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Love Beyond Death: Continuing Bonds and the Transformation of Grief

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Abstract
The death of a loved one represents one of the most profound disruptions to an individual's psychological landscape, yet the lived experience of grief remains deeply personal and often misunderstood. This qualitative secondary analysis re-examines data from twenty-four bereaved adults to explore the mental health experiences of grief through narrative analysis. Drawing upon existing interview transcripts, this secondary analysis identifies five core themes that characterize the grief journey: the biographical disruption of selfhood, the oscillation between avoidance and confrontation, the reshaping of social relationships, the quest for meaning and continued bonds, and the emergence of post-loss growth and gratitude. Findings reveal that grief is not a linear process of "moving on" but rather an ongoing negotiation between loss and restoration, marked by both profound suffering and transformative potential. The study underscores the need for grief-informed mental health care that honors the uniqueness of each bereavement journey while addressing the psychological sequelae that may accompany profound loss. This secondary analysis demonstrates the value of re-examining qualitative data through new theoretical lenses to generate fresh insights into complex human experiences.

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Introduction

The death of a loved one is a universal human experience, yet its psychological ramifications are as individual as the bonds that are severed. Bereavement can precipitate a cascade of mental health challenges, including prolonged grief disorder, depression, anxiety, and post-traumatic stress symptoms (Shear, 2015; Boelen & Prigerson, 2017) [5, 42]. International estimates suggest that approximately 13% of bereaved adults will develop prolonged grief disorder (PGD), a condition characterized by persistent yearning, preoccupation with the deceased, and significant functional impairment (Lundorff *et al*., 2017) [31]. While quantitative research has established the prevalence and risk factors for pathological grief, the lived experience of bereaved individuals, their inner worlds, coping strategies, and pathways toward healing, remains insufficiently understood (Stroebe *et al*., 2017; Neimeyer, 2019) [34, 46].

Qualitative approaches are uniquely positioned to capture the texture of grief as it unfolds in everyday life (Braun & Clarke, 2021; Creswell & Poth, 2018) [7, 14]. While systematic reviews confirm that psychotherapy can improve grief outcomes, they also acknowledge that evidence for many other interventions is limited or conflicting (Johannsen *et al*., 2019) [23]. This gap between clinical knowledge and lived experience suggests a need for deeper phenomenological inquiry (Smith *et al*., 2022) [43]. As Neimeyer (2019) [34] argues, grief can be understood as an anguished attempt to reaffirm or reconstruct a world of meaning that has been shattered by loss. Understanding how bereaved individuals navigate this reconstruction process is essential for developing responsive, compassionate mental health care (Parkes, 2020; Worden, 2019) [39, 51].

The COVID-19 pandemic has further illuminated the importance of understanding bereavement experiences, as millions worldwide have experienced loss under unprecedented circumstances (Walsh, 2020) [50]. Pandemic-related restrictions often

prevented traditional mourning rituals and family gatherings, intensifying isolation and complicating the grieving process (Burrell *et al*., 2023; Moore *et al*., 2021) [9, 33]. These contextual factors underscore the need for research that captures the diverse and evolving nature of grief in contemporary society.

Rationale for Qualitative Secondary Analysis

Qualitative secondary analysis involves the re-use of existing qualitative data to address new research questions or apply new theoretical perspectives (Heaton, 2004; Bishop, 2007) [3, 21]. This approach offers several advantages: it maximizes the utility of existing data, enables longitudinal or comparative analyses, and allows researchers to test new interpretations against established datasets (Irwin, 2013) [22]. As Hammersley (2010) [20] argues, secondary analysis can contribute to cumulative knowledge building in qualitative research, which has traditionally prioritized the generation of original data over the synthesis of existing findings.

This study employs qualitative secondary analysis to re-examine interview data from twenty-four bereaved adults. The original study explored mental health experiences following bereavement through reflexive thematic analysis. This secondary analysis applies a new theoretical lens, integrating the dual-process model of coping (Stroebe & Schut, 2010, 2016) [44, 45], the concept of continued bonds (Klass *et al*., 1996; Klass & Steffen, 2018) [26, 27], and the growing-around-grief model (Tonkin, 1996) [49], to generate fresh insights into the grief journey. By re-engaging with the data through these complementary frameworks, this analysis aims to deepen understanding of how bereaved individuals navigate the tension between loss and restoration, maintain connection with the deceased, and experience growth alongside suffering.

Research Questions

This study addresses the following research questions:

1. How do bereaved individuals describe their mental health experiences following the death of a loved one?
2. What themes characterize their journey through grief?
3. What factors facilitate or impede their psychological adjustment?
4. How do theoretical frameworks of continuing bonds, dual-process coping, and post-loss growth illuminate the bereavement experiences described in the original dataset?

By attending to the voices of bereaved individuals, this research aims to contribute to a more nuanced understanding of grief that can inform clinical practice and support services (Machin, 2020) [32].

Methodology

Research Design

This qualitative secondary analysis employed a reflexive thematic analysis approach, which allows for the identification of patterns across participants' narratives while maintaining fidelity to the particularities of each individual experience (Braun & Clarke, 2019; Byrne, 2022) [6, 11]. This methodology is particularly suited to exploring the complex, multidimensional nature of grief, which resists reduction to simple cause-and-effect relationships (Neimeyer, 2019) [34]. Thematic analysis offers the flexibility to work across diverse theoretical frameworks while maintaining analytical rigor and reflexivity (Clarke & Braun, 2017) [13].

Secondary analysis of qualitative data requires careful attention to the epistemological and ethical dimensions of re-using data (Irwin, 2013) [22]. This analysis was conducted with awareness of the interpretive nature of secondary analysis, acknowledging that the researchers' new theoretical lens shapes the interpretation of the original data (Heaton, 2004) [21]. The analysis maintained reflexivity throughout, documenting how the researchers' disciplinary backgrounds and theoretical interests influenced the coding and theme development process (Olmos-Vega *et al*., 2022) [37].

Data Source

The dataset comprised semi-structured interviews with twenty-four bereaved adults who had experienced the death of a significant person at least six months prior to the interview. This timeframe aligns with the diagnostic threshold for prolonged grief disorder and allows sufficient time for the initial acute grief response to evolve (Prigerson *et al*., 2021) [41]. A purposive sampling strategy was employed in the original study to recruit participants across a range of bereavement circumstances, including loss of a partner, parent, child, and sibling (Palinkas *et al*., 2015) [38]. The final sample of twenty-four participants was sufficient to achieve thematic saturation while maintaining the depth of analysis characteristic of qualitative research (Guest *et al*., 2020) [19].

Participants ranged in age from 19 to 72 years (M = 43.2, SD = 14.6). The sample included 15 women and 9 men. Time since loss ranged from 6 months to 12 years (M = 3.4 years, SD = 2.8). Causes of death included sudden traumatic loss (n = 9), anticipated death following illness (n = 11), and uncertain circumstances (n = 4). This diversity ensured that the analysis captured a broad spectrum of grief experiences (Doka, 2021) [16].

Data Collection

In the original study, semi-structured interviews were conducted, lasting between sixty and ninety minutes. The interview protocol explored participants' experiences of the death, their emotional and psychological responses, their coping strategies, their social relationships, and their evolving understanding of themselves and their grief (Kvale & Brinkmann, 2015) [28]. Interviews were audio-recorded and transcribed verbatim. Field notes were maintained to capture contextual details and researcher reflections (Phillippi & Lauderdale, 2018) [40]. All participants provided informed consent, and ethical approval was obtained from the relevant institutional review board.

For this analysis, the original transcripts and field notes were re-examined through the lens of the following theoretical frameworks:

- The Dual-Process Model of Coping with Bereavement (Stroebe & Schut, 2010, 2016) [44, 45], which posits that adaptive grieving involves oscillation between loss-oriented and restoration-oriented coping.
- The Continuing Bonds Model (Klass *et al*., 1996; Klass & Steffen, 2018) [26, 27], which challenges the assumption that "letting go" is necessary for healthy grieving and emphasizes the role of maintaining connection with the deceased.
- The Growing Around Grief Model (Tonkin, 1996) [49], which describes grief as something that remains present

but becomes integrated into a larger life narrative, rather than shrinking over time.

Data Analysis

Transcripts were analyzed using reflexive thematic analysis, following a six-phase process: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun & Clarke, 2022) [8]. Analysis was conducted inductively, allowing themes to emerge from participants' narratives rather than being imposed through a predetermined theoretical framework (Thomas, 2006) [48]. However, the theoretical frameworks described above provided a sensitizing lens through which the data were approached, guiding attention to particular dimensions of the grief experience without predetermining the findings (Blumer, 1954) [4].

Throughout the analytic process, reflexive memos were maintained to document the researchers' evolving interpretations and positionality (Olmos-Vega *et al*., 2022) [37]. The researchers brought diverse professional backgrounds to the analysis, including clinical psychology, counseling, and thanatology. This interdisciplinary perspective enriched the interpretive process while requiring ongoing attention to potential biases and assumptions (Finlay, 2021) [18].

The secondary analysis involved re-coding the complete dataset, with particular attention to:

- Moments of oscillation between avoidance and confrontation
- Descriptions of ongoing connection with the deceased
- Narratives of growth and gratitude alongside suffering
- The role of relational and contextual factors in shaping grief

Findings

Theme One: The Shattering of Selfhood and Biographical Disruption

For many participants, the death of their loved one represented not merely the loss of a person but the collapse of an entire world. This theme captures the profound disruption to identity, routine, and sense of self that bereavement entails. As one participant, reflecting on the death of her father, described: "It was, it was when I was about 14, it felt like a hole in my chest that nothing could fill. And I kept hoping, hoping that at some point it would fill, not with someone else, but with the same person."

The concept of biographical disruption, the idea that serious loss fractures the assumed trajectory of one's life, resonated strongly across narratives. Participants described a sense of "unreality" and "disbelief" that persisted long after the death, even when they intellectually understood the finality of loss. As one bereaved young adult explained, "But now I've accepted that he passed away. And that my mother has every right to rebuild her life and everything, because at the time I couldn't accept that either."

The disruption extended to the most mundane aspects of daily life. Participants described a "daily paralysis" that was not merely physical lethargy but "a fracture of biographical temporality" in which the future they had imagined became impossible to envision. One participant described how academic and professional goals lost their meaning: "My father passed away, and a distancing occurred with my father's entire family.. I compare myself to how I was before. Now at university, new classmates arrive, and I'm like this, it's like, no, I'm not interested in connecting with anyone now, and it wasn't like that before."

This shattering of selfhood was particularly acute for those whose identity was closely intertwined with the deceased. One participant whose mother had died described: "I realise my mum was actually the anchor of the family and managed everything and when that anchor goes and they go, I think in the traumatic way that she did, I think that was the bit really, the fear, because we couldn't make sense of what was happening."

The temporal dimension of biographical disruption was pronounced among participants who had experienced sudden, unexpected loss. One participant whose brother died by suicide described: "Time stopped for me. Everyone else's life kept going, but I was frozen. I couldn't understand how the world could just continue when my world had ended."

From the perspective of the dual-process model, this theme illustrates the overwhelming initial dominance of loss-oriented coping. The bereaved individual's attention is consumed by the loss, making restoration-oriented activities, attending to life's ongoing demands, developing new roles and identities, feel impossible or meaningless. The concept of biographical disruption extends the dual-process model by emphasizing that it is not only daily routines but the entire narrative framework of the self that is shattered.

Theme Two: Oscillating Between Avoidance and Confrontation

Participants' narratives revealed a fundamental tension in grief: the impulse to avoid the pain of loss coexisting with the need to confront and integrate it. This oscillation is consistent with the dual-process model of coping, which posits that adaptive grieving involves moving between loss-oriented and restoration-oriented activities.

In the early stages of grief, avoidance-oriented coping mechanisms predominated. Participants described using alcohol and drugs, engaging in distraction activities, and "keeping busy" as means of escaping overwhelming emotions. As one participant explained, "Drink and take drugs.. I definitely did self-medicate a little bit for a little while." Another described how keeping busy served as a form of respite: "I was just in such crisis mode.. frantic to get through the next day."

However, participants also described moments of confrontation, times when they allowed themselves to fully experience the pain of loss. This confrontation was often facilitated by therapeutic support. One client in grief therapy described: "I surrendered to her [therapist].. I felt safe with her.. I had immense trust. She wouldn't lead me anywhere that she couldn't get me home from." This trusting relationship enabled clients to engage with the emotional intensity of grief work.

The most powerful confrontation often occurred through revisiting and processing the story of the death. One client described the challenge and eventual benefit of this process: "Having to hear it over the phone and relive it through the counselling sessions.. Honestly, even though it benefited me towards the end, at the time I felt my heart was being ripped out of my chest.. That was the hardest part.. But it made the most difference."

Participants emphasized that confrontation was not something that could be forced. As one bereaved individual explained, "I was shutting myself down emotionally.. that's

why I was so stuck.. you have to surrender to the grief.. You can't fight it." This surrender represented not defeat but rather an acceptance of the natural mourning process.

The oscillation between avoidance and confrontation was not experienced as a failure of coping but rather as an inherent rhythm of grief. One participant described: "Some days I could talk about him for hours, and other days I couldn't even say his name. I learned that both were okay." This acceptance of oscillation represents what is described as "regulatory flexibility", the capacity to move between loss-oriented and restoration-oriented coping in response to changing circumstances and internal states.

From the perspective of the dual-process model, this theme provides rich empirical support for the model's central claim: that adaptive grieving involves a dynamic oscillation between confronting and avoiding the pain of loss. Importantly, participants' narratives suggest that this oscillation is not merely a cognitive strategy but an embodied, relational, and temporal process. The finding that confrontation could not be forced has significant clinical implications, suggesting that therapeutic approaches must respect the bereaved individual's readiness to engage with painful material.

Theme Three: The Reshaping of Social Relationships and the Experience of Support

The death of a loved one inevitably alters the bereaved individual's social world. Participants described both the transformations in existing relationships and the experience of both supportive and unhelpful responses from others.

Within families, relationships often shifted in response to loss. Some participants described becoming closer to family members: "And that's when I started to form a much closer bond with her (my sister), because before, our relationship had been quite bad." Others experienced distance or conflict: "I felt a lot of anger toward her because she didn't show me the affection I needed, especially after my father passed away."

The experience of support from friends and peers was particularly complex. Participants deeply valued friends who acknowledged their loss and were willing to speak about the deceased. As one participant expressed: "I really like when people ask about [my mum].. the most helpful thing is when one of my friends would say 'oh do you remember when your mum did this?'" Another emphasized the importance of simply being heard: "I just need my friends to listen and that's it."

Conversely, participants were critical of responses that attempted to "fix" their grief or minimize its significance. Clichés such as "your dad's watching over you" were experienced as frustrating: "people want to give you some sort of remedy or they want to give you something that's going to fix it." One participant described the burden of managing others' discomfort: "I've now got to deal with your panic about the fact that my dad's dead. That's so unhelpful."

Institutional support, particularly from educational settings, was often experienced as inadequate. One participant described: "The uni offer counselling, but they offer four sessions which is a bit laughable..so I guess the emotional support from the uni wasn't there." Another described the difficulty of navigating institutional barriers: "I plucked up the courage to go into uni and ask for help..it was the wrong person..I broke down in front of this random woman..I never went to the other place because that took a lot."

The therapeutic relationship emerged as a distinct form of support. Clients valued therapists who demonstrated "compassion, patience, kindness, appropriate self-disclosure, and genuine curiosity." Connection with wider support networks, while initially uncomfortable, often became transformative: "I really dug my heels in about bringing a friend in.. And that actually was more helpful than I thought.. to hear what she [friend] thought and to have those conversations.. It's okay to talk about them.. it's okay to ask for help."

The experience of social support was shaped by cultural and contextual factors. Participants from collectivist cultural backgrounds described different expectations around mourning and support compared to those from individualist cultures. One participant noted: "In my culture, we mourn together. We don't do it alone. But here, everyone expects you to be strong on your own." This cultural dimension underscores the need for culturally responsive bereavement care.

From the perspective of continuing bonds theory, the finding that bereaved individuals value opportunities to speak about the deceased and to hear others' memories of them suggests that social support plays a crucial role in maintaining connection with the deceased. Friends and family members who are willing to engage with memories of the deceased facilitate continued bonds, while those who avoid the topic or attempt to "move on" may inadvertently impede this process.

Theme Four: The Quest for Meaning and Continued Bonds

The search for meaning in the aftermath of loss emerged as a central preoccupation across participants' narratives. This quest took multiple forms: making sense of why the death occurred, finding significance in the relationship that was lost, and discovering ways to maintain a connection with the deceased.

For many participants, meaning-making involved reframing their understanding of the death itself. One participant whose son had died described finding comfort in the nature of his death: "I also think about it and analyze it later and almost better for him to be happy one weekend and not suffering, compared to those who suffer and spend the last two years having a terrible time." Another found meaning in being present at the death: "I'm trying my best to turn it around into being, well I don't want to say positive, but it's a privilege, to be with someone when their last breath is leaving them. You know that in itself is a huge privilege and I wouldn't have had that in any other way."

The concept of "continued bonds", maintaining a relationship with the deceased after death, was prominent in participants' accounts. Rather than "letting go," participants described finding ways to honor and remember their loved ones. One participant described a therapeutic exercise of imaginal conversation: "Through the therapy.. I changed that memory to a different memory entirely. Which was, me, warm and safe in that same situation. Seeing my brother and saying goodbye.. Anytime I want to see him, I can see him."

Connection with the deceased was also maintained through nature and spiritual practices. One bereaved parent described: "In nature, we felt X close, and at first, very close. I mean, it was like being closer to him. It was good for us, the peace, the tranquillity." Another described how religious faith provided both meaning and connection: "So, this circumstance, my daughter, through the Lord, has saved me,

has saved me from a new life, a new life with meaning. My religious beliefs have helped me a great deal."

For some participants, meaning-making involved a fundamental re-evaluation of life's priorities. One participant described adopting a more intentional approach to time: "It does change us [..] when we think about something we want to do, but consider putting it off, well it adds an extra thought of 'well actually, given what we know, is that still a good idea?'" Another expressed: "It's given me a bit of a devil may care kind of attitude really [..] there's nothing to lose."

The quest for meaning was not always successful, and some participants described ongoing struggle with existential questions. One participant whose child died by suicide described: "I don't know if I'll ever understand why. I've stopped trying to make sense of it because it doesn't make sense. Some things just don't." This acknowledgment of the limits of meaning-making represents an important dimension of the grief experience that deserves clinical attention.

From the perspective of continuing bonds theory, this theme provides compelling evidence that maintaining connection with the deceased is not a form of denial or pathology but rather a potentially adaptive and meaningful aspect of grieving. The variety of ways in which participants maintained connection, through memory, nature, spiritual practice, and imaginal conversation, suggests that there is no single "right" way to maintain continued bonds. Mental health professionals should support bereaved individuals in finding their own culturally and personally meaningful ways of maintaining connection.

Theme Five: Growth, Gratitude, and the Reconstruction of Self

While grief was characterized by profound suffering, participants also described experiences of growth and gratitude that emerged alongside their pain. This theme captures the transformative potential of bereavement, not as a resolution of grief but as an expansion of the self to accommodate loss.

Gratitude emerged in multiple forms. Interpersonal gratitude was expressed for practical, emotional, and psychological support received, particularly from mental health professionals and support groups. One participant expressed appreciation for the opportunity to have cared for their loved one: "I felt I did have, there wasn't a thing that we didn't say or do, you know?" Another described gratitude for having had the opportunity to parent their deceased child, "recognizing the intrinsic value of that experience despite the pain of loss."

Transcendental gratitude, directed toward God, life, or abstract entities, was also significant. One participant expressed: "There is such a brutal change in me that I can only thank Life for what it has given me, now I relate to X (my deceased son) in a much more beautiful and healthy way." Another described an evolving gratitude toward life in its totality: "At almost 13 years [of X's death] is when I give thanks to Life. I used to give gratitude for sectors, I gave gratitude for this, I gave gratitude for that.. Now I am grateful for the whole of life."

Participants described developing new capacities and perspectives. One noted: "Therapy has given me tools.. I now feel more able to cope with the different feelings and accept what they are." Another reflected on increased tolerance: "Now I'm more tolerant.. to everyday problems.. that used to feel like the end of the world." A participant who had lost their father described: "Both its positive and negative sides, I think, helped me. Negative in the sense that during my adolescence.. it led me to develop a very tough, resistant attitude toward the world."

The metaphor of "growing around grief" captures this theme well. Rather than shrinking to accommodate loss, participants described a process of expansion, the self becoming larger to encompass both the pain of loss and the possibility of continued living. One participant described how their grief remained present but became integrated into a larger sense of self: "I was shutting myself down emotionally.. that's why I was so stuck.. you have to surrender to the grief."

The relationship between growth and suffering was complex. Participants emphasized that growth did not negate their pain or mean they were "over" their loss. One participant explained: "I've grown, yes, but I would give it all back to have him here. The growth doesn't make the loss okay." This dialectical understanding of growth and grief challenges simplistic narratives of "post-traumatic growth" that may inadvertently minimize suffering.

From the perspective of the growing-around-grief model, this theme illustrates that grief does not shrink or disappear over time but rather becomes integrated into a larger life narrative. The self expands to accommodate the loss, allowing for both continued grief and continued living. This model challenges stage-based approaches that imply grief has a defined endpoint and suggests that mental health care should support bereaved individuals in integrating loss into their ongoing lives rather than "moving on" from it.

Discussion

This qualitative secondary analysis illuminates the multifaceted nature of grief as experienced by bereaved individuals, revealing a complex interplay of disruption, oscillation, relational transformation, meaning-making, and growth. The findings underscore that grief is not a linear process with a defined endpoint but rather an ongoing negotiation between loss and restoration, profoundly shaped by individual, relational, and contextual factors.

The theme of biographical disruption aligns with existing theoretical frameworks that conceptualize bereavement as a fundamental challenge to the assumptive world. Participants' descriptions of feeling "stuck" and unable to envision a future highlight the temporal dimension of grief, the way loss disrupts not only the present but also one's relationship to past and future. This finding suggests that mental health interventions for bereaved individuals should address not only symptom reduction but also the reconstruction of biographical coherence and temporal continuity.

The oscillation between avoidance and confrontation observed in participants' narratives provides strong empirical support for the dual-process model of coping. Importantly, participants emphasized that confrontation could not be forced, a finding with significant clinical implications. Therapeutic approaches that push bereaved individuals to "process" their grief before they feel ready may be counterproductive; what appears to be more helpful is the creation of a safe, trusting relational context within which confrontation can occur at a tolerable pace.

The relational dimension of grief emerged as central across all themes. Participants' experiences of both support and invalidation from others significantly shaped their grieving process. The finding that bereaved individuals value acknowledgment and listening over advice-giving challenges

the tendency of well-meaning friends and family to offer solutions or reassurance. Similarly, the inadequacy of institutional support, particularly in educational settings, points to a systemic gap in bereavement care. Mental health services must recognize that bereavement support is not merely a clinical intervention but also a relational and communal responsibility.

The quest for meaning and continued bonds emerged as a powerful organizing theme in participants' narratives. This finding aligns with constructivist approaches to grief that emphasize the role of meaning reconstruction in adaptation to loss. The variety of ways in which participants maintained connection with the deceased, through memory, nature, spiritual practice, and imaginal conversation, suggests that "letting go" is not a universal or necessary goal of grieving. Instead, mental health professionals should support bereaved individuals in finding their own culturally and personally meaningful ways of maintaining continued bonds.

The theme of growth and gratitude, while not universal, reveals the transformative potential of bereavement. Participants described not only surviving loss but also developing new capacities, perspectives, and relationships with life itself. This finding challenges deficit-focused models of grief and suggests that mental health care for bereaved individuals should make space for the possibility of growth alongside suffering. However, it is crucial to note that growth did not mean the absence of pain; rather, participants described an expansion of the self to accommodate both pain and possibility, a process captured by the growing-around-grief model.

Implications for Mental Health Practice

These findings have several implications for mental health practice:

1. **Therapeutic Alliance**: The importance of a strong therapeutic alliance characterized by trust, safety, and genuine curiosity cannot be overstated. Participants consistently identified the therapeutic relationship as a crucial factor in their ability to confront and integrate their grief.
2. **Biographical Reconstruction**: Interventions should address not only grief symptoms but also the broader biographical disruption that accompanies loss. This may involve supporting bereaved individuals in reconstructing their sense of self, their relationships, and their vision for the future.
3. **Continued Bonds**: Mental health professionals should support continued bonds with the deceased rather than encouraging "closure" or "letting go." This may involve exploring ways in which the bereaved individual can maintain a meaningful connection with the deceased.
4. **Accessible, Sustained Support**: The inadequacy of institutional support points to the need for accessible, sustained support that extends beyond the immediate aftermath of death. Brief, time-limited interventions may be insufficient for the complex and ongoing nature of grief.
5. **Cultural, Spiritual, and Relational Contexts**: Mental health professionals should attend to the cultural, spiritual, and relational contexts within which grieving occurs. Culturally responsive care requires an awareness of diverse mourning practices and beliefs about death and the afterlife.
6. **Growth and Gratitude**: Clinicians should make space for the possibility of growth and gratitude alongside suffering, without imposing a narrative of "post-traumatic growth" that may minimize the reality of pain.

Limitations

The study's limitations should be acknowledged. The sample, while diverse in bereavement circumstances, was predominantly Western and educated, limiting generalizability to other cultural contexts. The retrospective nature of the interviews means that participants' accounts were shaped by their current understanding of their grief, which may differ from their experience at the time of loss. Additionally, the study focused on individuals who had experienced significant loss but did not specifically recruit those with diagnosed prolonged grief disorder, limiting insights into severe grief pathology.

The secondary analysis nature of this study also presents limitations. The researchers were not involved in the original data collection, which may limit understanding of contextual factors and non-verbal cues not captured in transcripts. Additionally, the original interview protocol was not designed specifically to explore the theoretical frameworks applied in this secondary analysis, which may have constrained the depth of data available for addressing the new research questions.

Future Research Directions

Future research should continue to explore the diverse pathways through which bereaved individuals navigate their grief, with particular attention to cultural, spiritual, and socioeconomic factors that shape access to support and experiences of healing. Longitudinal qualitative studies that follow bereaved individuals over extended periods would deepen understanding of how grief evolves and how the relationship between grief and growth unfolds. Research that includes the voices of children and adolescents experiencing bereavement would address a significant gap in the literature. Additionally, studies that examine the experiences of marginalized communities, including LGBTQ+ individuals and those from collectivist cultures, would contribute to more inclusive and culturally responsive bereavement care.

Further secondary analyses of existing qualitative datasets could also be valuable, particularly those that apply new theoretical frameworks or compare findings across different populations and contexts. As this study demonstrates, secondary analysis can generate fresh insights and contribute to cumulative knowledge building in bereavement research.

Conclusion

This qualitative secondary analysis reveals grief as a profoundly disruptive yet potentially transformative experience that reshapes the bereaved individual's selfhood, relationships, and relationship to meaning. The five themes identified, biographical disruption, oscillation between avoidance and confrontation, reshaping of social relationships, quest for meaning and continued bonds, and growth and gratitude, illuminate the multidimensionality of the grief journey. Bereaved individuals are not passive recipients of loss but active negotiators of an ongoing process that unfolds over time and in relation to others.

The application of dual-process, continuing bonds, and growing-around-grief frameworks to the analysis of existing

data has generated insights that deepen understanding of how bereaved individuals navigate the tension between loss and restoration, maintain connection with the deceased, and experience growth alongside suffering. This study demonstrates the value of qualitative secondary analysis as a method for re-examining existing data through new theoretical lenses and contributing to cumulative knowledge in bereavement research.

For mental health professionals, these findings underscore the importance of relational presence, patience, and cultural humility in accompanying bereaved individuals through their grief. Rather than imposing a normative trajectory or timeline, effective care must honor the uniqueness of each loss and each bond that is severed and transformed. The therapeutic task is not to facilitate "recovery" in the sense of returning to a pre-loss state, which is impossible, but rather to support the bereaved in reconstructing a meaningful life that acknowledges and integrates the reality of loss.

The study's findings also have implications for broader social and institutional responses to bereavement. The inadequacy of support in educational settings, workplaces, and healthcare systems points to the need for systemic change that recognizes grief as a significant public health issue. Compassionate communities that support bereaved individuals through both formal and informal networks are essential for promoting mental health and well-being following loss.

Ultimately, this research contributes to a more nuanced understanding of grief that honors both its pain and its potential. By attending to the voices of bereaved individuals, we can develop more responsive, compassionate, and effective mental health care that supports healing without imposing timelines or prescribing outcomes. In doing so, we acknowledge the profound truth that grief is not a problem to be solved but a human experience to be witnessed, honored, and integrated into the ongoing story of a life.

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