (1969) five-stage model, originally developed to describe terminally ill patients' responses to their own death, but later widely and erroneously applied to the grief experience. Despite Kubler-Ross' own efforts to correct the misinterpretation the model continued to be applied to grief and was widely referenced within Western popular culture, reinforcing narratives of grief as a stage-based process from which one ultimately 'recovers', which fails to reflect the nuances of grieving, and may be at odds with how those within Western cultures actually grieve (Silverman et al., 2020).

Continuing bonds

More recent literature has positioned grief differently, viewing older narratives involving stages and detachment as individualistic, clinically unhelpful and ultimately inconsistent with how individuals actually grieve, especially those from non-Western cultures. One particular shift has taken place with regards to the potential value of an ongoing connection with an individual who has died, an idea now known as continuing bonds, and one which was first proposed by Klass et al. (1996) in their seminal text *Continuing Bonds: New Understandings of Grief*. Arguing that individuals wishing to maintain a 'bond' with those that had died was common, the authors rejected the notion that behaviours or actions that promoted a continued relationship with those that had died could be viewed as hindering to the process of coping with a bereavement, positing instead that a continuing bond was healthy, and could in fact help the individual adapt to the loss.

Contemporary grief theories since the publication of this text have continued to reject an emphasis on "letting go" of the deceased, and several theorists have sought to incorporate continuing bonds into their own work, such as the Dual Process Model (Stroebe & Schut, 1999), Meaning Reconstruction Model (Neimeyer, 2001) and in its more recent revisions, Worden's Tasks of Mourning (2009). Whilst approaches to understanding grief have therefore evolved significantly over the past three decades, research has noted the enduring influence of 'stage theories' in that time, both in grief textbooks and training (Corr, 2015; Corr, 2021; Friedman, 2008), and in the practices of bereavement counsellors (Breen, 2010; Payne et al., 2002; Saciloti & Bombarda, 2022). This has led some prominent grief researchers to conclude that "science and practice seem deeply stuck in the so-called stage theory of grief" (Stroebe et al., 2017), which may be due in part to a lack of clarity stemming from the complex and often contradictory picture that has emerged from the literature around continuing bonds and their role in bereavement.

This research has largely focused on whether maintaining such connections to the deceased is helpful or harmful for the bereaved, though it has so far failed to reach a consensus on the matter. While some studies report benefits of continuing bonds across a variety of bereavement contexts including those bereaved by suicide (Goodall et al., 2022), bereaved parents and siblings after a child's death from cancer (Foster et al., 2011) and after stillbirth (Jones et al., 2023), others paint a more nuanced picture, with several studies suggesting that in certain contexts bonds may even hinder adaptation (Boelen et al., 2006; Currier et al., 2015; Field et al., 2003; Field, 2004).

In an effort to clarify these mixed findings, researchers have examined various factors, such as distinguishing between externalised and internalised bonds (Black et al., 2022; Yu et al., 2016), exploring how bonds change over time (Field & Friedrichs, 2014), and considering the nature of the pre-death relationship (Martínez-Esquível et al., 2023), yielding results that further highlight the multifaceted and nuanced nature of continuing bonds. An extensive systematic review by Hewson et al. (2023), which included 79 studies, concluded

that bonds can bring both comfort and distress depending on a variety of contextual factors, underscoring the complexity of determining when bonds are adaptive. One further challenge in drawing firm conclusions is that much of the research to date has relied on quantitative approaches, using standardised measures to explore associations between higher levels of continuing bonds and distress levels or grief symptomatology, highlighting the need for qualitative research that can more ably capture the subtle, individual ways in which continuing bonds may be experienced as helpful.

Nostalgia and reminiscence

Nostalgia is often defined as a feeling of sentimentality for the past - typically for a time associated with positive or emotionally significant memories. Historically viewed as a bittersweet emotion, recent research has proposed that nostalgia is a predominantly positive emotional state (e.g. Sedikides et al., 2015), and one which can have various psychological benefits, much like the continuation of a bond after a bereavement. Induced nostalgia has been shown to boost optimism (Cheung et al., 2013), increase sense of meaning in life (Routledge et al., 2011), reduce feelings of loneliness (Abeyta et al., 2020; Zhou et al., 2008; Zhou et al., 2021), and to generally aid coping with difficult or distressing times (Sedikides et al., 2008; Wang et al., 2023). In light of this, nostalgia has been explored as a potential therapeutic resource across various populations, including individuals with dementia (Ismail et al., 2018) and those experiencing trauma (Todorova & Padareva-Ilieva, 2021).

Reminiscence is closely related to nostalgia, also involving reflecting on past experiences, but is a broader process focused on the *act* of engaging with those memories. This purposeful use of autobiographical memory is a core component of reminiscence therapy (Butler, 1963), a well-established intervention most commonly used in the treatment and support of individuals with dementia. Within this client group the therapy has been shown to improve cognition, mood, quality of life and overall well-being (O' Philbin et al., 2018; Park et al., 2019; Saragih et al., 2022) though it has also been shown to benefit

psychological wellbeing in other populations including young adults (Hallford et al., 2018; 2022), and individuals undergoing cancer treatment (Bozkurt et al., 2024).

Reminiscence and nostalgia are therefore interconnected concepts, with both holding valuable potential within therapeutic settings, but like continuing bonds the mechanism behind *why* they are helpful is also less understood. In addition, despite research suggesting that both concepts can positively influence wellbeing, nostalgia has received little attention in bereavement research, whilst there is no known study that has looked qualitatively at the adaptive function of reminiscence for bereaved individuals.

The current study

Bereavement is universal, and clinical psychologists will regularly meet with grieving clients in their work, regardless of the service they are within. With grief researchers emphasising the importance of theoretically driven, nuanced approaches to understanding continuing bonds in bereavement (Stroebe et al., 2010), this study aims to make a unique contribution to the bereavement literature firstly by bringing together continuing bonds, nostalgia, and reminiscence, which have yet to be examined in combination, and secondly, by aiming to move beyond simply describing whether continuing bonds are perceived as helpful, to instead exploring the processes through which they may facilitate adaptation following loss. In doing so, it aims to generate insights that can inform both theory and clinical practice, addressing this through an exploration of three key research questions:

- 1) What are participants' experiences of continuing bonds, nostalgia and reminiscence, in relation to their bereavement?
- 2) What are the processes involved in the development, maintenance, and expression of continuing bonds?
- 3) How have continuing bonds, nostalgia and reminiscence benefitted participants throughout their bereavement?

Method

Design

Methodology

This study adopts a qualitative design guided by Constructivist Grounded Theory (CGT; Charmaz, 2006). While other qualitative approaches were considered, a grounded theory approach aligns with the aim to go beyond simply documenting whether continuing bonds are experienced as helpful, and instead to develop a conceptual understanding of the processes and mechanisms through which they may facilitate adaptation following bereavement. Grounded theory supports identification of emerging patterns, processes, and relationships (Strauss & Corbin, 1990), and is well-suited to areas that are complex or less well-understood (Schreiber, 2001). This further made it ideal for the current study, allowing it to prioritise theory development while remaining closely tied to participants' lived experiences.

Epistemological position

CGT shares foundational principles with earlier grounded theory approaches (e.g., Glaser & Strauss, 1967; Strauss & Corbin, 1990) but was preferred to these versions as it aligns with the researcher's social constructivist perspective. Social constructivism posits that understanding and meaning develop through social processes, conversations, and interpretations (Amineh & Asl, 2015). Unlike traditional grounded theory which emphasises researcher neutrality and aims for theory to emerge objectively from the data, CGT positions the researcher as an active co-participant. The resulting theory is therefore co-constructed with participants, reflecting the variety of interactions and contexts within the research, and acknowledging that understanding is shaped both by the data and the researcher's involvement.

CGT also allows early engagement with literature, letting prior knowledge and experience inform sensitising concepts and enrich analysis. Iterative procedures, including memoing and concurrent data collection and analysis, support gradual development of theoretical processes while enabling reflection on emerging findings to shape subsequent

interviews, all helping to capture nuanced, socially situated processes underlying continuing bonds, reminiscence and nostalgia rather than just describing experiences.

Researcher reflexivity

Reflexivity is vital in qualitative research, promoting transparency and self-awareness regarding how the researcher's background, assumptions, and beliefs may influence data interpretation (Berger, 2015). CGT emphasizes ongoing reflexivity to critically interrogate potential biases throughout data collection and analysis (Charmaz, 2006), and four factors are particularly relevant here. First, the researcher is prone to nostalgia and was initially interested in the topic due to personal benefits of reminiscence. Second, as an NHS Trainee Clinical Psychologist, they have experience of delivering support to bereaved individuals in this role. Third, prior to the study, the researcher conducted a literature review on continuing bonds which meant they entered with in-depth theoretical awareness of the topic. Fourth, while having personal bereavement experience, the researcher considered themselves an outsider in terms of the participant group as they did not identify as having a strong familiarity or experience with continuing bonds to the level that participants reported.

While some of these factors informed and deepened analysis, they also had the potential to introduce bias within data collection and interpretation. Measures to mitigate this included regular supervision, frequent memoing including after each interview, seeking divergent views during recruitment, checking interpretations live in interviews, and consulting participants after the final framework was developed.

Participants

Participants were individuals who had experienced bereavement and self-identified as having a continuing 'bond' with the deceased, including engagement with nostalgia or reminiscence. Recruitment did not target any specific type of relationship, cause of death, or time since loss, which reflected an intention to capture a diversity of bereavement experiences. Participants were required to feel comfortable discussing their loss in order to

minimise the potential for distress or harm, and were required to be at least 18 years old to further reduce risk and ethical complications. Following grounded theory methodology, the sample size was not fixed; recruitment continued until theoretical sufficiency was reached, which occurred after eight participants.

Contextual information

Demographic data collected at the start of each interview included gender, age, ethnicity, relationship to the deceased, and time since bereavement. All participants were White British, with four identifying as female and four as male, aged 29–82 (mean 65.5). Various relationships to the deceased were represented, with the most recent bereavement discussed occurring 4 months prior and the most distant 29 years ago. Four participants had experience of providing bereavement support in either voluntary or paid roles, and six had received support themselves. Most participants focused on one particular individual with whom they had a close, positive relationship, and most losses followed a period of illness, rather than occurring suddenly. A full demographic breakdown is in Appendix B.

Recruitment

Purposive sampling was used by sending the study advert (Appendix C) and participant information sheet (Appendix D) to national and local bereavement support organisations, including Cruse, Winston's Wish, Child Bereavement UK, and community groups. Three local services helped by sharing study information in newsletters and posting printed adverts. The advert was also shared on LinkedIn. Two amended adverts (Appendix E) were later used to target participants with specific experiences to refine the emerging theory. Recruitment ended after the eighth interview had been coded and analysed, once theoretical sufficiency was reached. This sample size is within the 4–20 range suggested for doctoral studies (Mason, 2010).

Procedure

Semi-structured interviews lasting 55–90 minutes were conducted with participants. Questions were open-ended and initially focused broadly on participants' experiences of continuing bonds, becoming more targeted as the study progressed to align with the developing theory. A new interview guide was created before each session to track emerging concepts and theoretical 'hunches' (see Appendix F for sample questions). Interviews were primarily conducted online using video-calling software, with one telephone interview for a participant with hearing difficulties. All interviews were recorded, transcribed, and corrected by the researcher. NVivo software was used for storing, coding, and creating concept maps to illustrate the developing theory.

Ethical procedures

Ethical approval was granted by the University of Staffordshire Ethics Committee (Appendix G). Participants received an information sheet (Appendix D) and completed a consent form (Appendix H) before interview, with verbal consent confirmed at the start. Each interview ended with a check-out, and participants were sent a debrief sheet (Appendix I) which signposted participants to bereavement charities, crisis lines and NHS services in the event they felt distressed after interview. Pseudonyms were used in analysis, and potentially identifying information was removed. Participants were reminded at various points throughout recruitment that interviews could evoke distress and could be paused or ended at any time. Data could be withdrawn up to two weeks post-interview before anonymisation.

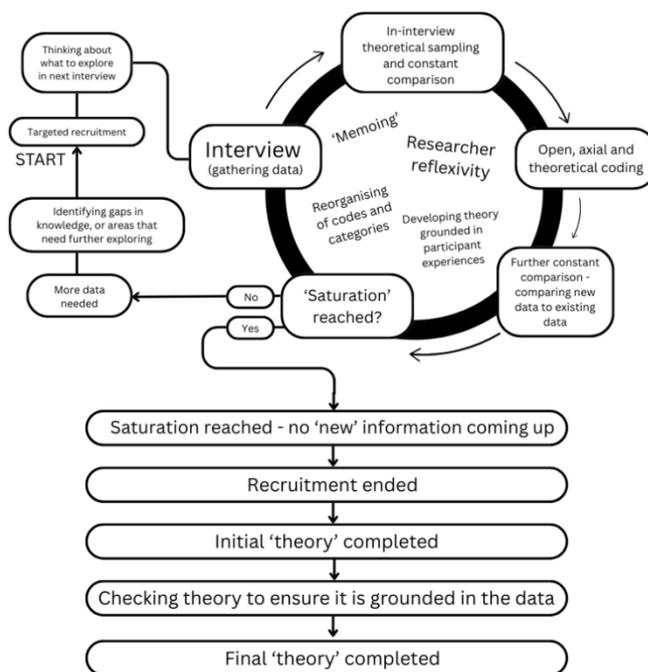
Analysis

Data collection and analysis occurred concurrently, with each interview coded before the next. All transcripts and three post-interview emails were coded as they contained valuable reflections. Coding proceeded at three levels—open, axial, and theoretical—with examples in Appendix J. Axial and theoretical coding involved researcher interpretation, which was checked with subsequent participants to ensure findings remained grounded in

their experiences. An overview of the process is shown in Figure 1, with relevant processes discussed separately.

Figure 1.

Diagram showing grounded theory processes as they applied to the current study



Memo writing

Written and audio memos were kept throughout the study to capture ideas, reflections, hunches and thoughts on coding, analysis, and the developing theory. Memoing occurred at multiple points, especially after each interview, to record immediate impressions and insights. Examples of how memoing guided subsequent interview questions are provided in Appendix K.

Theoretical sampling

Theoretical sampling involves collecting data relevant to emerging categories (Charmaz, 2006). In this study, the researcher made targeted inquiries based on codes and categories identified from earlier interviews. After analysing the first three interviews, an

initial concept map was created to illustrate developing categories and their connections. This map guided subsequent interviews and was updated after each one as the framework developed (see Appendix L), before a final conceptual framework was created. Comparative analysis across different groups was limited due to the study timeline, which meant that multiple and targeted rounds of recruitment were limited in their scale.

Constant comparison

Constant comparative methods (Glaser & Strauss, 1967) were applied throughout coding. Data from each new interview was compared with existing codes to identify similarities, differences, or new codes. Concept maps were created and updated continuously to illustrate codes, categories, and their relationships. After all eight interviews were coded, the full dataset was reviewed to develop the final conceptual framework presented in the findings.

Scientific rigour and trustworthiness

Charmaz (2014) proposed four criteria for scientific rigour in CGT: credibility, originality, resonance, and usefulness. Credibility was ensured by purposive sampling of participants with authority to comment on the topic – i.e. direct experience of bereavement and continuing bonds, producing rich, relevant data, and through researcher reflexivity as previously discussed. Originality was achieved by exploring nostalgia and reminiscence in relation to continuing bonds and developing a conceptual and qualitative understanding beyond existing descriptions. Resonance was addressed by checking interpretations with participants, providing rich descriptions, and debriefing with the supervisor. Usefulness was supported during the study by designing interviews aimed at uncovering processes and insights with practical relevance and in the write-up, by discussing the clinical and research applications of the resulting theory.

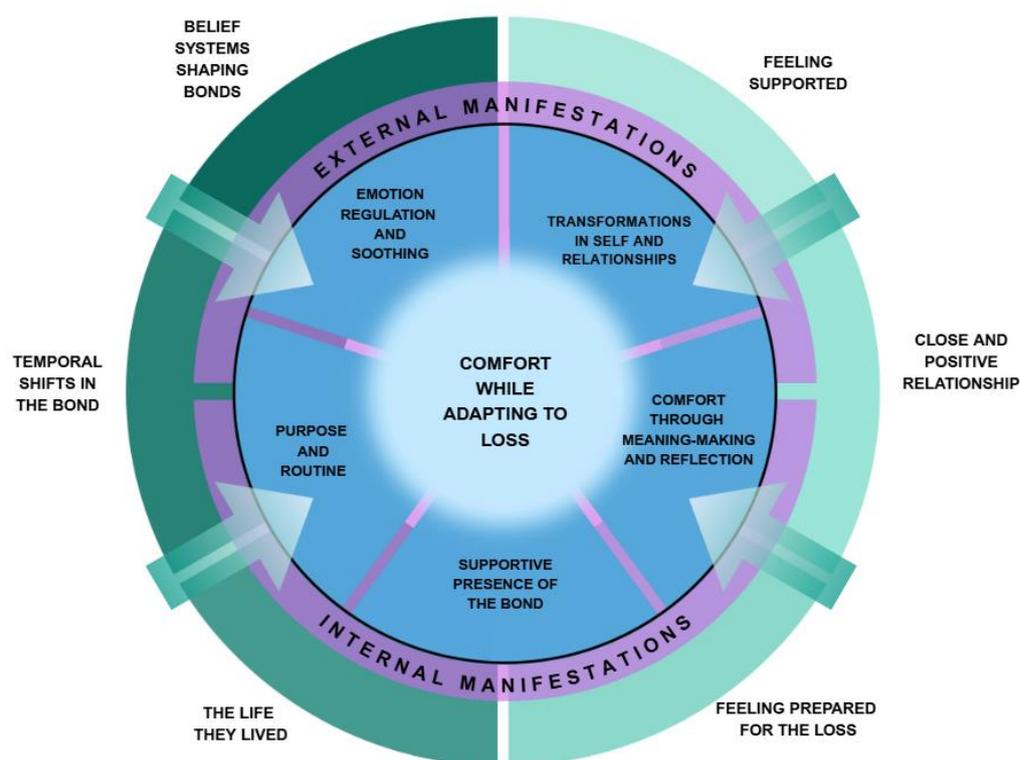
Findings

Theoretical framework

Analysis of data generated a grounded theory in which a core category, '*comfort while adapting to loss*', captured the central role that continuing bonds play following bereavement. The processes by which bonds provide comfort encompass emotional, cognitive, and existential dimensions, and are influenced by individual experiences, beliefs, and social context. Figure 2 presents a visual overview of the theoretical framework, summarising these processes.

Figure 2.

Conceptual framework showing processes derived from analysis.



The framework illustrates inputs, processes, and outputs related to continuing bonds, that together facilitate adaptation in the context of bereavement. The outermost level depicts contextual factors relating to the bereavement, with arrows flowing inwards to

indicate their role as inputs through which continuing bonds will come to be developed, maintained and expressed. Moving inward, the purple ring signifies that bonds can manifest both internally and externally, with engagement in these expressions representing key adaptive processes influenced by broader contextual factors. Moving further inwards, five segments are shown as the outputs of the framework, each representing a distinct way in which comfort may manifest and support adaptation following loss. At the centre lies the core category, serving as the unifying principle of the framework, and reflecting how continuing bonds function as a dynamic and enduring source of comfort that help individuals to navigate bereavement.

The final hierarchy of codes, categories and subcategories contained within the theoretical framework developed through a seven-month process of constant comparison and refinement. Categories and subcategories are outlined in Table 1 below, and the findings section will be presented according to this table. A full breakdown of categories including individual codes and descriptors is available in Appendix M.

Table 1.

Categories and subcategories contained within framework

Category	Subcategories
1. Influences on the bond	1a. Temporal shifts in the bond
	1b. Belief systems shaping bonds
	1c. Feeling supported
	1d. Close and positive relationship
	1e. Feeling prepared for the loss
	1f. The life they lived
2. Manifestation of the bond	2a. Bonds manifesting externally
	2b. Bonds manifesting internally
3. Comfort while adapting to loss (core category).	3a. Emotion regulation and soothing
	3b. Supportive presence of the bond
	3c. Purpose and routine
	3d. Transformations in self and relationships
	3e. Comfort through meaning-making and reflection

Category 1. Influences on the bond

In the detailing of their stories, participants consistently highlighted aspects of their bereavement which were intertwined with the development, expression and helpfulness of the continuing bond which followed. Six factors stood out as particularly influential and these are discussed in turn below, with reference to how they link to other categories within the theoretical framework.

Subcategory 1a. Temporal shifts in the bond

All participants referenced how the passing of time affected their bereavement, with an unfixed period of time needing to pass before bonds can be identified with and made sense of: “once the trauma and all that subsided, that [sense of bond] got bigger [...] once you've passed that raw, broken, awful bit, the other bit has got more room” (Participant 3); “yeah, that [10 year time period since bereavement], that's definitely allowed something to kind of take its place” (Participant 4).

Once established, bonds are not static but shift in form and function over time, reflecting the dynamic nature of grief. Elements that may initially provoke distress can eventually become sources of support, both internally: “it [sense of presence] does now [bring comfort], it didn't at first because... OK, she's still there, but where is she... I want her here” (Participant 1), and externally: “for the first couple of years, I was like, I really need to delete this [Facebook memory], it's just upsetting me to see it pop up every year [...] and then it's like it slowly turned into something where... it makes me smile to see it” (Participant 6). Over time, bonds also become more comforting and integrated into daily life: “it's taken me a few years, but I can now look back at the happy memories and photographs, and think how wonderful that was, you know?” (Participant 7). Temporal distance thus facilitates adaptation, supporting meaning-making, identity reorientation, and emotional regulation, aligning with the subcategories contained within the core category of *comfort while adapting to loss*.

Subcategory 1b. Belief systems shaping bonds

Belief systems operate as interpretive lenses through which individuals understand death, the afterlife, and the legitimacy of maintaining connections. Beliefs in this context are not rooted in a single source such as religion, but emerge from a combination of influences including cultural and societal norms, personal experiences of death, social support, and individual outlooks. These then provide a framework for making sense of death and shape how individuals maintain connections with the deceased. Individual beliefs are intrinsically linked with the development of continuing bonds “I’m a spiritualist [...] and like nearly every other religion, it believes in continuous life” (Participant 1), or may be strengthened by observing the grief practices of others: “she maintained that [bond] herself without anybody encouraging her to do it. I think because she’s observed that kind of thing” (Participant 2). Individual belief systems also guide attitudes towards *bonds manifesting internally* and *externally*, which may lead to more importance being placed on internalised bonds:

I mean, the bench is wooden, so it will rot away. The tree will die because it’s a tree. And that won’t be terribly important to me, if that does happen [...], my whole belief and everything revolves around the fact that she’s still... around somewhere (Participant 1).

Subcategory 1c. Feeling supported

The level of support that the bereaved perceive from family, friends, and wider social networks further shapes how bonds develop and are experienced, and this is often linked in with the aforementioned *belief systems*. Belief systems may influence how acceptable bonds feel: “you can have the expectations of that culture on you, and you’re not conforming, like I just felt like that was *wrong* the way we [family] were (Participant 3); “I think we’ve got this one [culture] where you don’t talk about it, you hide it” (Participant 1), which

can lead to the bereaved feeling pressure to minimise or hide their bond: “I would never talk about this because I know that people would just think, oh my god, she's really not got over it” (Participant 3). This can amplify distress and make adaptation more difficult. Conversely, bonds aligning with cultural or social expectations leave individuals feeling supported in relation to their bond, and in these situations bonds are often validated and shared, becoming a source of collective comfort rather than an isolating experience and more likely to be expressed externally: “we were a really close group, so we talk about him all the time” (Participant 3).

Subcategory 1d. Close and positive relationship

When relationships are close, affectionate, and meaningful, strong bonds are more likely to form: “[if other family members died] I’d remember them, I’d have pictures, I’d celebrate the birthday, all them things, but it 100% would not be this that I’m describing to you” (Participant 3), and to be maintained in ways that provide comfort and support. By contrast, where relationships are more distant or less positive, bonds may be weaker or fail to develop altogether: “when he [dad] passed away [...] it was totally different to losing my wife [...] I didn't feel that bond there, I didn't find there was that connection” (Participant 8), limiting their potential role in adaptation. Within the framework, relationship quality therefore acts as a crucial factor influencing how bonds function as processes that support coping and lead to adaptive outcomes.

Subcategory 1e. Feeling prepared for the loss

Preparation for a loss provides individuals with opportunities to spend meaningful time with their loved one, establish funeral wishes, and address practical matters such as decisions about possessions. When there is time to anticipate a death—through illness, age, or gradual emotional adjustment - continuing bonds are more likely to emerge in forms that feel comforting and supportive, and are less likely to be tinged with regret or guilt: “when he

was diagnosed, mum said to him, where do you want to go, what do you want to do, whatever you want, we will do it. And he said there's nothing. And that was so comforting" (Participant 2). Quality time spent in anticipation of death also creates memories that relate to *the life they lived* and feed into later reminiscence, possessions, and external bonds. By contrast, bereavement in those who experience traumatic or unexpected loss may be marked by shock and a struggle to make sense of the loss, even years later: "there's something about the trauma of that or the nature of what that was, that I can still be enraged by it, and distressed by it" (Participant 4), making it less likely that any ongoing sense of connection will be appraised as positive.

Subcategory 1f. The life they lived

Participants spoke at length about their lives with the deceased, recalling special moments, routines, and experiences that become central to how they are remembered. These recollections influence a wide range of processes, from how external manifestations of bonds are engaged with: "she spent a lot of time there [garden], and there's things there that I know she's done. So that just makes me feel sort of closer" (Participant 8), to how possessions are valued "we went on a cruise on the Norwegian fjords [...] I've got photos of her in certain things I'd bought for her to be on it [the cruise], and so they [clothes] take on different significance (Participant 4). Recollections around the deceased's life also influences which rituals and charitable activities participants later engage in, helping to bring comfort through *purpose and routine*: "I used to put my laptop on and we'd listen to videos while we're having dinner... she liked doing that, and I'll still do it [...] it just, reminds you of the times when you were together". Positive memories becoming integrated within bond expression therefore offers a sense of closeness and continuity, providing material for *meaning-making and reflection*, and guiding the tangible practices through which the bond is expressed.

Category 2. Manifestation of the bond

Coding procedures identified a wide range of internal and external manifestations of continuing bonds, shaped by the influences outlined above, and engagement with these manifestations emerged as central processes through which a sense of connection is sustained and deepened. Crucially, the interaction between internal and external bonds represents an additional process within the framework, as deliberate engagement with external expressions of the bond can heighten and reinforce the felt experience of the internal bond.

Subcategory 2a. Bonds manifesting externally

External manifestations are outward expressions of connection with the deceased - observable actions or objects that publicly signify the bond. Examples include keeping photos on display, visiting meaningful places, continuing shared rituals, listening to personally significant music, or, most commonly in this sample, using or displaying the person's possessions. Their significance typically stems from positive associations with *the life they lived*, and they vary in emotional importance, with some becoming highly cherished after a death: "the teddy is really a symbol of him being with me now [...] so that teddy, if the house burned down... as long as that teddy... that teddy's my most prized possession" (Participant 3); "this little box [made together at a community group], I thought, I can't chuck that away because it's got her name on it" (Participant 5).

Engagement with external manifestations is generally associated with positive emotions, directly supporting *emotion regulation and soothing*: "every time I see that [orchid regrowing in garden], it sort of makes me smile" (Participant 8). However, their emotional impact depends on the bereavement context and other factors. Objects or reminders connected to funerals, illness, or the moment of death can continue to provoke distress years later: "I'm still in the stage where the song that reminds me of her [played at the funeral] still makes me cry [...] even thinking about it now, I'm like, oh, God" (Participant 6); "I purposefully don't think of that last year [of illness] because that would bring back many

negative thoughts” (Participant 2). In early bereavement, this may lead individuals to avoid certain external connections: “if I heard it played, I had to go outside, or, turn the radio off. I just couldn’t deal with it” (Participant 1), though this may change in alignment with *temporal shifts in the bond*.

Subcategory 2b. Bonds manifesting internally

While external manifestations are important, bereaved individuals may experience their ‘true’ bond as internal, felt cognitively, emotionally, or spiritually. Internal bonds may feel enduring: “she’s... permanently gone, but permanently with me” (Participant 7) and passive: “it’s not an active thing... it’s very passive” (Participant 6), contrasting with external bonds that are often engaged with deliberately. Internal bonds can be harder to articulate, but in this sample terms such as “essence” (Participant 1), “spirit” (Participant 2), “aura” (Participant 3) and “presence” (Participant 6) described a sense of ongoing connection that felt like the deceased was internally bonded with them: “she’s part of me, it’s almost as if I had a blood transfusion from her, and I carry her around” (Participant 7). They may also manifest through sensory reminders connected to *the life they lived*: “he had putty [...] I can still smell it and it’s like playing a video in my head of working with Dad” (Participant 2), feelings of being “assimilated” (Participant 3), and deliberate internal reminiscence.

The ability to recall memories independently of objects is an important source of comfort: “that person will still be with you as long as you live because you’ll never forget the memories [...] even if you never had any photographs” (Participant 8); “I didn’t have a sad feeling [getting rid of clothing], because I can still remember that... I don’t have to have the possession to remember that” (Participant 2). Reminiscing with others further reinforces the bond and connects to *feeling supported*: “she’s still very present in family meals... where she would have sat, what she might have said, the funny things she might have done... it’s that kind of ongoing remembering” (Participant 4). Through these internal processes, internal bonds provide a readily accessible source of comfort, facilitate *emotion regulation and soothing*, and support adaptive coping.

Category 3. Comfort while adapting to loss

Analysis of participant accounts generated a grounded theory in which *comfort in adapting to loss* captures the central role of continuing bonds within bereavement. The comfort that results from participants identifying with a bond to the deceased is shaped by each participant's unique bereavement context, and is not simply the alleviation of distress, but a multifaceted resource that supports individuals emotionally, cognitively, and existentially as they adapt to a loss and navigate the challenges of grief. It extends beyond the 'warm' feeling that the current sample often described, encompassing emotional regulation, guidance and reassurance from the bond, and a sense of purpose supported by routines. It also involves transformations in the self and relationships, and derives meaning through reflection and sense-making. Together, these processes provide a multifaceted resource that enable the bereaved to adapt to life after loss while maintaining ongoing connections with the deceased. Five interrelated subcategories underpin this core process, discussed in turn below.

Subcategory 3a. Emotion regulation and soothing

Both internal and external bonds provide an enduring source of comfort, and are accessible when needed to alleviate distress. Participants consistently used terms such as comfort, closeness, warmth, safety, calmness, and contentedness to describe the positive feelings evoked by their continuing bonds, which can arise spontaneously or through deliberate engagement with external manifestations of the bond: "when something has upset me, I'll just go there [memorial bench] for the... solace, would you call it?" (Participant 1); "it just brings back memories [...] I think that's why I do it [putting certain song on]. Brings back happy memories, really" (Participant 5). External manifestations used for these purposes were often linked to *the life they lived*:

I stayed up all night with him [brother who had died] in the living room, and we watched back-to-back *Gladiator* [...] so that film is a massive connection for me [...] it calms me down, relaxes me [...] I've watched *Gladiator* hundreds of times [...] I'm like, oooh [comforted noise], it's like having a glass of wine in my hand [laughs] (Participant 4).

Bonds therefore help manage complex grief-related emotions, whereby recalling shared experiences, engaging with meaningful objects, or mentally connecting with the deceased can shift participants from sadness or uncertainty toward calmness, warmth, and continuity.

These processes interact with other aspects of the framework, including temporal shifts in the bond, the life they lived, and the supportive presence of the bond, demonstrating how emotion regulation both arises from and reinforces continuing bonds.

Subcategory 3b. Supportive presence of the bond

Alongside helping to regulate emotions, internal bonds function as a supportive presence, providing guidance, reassurance, and a sense of companionship that help the bereaved navigate challenges and make decisions in the aftermath of loss. Actions and decisions after bereavement are often guided by an individual's continuing bonds: "I would know instantly what he would say in any situation [...] my brain would probably hear him saying, 'for God's sake pull yourself together'" (Participant 3); "I thought, well if I was to speak to Dad, Dad would say, 'what on earth are you doing it for after all these years? Do it on the day that's convenient', and therefore, I dropped that ritual" (Participant 2).

This may extend to bereaved individuals deliberately 'reaching out' or talking to the deceased for guidance or reassurance, helping them feel less alone in facing problems or dilemmas: "I could really do with, you know, something. Please... anything [...] just sort of say that you're there, that would be grand" (Participant 6); "When I've got something I'm really pondering, and not sure what to do about [...] I feel less on my own with it, just for being there [memorial space]" (Participant 1).

Subcategory 3c. Purpose and routine

Bereavement may be followed by a search for purpose, and bonds often shape how bereaved individuals spend their time, occasionally motivating new ventures: “What I'm doing now with the bereavement counselling, I feel like that's very much me and [him] together” (Participant 3). Many bereaved will engage in charitable or community activities linked to *the life they lived*, reinforcing the sense of ongoing connection: “I think my overall sort of recognition and respect of his life is to carry on doing things for the community” (Participant 2). For others, purpose comes from volunteering directly tied to their loved one's experiences, deepening both meaning and remembrance: “Once a month I volunteer for the Alzheimer Society [...] that's another one for remembering my wife really, 'cause she'd got dementia... and that brings back memories of our chats” (Participant 5). These purposeful activities therefore provide structure, meaning, and routine while simultaneously strengthening internal bonds and supporting adaptation.

Subcategory 3d. Transformations in self and relationships

Ongoing engagement with continuing bonds shapes participants' sense of self and their connections with others. Working in tandem with the *supportive presence of the bond*, and the *purpose and routine* that bonds provide, these processes eventually help individuals reevaluate their identity and repurpose themselves: “I've actually had to reinvent myself and start again, and just become me” (Participant 1). Bereaved individuals may feel that aspects of the deceased's personality have been absorbed into their own, offering comfort and continuity: “My way of coping is I feel like a massive part of his personality is, like, assimilated with mine” (Participant 3). Relational changes, such as becoming more compassionate or emotionally open with family members are also common after a bereavement: “I think it made me a more compassionate kinda person [...] I approached my mother with love [instead] and was repaid tenfold by doing so” (Participant 2); “That's been new, to be as openly emotional together [with siblings]” (Participant 4).

Transformations also extend to beliefs, which might include greater spirituality or altered views of the afterlife: “After [name] passed, I became a little bit more spiritual [...] I've become much more open to that” (Participant 6); “And I suppose, I do think I'll end up seeing him again” (Participant 3). Together, these shifts enhance the comfort and *meaning-making* derived from continuing bonds, and contribute to a broader process of adaptation after bereavement, supporting individuals as they rebuild life in the absence of the deceased.

Subcategory 3e. Comfort through meaning-making and reflection

Experiencing a bereavement also leads to transformations in attitudes towards life and death. Participants commonly reported engagement with memories of the deceased, personal narratives, and reflective practices over time, which constitute processes through which individuals can interpret and reframe the loss. As a result of these *temporal shifts in the bond* and ongoing engagement with both internal and external manifestations, meaning eventually develops around how the loss is understood: “I sort of look back and think, well... that was a life, this is another life, I'm going through another phase... but I'm taking her with me, you know?” (Participant 7). This may impact how the bereaved approach life: “Life's for living, isn't it” (Participant 1); “Why spend time wailing and gnashing your teeth, if you're not living for now?” (Participant 2), and can help to make sense of events that take place after the loss:

I think the real close connection is Scotland. She lived here, and so, you know, when I [removed for anonymity], I was like, that's her! That's her influence! [...] she loved it here. And I also do, and I've chosen to stay [...] all of that kind of seems like it was meant to be, because things have just fallen nicely. And sometimes I will just chuck up a bit [of] like a thank you to her, [for] looking out” (Participant 6).

Through these processes, meaning-making and reflection generate a sense of comfort and contentedness that supports adaptation, further demonstrating how continuing bonds function as a valuable resource within the context of a bereavement.

Discussion

This study explores continuing bonds, nostalgia, and reminiscence, examining how they support adaptation after bereavement. The findings highlight key processes within a theoretical framework, and the discussion will focus on the helpfulness of continuing bonds and the role of nostalgia and reminiscence.

Helpfulness of continuing bonds

Continuing bonds are complex. Bonds do not always develop with individuals that have died, and when they do, they will manifest and be experienced in a variety of ways. How they shaped bereavement was highly individual, and bonds evolved and changed over time, much like a physical relationship would. Despite this, there were clear similarities in regards to the adaptive potential of continuing bonds, which were separated into five subcategories: *Emotion regulation and soothing*, reflecting how bonds help manage grief-related affect; *Supportive presence of the bond*, highlighting the sense of reassurance and direction provided by the bond; *Purpose and routine*, demonstrating how bonds bring comfort through meaningful activity; *Transformations in self and relationships*, capturing shifts in identity and social connections; and finally *Comfort through meaning-making and reflection*, showing how bonds assist in making sense of life, death, and the ongoing adjustment.

The generally positive impact of continuing bonds observed in this study aligns with previous research i.e. Hewson et al. (2023), as does the distinction between internal and external manifestations which echoes earlier work differentiating 'types' of bonds (Field et al., 2013; Martínez-Esquivel et al., 2023; Scholtes & Browne, 2015). The study also reinforces findings on the significance and helpfulness of an internally felt 'presence' (Black et al., 2022). In this study, external manifestations often centred on significant objects,

places, or other tangible representations of the connection, similar to those reported in past research (Vale-Taylor, 2009). These external bonds appear to function within the bereavement as regulatory tools, stimulating feelings of safety, security, and connectedness and paralleling Winnicott's (1953) concept of transitional objects. Such objects, first described in relation to attachment theory, help regulate affect during physical separation and can be revisited when comfort is needed, and they have previously been proposed to exist and provide benefit within a bereavement context (Goldstein et al., 2020; Wakenshaw, 2020).

Consistent with Gibson's (2004) findings, participants described how the meaning and emotional value of these items changes over time, highlighting the dynamic role they play in adaptation. One study (Maasen, 1998) suggested that other 'forms' of transitional object can exist, such as bereavement groups, and the present findings support broadening this definition further, suggesting that places, films, and routines may also operate as transitional resources that scaffold ongoing adaptation.

Nostalgia and reminiscence

Little evidence was found to suggest that nostalgia has links with continuing bonds, which contrasted with the researcher's initial expectations. Participants rarely named nostalgia in interviews without it first being prompted by the researcher, and when directly asked whether they considered themselves as having a nostalgic disposition, the majority did not feel this was the case. One participant went so far as to highlight that the emotions that their bond evoked could not be reduced to simple nostalgia: "it's far more powerful than that, far more" (Participant 7). The process by which continuing bonds alleviated distress and evoked positive emotions appears similar to the benefits which nostalgia has been evidenced to provide (Sedikides et al., 2015), and, like nostalgia, a desire to feel connected may arise in response to difficult emotions (Wang et al., 2023; Zhou et al., 2012), though any further links between the two in relation to the current findings would be speculative.

Reminiscence was also rarely named independent of the researcher asking about it, though participants commonly reported activities which aligned with the act, such as sharing memories of the deceased with others, or by the purposeful recall of memories attached to them, whilst in private. Participants also reminisced frequently in interviews, and reported enjoyment in sharing stories with the researcher about the individual who had died: “she had a fantastic smile as well... beautiful brown eyes... anyway, I mustn’t go on about it, but it’s lovely to be able to do that” (Participant 7). This remembering and reminiscing helps evoke positive memories of the person who had died, strengthening the bond and providing comfort through emotion regulation and soothing. The findings therefore suggest that acts of reminiscence do provide an adaptive function for individuals who are bereaved.

Clinical implications

Despite bereavement’s ubiquitous nature, prior research has indicated that some clinicians feel underprepared in working with grief and loss (Blueford et al., 2022; Hill et al., 2018), and may rely on a more general set of practices when working with bereaved individuals. Similarly, disparity between research recommendations and clinical practice have been noted across multiple studies (Breen, 2010; Dodd et al., 2022), with Dodd et al. (2022) concluding that professionals’ confidence in their ability to work in the area is overstated. Previous research and the current study highlight a number of factors that can influence grief (Ringdal et al., 2001; Selman et al., 2021), which has led to some researchers concluding that specific bereavement approaches and related interventions are needed to support the bereaved population (Currier, 2008; Wittouck et al., 2011).

The current findings carry important implications for clinical practice in bereavement support and psychological interventions. They suggest that encouraging individuals to recognise and engage with their continuing bonds can provide a valuable resource for emotion regulation, soothing, and adaptive coping. Clinicians may firstly find it helpful to validate these experiences and normalise the presence of both internal and external connections with the deceased, particularly as some bereaved individuals may worry that

such bonds are “unhealthy” or maladaptive. Therapeutic approaches could then incorporate deliberate reminiscence, autobiographical memory work, or the use of significant objects and places (LeDuff et al., 2017; Sas & Coman, 2016) as resources to strengthen feelings of connection and security. Importantly, the evidence that internal bonds offer an enduring, passive source of comfort highlights their potential role in coping, while externalised practices may be drawn on flexibly in times of heightened distress. In situations where a comforting bond has been identified, clinicians working in bereavement contexts might support clients in identifying, sustaining, and drawing upon these forms of connection as part of meaning-making and adjustment processes.

The findings also highlight the importance of a nuanced, individualised approach, rather than assuming that bonds are universally beneficial. Contextual factors such as the time since the bereavement, the nature of the relationship, and the circumstances of the loss were shown to heavily influence the development, expression and adaptive potential of bonds, and given previous research that suggests in some contexts bonds may hinder adaptation (Boelen et al., 2006; Currier et al., 2015; Field et al., 2003; Field, 2004) or be linked with heightened distress (Field and Friedrichs, 2004; Stroebe et al., 2010), this must be kept in mind.

Limitations and recommendations

A key consideration in evaluating the current study is the relative homogeneity of the sample, which can be viewed as both a strength and a limitation. All eight participants reported close and largely positive relationships with the deceased, with most losses occurring several years earlier, following illness. All were White British, all but one aged 60 or over, and most had experience giving or receiving bereavement support, making them comfortable discussing grief. While this consistency within the sample allows for firmer conclusions about this group, it limits transferability to other populations. Grief and continuing bonds are shaped by cultural context (Smid et al., 2008) and age (King & Carter, 2022; Schladitz et al., 2021), which constrains generalisability. The study may also

underrepresent sudden or traumatic losses, which is problematic as research suggests these are more likely to lead people to seek support (Bottomley et al., 2022; Stroebe & Schut, 2001). Clinical applications must therefore be considered with caution, and the theory generated may be best understood only in the context of bereavements where the loss followed a close and positive relationship, where there was a level of preparedness for the death, and where an extended period of time has passed since the bereavement.

Further qualitative research is needed with more diverse samples, spanning cultures, ages, and bereavement contexts, to unravel the complexities of continuing bonds, further highlight their nuances and clarify how they might be integrated into practice. The current findings also suggest that reminiscence can help alleviate distress, echoing its established value with other groups (Xu et al., 2023). Additional qualitative studies and trials of reminiscence-based interventions with bereaved clients would help test its potential clinical utility.

Conclusion

Bereavement can have a profound impact on those who experience it, accompanied by a series of emotional, psychological, and lifestyle changes as the bereaved adjust to a new reality where their loved one is no longer physically present. The current findings suggest that continuing bonds can and do aid navigation through this period by providing comfort to participants as they adapt to the loss, and they are, to our knowledge, the first time a framework has been put forward which aims to illustrate processes involved in their formation and helpfulness.

Disclosure of interest statement

The authors report there are no competing interests to declare.

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Appendices

Appendix A Target journal guidelines

Target journal: Death Studies

Aims and scope: Now published ten times each year, this acclaimed journal provides refereed papers on significant research, scholarship, and practical approaches in the fast-growing areas of bereavement and loss, grief therapy, death attitudes, suicide, and death education. It provides an international interdisciplinary forum in which a variety of professionals share results of research and practice, with the aim of better understanding the human encounter with death and assisting those who work with the dying and their families.

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Publication office: Taylor & Francis, Inc., 530 Walnut Street, Suite 850, Philadelphia, PA 19106.

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Contents

About the Journal

Open Access

Peer Review and Ethics

Preparing Your Paper

Article Types

Format-free Submission

Taylor & Francis Editing Services

Checklist: What to Include

Using Third-Party Material
Disclosure Statement
Clinical Trials Registry
Complying with Ethics of Experimentation
Consent
Health and Safety
Submitting Your Paper
Data Sharing Policy
Publication Charges
Copyright Options
Complying with Funding Agencies
My Authored Works

About the Journal

Death Studies is an international, peer-reviewed journal publishing high-quality, original research. Please see the journal's Aims & Scope for information about its focus and peer-review policy.

Please note that this journal only publishes manuscripts in English.

Death Studies accepts the following types of article:

- Data Note
- Full-length research articles or reviews of the literature and brief reports

Although Death Studies does not impose a standard word or page limit on submissions, most accepted articles range from 6,000 to 10,000 words, or 20 to 32 manuscript pages, double-spaced throughout.

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Queries

If you have any queries, please visit our Author Services website or contact us here.

Updated 26th November 2024

Appendix B
Participant demographic information

Participant	Gender	Age	Ethnicity	Time since bereavement(s)	Main bereavement(s) discussed
1 - Alan	M	77	White British	17 years	Wife
2 - Beth	F	70	White British	7 years and 29 years	Mother and father
3 - Carol	F	60	White British	8 years	Brother
4 - Diane	F	61	White British	4 months	Mother
5 - Eric	M	71	White British	6 years	Wife
6 - Francesca	F	29	White British	8 years	Aunt
7 - Grant	M	82	White British	8 years	Wife
8 – Harry	M	68	White British	20 months	Wife
Total / Average / Range	Female – 4 Male - 4	Average – 65.5	White British - 8	4 months – 29 years	N/A

Appendix C

Original research advertisement



**STAFFORDSHIRE
UNIVERSITY**

RESEARCH STUDY

PARTICIPANTS NEEDED

Exploring the mechanisms behind how nostalgia and reminiscence may aid coping in bereavement



ELIGIBILITY

- Experienced a bereavement of an individual who you were close to
- Have found that deliberately maintaining a 'bond' of some sort with that individual has helped how you have coped with your bereavement
- Comfortable with talking about your experiences of your bereavement
- Age 18+

INTRODUCTION

I am carrying out a study which aims to explore individual experience of bereavement. This hopes to build on previous research which suggests that when somebody has experienced a bereavement, purposely remaining 'connected' to the absent person in some way may provide comfort and support, and may help that person cope with the loss and the adjustment to their lives. A connection may be continued through things like reminiscing about the lost person, looking at or listening to things that lead to feeling nostalgic about them, or through rituals such as visiting locations connected to the person who has died.

WHAT YOU WILL BE ASKED TO DO

You will be asked to take part in one 45-60 minute interview (likely over Microsoft Teams)

You will be asked open-ended questions about your bereavement, and things you do now that help you remember the person you have lost

INTERESTED?

For more information, contact Murray Graham (researcher) by email at: g042173m@student.staffs.ac.uk



Appendix D
Participant information sheet

PARTICIPANT INFORMATION SHEET

Project Reference Number: SU_23_169



Title of study:

Exploring the mechanisms behind how nostalgia and reminiscence may aid coping with bereavement.

Invitation:

I would like to invite you to take part in my research study which forms part of my Doctorate research. This research aims to explore individual experience of bereavement, and build on research which suggests that when somebody has experienced a bereavement, purposely remaining 'connected' to the absent person in some way – perhaps through things such as engaging in nostalgia or reminiscing about the lost person - may provide comfort and support, and may help that person cope with the loss and the adjustment to their lives.

Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

Joining the study is entirely your choice. You should only take part if you want to and choosing not to take part will not disadvantage you in anyway. Once you have read the information sheet, please contact me if you have any questions that will help you make a decision about taking part. If you decide to take part I will ask you to sign a consent form before the study begins and you will be given a copy of this to keep.

What is the purpose of the study?

Bereavement, grief and loss are things that will affect almost every individual at some point in their lives, and the feelings and emotions that accompany it can be highly distressing, impactful and long-lasting. There is a huge amount of literature that exists on the topic, but research on grief and models used to support with it have often treated the grief concept as a linear process that individuals go through, focusing on 'tasks', 'stages' or 'processes', or with a 'start' and 'end' point. Some models also view 'holding on' to the absent person as problematic in some way or as a hindrance to the grieving process. This can be invalidating for some individuals who are experiencing grief and who may not want to lose the connection they had to their loved one, or who feel that their grief is normal and a part of them. Therefore, more recent research has been carried out which seeks to move away from previous approaches to grief and investigate how maintaining a connection of some sort with the absent individual can help. The current study is being carried out with the aim of building on the literature in this area – looking at concepts such as 'continuing bonds', nostalgia and reminiscence and how they may influence how somebody copes with their bereavement. By speaking with individuals who have experienced bereavement and found maintaining a bond helpful, it is hoped that the mechanism behind *why* this may help can be better understood.

Why have I been invited to take part?

You have been invited to take part as somebody who is identified as having experienced bereavement, and who may be trying to manage feelings and emotions associated with the resulting grief and loss. You have also been identified as having found benefit in maintaining a bond of some sort with the individual you have lost, perhaps using nostalgic or reminiscent activities.

What will happen if I take part?

Research method

Participation in this study will mainly involve taking part in one single interview with the researcher which will likely last between 45-60 minutes. This interview is likely to be carried out over an online platform (however if this is not suitable a face-to-face interview can be

arranged, depending on your location), and in it the researcher will ask some broad, open-ended questions. Due to the type of study being carried out, questions will vary and change as the study progresses, but they will mainly focus on your experiences of your bereavement, and will ask you to think about things that you have done that have helped you maintain a connection to the individual(s) you have lost.

Venue

Interviews are likely to take place over the virtual platform Microsoft Teams. The researcher will be situated in a private space during this call. If a face-to-face interview is needed, this will take place at a venue which is suitable for you as the participant, to be identified when you have signed up to the study.

Data collection

Various types of data will be collected as part of your participation in this study. Audio and video from interviews will be recorded and saved as an electronic file. These recordings will also be transcribed as part of the analysis which will result in further electronic files.

Recordings will only be made with the consent of the participant and the researcher will indicate when the recording is about to begin. A small amount of data will be collected as part of the completion of the consent form. All data collected will be stored electronically and no paper copies will exist. All electronic files will be safely and securely stored for the duration of the analysis and write-up.

Do I have to take part?

No - participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in any way.

What are the possible risks of taking part?

Participation in this study will involve taking part in an interview, in which the researcher will ask questions about bereavement, and participants' experiences of grief and loss. Whilst questions will be designed to be as sensitive as possible, the nature of the topic means that unpleasant feelings or emotions are likely to arise either before, during or after the interview,

and therefore some discomfort, upset or distress amongst participants is likely. Participants should be aware that they will be asked direct questions about individuals that are no longer alive, and that this may be upsetting. With this in mind, participants are asked to consider their own circumstances and whether they feel able to take part in this research, and to think about how they may manage any negative, upsetting or distressing emotions that come up during it.

Steps will be taken by the researcher to minimise the potential for distress amongst participants, including a check-in before the interview begins. All participants will go through a debrief procedure after the interview, which will include being given a debrief sheet with details of services or resources that may help, such as bereavement counselling services, and Samaritans. In-person interviews will take place in a comfortable, safe and private environment. All participants are free to temporarily or permanently stop the interview at any point should they feel unable to continue.

What are the possible benefits of taking part?

The interviews that will take place as part of this study are not designed to counsel individuals or to help people come to terms with their loss, and as above participants may find them distressing or upsetting in nature. However, participants may also find some benefit from talking in a safe and comfortable place about their bereavement. It is also hoped that findings from this study can be used to add to the literature that already exists around bereavement, grief and loss, and that recommendations can be made which may help to shape approaches to supporting bereaved people in future.

Data handling and confidentiality

Your data will be processed in accordance with the data protection law and will comply with the General Data Protection Regulation 2016 (GDPR).

The data collected will be anonymised and have limited identifiable information. All participants will be given pseudonyms and these will be used throughout the data analysis process and resulting write-up. Any other potential identifying information that arises during the interviews such as names will be anonymised as far as possible. Data will be shared with

the research team at the University but may also be shared with other services during the analysis process, such as transcription services. However, this will only be done with your consent and all data will be transferred to and from these services securely.

Data will be stored electronically on Microsoft SharePoint, which is a secure platform. If you choose to withdraw from the study at any point and you want to withdraw your data from the research, you will not be negatively impacted in any way. You are free to withdraw at any point of the study, without having to give a reason, and you are able to withdraw your data from the study **up to two weeks after your interview**. If you choose to withdraw during this time your data will not be stored in accordance with GDPR legislation. After two weeks, withdrawal of your data will no longer be possible due to your data being analysed and processed at which point it will be completely anonymous and will not be able to be removed from the write up of the thesis.

The data controller for this project will be University of Staffordshire. The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under GDPR is a 'task in the public interest' You can provide your consent for the use of your personal data in this study by completing the consent form that will be provided to you.

You have the right to access information held about you. Your right of access can be exercised in accordance with the General Data Protection Regulation. You also have other rights including rights of correction, erasure, objection, and data portability. Questions, comments and requests about your personal data can also be sent to University of Staffordshire's Data Protection Officer. If you wish to lodge a complaint with the Information Commissioner's Office, please visit www.ico.org.uk.

What if I change my mind about taking part?

You are free to withdraw at any point of the study, without having to give a reason, and withdrawing from the study will not affect you in any way. You are able to withdraw your data from the study **up to two weeks after your interview**, and if you choose to withdraw during this time your data will not be stored in accordance with GDPR legislation. After two weeks, withdrawal of your data will no longer be possible due to your data being analysed and

processed at which point it will be completely anonymous and will not be able to be removed from the write up of the thesis.

What will happen to the results of the study?

The results will be analysed and written up into a postgraduate Doctoral thesis, and this will likely be submitted for publishing. If published, the research and its findings will be publicly available.

You have the choice if you would like to be contacted after the research project is completed, and if you would like to provide feedback on the research project, or receive a summary of the research report itself. You can select to either opt in or opt out on the consent form to indicate your choice.

Who should I contact for further information?

If you have any questions or require more information about this study, please make contact using the following contact details:

Murray Graham (Chief Investigator/researcher) - g042173m@student.staffs.ac.uk

Dr Gary Lee (Research Supervisor) - gary.lee@staffs.ac.uk

What if I have further questions, or if something goes wrong?

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study you can contact the study supervisor or the Co-Chair of the University of Staffordshire Ethics Committee for further advice and information:

Professor Sarahjane Jones – contact via email on Sarahjane.jones@staffs.ac.uk

Thank you for reading this information sheet and for considering taking part in this research. If you are distressed as a result of what you have read in this participant information sheet or have concerns about your general wellbeing please seek advice and support from family, friends or services such as Samaritans (phone 116 123).

Appendix E

Second and third research advertisements



BEREAVEMENT RESEARCH STUDY

PARTICIPANTS NEEDED

Are you aged 18+, and have you experienced a bereavement at any point in your life?

Have you found that continuing a bond with the person that has died in some way has helped your bereavement?

Do you feel like you still have an ongoing relationship with the person that has died, that might be difficult to describe?

Would you be comfortable talking about your bereavement experience(s), as part of an ongoing study into continuing bonds?

WHAT YOU WILL BE ASKED TO DO

- Take part in one 45-60 minute interview (likely over Microsoft Teams)
- Answer open-ended questions about your bereavement, and the ways in which you still feel connected to the person who has died



INTERESTED IN TAKING PART?

For more information, contact Murray Graham (researcher) by email at:

G042173M@STUDENT.STAFFS.AC.UK





BEREAVEMENT AND CONTINUING BONDS

PARTICIPANTS NEEDED FOR RESEARCH STUDY

Are you aged 18+, and have you experienced a bereavement at any point in your life?

Have you found that continuing a bond with the person that has died has helped your bereavement?

Do you feel like you still have an ongoing relationship with the person that has died, that might be difficult to describe?

Do you feel like your bereavement has changed you in some way, in terms of your identity, your relationships or your personal beliefs?

If any of the above apply, would you be comfortable talking about your bereavement experience(s), as part of an ongoing study into continuing bonds?

WHAT YOU WILL BE ASKED TO DO

- Take part in one 45-60 minute interview (over Microsoft Teams)
- Answer open-ended questions about your bereavement, and the ways in which you still feel connected to the person who has died



INTERESTED IN TAKING PART?

For more information, contact Murray Graham (researcher) by email at:

G042173M@STUDENT.STAFFS.AC.UK



Appendix F
Sample interview questions, and their purpose

Interview	Sample questions	Purpose/focus of questions
1 -	<p><i>“I’m interested in people’s experience of bereavement, and in talking to people who have spent time maintaining a bond, or reminiscing about a person that has died. Can you tell me about your experiences of doing this?”</i></p> <p><i>“What are the different things you have done to help you continue a bond with somebody?”</i></p> <p><i>“Why do you think reminiscing about the person that died has been helpful for you?”. “If you ever feel nostalgic about a person that has died or a time when they were alive, how does this help you?”</i></p> <p><i>“Are there times when you tend to reminisce/be nostalgic more/less?”</i></p>	<p>Broad focus on participant’s experience of their bereavement, and of maintaining a bond.</p> <p>Establishing different CBs expressions.</p> <p>Exploring feelings and emotions which are attached to CBs, nostalgia and reminiscence.</p> <p>Exploring other aspects of CBs – permanence, strength etc.</p>
2 -	<p><i>“You mentioned that you have two significant losses and find your grief experience, connections and coping mechanisms differ between the two. Can you tell me a little bit about how they differ?”</i></p> <p><i>“Would you consider yourself nostalgic in general? Did you previously have a tendency to reminisce before the bereavement or is this something new?”</i></p> <p><i>“How do you think your bereavements have changed you as a person? Have continuing bonds been a part of that?”</i></p> <p><i>“Somebody else I spoke to mentioned that they felt like they had had to ‘reinvent’ and ‘repurpose’ themselves over time after their bereavement. Is that something you can relate to?”</i></p>	<p>Checking for differences between bereavement experiences.</p> <p>Gaining further information on bereavement experience.</p> <p>Following up on early ‘hunch’ that developed after first interview, that suggested bonds were integrated within changes after bereavement</p> <p>Comparing against previous interview, to try and elicit new or supporting information.</p>
3 –	<p><i>“Do you think that’s gotten stronger, that feeling like that he is a part of you... has that grown stronger over time?”</i></p>	<p>Exploring how CBs can change over time.</p>

	<p><i>“Thinking about that contentness, have you been able to purposely do things to make that stronger?”</i></p> <p><i>“Do those items bring up different feelings for you? So the teddy, when you have that in front of you, does that bring up different feelings to say the sheets from that night?”</i></p> <p><i>“You mentioned that there have been items that you don’t necessarily want to keep, but you can’t face the thought of seeing them in the bin. What would that mean, if they were to be put in the bin?”</i></p> <p><i>“You mentioned your sister has grieved the loss differently. Have you noticed anything in her, in terms of maintaining a bond with your brother, that she does now?”</i></p>	<p>Checking out level of control over CBs.</p> <p>Looking for differences in emotional responses to objects that represent a bond.</p> <p>Checking out attachment to the deceased’s possessions, and reasons for holding on to items.</p> <p>Looking for differences in CBs between griever, in terms of expression and attitudes towards.</p>
4 –	<p><i>“Can you just tell me what continuing bonds means to you that, that phrase, that concept, in your words?”</i></p> <p><i>“Do you feel that continuing this bond, whether that’s external or internal... do you feel that that’s something you have chosen to do?”</i></p> <p><i>“How would you say that differs from the relationship when they were alive... is it still growing? Is it changing? How would you say that’s changed?”</i></p> <p><i>“When you’re making those choices about... OK, this [possession] can stay, this can go essentially, what is it that allows you to make those choices?”</i></p> <p><i>“You mentioned other bereavements, and that this one’s profoundly different. What feels different? What makes it so profoundly different to you?”</i></p> <p><i>“Do you have any thoughts on attachment, and how someone dying changes our relationship with them, and the attachment that we have to them?”</i></p>	<p>Trying to refine participants’ understanding of CBs.</p> <p>Establishing level of control over CBs.</p> <p>Exploring how bonds change, and similarities between ‘living’ relationships, and CBs relationships.</p> <p>Looking for motivations in holding on to certain possessions or objects.</p> <p>Establishing how relationships with the living affect the bond that exists after their death.</p> <p>Exploring attachment with participants, in line with ‘hunches’ of the researcher.</p>
5 –	<p><i>“How would you define what you’ve got with your wife now? In terms of that relationship...”</i></p>	<p>Trying to define the nature of the ongoing bond.</p>

	<p><i>how would you explain that to someone in terms of that relationship or that bond?"</i></p> <p><i>"It sounds like you were really close with all these people [that have died]. Can you tell me a bit about that?"</i></p> <p><i>"How has that changed the relationship you have with your wife [...] when you're trying to form a new romantic relationship, how was that?"</i></p> <p><i>"Other people have talked about there being a constant, permanent feeling that the person is with them and that they're not really gone. Is that something you've experienced?"</i></p> <p><i>"I'm aware that [your wife] died extremely close to Christmas. I'm just wondering how that time of year is for you?"</i></p>	<p>Refining theory, by exploring closeness of relationships with those that have died.</p> <p>Exploring gaps in knowledge, as participant was the first to have started a new relationship.</p> <p>Refining theory, by comparing to other participants.</p> <p>Exploring permanence of CBs, and whether connection feels different at different times</p>
6	<p><i>"Are there any examples of times where you've really felt that you wanted to reach out, you know, and seek that sort of connection?"</i></p> <p><i>"So what does that reaching out [to the person that died] look like?"</i></p> <p><i>"How has that helped, when you have done those things [reaching out]?"</i></p> <p><i>"You mentioned your granddad died last year. That's quite recent - I don't know how close you were with your granddad, but has anything been different about when he died compared to your aunt?"</i></p>	<p>Exploring how bonds manifest in relation to difficult events or times after the bereavement</p> <p>Exploring how bonds are deliberately engaged with after a bereavement</p> <p>Exploring how bonds have helped, when they are deliberately engaged with</p> <p>Tentative exploring of differences between bereavements, in bond development and in relation to time since the bereavement</p>
7	<p><i>"How do you feel your life has changed since your bereavement, or how have you changed as a person?"</i></p> <p><i>"Has it [bereavement] changed your beliefs at all?"</i></p> <p><i>"What motivated you to take on all these things, you know, get involved in volunteering and your charity work after she died?"</i></p> <p><i>"So you've been motivated to do these things just to keep occupied, to have a purpose... and</i></p>	<p>Exploring changes within participants, as a result of their bereavement/bond</p> <p>Exploring other changes that may be related to CBs</p> <p>Exploring life after bereavement for participants, and trying to elicit information about how bonds were a part of this</p> <p>Further refining of categories, and exploring of how bonds</p>

	<p><i>how do you feel that bond, you know, has been a part of that?</i></p> <p><i>“All the stuff you've talked about, that change in identity, the change in hobbies, meeting new people, it sounds like she's been a big part of that?”</i></p>	<p>are intertwined with participant's lives after bereavement</p> <p>Checking out researcher's interpretations of what has been said, to make sure it aligns with participant's experience</p>
8	<p><i>“How would you say this bereavement has changed you, if it has?”</i></p> <p><i>“What was it that changed, do you think, that allowed you to bury her [ashes] in the garden and do these other things that you thought you would never be able to do?”</i></p> <p><i>“What would you say are the most difficult parts, day-to-day or week-to-week even, of the bereavement now?”</i></p>	<p>Exploring changes within participants, as a result of their bereavement/bond</p> <p>Exploring how bereavement and sense of bond has evolved over time, and reasons behind any change</p> <p>Exploring ongoing challenges after bereavement, to allow for exploration of how bonds have helped with those challenges</p>

Appendix G Ethical approval



School of Health, Education, Policing and Sciences

ETHICAL APPROVAL FEEDBACK

Researcher name:	Murray Graham
Title of Study:	Exploring the mechanisms behind how nostalgia and reminiscence may aid coping with bereavement.
Status of approval:	Approved

Thank you for addressing the committee's comments. Your research proposal has now been approved by the Ethics Panel and you may commence the implementation phase of your study. You should note that any divergence from the approved procedures and research method will invalidate any insurance and liability cover from the University. You should, therefore, notify the Panel of any significant divergence from this approved proposal. This approval is only valid for as long as you are registered as a student at the University.

You should arrange to meet with your supervisor for support during the process of completing your study and writing your dissertation.

When your study is complete, please send the ethics committee an end of study report. A template can be found on the ethics BlackBoard site.

Signed:

Date: 14.08.2024

Sarah Rose

Dr. Sarah Rose
Ethics Co-ordinator - HEPS

Appendix H
Content of consent form

Name of Participant:
Date:
Please read the statements below and if in agreement, select all of the boxes to give your consent to take part in the study:
I have read and understood the participant information sheet
I have been given the opportunity to ask questions, and I have had any questions answered satisfactorily
I understand that my participation in this study is entirely voluntary and that I can withdraw at any time without having to give an explanation
I understand that the interview that I will partake in will be audio- and video-recorded
I consent that data collected could be used for publication in scientific journals or could be presented in scientific forums (conferences, seminars, workshops) or can be used for teaching purposes, and understand that all data will be presented anonymously
I agree that data will be stored securely once collected and will only be used for this project, although the data may also be audited for quality control purposes
I understand that I am able to withdraw my data from the study up to two weeks after my interview, and if I choose to withdraw during this time my data will not be stored. I understand after two weeks withdrawal of my data will no longer be possible due to my data being analysed and processed at which point it will be completely anonymous and will not be able to be removed from the write up of the study
I understand that given the nature of this research (exploring experiences with grief/bereavement) that participation in it may cause distress or negative emotions to arise, and confirm that I feel able to self-manage this
I hereby give consent to take part in this study
I would like to be contacted after the research is complete: Yes/No

Appendix I Debrief information



Participant debrief sheet

Study: Exploring the mechanisms behind how nostalgia and reminiscence may aid coping with bereavement

Researcher: Murray Graham (University of Staffordshire)

Thank you for giving up your time to participate in today's interview, and for sharing your experiences with me. I hope that you have found it interesting.

Due to the nature of the interview topic and the discussion that took place, it is possible that you might feel upset or distressed as a result of taking part, and you may think about your bereavement(s) more. This may happen soon after the interview, or distressing feelings may become apparent over the coming days and weeks. If this happens, please consider speaking about it with someone that you trust such as a family member or friend.

Many nationwide charities and support services exist that provide information, support and guidance to those who are experiencing bereavement and grief. Listed below are just some of these that you may also consider contacting for support, depending on your individual circumstances:

Organisation	Description	Contact details
CRUSE Bereavement Support	Bereavement charity providing a wide range of support and information, including a helpline	https://www.cruse.org.uk/get-support/ Helpline: 0808 808 1677
Child Bereavement UK	Charity helping children and young people (up to the age of 25) and families, to rebuild their lives when a child grieves or when a child dies	https://www.childbereavementuk.org/ Helpline: 0800 028 8840
The Good Grief Trust	Charity providing a range of support and information for bereaved individuals. Website provides details of over 1000 charities and tailored	https://www.thegoodgrieftrust.org/ Email: hello@thegoodgrieftrust.org

	local and national support services working with grief	
Samaritans	Charity providing a range of support including a 24/7 helpline, helping people to reduce feelings of isolation and disconnection that can lead to suicide	https://www.samaritans.org/how-we-can-help/contact-samaritan/ Helpline: 116 123
Emergency Services	For any life-threatening emergencies, or if you feel that you are unable to keep yourself or others safe	Phone: 999 (emergencies only) Phone: 111 (non-emergencies)
NHS 111	For urgent help and guidance with your mental health	https://111.nhs.uk/ Phone: 111

Withdrawal

As explained before taking part in this study, all participants have the right to withdraw their data from the study up until two weeks after the interview has taken place, and doing so will not affect participants in any way. If you wish to withdraw from the study or have any further questions about this, please email g042173m@student.staffs.ac.uk within the next two weeks. After this time, your data will have been anonymised and it will not be possible for it to be removed from the study.

Feedback of results

This study is not estimated to be completed until Autumn 2025, and therefore results will not be available until after this point. If you are interested in receiving a summary of the final research paper, please email g042173m@student.staffs.ac.uk and this will be made available to you when complete.

Complaints

If you have any complaints about the way in which this study is being carried out, these can be lodged by contacting the study supervisor (Dr Gary Lee – contact via email on gary.lee@staffs.ac.uk) or the Co-Chair of the University of Staffordshire Ethics Committee (Professor Sarahjane Jones – contact via email on Sarahjane.jones@staffs.ac.uk) for further advice and information.

If you have any general queries about the study or wish to speak with a member of the research team, please contact: Murray Graham (Researcher) on: g042173m@student.staffs.ac.uk.

Thank you.

Murray Graham (researcher)

Appendix J

Examples of open, axial and theoretical coding within categories and subcategories

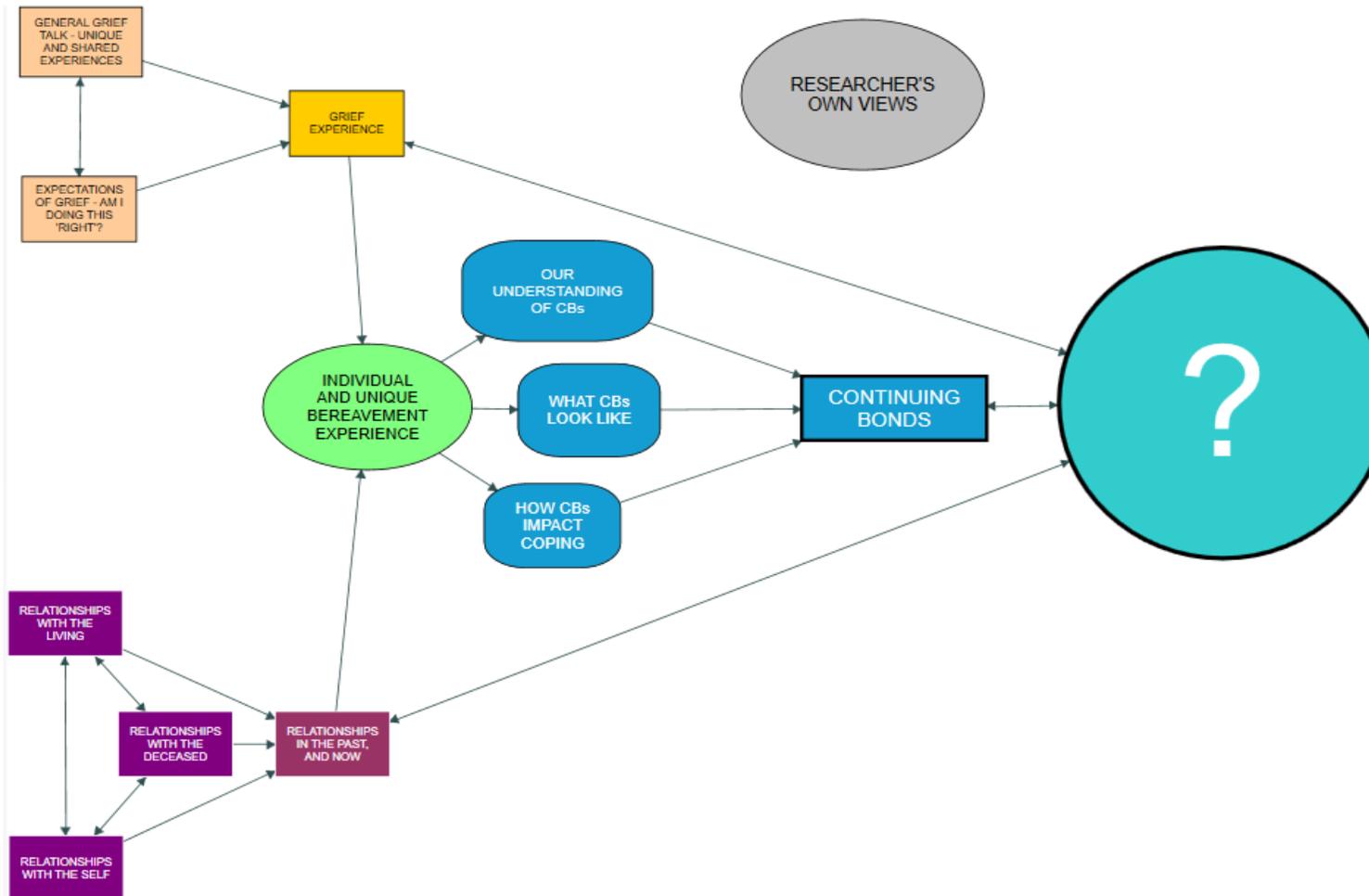
Original open code	Axial code	Theoretical code
Death taking place after illness	Type of death – after illness, traumatic etc.	<i>Feeling prepared for loss</i>
Sense of shock or injustice	Emotional responses	<i>Feeling prepared for loss</i>
Close and positive relationship with the deceased	Relationship with the deceased	<i>Close and positive relationship</i>
CBs as passive or not in control of them	Level of control over CBs expression - passive vs. active	Integrated with <i>Bonds manifesting internally</i>
Engaging with possessions, objects or symbols	Possessions, objects and symbols	<i>Bonds manifesting externally</i>
'Essence' remaining	'Felt' presence, energy, spirit etc.	<i>Bonds manifesting internally</i>
Sense of comfort	Emotions associated with security and safety	<i>Emotion regulation and soothing</i>
Change in beliefs	Changes in identity, beliefs, persona and relationships	<i>Transformations in self and relationships</i>
New ventures and hobbies	Finding purpose	<i>Purpose and routine</i>

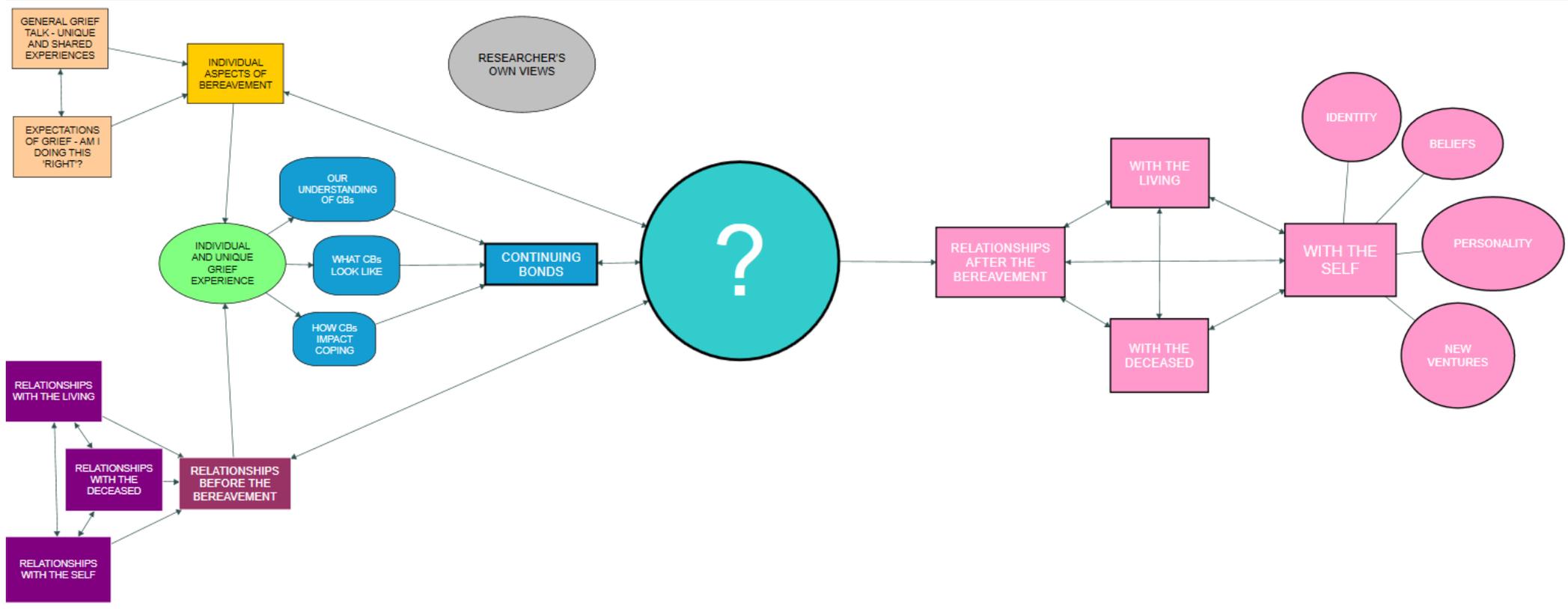
Appendix K
Memo examples, and how they guided process

Memo excerpt	Influence on process
<p>“I wonder if I need to change my map at some point - so that the 'relationship' section is split into two - relationships before death and relationships after death. I could have another arrow that comes out of whatever the core category is, that links to relationships after the death”</p>	<p>Memo followed from sensing from participants that there was a shift in their relationships after the bereavement. This began a focus on how relationships changed after the bereavement, which would later become part of the '<i>Transformation in self and relationships</i>' subcategory.</p>
<p>“Whilst coding the section where Participant 3 was describing the dilemma between keeping her brother’s possessions and disposing of them, it made me think that there was a choice with possessions, whether to get rid of them, or to keep them, and if keeping them then what to do with them. Participant 3 felt like her main CB expression which was that of assimilation was not something she was choosing, whereas certain expressions of hers such as putting on Gladiator was a choice she could make”.</p>	<p>This memo after interview 3 highlighted the decisions participants had to make around possessions, and led me to think in more depth about why some possessions were easily disposed of, and others weren't. It also highlighted an early difference between internal and external manifestations, and the level of passivity that each held. I made a note to explore these things further in the next interview, and ask further questions around how much control participants felt they had over their bonds.</p>
<p>“I am wondering whether objects are serving as a secure base of sorts, that people feel they can return to in times of need/uncertainty/unsafety/distress etc., much like a child is said to do within attachment theory. Objects appear to be providing comfort and a sense of connection, and can be returned to as the participant adapts to their bereavement”</p>	<p>This memo represents a hunch that was followed up with participants in future interviews. At this point in the analysis, it felt like attachment theory may become a part of the eventual grounded theory. This was checked out in subsequent interviews with participants, however, participants didn't appear to resonate with this theoretical link, so attachment theory was moved away from. However, the idea at the heart of the memo remained and became an important part of the final theory, in that objects were serving as 'transitional objects', were used to alleviate distress and were useful for <i>Emotion regulation and soothing</i>.</p>
<p>“Both males I have interviewed have spoken of having to learn to do things for themselves, and how this has changed them after their wives have died. This also speaks to a repurposing of identity or sense of self, which is a form of relationship</p>	<p>This memo was made after interview 5, and shaped the rest of the theory. In particular, this reflection highlighted the multitude of changes that took place within participants after a</p>

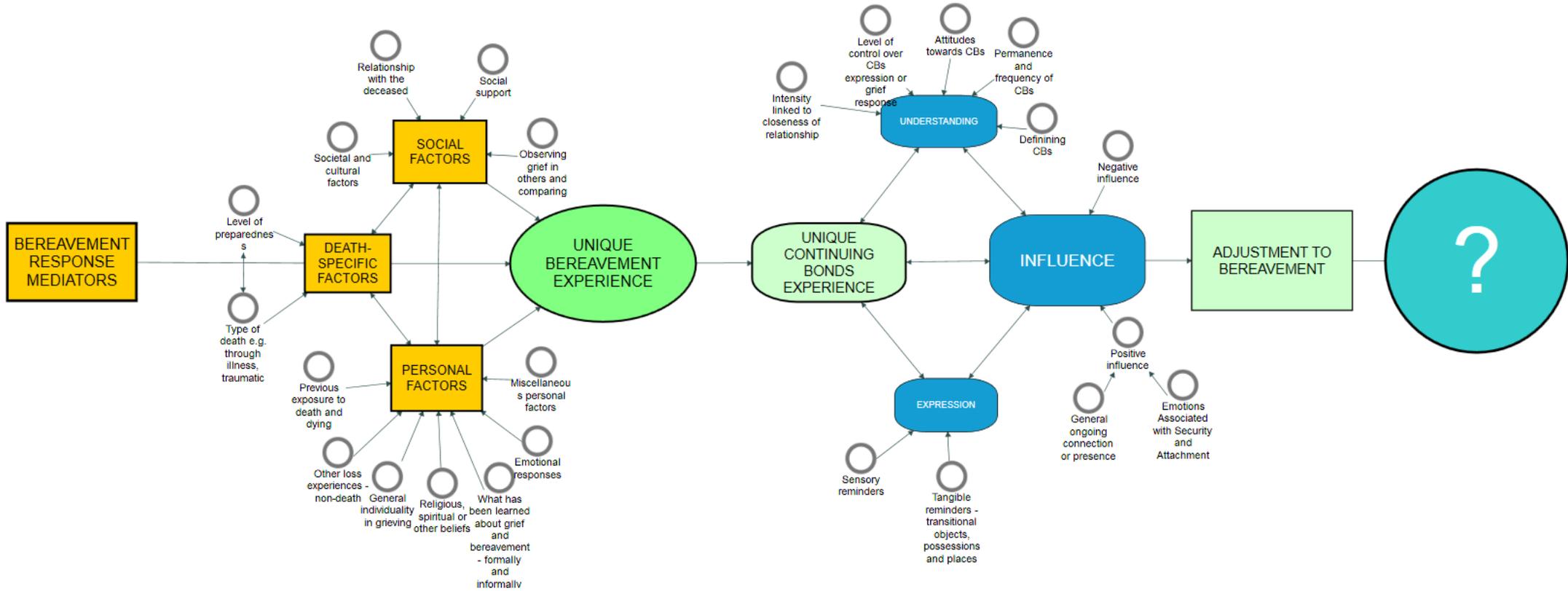
<p>(with the self). Other participants i.e. Diane (P4) have spoken of having a better 'relationship' with the person who has died, after their death.</p> <p>I wonder if I need to focus even more going forward on how people's bereavement has changed or affected their relationships with other people, but also themselves. In particular, has it changed them as a person, has it helped their relationships etc. etc., and how?"</p>	<p>bereavement, particularly with regards to purpose, identity, and relationships. At this stage a new research advert was created which included a line about bereavements having changed participants' identities etc. (with participant 6 stating that this line had attracted her to the research when she read the advert), and questions became much more focused on this area in the final 3 interviews as a result. This helped shape <i>Transformations in self and relationships</i> subcategory.</p>
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Appendix L
Concept maps produced after each interview to guide developing framework

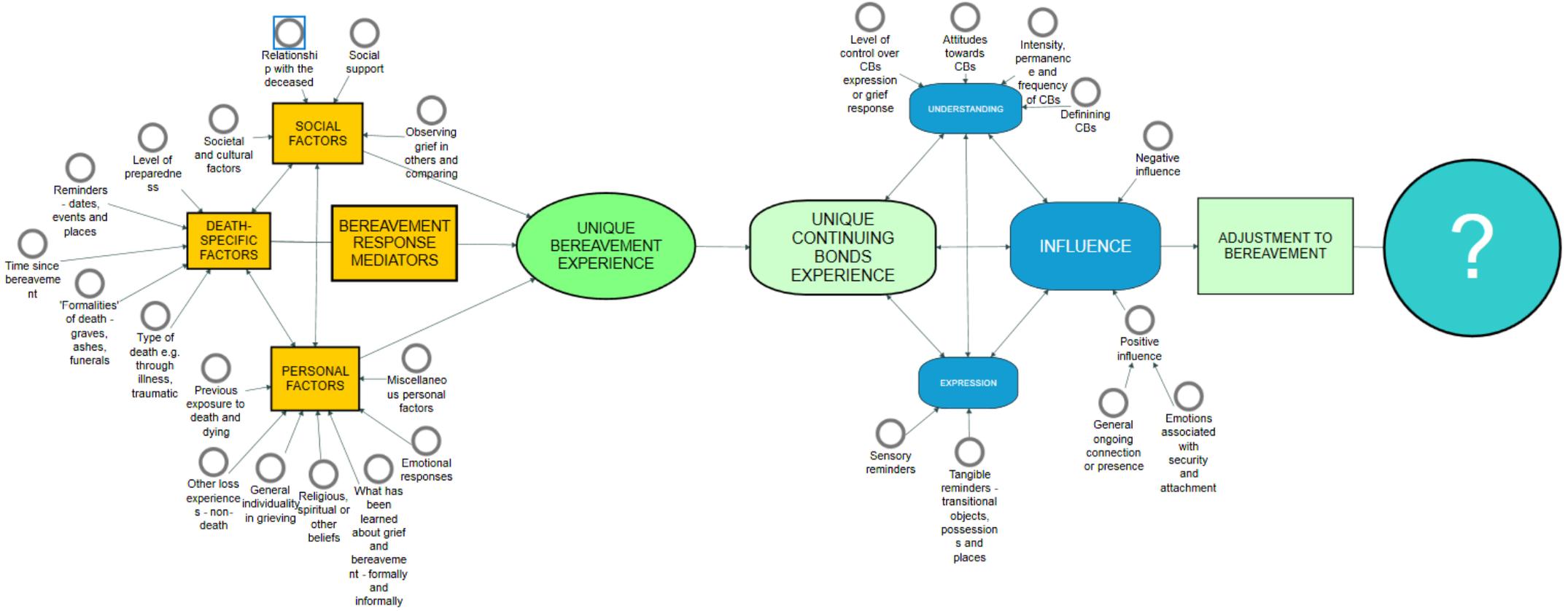




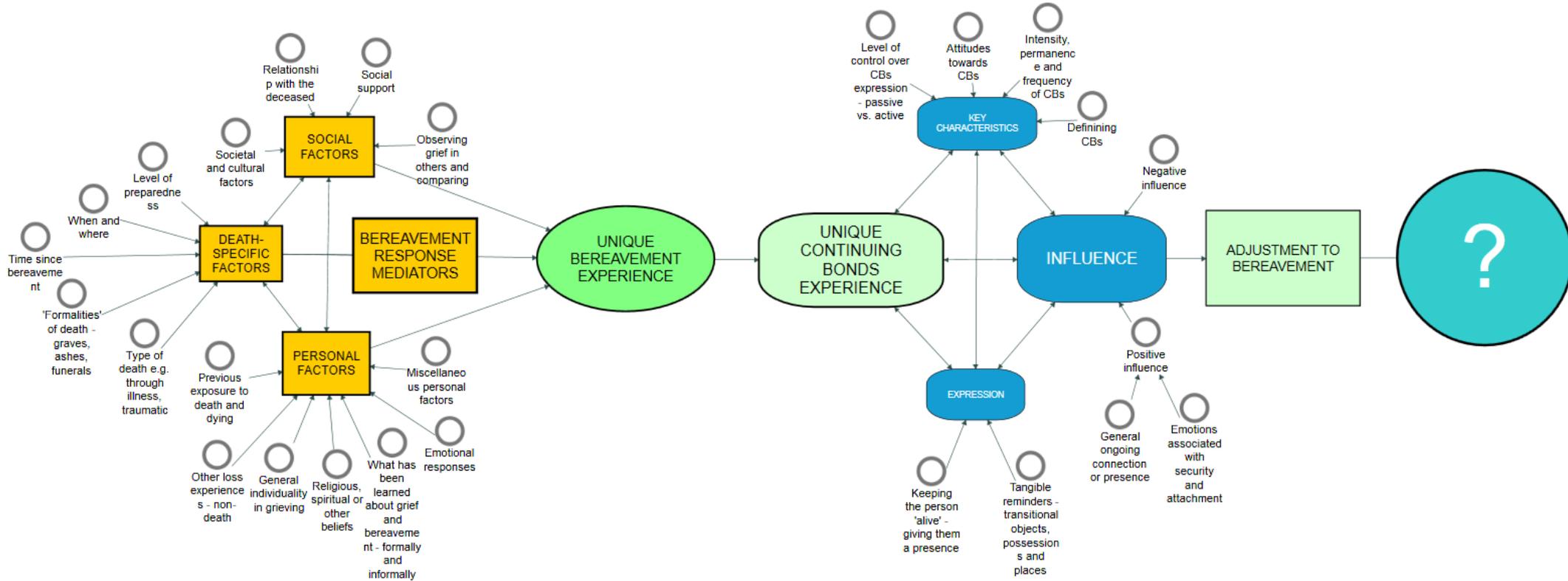
RESEARCHER'S OWN VIEWS



RESEARCHER'S OWN VIEWS



RESEARCHER REFLEXIVITY



Appendix M
Full categories and category descriptors

Category	Category description	Subcategory	Subcategory description
1. Influences on the bond	Contextual factors acting as inputs into the framework, shaping development, manifestation and influence of bonds.	1a. Temporal shifts in the bond	Captures how time since bereavement appears to influence bonds – the development, expression, emotional impact of possessions etc, as well as the eventual comfort that bonds can bring, and the meaning-making that can take place.
		1b. Belief systems shaping bonds	Personal beliefs shaping initial or longer-term grief response and development of continuing bonds e.g. spiritual or religious beliefs, personal opinions on death and dying, cultural and social beliefs.
		1c. Feeling supported	Social factors shaping initial or longer-term grief response and perceived acceptability of bonds.
		1d. Close and positive relationship	Capturing codes that spoke to a positive and close relationship with the deceased before their death, and how this influenced the development of the bond that followed.
		1e. Feeling prepared for the loss	Codes relating to the nature of the death and how this influenced participants in the action in the run up, and the emotional response afterwards.
		1f. The life they lived	Factors relating to the person's life whilst they were alive – memories, routines, values etc. that were carried forward into the bond.
2. Manifestation of the bonds	Central processes of engagement with bonds which were	2a. Bonds manifesting externally	Captures process of engagement with external bonds such as photographs, places, music and rituals.

	influenced by the contextual factors in Category 1, and which shaped the comfort which bonds provided.	2b. Bonds manifesting internally	Captures process of engagement with internal bonds such as a felt presence, energy, spirit or aura. Also captures internal reminiscence
3. Comfort while adapting to loss	Core category that underpins helpfulness of continuing bonds – contains five subcategories which can be viewed as ‘outputs’ of the framework, each capturing how bonds provided comfort in participants’ lives after the bereavement	3a. Emotion regulation and soothing	Positive emotional responses that resulted from connecting with bond – comfort, warmth, contentedness etc. Acted as the main benefit of the process of engagement with external bonds, and helped to explain why the ongoing, passive nature of internal bonds provides comfort.
		3b. Supportive presence of the bond	Participants finding comfort in the felt presence of the person who has died, which can influence participants’ action, act as a guide, or help individuals to feel less alone.
		3c. Purpose and routine	How bonds are integrated with participants’ use of time after the bereavement, helping to provide individuals with a comforting sense of purpose and routine, which was often related to the person that had died, and which aids adaptation.
		3d. Transformations in self and relationships	How bonds were integrated with any changes that occurred within the participant after the bereavement – around identify, beliefs, relationships with others, or sense of self, and how this process of ‘repurposing’ provides comfort in adaptation.
		3e. Comfort through meaning-making and reflection	How bonds were integrated with any meaning-making or reflection that happened after the bereavement, and processes which provided comfort as time passed, and participants were better able to make sense of their loss.

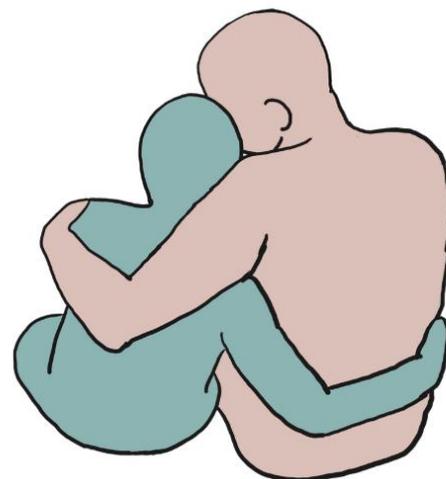
Paper 3: Executive Summary

“I’m Going Through Another Phase... But I’m Taking Her With Me”: Exploring the Positive Impact of Continuing Bonds, Nostalgia, and Reminiscence on Coping with Bereavement: An Executive Summary.

Murray Graham

Word count – 2891 (excluding cover page and references)

RESEARCH PROJECT EXECUTIVE SUMMARY



“I’m Going Through Another Phase... But I’m Taking Her With Me”: Exploring the Positive Impact of Continuing Bonds, Nostalgia, and Reminiscence on Coping with Bereavement
Murray Graham (University of Staffordshire)

This executive summary has been completed to provide an accessible and easy-to-read overview of the above research study. It is intended for a wide range of readers, including those who took part in the study. A variety of individuals were involved in its development, including study participants, those who had expressed interest but ultimately were not interviewed, and others involved in delivering bereavement support. Service users were asked for comment on the content of the summary, including the design and the language used.

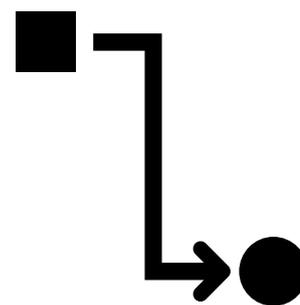
Thank you to everybody that gave up their time to be a part of the research, and thank you to the eight individuals who took part in an interview, without whom there would be no study. This paper is dedicated to them, and to the individuals who are no longer physically present, but whose stories were shared in interviews.

“I SORT OF LOOK BACK AND THINK, WELL... THAT WAS A LIFE, THIS IS ANOTHER LIFE, I’M GOING THROUGH ANOTHER PHASE... BUT I’M TAKING HER WITH ME, YOU KNOW?” — PARTICIPANT 7

INTRODUCTION

BACKGROUND TO THE RESEARCH

WHAT DO WE KNOW ABOUT THE TOPIC ALREADY?



Bereavement and grief are universal human experiences that affect people from all cultures and walks of life. As a result, grief has been widely studied, and our understanding of it has evolved over time. One significant change in how we view grief came with the introduction of the continuing bonds concept, when a group of researchers (1) suggested that it was entirely normal and common for people to keep symbolic or emotional ties to someone that has died. This concept also suggested that maintaining a connection with someone that had died was not unhealthy, or a failure to adapt to the loss, but something that could in fact *support* adjustment to it.

Continuing bonds has been well-researched since, but researchers have not always agreed on how and to what extent an ongoing bond can benefit those who are bereaved. Some studies have suggested it can help with grief (2, 3), while others highlight that the effects can vary depending on the person and the context (4, 5).

Nostalgia and reminiscence are separate but related concepts which, like continuing bonds, involve a connection to the past. Nostalgia is usually understood as the *feeling* we get when we think back to moments from the past, whereas reminiscence is the actual *act* of remembering the past, and may involve photos, music, or simply sharing stories about significant moments. Research has shown that nostalgia and reminiscence can boost our mood and are linked with other psychological benefits (6, 7), and because of this, they have been used in therapeutic settings with different groups of people.

WHY CARRY OUT THIS STUDY?

Although continuing bonds, nostalgia and reminiscence have been linked to psychological benefits in different settings, we still don't fully understand *why* this is the case, and importantly, how they might work together to help someone who is grieving.

This study sees that gap as an important area for further research, and one that can help us move towards a better overall understanding of continuing bonds. By interviewing people who have experienced a bereavement, and who feel that nostalgia, reminiscence, or continuing bonds have been part of that experience, the aim is to better understand how people maintain their connection with someone who has died, and how that might help them with their grief. This is important as it could help guide those working with bereaved individuals in how to provide effective support.

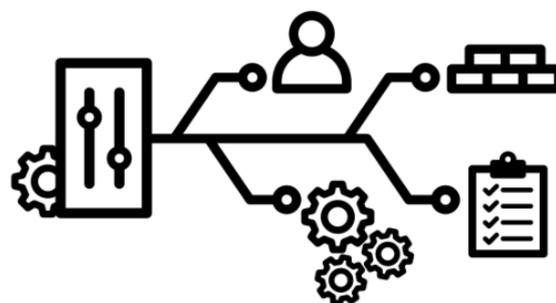
AIMS OF THE STUDY

WHAT DO WE HOPE TO DO?

- 1 Explore what participants' experiences are of continuing bonds, nostalgia and reminiscence, in relation to their bereavement.
- 2 Understand some of the processes involved in the development, maintenance, and expression of continuing bonds.
- 3 Understand how continuing bonds have helped participants throughout their bereavement.
- 4 Discuss how the findings of the study can potentially be used to help those who are bereaved.

METHOD

HOW DID WE CARRY OUT THE STUDY?



HOW WERE PARTICIPANTS RECRUITED?

A research advert was sent out to a variety of organisations who provided bereavement support to individuals, families and other groups. A participant information sheet was also sent out for participants to read – this provided full details of the study so that participants could make an informed decision about whether they wanted to take part.

WHO COULD TAKE PART?

To take part in the research, participants had to be aged 18 or over, and were required to have experienced a bereavement of any kind. Participants also had to identify as maintaining a connection with the person that had died. The bereavement could have taken place at any time in the past, though to reduce the risk of the study having a harmful effect, participants were required to be comfortable talking about their bereavement.

WHAT DID TAKING PART INVOLVE?

After signing a consent form stating they were happy to take part, participants were interviewed over video call. Questions mainly focused on the ways in which they still felt connected to the person that had died, and how this had helped them adapt to the loss.

WHO TOOK PART?

Eight people took part - this was made up of four males and four females aged between 29 and 82, with an average age of 66. All participants were White British and living in the UK. Participants mostly spoke about one particular bereavement they had experienced, but other bereavements were explored where appropriate. Individuals who had died and who were discussed in interviews included spouses, siblings, parents and extended family members.

HOW WAS THE DATA ANALYSED?

A research method called grounded theory was used to analyse interview data. This is a method used to build a theory straight from the data, instead of starting with an idea. Researchers collect information—often through interviews or observations—and look for patterns, ideas, and connections. Important parts of grounded theory include coding the data in steps, comparing new information with what's already been collected, and writing memos to capture thoughts and insights as they arise. These notes help shape the final theory. Grounded theory is especially useful in psychology for understanding complex experiences, like grief, in a clear but flexible way.

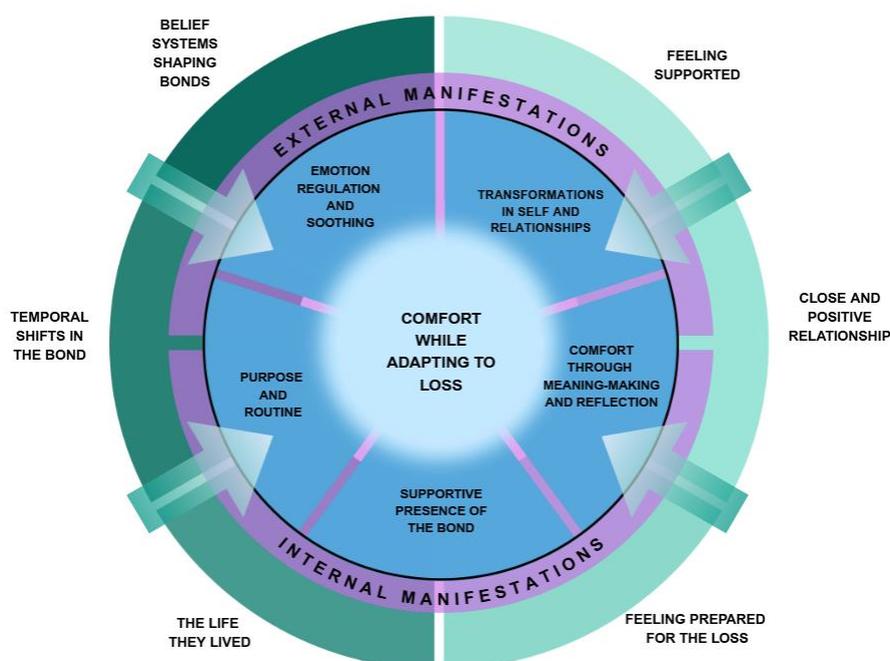
KEY FINDINGS

“YOU NEVER FORGET THE PERSON REGARDLESS OF WHAT YOU DO... THAT PERSON WILL STILL BE WITH YOU AS LONG AS YOU LIVE, BECAUSE YOU’LL NEVER FORGET THE MEMORIES... NOBODY CAN EVER TAKE THAT AWAY FROM YOU...” – PARTICIPANT 7



The study found that individuals experience grief and continuing bonds in different ways, which are shaped by a range of factors. Both internal and external continuing bonds were highlighted by participants, and these work in partnership, with external reminders helping to evoke inner feelings of connection. Together, they help to bring different types of comfort to people who are grieving and support people in different ways as they adapt to life after loss.

The diagram (or framework) shown below was developed to help explain the main findings. It includes three main, connected categories: ‘Influences on the bond’ ‘Manifestation of the bond,’ and ‘Comfort while adapting to loss’, which are further broken down into several subcategories. These are illustrated and explained below.





INFLUENCES ON THE BOND

FACTORS THAT INFLUENCED HOW BONDS DEVELOPED, WERE MAINTAINED AND EXPRESSED

No two bereavements are the same, and individual experiences are closely linked to the way continuing bonds develop, are expressed, and how they ultimately provide support and comfort. Six main factors (on the outside of the circle) are especially important to think about:

- 1) *Temporal shifts in the bond* show how the passing of time allows bonds to develop, with bonds also becoming less distressing and more comforting over time.
- 2) *Belief systems shaping bonds* influence how individuals interpret their loss, the afterlife, and the acceptability of maintaining a bond, with beliefs both guiding and being reshaped by bereavement.
- 3) *Feeling supported* by family, friends, or communities validates and strengthens bonds, while lack of support risks the experience of continuing bonds feeling isolating.
- 4) *A close and positive relationship* plays a critical role in whether and how a bond develops, with stronger, more meaningful relationships producing stronger and more comforting bonds.
- 5) *Feeling prepared for the loss* gives individuals opportunities for decision-making and quality time, which shape how bonds look, and how comforting they are.
- 6) Finally, *the life they lived*—the memories, values, and shared experiences with the person who has died is central to shaping how they are remembered and carried forward with the person as they grieve.

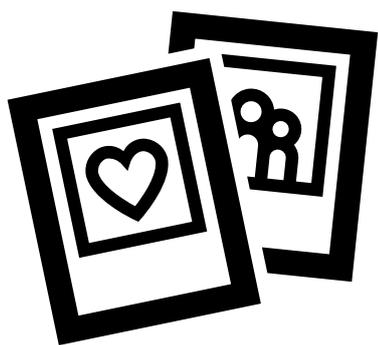


HOW THE BOND SHOWED UP

'MANIFESTATION' OF THE BOND

How bonds are expressed is also unique. The findings grouped bonds into two types of expression - **internal** and **external** - that both provide comfort, and that are both engaged with in different ways as the person adapts to their bereavement.

Internal manifestations are connections that are 'felt' internally by participants, rather than things that can be 'seen' by others. Participants in the study often described feeling the person's presence, reminiscing about shared times, talking to them (internally or out loud), feeling connected through sensory reminders, or feeling like they were one with the person:



“BOND IS A GOOD WORD FOR IT... IT’S ATTACHMENT, IT’S THAT SORT OF REAL ONGOING STRING TO THE HEART THAT I CAN FEEL, AS A PHYSICAL MIDDLE OF THE BELLY CONNECTION” – PARTICIPANT 4

External expressions on the other hand include any ‘observable’ expressions of connection with the person who has died. These are actions that are visible or ‘public’, which might include using or keeping symbolic possessions, having photos on display, visiting places with a connection to the person, carrying on with rituals, or listening to music that held significance.

All participants in the study reported some external expressions of their bond, but these do not seem to be what many see as their ‘true’ bond with the person that has died. These external expressions are important though, as when individuals engage with them they can feel the internal connection grow stronger. This meant that external expressions are sometimes accessed or engaged with in times of need, when people are upset or when in need of guidance.



COMFORT WHILE ADAPTING TO LOSS

WHY BONDS ARE HELPFUL, AND HOW THEY PROVIDE COMFORT

Participants were asked how their bond had featured or helped them cope with bereavement, and how they felt when connecting with it, whether internally or externally. Findings suggest that bonds bring comfort to those who are bereaved in five different ways, as summarised below.

EMOTION REGULATION AND SOOTHING

Bonds can bring feelings of **comfort, closeness, warmth, calm, or safety** to the lives of those that are bereaved. This is felt either spontaneously through an ongoing sense of presence, or by active engagement with bonds, which often happens during times of distress. In this way, engagement with internal and external connections help ease difficult emotions and offer an increased sense of connection to the person who has died.

“SOME THINGS ARE JUST PLEASANT FEELINGS [...] I WEAR A LOT OF HER DRESS RINGS, AND I LIKE IT WHEN PEOPLE SAY I REALLY LIKE YOUR RING, AND I CAN SAY

WELL THAT'S MY MOTHERS... IT'S REALLY NICE TO WEAR SOMETHING, IT'S JUST THAT WARM FEELING"

PARTICIPANT 2

PURPOSE AND ROUTINE

For some, life after a bereavement involves taking up new hobbies, becoming involved in volunteer work or 'reinventing' themselves in some way. Bonds with the person who has died often shape this process - guiding how individuals spend their time and motivating them to take on meaningful activities like charity work connected to their loved one. These actions not only provide purpose and routine but also deepens the sense of connection, bringing comfort and helping with adaptation to the loss.

"ONCE A MONTH I VOLUNTEER FOR THE ALZHEIMER SOCIETY [...] THAT'S ANOTHER ONE FOR REMEMBERING MY WIFE REALLY, YOU KNOW, AND IT... BRINGS BACK MEMORIES OF OUR CHATS..."

PARTICIPANT 5

SUPPORTIVE PRESENCE OF THE BOND

Ongoing bonds with a person who has died may continue to guide an individuals' thoughts and actions. Bereaved individuals may feel they can still 'hear' their loved one's advice or opinions in certain situations, which helps shape thinking and responses. Bereaved individuals may find themselves reaching out for this guidance at times, either by talking to the person who has died or thinking of them. This provides a sense of comfort and support when facing challenges and helps individuals feel less alone in their decision-making.

"WHEN I'VE GOT SOMETHING I'M REALLY PONDERING, AND NOT SURE WHAT TO DO ABOUT, I'LL JUST GO THERE [MEMORIAL SPOT]. I THINK I JUST FEEL... LESS ON MY OWN WITH IT, WITH THE PROBLEM, JUST FOR BEING THERE"

PARTICIPANT 1

TRANSFORMATIONS IN SELF AND RELATIONSHIPS

Bereavement leads to personal and relational changes, which are often connected to the bond with a person who has died. Changes in beliefs or self-identity were common, and some may feel their personality changes to become more like the person they have lost. This is an ongoing

source of comfort, and can positively influence relationships with others, which might lead to bereaved individuals becoming closer with family and friends.

“MY WAY OF COPING IS I FEEL LIKE A MASSIVE PART OF HIS PERSONALITY IS, LIKE, ASSIMILATED WITH MINE”

PARTICIPANT 3

COMFORT IN MEANING-MAKING AND REFLECTION

Experiencing bereavement can shift how participants think about life and death. By engaging with memories, personal stories, and reflections over time, individuals reinterpret their loss and develop new meaning around it. These processes help them approach life differently, make sense of events that follow, and draw comfort from the ongoing bond, supporting adaptation after bereavement.

“I’VE COME AND HAVE LOVED IT AND HAVE STAYED, AND ALL OF THAT KIND OF SEEMS LIKE IT WAS MEANT TO BE, BECAUSE, YOU KNOW, THINGS HAVE JUST FALLEN NICELY. AND SOMETIMES I WILL JUST CHUCK UP A BIT [OF] LIKE A THANK YOU TO HER, LIKE, [FOR] LOOKING OUT”

PARTICIPANT 6

NOSTALGIA AND REMINISCENCE

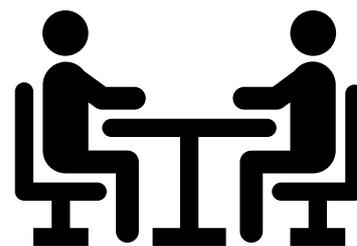
Participants rarely mentioned nostalgia without it being asked about by the researcher and most participants didn’t view themselves as nostalgic when asked. Some also felt that nostalgia didn’t fully capture the depth of emotion they experienced when they connected with their bond, and it appears not to be a common feature of people’s bereavements.

Reminiscence was also rarely named directly, but many participants described activities that reflected it like sharing stories, remembering special moments, or recalling the person in day-to-day life. These acts are sometimes linked to physical reminders, but more often are spontaneous. Remembering is often internal but also takes place with others, where the person who has died remains a significant part of family conversations and routine. Overall, being able to bring positive memories to mind and sharing these with others is important to bereaved individuals, and brings comfort and joy as the person adapts to the loss.



DISCUSSION

WHAT DOES THIS ALL MEAN?



CLINICAL IMPLICATIONS

HOW CAN THE FINDINGS HELP IN PRACTICE?

Grief is complex and highly individual, so past research has suggested that therapeutic approaches tailored to bereavement are needed (8, 9). However, research also points to gaps between recommended practice and what happens in therapy (10, 11), and suggests many professionals feel unprepared to support grieving clients (12, 13). The current study highlights factors that influence grief and suggests that recognising and engaging with continuing bonds can provide a valuable resource for coping, emotional regulation, and soothing.

Clinicians can help bereaved individuals by validating these internal and external connections, normalising their presence, and incorporating activities such as deliberate reminiscence, memory work, or meaningful objects and places to strengthen feelings of connection. Internal bonds provide a passive, enduring source of comfort, while external bonds can be used during times of heightened distress. However, bonds are not always helpful, and whether they are depends on contextual factors such as the time since the loss, relationship quality, and the circumstances of the bereavement, which should always guide any clinical approach.

The study also highlights the value of simply having space to talk. Grieving individuals may find it helpful and even uplifting to share stories about the person who died, and for some it may lead to meaningful reflection on their bereavement, even if it has been several years since it happened. Encouraging rather than avoiding these conversations in therapeutic work - especially around continuing bonds - may therefore help people process their grief and feel understood.

LIMITATIONS OF THIS RESEARCH

WHAT COULD BE BETTER ABOUT THE STUDY?

- All participants reported a close relationship with the person who had died, and most bereavements had taken place several years earlier, after illness. The findings are best understood as applying specifically to bereavements situated in similar contexts, and might not be applicable to other bereaved individuals, such as those who have conflicted or negative relationships with the person who has died.
- All participants were White British and lived in the UK, meaning the sample does not reflect the wide range of cultural perspectives that are known to have a big influence on how people experience and express grief.

RECOMMENDATIONS

WHAT RESEARCH COULD BE DONE NEXT?

- Future research could look at how continuing bonds might help other groups of bereaved people, such as those who have experienced a sudden bereavement, or those who have lost a child. More research using qualitative methods such as interviews would be helpful, to help understand the complexities of bereavement better.

- Findings suggest that reminiscence might help ease distress after bereavement, like it does within other areas. Further research is needed to help clarify how useful it really is in this context, and how it could be used within bereavement support.

WHO WILL THIS RESEARCH BE SHARED WITH?

This research paper has been submitted as part of a doctoral thesis that is being completed by the researcher. As part of this, the researcher has also presented the study and its findings to a variety of individuals within University of Staffordshire, so it can be assessed for quality. The paper will eventually be submitted to a research journal for publication, and if it is published it will become available for the general public to read.

“IT’S IMPORTANT FOR ME BECAUSE IT BRINGS ME COMFORT, IT GIVES ME PURPOSE AND I’VE GOT STRONG BELIEFS, BUT OTHER PEOPLE... IT MAY NOT BE QUITE SO HELPFUL. THEY MIGHT RATHER FORGET. AND SO THEN THAT... THAT IS BETTER... SO WE ARE...WE ARE TOTALLY INDIVIDUAL” - PARTICIPANT 1

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