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A FAMILY’S CHANGING GRIEVING PROCESS DURING FAMILY
THERAPY

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A Family's Changing Grieving Process During Family Therapy

Ailenin Aile Terapisi Sürecinde Değişen Yas Süreci

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ABSTRACT

This is a case study that investigated the constituents of the grieving process of a family and the progression of the themes of grieving process. This family includes a father and two adolescent daughters. This therapeutic approach was based on systemic theory, the techniques of Emotional Focused Family Therapy, Structural Family Therapy and Bowen Family Systems Therapy were applied during the therapy process. The criteria for the chosen sessions are: (1) all family members must attend the session, (2) they must talk about the loss or deceased family member. Total number of chosen sessions are 10. Because of the pandemic, the sessions were made online (via Zoom). Theme analysis is carried out to find the themes and the progression of those themes. The research found 114 descriptive themes, 23 second-order themes, seven third-order themes and two core themes (enmeshed relationship and process of emotions), and nine of 23 second order themes repeated at least five time for at least one object. Not all of them showed forward movement. Results are discussed in the light of existing literature.

Keywords: Family Therapy, Family's Grief Process, Systemic Therapy, Theme Analysis, Case Study

ÖZET

Bu araştırma, bir ailenin yas sürecindeki bileşenleri ve ortaya çıkan temaların ilermesini inceleyen bir vaka analizidir. Aile, bir babadan ve iki ergen kızıdan oluşmaktadır. Sistemik teori terapötik duruş olarak belirlenmiştir ve terapi sürecinde Duygu Odaklı Aile Terapisi, Yapısal Aile Teorisi, Bowen Aile Sistemi Teorisi teknikleri kullanılmıştır. Seçilen seanslarda bazı kriterler bulunmaktadır. Bunlar: (1) bütün aile üyelerinin seansa katılması, (2) vefat eden kişi ya da yas hakkında konuşmak. Seçilen seans sayısı ondur. Pandemi sebebiyle seanslar Zoom kullanılarak yapılmıştır. Temaları ve temalardaki ilerlemeyi bulmak için Tema analizi yöntem olarak uygulanmıştır. Araştırma, 114 betimleyici tema, 22 ikinci sıra tema, 7 üçüncü sıra tema ve 2 tane ana tema bulmuştur (iç içe geçmiş ilişkiler ve duyguların süreci), ve en az bir nesne için beş defa tekrar eden 9 ikinci sıra tema bulunmuştur. Sonuçlar var olan literatür üzerinden tartışılmıştır.

Anahtar Kelimeler: Aile Terapisi, Ailenin Yas Süreci, Sistemik Terapi, Tema Analizi, Vaka Analizi

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INTRODUCTION

Grief means ‘the anguish experienced after significant loss, usually the death of a beloved person’ (American Psychological Association, n.d.). Grieving refers to a reaction to death of a loved ones (Granek, 2010). Grief, a dynamic process, is experienced differently in individuals (Hyrkas et al., 1997). The systemic perspective seeks to understand the impact of the death on the functions of the family and the relationship between the members (Walsh & McGoldrick, 1998). The loss of a family member can negatively affect the family equilibrium (Bowen, 2018) and family members can create symptoms after the death of a loved one (Hadley et. al, 1974). When a family is dealing with the death of a family member, they are facing with loss of a loved one, loss of relationships and roles, loss of the whole family, and loss of all family’s hope and dreams (Walsh & McGoldrick, 1998).

The death of the family member affects the subsystems in the family, one of them is spousal subsystem. The death of a spouse can be important stressor (Knowles et al., 2021). After loss, the partner can loss one of resources and relationship. Having children also changes the parental subsystem, the partner becomes a single parent and have additional responsibilities

Understanding the developmental process of an adolescent is necessary to investigating the effect of the grief on them (Palmer et al., 2016). This period a transitional stage from childhood to adulthood in which the adolescents deal with different changing properties (Lerner et. al, 2010). In adolescent years, facing the loss of a loved one and its grief can be harmful for their social development and functioning, physical and mental health and development, and their personal life development (Hill et al., 2019; Palmer et al., 2016). Double dose’ effect means dealing with both adolescence’s difficulties and bereavement process’ challenges (Keenan, 2014).

COVID-19 virus is an infectious illness that has affected the whole world (WHO,2021). The governments took precautions to inhibit the spreading and those precautions challenged the everyday life habits, and brought the new systems into the individual’s life, such as social restrictions, quarantine, and closing of the

schools and workplaces. Social support and guidance are important resources for mourners and especially adolescents, when they are trying to cope with grief (Palmer et al., 2016).

In the following sections, Emotional Focused Family Therapy, Structural Family Therapy, and Bowen Family System Therapy will be addressed. Techniques of EFFT such as validation and normalizing the sadness can relax the clients about communicating with family members and talking about their emotions can prevent a 'closed relationship system' which is mentioned by Bowen where the family members can be afraid of upsetting the other family members in grieving process (Bowen, 2018). In validation techniques, the therapist creates a safe environment where the emotions are accepted (Johnson, 2013). The aim of this technique is conforming and normalizing the clients' challenges (Johnson, 2019). After a loss of a loved one, the roles and functions of the family can be changed, and the family structure can be shaken (Sutcliffe et. al., 1998). The structural family therapy focuses on the family structure, subsystems, and boundaries (Nichols& Davis, 2017). From a systematic perspective, the therapist plays an active role in intervening family's hierarchy and boundaries in the grief process (McBride&Simms, 2001). The loss of a family member can cause a change in circumstances, and the structural family therapy is also helpful to adapt to the changing situations (Nichols& Davis, 2017). Bowenian theory helped to understand different angles of the family grieving process (Detmer & Lamberti, 1991). According to Bowen's approach to the loss, the resources of the members and the connectedness between the family members affect the grief process (Brown, 2012). Loss can lead to a lack of differentiation in the family (Lamberti & Detmer, 1993), resulting in a dysfunctional grieving process (Detmer & Lamberti, 1991).

There is a limited number of case studies on the grieving process available, and none on Turkish families. Since couple and family therapy research in Turkey is very recent in Turkey, this study will be the first to explore the constituents of one family in therapy during the grieving process and the progression of those themes throughout family therapy sessions.

CHAPTER 1

LITERATURE REVIEW

1.1. LOSS FROM SYSTEMIC PERSPECTIVE

The loss of a family member can be seen as one of the biggest stressors which have to be dealt with by the family members (Pereira, 2018). From the systemic perspective, the loss can be seen as a 'transactional process involving the dying and deceased with the survivors in a shared life cycle that acknowledges both the finality of death and the continuity of life' (Walsh & McGoldrick, 1998, p.1). When the families face the loss of a family member, the family system evolves from known into unknown. The homeostasis is shaken (Bloch, 1991). Moreover, this evolution process can be worrisome and confusing because the loss also causes change in their relationship, their interactions, the roles in the family and the family as a unit (Walsh & McGoldrick, 2013) and the systemic perspective mentioned 'in the chain of the influences' after the loss (Walsh & McGoldrick, 1998, p.20). It can be understood that if one of the parts in the system changes, the other parts in the system must change for a proper functioning. In addition to the grief over the death, the families must deal with numerous uncertainties. While dealing with the obscurity, the system tries to attune to the change thanks to family equilibrium. Family equilibrium provides emotional and physical nurturing, development of members and the family (Smilkstein, 1980), and it can be seen in families when the family is calm and there is sufficient functioning among the family members (Bowen, 2018). The death of a family member is a very stressful life event, and it can affect the mourners functioning. After the loss, some families go through the grieving process with better coping skills. However, the family equilibrium can be affected negatively by the loss of a family member (Bowen, 2018; Walsh & McGoldrick, 2013). The families have difficulties remaining the equilibrium.

1.1.1. Mediators of Family's Grieving Process

All the families give different reactions to the loss of a loved one. While this process is unique for all the families, there are different variables that have an impact on the family reactions. Worden mentioned some mediators for the mourning process (2018). One of them is a *kinship with the deceased*. He stated that the kinship shows the relationship between the members. From the systemic perspective, it can be stated that all the family members have different relationships with each other. Even though they lost the same person, their loss is not the same. There is a remarkable difference between the grieving process of the children to the deceased mother and the grieving process of the spouse to the partner. *The nature of attachment* is another variable that is mentioned by Worden (2018). In addition to who the departed is, the mourners' bond to the deceased is essential for the grieving process. The emotional security in the relationship between the deceased and the mourner, the type of the relationship (conflicted or dependent), the feelings toward the deceased and their intensity have an impact on the grieving (Worden, 2018). It can be stated that the properties of the relationship change the grief reactions. *The role of the deceased in the family* changes the family members grieving reaction (Walsh & McGoldrick, 2013). In the family, members display different roles to have a better family function, and the roles have different contribution to the family system. The members display different grieving reactions to the deceased with the nurturer role and to the deceased with the mascot role. *The way of death* can be also another variable of the process (Worden, 2018). In contrast to sudden deaths, the members can have a chance to talk or to say good-bye, they are witnesses to the dying process and they can prepare themselves for expected death (Walsh & McGoldrick, 2013). Also, the expected death has its own challenging process. During that process, the family members become witnesses to the worsening health conditions of a loved ones. Since the ill member passed away, the other family members are waiting for the loss. While the family is dealing with the life-threatening illness and uncertainty, they are also trying to continue their lives (Rolland, 1987). As a result, there can be two grieving processes: the loss of

a loved one before the sickness and the loss of a loved one after the illness, and this might alter the family's mourning process. *The untimely loss* can happen after the terminal illness, and it is counted as another variable (Walsh & McGoldrick, 2013). It is expected that the death happens to the older member of the family. However, the family's equilibrium is shattered by the premature death. *The other stressors* affect the grieving reaction of the family (Walsh & McGoldrick, 2013; Worden, 2018). Other life stressors increase the burden on the family. The pandemic can be an example of a major life stressor. While the families dealing with the loss, they are put in quarantine with lots of uncertainty. The last mediator is *the resources of the family*. Worden mentioned the emotional and social support for dealing with the stress of the loss (2018). Religion, economic stability, or communication with others can be accepted as a resource (Smilkstein, 1980; Worden, 2018). Having several resources and benefiting from them help the family to deal with the burden of the loss. The individual resources can also improve the family functioning. Better handling of the loss affects the other members' grief reaction.

1.1.2. Functional and Dysfunctional Family Grieving Process

The families deal differently with this grief, which causes functional and dysfunctional grief processes for the families (Pereira, 2018). Grief mediators and family resources have an impact on their mourning process. The functional family grief process is composed of being able to stay together during grief and adaptation (Pereira, 2018). After the loss, the family members can provide social and emotional support for each other. It is important to acknowledge that this support should not be dependent on them because the dependent relationship can be seen as a recuperative impact on the family in a short span of time, and it can evolve into challenge in the long term. Additionally, not being able to communicate clearly and not being flexible inhibits the adaptation process (Nichols & Davis, 2017), and not having a reconstructed communicational model creates the dysfunctional family grief (Pereira, 2018). With the loss, the communication model of the family can be also changed. Communication in the family improves the possibility of representing

emotions. Propping the family members express several feelings in different degrees about the deceased one or showing emotions honestly to a family member and tolerating their emotions are components of the functional family grieving process (Pereira, 2018). During the grieving, different feeling with different intensity can be felt by the family members, and the acceptance strengthens the relationship between the family. Also, it creates a safe space for expressing emotions. In the family's grieving process, the feelings play important roles in the grieving process, and not being able to show the emotions can cause acting-out behaviors (Worden, 2018). Being able to express emotions and struggle enables one to go through the grieving process and protect the family from creating symptoms. On the other hand, being distant from the grief process and denying the loss can create more dysfunctional adaptation to the new circumstances (Walsh & McGoldrick, 1998). Another component is that the relationship with dead member's is altered (Pereira, 2018). With the loss, some families avoid talking about or remembering the deceased. They can act like the loss never happened, and the deceased is not a part of the family. For the functional family grief, talking about the loved one or reflecting emotions especially the sorrow is the main feature (Periera, 2018). While the death causes the disappearance of the future with the deceased, there is a shared past in the family history. Reorganizing the member's roles is mentioned by him (Pereira, 2018). As it is stated the new roles improve the functionality of the family. The better the members adapt to the new roles, the faster the family regains its functionality. However, the family can be struggling to adapt to the new roles or functions in the system (Pereira, 2018), which can cause conflicts or other relational problems in the family.

1.1.3. The Impact of the Loss

Systemic perspective aims to understand the impact of the death of a family member's consequences on the functions of the family and the relationship between the members (Walsh & McGoldrick, 1998). A closer look at the family members and their relationships provides a clearer understanding of the impact of the loss.

1.1.3.1. Families' Grief

When a family is dealing with the death of family member, they are facing with loss of a loved one, loss of the whole family and, the loss of all family's hope and dreams (Walsh & McGoldrick, 1998). Independently, the loss of a loved one is a very stressful and coercive situation. Moreover, all families react differently to this crisis. After the loss, the symptoms can be found in family system (Hadley et al, 1974). Those symptoms help the family to handle the grieving when they do not have ability to deal with the loss and try to maintain the system. However, those symptoms can also have a harmful impact on the families. Bowen mentioned the emotional shock wave which is 'a network of underground aftershocks of serious life events and operates on an underground network of emotional dependence of family members on each other', those aftershocks can be physical symptoms (diabetes, allergies, infections etc.), emotional symptoms (depression, phobias, psychotic episodes etc.) or social dysfunctions (addictive behaviors, failures) (Bowen, 2018, p.339). Those symptoms can draw attention from the grief process, and the family focuses on the symptom and the individual while suppressing the grief reaction. Even family members are unaware of the impact of change caused by the loss of a loved one (Bowlby-West, 1983), yet the change is an undeniable result of the loss. Having resources as a family can block the occurrence of the symptom or decrease the negative effect of the symptoms. The death of a family member can break down the family if they have difficulty adapting and transforming because of their inadequate resources. (Pereira, 2018). Even if the family does not disappear, they can face challenges after the death of a loved one.

The family roles can be counted as one of the changing situations and they are also affected by the rising symptoms. The loss in the family also alters the known roles and relationships in the family (Walsh & McGoldrick, 1998). So, the new roles can be found in family. 'The mourner' can be counted as a new role in the family (Pereira, 2018). According to Pereira, the mourner means a family member who expresses sadness, and the mourner experiences the other member's care, relief, and support (2018). It can be stated that one family member takes the

grieving process on him/herself and express the family's emotion. The new role may prevent other family members from experiencing their own grief, but it may facilitate the adjustment process (Pereira, 2018). Additionally, the roles can be inverted. After the loss, children or adolescents can find themselves in a parental role to aid their parent's grieving process, called parentified child, (Bowlby-West, 1983; Chase, 1999), which causes reversed hierarchy and confusion in the family. In the family system, the members have responsibilities. However, the family members' responsibilities can be changed as a consequence of the loss (Bowlby-West, 1983). The survivor members can take the responsibilities of deceased member to maintain the functionality of the system. However, some families have struggled to adapt to the new responsibilities and discharge the new responsibilities, which can cause an imbalance in the family equilibrium.

1.1.3.2. Spousal Grief

Generally, marriages begin with lots of dreams that couples made together. The death of a spouse changes the plans. Spousal bereavement can be accepted as a frequent stressor (Knowles et al., 2021), and the loss of a partner creates an unbelievable number of stresses (Palmer et. al., 2016). The bereaved spouse has to deal with the loss of loved ones and the new parental responsibilities. In a spousal relationship, the partners become a team and a support system for each other. Loneliness is one of the prominent feelings in bereaved spouses (Worden, 2018) and plays a crucial role in developing other symptoms (Stroebe et al., 2015). While there was a team, after the loss, the spouses struggle with the problems on their own. Being alone in the face of challenges, their own mourning process, their children's grieving process, and new obligations can be overwhelming. It can be assumed that their life satisfaction decreases after the loss of a loved one (Michael & Ben-zur, 2007), and the missing marital relationship become more positive if they feel depressive (Futterman et al., 1990). However, it is expected that in the course of time, the intensity of grief reaction of spouses decreases (1997), and if they adopt to the new system and role, their burdens can be diminished.

Adaptation to being single parent is important, and loneliness may also come up in the parental role. The family changes its system to a single-parent family, which brings new roles and responsibilities. The decreased resources and increased stress deteriorate the bereavement for single parents (Gass-Sternas, 1994), and the loss of spouse can be seen as a loss of resource. In the single-parent family, the bereaved becomes the one who takes primarily the responsibility of the children (Hanson et al., 1994). Differently, widowed single parents face the fact of children's grieving process. Children at all ages react to the loss of loved one with lots of different emotions (Burgess, 1994) and they can express different symptoms after the death of parent (Gass-Sternas, 1994). They may have difficulties in realizing and expressing their emotions, talking about the deceased one, and accepting the loss. The parent should be aware of what the children are going through. The parental role is important for their children's grieving process (Burgess, 1994). If the parents do not give necessary support to their children, the children's grieving process and their relationship can be affected negatively. Because of the unmet needs, the new symptoms can be found in families. Surviving parent's maladaptation to loss can block the supportive relationship, which also inhibits the children's grieving processes (Gray, 1989). As previously stated, the supporting relationship within the family is critical for the functional family, and their ability to process grief. Also, the bereaved parent is responsible for providing secure place for expressing emotions.

1.1.3.3. Adolescents' Parental Grief

Adolescence is a transitional stage from childhood to adulthood in which the adolescents are dealing with changing cognitive, biological, psychological, and social characteristics (Lerner et al., 2009), and experiencing developmental tasks (Meshot & Leitner, 1993). This bridge stage is a challenging process for both adolescents and their parents. Additionally, facing the loss of a loved one creates more difficulties. 'Double dose' effect, stated by Keenan, means that in the bereavement process, adolescents are dealing with both adolescents' difficulties

and bereavement process' challenges (Keenan, 2014). To comprehend the impact of grieving on adolescents, it is necessary to evaluate an adolescent's expected developmental process (Palmer et. al., 2016).

During the adolescence stage, the emotional separation comes into adolescents and their caregivers' life (Meshot & Leitner, 1993; Palmer et. al., 2016). The emotional separation changes the relationship between the adolescents and their caregivers. In addition to the change in their relationship, the need of adolescents during the grieving process creates confusion for both adolescents and their parents. The parents can assume that the need for privacy and independence can decrease the need for emotional support from parents, but they need emotional support during the grieving process (Morgan & Roberts, 2010). The experiencing of the loss of a loved one creates lots of different intense emotions in adolescents. Some of them are anger at the deceased person, blankness, or distress (Çakar, 2020; Meshot & Leitner, 1993). Like adults, adolescents have difficulties in showing their emotions about the grief. Also, emotions can be suppressed (Çakar, 2020). Additionally, poor psychological well-being, anxiety, depression, lower life satisfaction can be experienced by adolescents who are dealing with the loss of a parent (Lundberg et al., 2018). Trusting the relationship between themselves and their parents is vital for adolescents. Thanks to that, they can feel confident about showing their emotional needs or emotions and, they can express their need for autonomy and privacy.

During the adolescence stage, their relationship with their parents' changes, as does their relationship with their peers. The peer relationship becomes one of the most important parts of adolescents' lives. Self-disclosure, common events or experiences and impulsivity can be found in adolescents, which increases the intimacy in their relationship with each other (Dopp & Cain, 2012). They also get through the adolescence period at the same time, so this can also create a new bond between them. In the grieving process, the family is also dealing with the loss (Dopp & Cain, 2012), and the family cannot have adequate support for the adolescents (Gray, 1989). So, their relationship with friends can be accepted as a support while dealing with the loss. Even though the adolescents have trustful relationships with

adults, they mostly prefer to talk with their friends (Palmer et. al.,2016), which creates a space where the adolescents can also talk about their emotions and grief. Additionally, peers' behaviors toward the adolescents are crucial for mourning. The loss can be also confusing for the peers. Because of the friends' unordinary behavior, the bereaved can feel estranged while trying to maintain a habitual relationship (Gray, 1989). The risk of being an object of pity among friends can inhibit adolescents from expressing themselves or even from talking about the loss. Furthermore, after the loss of a parent, bereaved adolescents may feel as if they are not understood by their peers; they may withdraw from social engagements; they may feel different because of the unique experience of loss (Gray, 1989), reducing the likelihood of obtaining assistance from peers.

Another important feature of the adolescence period is 'experimentation', and tendency to experiment can causes alcohol, sexual activity, or drugs for suppressing the intense feelings of grieving (Palmer et. al., 2016). Additionally, age-inappropriate social media platforms or online gaming can grab the adolescents' attention, and they may spend a lot of time on the internet. For the grieving adolescents, virtual life can be a way to escape from the intense feeling of grieving the process.

The loss of a parent can also change the role of the adolescents in the family. In addition to their loss, being in the middle of the childhood and adulthood can cause the increased responsibility of adolescents. Even during the mother's illness, the daughters become aware of changes in their roles in the family, such as responsibility of preparing dinners or cleaning(Spira & Kenemore, 2000). After the death of a mother, the house works can be daughters' responsibility. During the transition stage, the new responsibilities can bring different challenges in addition to grieving process.

1.2. COVID-19 AND FAMILY GRIEF PROCESS

1.2.1. Family Grief Process and COVID-19

COVID-19, an infectious illness, was firstly found in China in 2019 (WHO, 2021). According to the World Human Organization's (WHO) declaration, the virus spread through small liquid particles (2021), making transmission invisible. This life-threatening virus causes different symptoms, such as respiratory problems, fever, dry cough, or fatigue. The intensity of those symptoms' changes based on the individual differences, age differences and the medical conditions. Because of the quick transmission of the virus and its undeniable impact, the WHO declared new coronavirus as a pandemic in March 2020 (2021). According to the Turkish Ministry of Health, the first case was discovered on March 11, 2020.

The systemic perspective mentioned that the vulnerability, risk, or coping strategies of family can be investigated by looking at the multilevel recursive effects while struggling with stressful life events and social context (Walsh, 2020). Loss of a family member can be counted as a crisis in the family. Moreover, COVID-19 is another stressful life event, and it directly affects the social context. So, the family distress can be a consequence of the loss, or it could be also the impact of the COVID-19 (Walsh, 2020). Moreover, family distress can be increased because of the combination of death and the pandemic. During the grief process, if the family has other stressors or a crisis, these affect their grieving process (Worden, 2018). In other words, the pandemic can have a negative impact on the family's grieving process. When a family member dies because of disease, the necessity of maintaining good health and staying healthy increases. Being on alert about the transmission of the COVID-19 can also raise family distress. Additionally, the family's adaptation is important for the grieving process (Walsh & McGoldrick, 1998), and the pandemic also causes new situations that the family should adapt. There are two separate life events that can disturb a grieving family's equilibrium, as well as two different adaptation processes that they must deal with. The new circumstances are made by the governmental restrictions. Because of the quick

transmission of the virus, the government took precaution for protecting from the virus, but these precautions create different challenges for family's grieving process. *Lockdown* was one of the most important restrictions made by the governments (T.C. İçişleri Bakanlığı, 2020). During the lockdown, the citizens stayed at home, they were not allowed to go to the street. Only in cases of emergency or in order to take the essentials, citizens were allowed to exit their homes. The lockdown affected the roles in the families. Because of the government restrictions, the family members do not display some of their roles in pandemic, such as loss of the student role. This can affect the grieving process of the family because having different roles provide better adaptation to the grieving process (Worden, 2018). Additionally, it caused fusion between the roles of the members (Biroli et al., 2021). Because of the lockdown, staying at home verifies the known roles in the family. Similarly, as it is mentioned, during the grieving process, the dead member's role in the family can be displayed by other members (Spira & Kenemore, 2000), which also differentiates the roles in the family. While losing some of the roles, gaining the new roles can be confusing and compulsive for the families. Furthermore, the family equilibrium can be shaken. The individual resources are also important for the family's grieving process because it promotes the individual's well-being, which affects the family's grieving process. However, the lockdowns, *having limited time for going out*, or *the closure of public places* also hinder the members from benefiting from their resources, such as clean air, water, and nature (Smilkstein, 1980). *Isolation* is another new concept that came into the family's life. The government mentioned *the restriction on social relationships* and *home visiting* (T.C. İçişleri Bakanlığı, 2020). While physical distance is necessary for reducing the possibility of viral transmission, it might have a severe impact on the family's grieving process. As previously stated, social support has an impact on the family's grief system. The support from the outside of the family has also beneficial impact on the grieving process (Worden, 2018). However, the pandemic decreases the chance of getting support from the extended family members, friends, and community. So, the extended family or friends did not display the holder or needed role, or they did not contribute to the family's

needs (Walsh & McGoldrick, 2013). So, the family goes through the grieving process on its own. Adolescents prefer to receive support from their peers during the grieving process, especially the parental grief (Walsh & McGoldrick, 2013). The school is one of the most important places where friendships are made and maintained. However, because of the pandemic, *the closure of educational institutions* can block adolescents from receiving support from friends. As previously said, the death of a family member disrupts the established family system, and the shutdown of schools diverts adolescents to another systemic place. Trying to adjust to new stressful situations slows the adolescents' grief process, making it more difficult for the family to cope (Walsh & McGoldrick, 2013). Even though there is no direct effect of *the closure of workplaces* on some families, lots of families are influenced by the financial uncertainty as a consequence of pandemics. Economic stability can be counted as one of the major family resources (Smilkstein, 1980) and the risk of losing economic well-being makes the family grieving process more difficult (Sutcliffe et al., 1998; Worden, 2018). The economic stability provides a sense of security for the families and feeling secure became one of the most important emotions during the grieving process because the obscurity comes to the family's life when the family member passes away.

1.3. SYSTEMIC THERAPY MODELS AND FAMILY GRIEF PROCESS

Systemic therapies provide wide-angle perspective. Not only members but also the family, and their relationship are clients, and the therapist is responsible for three of them. The grieving process brings own challenges, and the families generally look for therapy when they do not adapt the changes (Nichols & Davis, 2017). The death in the family systems shakes the existing equilibrium in the family (Bloch, 1991; Walsh & McGoldrick, 2013). Systemic therapist tries to create balanced and functional equilibrium in system. In some families, after the loss, one member can develop symptom which occurs in the family context (Bloch, 1991) that why it is important to understand the context of the family and the changes. The family therapists give importance to the process (the interaction among family

members) and the structure (the organization of the family) for understanding the problem in the family (Nichols & Davis, 2017). In systemic therapy models, the process and the structure are the important part of the therapy process, and the therapist intervene both. Also, systemic therapy models take into consideration the family's position at the family life cycle that requires significant attention (Pereira, 2018) during the family therapy process. Every stage has different emotional process of transition (Nichols & Davis, 2017) , but the loss can block the healthy transitions in the family systems. It can be stated that systemic models give bigger picture about the family, which provides better understanding the grieving process.

1.3.1. Emotional Focused Family Therapy and Family Grief Process

1.3.1.1. Emotionally Focused Family Therapy (EFFT)

In the beginning of 1980, emotionally focused therapy is created as an empirically informed approach to the couple's relationship with more humanistic and less behavioral interventions (Greenberg, 2010; Johnson, 2013). The EFT method focuses on emotions and accepting them as a powerful and necessary component of the change process (Johnson, 2013). While this strategy is primarily focused on couple relationships, it is also employed when working with families (Johnson, 2019) The affect regulation and attachment theory are important effective factors for Emotionally Focused Family Therapy (EFFT), and systemic and experiential approach are used in this process (Wittenborn et al., 2006).

1.3.1.2 The Relation between Attachment and EFFT

The theoretical background of the Emotionally Focused Therapy is grounded on the attachment theory (Johnson, 2019). The feeling of being secure is fostered by a secure bond with the reachable and reactive attachment figure, it also benefits from being flexible, having open communication, and autonomy (Johnson et al., 1998). The attachment between the family members has an impact on the family,

other relationships, members' experience in the family, and the culture of the family; functioning and mental health is also influenced by attachment itself. (Johnson, 2019).

Attachment lenses provide a map for better realization of the core emotions, the blocking interactions and required changing points while putting forward the vulnerability of family members (Johnson, 2013; Johnson, 2019). Different emotions occur during creation, persistence, deterioration, and repair of the attachment bond (Bowlby, 1980). Furthermore, EFFT changes as a result of experiencing those feelings and attempting new ways to connect with family members (Johnson, 2019).

1.3.1.3. The Emotions' Role in EFFT

EFFT particularly pays attention to the emotions while some family therapy models directly focus on the interaction, and they can disregard the emotions in the family (Johnson, 2013; Stavrianopoulos, 2019). According to EFFT, the quality of the attachment is determined by emotional reactions (Johnson et al., 1998), and working on the emotional responses can create a change in the bond between parents and children. Moreover, working with adolescents and their intense emotions also affects their sense of self-worth because they recall inner self-definition (Johnson et al., 1998). Also, emotions affect and prompt the individuals, create the meaning and interactions (Johnson, 2019).

In the EFFT, there are primary emotions, which are universal feelings that are not recognized by individuals, and secondary emotions, which are reactive emotions that help with primary emotions (Greenberg, 2010; Johnson, 2019; Stavrianopoulos, 2019). The primary and secondary emotions are differentiated and focused on during the therapeutic process (Bartley, 2002, Stavrianopoulos, 2019). As a result, the family has new interaction patterns that are both safe and beneficial (Stavrianopoulos, 2019). The emotions are core features of EFFT.

1.3.1.4. The Aims of EFFT

The EFFT reveals the importance that family members are affected ‘in their emotions and core sense of self by their interactions in attachment-oriented dramas’, and it focuses on the powerful and more empathic relationship between parents and children, and good parenting (Johnson, 2019; Stavrianopoulos, 2019). EFFT helps to create the genuine interaction between parents and-children which enhances the adaptation to the new life circumstances, which improves functioning of the family. As it is discussed, during the loss of a parent, the adolescent can display the parenting role for trying to improve the functioning of the family. However, EFFT emphasize that the responsibility of parent is higher than adolescents or children (Johnson, 2019). Protecting the responsibility of the hierarchy can block the dysfunctional family’s grief. During the loss, the parent can also have difficulties focusing on the children’s emotions or managing the grieving process. At the same time, being a single parent has its own challenges. EFFT realizes the struggles of parent and highlights the importance of ‘good enough parenting’ while grasping and regulating their emotions (Johnson, 2019), which can decrease the burden of the parent in the parenting role. According to EFFT, realizing the parents’ emotions, regulating strategies, and striking the right balance are important for aiding their children with their emotions (Johnson, 2019). In the grieving process, lots of different emotions and concerns can show up, and the adolescents have difficulties handling those emotions and they need their parent’s support for this process. When dealing with loss, a parent who recognizes and controls their emotions can be a facilitator. During the EFFT process, the underlying emotions in interactional patterns, especially between the identified patient and parents, are focused (Johnson, 2013). The stressful interaction between parents and children is being attempted to be replaced by a secure relationship between parents and children, as well as a more accessible and responsive interactional cycle, which provides a safe environment for adolescents (Johnson, 2013). The new secure relation enhances ‘the optimal development and adaptive coping’ (Johnson et al., 1998).

1.3.1.5. The Process of EFFT

EFFT is comprised of three stages and nine steps (Johnson, 2013; Stavrianopoulos, 2019). Johnson mentioned stabilization as the first stage; reconstructing attachment as the second stage; a consolidation as the third stage (Johnson, 2019). During that stage, the presenting problem is investigated, and dynamics of the family is also examined. In this stage, it is important to deescalate the family distress by determining and following the family interactional patterns and focusing on the secondary emotions for understanding the attachment insecurity (Johnson, 2019; Stavrianopoulos, 2019). This stage helps the therapist for altering the reason of the presenting problem (Johnson et al., 1998) and putting it in a different context. This stage provides healthy functioning and an adaptive interactional cycle in the family (Stavrianopoulos, 2019).

Moving to the next stage, easing positive bonding experiences among the family members is the aim of this stage (Johnson, 2019). The attachment fears of the children and the need for parental connection and support become apparent in the therapy process, and the parent is invited to react to the adolescent's needs while being aware of the attachment vulnerability (Johnson, 2019). In this stage, the parent becomes more empathic and responsive, the bond in the family becomes secure and safe, and functional interactional cycles are experienced (Johnson et al., 1998; Stavrianopoulos, 2019; Stavrianopoulos et al., 2014). According to EFFT, new emotional experiences and expressions discover new emotional patterns of family which bring the interactional change in the family (Bartley, 2002).

In the consolidation stage, the new coping strategies are experienced by the family and the disagreement arises in a responsive, open, and engaging environment (Johnson, 2019; Johnson et al., 1998; Stavrianopoulos et al., 2014). The acquired new cycle of relation is combined with the family life (Stavrianopoulos, 2019). Having a secure bond and a safe environment where the parents ensure the security and support of the children for their growth and discovery becomes the narrative of the family (Johnson, 2019). So, the attachment

needs of the children gain recognition with grounded and adjusted parenting (Johnson, 2019).

1.3.1.6. The Interventions of EFFT and Family Grieving Process

Reflection helps transform the experience from implicit to obvious (Johnson, 2019). The therapist can focus on the bodily expression of the family member during the session because to suppress the emotions, the family members can mention that the loss does not affect themselves while their bodies transmit other messages. The aim of the *validation* is to confirm and normalize the clients' challenges; providing safe environment where the clients are hearable; decreasing the loneliness and embarrassment (Johnson, 2019). While lots of different emotions are felt in the grieving process by the family member, accepting them can be compelling for the members. During the family grieving process, the members can avoid expressing their feelings, which blocks the 'shared expression of pain' (McBride & Simms, 2001). Validation and normalization provide the connection between the feeling and the members in a secure place. Moreover, the members' feelings are also noticed and accepted by the family, which supports the relationship between the members. Also, the therapist can be a role model for the parents, and for the adolescents, it is important to be realized, soothed, and supported by the parents during the grieving process for adjustment (Davis et al., 2015). Additionally, realizing the shared feelings can decrease the loneliness in the family, and new communication channels can be opened among the members. The underlying feelings and thoughts are revealed by *evocative questions and responses* intervention that is also creating unknown experience in the session, and focusing on the client's emotions (Johnson, 2013 Johnson, 2019). Realizing the emotions are important for the grieving process. Otherwise, this process can be affected negatively, and the family can have difficulties in ensuring the equilibrium. As it is mentioned, the emotions play a huge role in the functional family grief process (Pereira, 2018). Some family members can be in trouble for naming their feelings during the grieving process, but this intervention provides space for explaining

those emotions without naming them. Furthermore, this experience in the session can encourage the other family members to contact with their feelings. *Tracking and reflecting on interactions* help to catch and reveal the discordant responses, patterns, and cycles in interactions (Johnson, 2019) and this leads to externalizing the issue, keeping away from blame and take the responsibility for issue (Bartley, 2002). During the grieving process, family members can avoid showing their emotions to protect other members from the painful emotions. However, this intervention provides the realization about the family pattern to escape from the feelings and how this avoidance has an impact on the other family members. *Reframing* creates a change in the meaning frame of communication, response, or cycle to increase the awareness of the clients and to help the clients to realize their underlying attachment needs (Johnson, 2019). During the grief process, the family members have difficulties in expressing or realizing their needs, and their behavior can be influenced by the unmet needs. Thanks to reframing, the family can realize the need of the member, that also facilitates the communication between them. *Interpretation* is another experiential technique which aims to broaden the clients' experience based on their narration (Johnson, 2019). This intervention provides a better understanding of the family members' behavior. It is mentioned that some family members do not prefer showing their emotions to not upset other members. Using this intervention technique increases awareness about the feelings and the strategies that deal with those feelings.

1.3.2. Structural Family Therapy (SFT) and Family Grief Process

1.3.2.1. Core Concept of SFT

Structural Family therapy emerged under the leadership of Salvador Minuchin and was enhanced by Braulio Montalvo, Jay Haley, Bernice Rosman, Harry Aponte, Carter Umbarger, Marianne Walters, Charles Fishman, Cloe Madanes, and Stephen Greenstein (Lebow et al., 2019; Nichols & Davis, 2017)

Family structure is one of the core concepts in the structural family therapy. The subsystems are important for creating family structure because the organization is made based on them (Nichols & Davis, 2017). A *Subsystem* is a group of family members based on familiar function, gender, and generation (Lebow et al., 2019; Nichols & Davis, 2017). They are demonstrated by boundaries based on being permeable or impermeable (Lamberti & Detmer, 1993; Nichols & Davis, 2017). The spousal, parental, and sibling subsystems are the main ones (Lamberti & Detmer, 1993). Sometimes, the family members can be in different subsystems at the same time, and those subsystems have different functions in the family. While in the spousal subsystem, they are responsible for each other, on the other hand, in the parental subsystem, they are responsible for their children (Lebow et al., 2019). A *Boundary* is ‘a line that encircles two or more family members and differentiates them from the rest, making it possible for them to self-regulate their relationship’, and boundaries demonstrate the roles, the subsystems, and the liabilities in the families (Lebow et al., 2019). Permeable boundaries provide communication and interaction between subsystems, on the other hand, in impermeable boundaries, the communication, and interaction between subsystems are weak (Lamberti & Detmer, 1993). There are three types of boundaries: rigid, clear, and diffuse (Nichols & Davis, 2017). Rigid boundary elicits disengagement; clear boundary elicits normal range; diffuse boundary elicits enmeshment (Nichols & Davis, 2017). While the families have structure, life events can shake the known structure in the family. The loss of a family member is an example of a shaken known family structure, and the need for change in subsystem and boundaries become crucial (Lamberti & Detmer, 1993).

1.3.2.2. Goals of SFT

The structural family therapy aims to create structural change in the family, such as shaping the hierarchy, and creating clear boundaries and normal range (Nichols & Davis, 2017). As it is mentioned, the loss of a family member changes the known structure of the family. In addition to the loss of a family member, there

is another loss in the organization of the family (Fulmer, 1983). While working with grieving families, getting information about the past family's functionality is important to determine the functionality of the family after the loss of a family member and to make a prediction about the possibility of their functionality (Lamberti & Detmer, 1993). The unhealthy change after the death cannot be functional for some families. Apprehending the helping changes and required changes reveal which subsystems should be organized or reorganized (Lamberti & Detmer, 1993). As it is mentioned, hierarchy is another target of the structural family therapy. In a single-parent family, the children start to rise to the top of the parental subsystems, but the therapist can prevent this unhealthy change in the hierarchy (Lamberti & Detmer, 1993).

1.3.2.3. Techniques of SFT and Family Grief Process

Joining is one of the techniques that create the relationship between the therapist and the family members, also called an empathic connection (Lebow et al., 2019; Nichols & Davis, 2017). This technique provides the acknowledgment of coming challenges in the therapy process, and the communication ways in the family members (Fulmer, 1983; Nichols & Davis, 2017). During the grieving process, accepting another individual in the family system can be compelling for the member, particularly if the change has a part in it. While working with grieving families, having a secure and close bond between the therapist and the family members, especially the parent, is important, otherwise, the therapy process cannot create change (Fulmer, 1983). During the grieving process, there can be expectancy about the duration or intensity of the grieving process. If the process does not meet their expectation, this process can be accepted as abnormal or extreme (Fulmer, 1983). So, *framing* the emotions creates relaxation, the mourners realize that the grieving process is not easy and their experiences are accepted and expected (Fulmer, 1983). On the other hand, *reframing* is used for 'redefining the symptom of the behavior into an interpersonal term' to alternate the solutions (Lebow et al., 2019). During the grieving process, seeing the alternatives to the symptoms can

decrease the tension in the family member. Reframing decreases the blaming in the family, and they ally and accept the mourning as a mutual process (Fulmer, 1983). *Transformation through enactment* is another technique that can be used with the grieving families. Using enactment helps to realize and intervene in the interactional and organizational difficulties in the family (Lebow et al., 2019). The strategies for avoiding the intense emotions and protecting other family members can prolong those difficulties, also inhibits the grieving process. With the usage of this technique, the therapist draws attention to the grieving process (Fulmer, 1983) and opens a place to talk about it. If the family expresses distress while talking about the grieving, the threshold of mourning emotions can go over the limit and the family experiences their tolerance level of those emotions (Fulmer, 1983). This technique can show the family they can talk about the process, and that the emotions can be tolerated; the symptoms of the family can be challenged. So, the rules of the family start to break (Fulmer, 1983). The loss of a family member changes the known boundaries in the family, so creating healthy ones can be challenging for the grieving family. The intervention of *boundary-making* creates new boundaries while the old family rules are changing through enactment intervention (Fulmer, 1983). Moreover, every family member's mourning process is unique, and the differences in the family members can cause too much intervention from other members. The therapist can highlight the differences in the family members and puts distance between the mourning process of the family members (Fulmer, 1983).

1.3.3. Bowen Family Systems Therapy (BFST) and The Family's Grieving Process

Bowen Family Systems Therapy was developed by Murray Bowen, when he was working with families who had a member with schizophrenia (Brown, 2012; Nichols & Davis, 2017). While working with grieving families, Bowen Family Therapy system helps the therapist to understand the family's historical background, its social system, and the extended family (Lamberti & Detmer, 1993).

1.3.3.1. Core Concepts of BFST:

Differentiation of self is one of the main concepts of the Bowen theory (Nichols & Davis, 2017). There are two different levels of differentiation: interpersonal and intrapersonal. At the interpersonal level, it means having autonomy in a close relationship with others; at the intrapersonal level, it means distinguishing one's feelings and thoughts system from each other (Mehri et al., 2011). Additionally, intrapersonal level differentiation of self provides reduction in reactivity and anxiety, and more conscious choices about their responses (Lebow et al., 2019). There are two types of differentiation of self; undifferentiated and differentiated person. Undifferentiated individuals act upon their emotionality, their actions are managed by other individuals' behaviors (Nichols & Davis, 2017). Also, when they feel anxious, they have difficulty displaying and pursuing their autonomy (Nichols & Davis, 2017). They can have difficulty demonstrating themselves. On the other hand, differentiated individuals are not easily pulled into emotionality, and can equilibrate their thoughts and emotions (Nichols & Davis, 2017). They can draw boundaries between themselves and others. Undifferentiation in families increases the emotional reactivity in the relationships, which causes overinvolvement or emotional cutoff, then fusion can be seen in the families (Nichols & Davis, 2017).

The emotional reactivity is a tendency to give a subjective and untranquil emotional responses (Nichols & Davis, 2017). Not being calm or objective in the emotional reaction to another can make difficult the grieving process because the emotional reactivity can increase the anxiety in the family members. *I position* is a stand for deciding their own behaviors and aims without waiting for the agreement or disagreements from others (Gibdon & Donigian, 1993). *The emotional cut-off* and fusion with others are indicators of differentiation and are used in the differentiation of self-inventory (Mehri et al., 2011). The emotional cut-off is the individuals' way to deal with the anxiety in the relationship (Nichols & Davis, 2017). During the grief process, the family faces additional anxiety, the loss can increase the risk of emotional cut-off in the family system. *Fusion* can be defined

as an excessive need for others, which causes the transmission of anxiety to other family members, and restricts autonomy (Nichols & Davis, 2017). Fusion is important while working with grieving families because the loss of family members can create the fusion in the relationship because of the need for connectedness.

Triangulation is a concept where the third person is included in the relationship of two people to decrease the conflict between them and provide calmness in the relationship (Lebow et al., 2019; Nichols & Davis, 2017). Triangulation can be founded in grieving families because the loss of a member changes the family dynamics and the roles in the family. That ambivalence can increase the stress in the relationship, and for creating balance in the family, another member can be founded in the dyadic relationship as a third person.

1.3.3.2. Goals of BFST

One of the goals of the therapy is to establish the differentiation of self, this goal tries to show that the family can be together and connected even if they are separate and autonomous (Lebow et al., 2019). When the family has differentiated members, blaming, conflict, and distancing decrease (Lebow et al., 2019), and the member can express themselves without being worried about other members (Lamberti & Detmer, 1993). Differentiation in families is important when they are dealing with the loss of a loved ones. The differentiation provides space for the family members to express their emotions and thoughts about the loss, it determines the openness between family members (Brown, 2012). Sharing own experiences can also create a genuine relationship between the family members and improve the relationship between them. Differentiation can also improve the open system in families. In the closed relational family system, members do not share their feelings or thoughts about the loss to avoid upsetting the other family members (Bowen, 2018). It can be stated that suppression or avoidance does not have a beneficial impact on the grieving process. On the other hand, open families have more chances to have a functional grieving process (Davies et al., 1986). While working with the families with the loss of a loved ones, another goal is to establish reorganized family

systems that function and experience the mourning process (Lamberti & Detmer, 1993). Decreasing the triangulation provides a healthy relationship between the family members (Nichols & Davis, 2017), which is important for families, especially families in the grieving process because this can increase the social support between them.

1.3.3.3. Techniques of BFST and Family Grief Process

Genogram is an assessment tool, a schematic diagram which provides detailed information about the family members, the extended, the historical background of the family, the important life events of the family, the relation between the members, and the relational pattern (Nichols & Davis, 2017), and some genogram assessment provide information about the family members' thoughts for each other's. This can be used while working with grieving families. While looking at the relational patterns in the systems, family members can gain awareness about their attitude toward the grieving process, which is important to detect the disruptive multigenerational patterns of the family (Lamberti & Detmer, 1993). *Process questions* are a technique that focuses on the members and the relationship between them. In other words, the family members do not only think about the impact of others on themselves but also their role in that relationship (Nichols & Davis, 2017).

This can be a helpful strategy when working with grieving families because the process brings up a variety of feelings that might be difficult for some families to deal with. Especially, single parents can have difficulties with their new parental role, and they express lots of anxiety. This technique tries to balance the anxiety in the family, and decrease it, and provide space for thinking about other options (Nichols & Davis, 2017). Neutralizing triangles reduces triangulation in family systems, causing individuals to balance their emotional reactivity and their thinking processes (Nichols & Davis, 2017). During the grieving process, anxiety becomes one of the dominant emotions in the family systems, the new or existing triangulation in the family can inhibit the grieving process. *Developing appropriate rituals* can be used as other techniques while working with the grieving families

(Lamberti & Detmer, 1993). The rituals or funeral brings family members together and they can improve the feelings of connectedness. Also, they are important to shape the new relationship with the deceased through social support (Bowen, 2018). These rituals increase the chance of the openness relation in the family, and the members can talk about their different experiences (Lamberti & Detmer, 1993), which can increase the differentiation of the family members. The rituals can be different based on the family, so they can be unique for each family (Bowen, 2018).

1.4. THE PRESENT STUDY

The grieving process is challenging. Families face different changing situations while dealing with the loss of a loved one. The resources can be helpful for individuals and families while going through the grieving process, but the COVID-19 pandemic blocked or limited them. This is a single case study that aims to understand changing grieving process in the specific family, during pandemic via family therapy sessions. In this research, the case study was used to understand the effect of the family therapy process on the family's grieving. Since the change during the family's grieving process is the focus of the research, for finding the process and the dynamics of the change, the case study is beneficial (Simons, 2009). Additionally, a single case is useful for the research to discover the change in grieving process during family therapy because a single case study provides a deeper understanding of the subject (Gustafsson, 2017). That is why the purpose of this study was to understand how the themes of grieving family in pandemic evolve during the family therapy process. The formulation of this case was made based on the systemic theory. During the therapy process, different therapy models (EFFT, Structural Family Therapy and Bowen Family Systems Theory) were used to understand the grieving process and create the changes. In this study, the systemic theory was the theoretical perspective for analysis. Research questions:

- a. What are the constituents of this family's grieving in the therapy sessions?
- b. Do the evolution of themes in this family therapy process demonstrate a progression?

CASE PRESENTATION

2.2. IDENTIFYING INFORMATION

There are three members in this family. The father's name is Faruk, and he is 45 years old, graduated from religious school, and now working as a sanitation worker. His working hours are not fixed because of the shift work.

The first children's name is Kerime and she is 20 years old. At the beginning of the sessions, she was a student at a religious school. She graduated from religious school during the therapy process. She became a hafiz, which is one of her mother's wishes. She is planning to go to university. At the beginning of the therapy process, she was staying with her father and sister, but when the restrictions of COVID-19 diminished, she went to boarding school.

Second children's name is Hüma and she is 15 years old, is a first-year religious school student. At the beginning of the therapy sessions, she did not go to the school because of the pandemic's restrictions but there were online classes. However, she refused to attend the classes. Hüma was the scapegoat in the family.

The mother passed away because of cancer one month prior to beginning of the therapy. Her name was Kevser, and she was 44 years old. She has been diagnosed with breast cancer in 2015. After five years, the metastasis was found, and she passed away.

They live in a family apartment. The father's mother and father live downstairs. In fact, the father's brother shares an apartment with his nuclear family. Kerime and Hüma usually stay at home during their father's working hours. They do, however, spend their entire dinner time at their grandparents' house

2.3. FAMILY HISTORY

Faruk mentioned that he did not have a close relationship with his family. He stated that he cannot share his emotion with his parents and his behaviors are criticized by his parents. He was abused physically by his father and mother. His father was very distant and authoritative. He said that he always wanted a close relationship with his father. Additionally, he mentioned that Faruk's parents gave

lots of decisions about his life without even asking him. His parents sent him to religious school without considering his desires and wishes. He mentioned that he accepted his parents' choices about his life and without questioning he did whatever they wanted.

The family history of Kevser cannot be taken by this family. While Kevser and her father had a distant connection, she and her mother had a close bond, according to Faruk.

Faruk and Kevser had arranged married, Faruk loved her at first sight. With the marriage, Kevser moved from a small village of Karabük to Istanbul. It is though that the marriage was the container for both.

2.4. PRESENTING PROBLEM

The therapy application was made by Faruk and the reason for application was the game addicted behaviors of Hüma. According to Faruk, pandemic restriction had worsened Hüma's addiction.

Hüma agreed with her father about spending all her time on the phone, but she mentioned that she was not addict to the game, yet to her friends on the phone and she did not want to change her addiction. In the session three, Kerime did not attend in the therapy sessions, after she accepted to be in the process. All the family members mentioned that their only problem is Hüma's game addiction. Faruk stated that he cannot control his anger and he mentioned that even though he did not want to verbally and physically abuse Hüma, he cannot stop himself. Kerime agreed with her father on everything, and she was against her sister.

From Faruk's side, he expressed lots of worries about Hüma's game addiction. He accused her of not being part of the family, not wanting to spend time with her family, not helping with the house works and not attending her classes. Even though he tried to set limits on her addiction, Hüma stole the other family members' cell phones. He mentioned that he was not chosen by Hüma for spending time with because of her game addiction. He was afraid of having distant

relationships in the family and the game addiction was the reason for the distant relationship between Hüma and Faruk.

According to Kerime's viewpoint, the only problem in the family is Hüma's game addiction. She was in a coalition with her father against Hüma. Kerime mentioned that when she told her what she must do, Hüma did not listen to her and started to yell at her. She mentioned that if Hüma spends more time with the family and she quits her addiction, Faruk will be happier, and their problem will be solved.

Hüma was the scapegoat of the family, she was the reason for all the problems in the family. Hüma agreed with her father and her sister about the game addicted behaviors and, she blamed herself, but she refused to change. She accepted spending too much time on the phone, but she claimed that if her friends quit playing, she will also quit. She did not want to be part of the family therapy process and she attended the therapy sessions behind the camera.

The family refused to talk about the loss of the mother. The death of the mother was not sad life event for them, all the family members normalized the death of the mother. The subject of the death was interrupted or changed by the members. When the other struggles are questioned at the beginning of the therapy sessions, they pointed the game addiction of Hüma.

2.5. SYSTEMIC FORMULATION

From a broader perspective, the family has to deal with lots of loss. The biggest one is the loss of Kevser however the family could not talk about this loss. One of the reasons could be Faruk's emotions are not contained by his family. So, he suppressed his sadness and bereavement after the death of his wife. When he expressed sadness, the sadness took lots of space in therapy, and Hüma and Kerime tried to change Faruk's feeling. Taking lots of space did not create space for Hüma and Kerime's feelings. Not knowing how to experience emotions caused not to realize and accept his daughters' feelings. It can be stated that this is a pattern in the family. The sadness and the bereavement were the 'bad feelings' in this family, and they tried to get rid of them. Even though the game addiction began before the

death of Kevser, it is thought that the mother's death had an impact on Hüma's game addiction. Apart from his game addiction, Faruk acknowledged to gambling with cryptocurrency, while Kerime said she spent a lot of time daydreaming. It is thought that the function of the symptom is creating distance from bereavement of Kevser.

In addition to the loss of the family member, their stage at family life cycle is 'Families with adolescents' where adolescents become less dependent and marriage become more important (Nichols & Davis, 2017) . It is thought that loss may be difficult to have flexibility in boundaries, and the death of spouse makes impossible to focus on the marriage. So, the healthy transition can be blocked by the loss. Also, pandemic restrictions affected this family. Hüma's transition from primary school to high school, closing training centers and schools, and staying away from her friends had an impact on the game addiction. The enmeshed relationship pattern and authoritative parenting in Faruk's family caused that Faruk to perceive Hüma's game addiction as a threat for distant relationship. In order to protect the relationship with Hüma, Faruk did not accept Hüma's boundaries, and he intervened. Kerime also tried to control Hüma's behavior to make Faruk happy and create the family's equilibrium. However, those interventions created a more distant relationship in this family.

The loss of Kevser created coalitions and role confusions. Kevser was the caregiver of this family, and she was the mediator between Faruk and her daughters. After the death of Kevser, Kerime's role in the family changed. She took the responsibility for house works and she tried to meet the emotional needs of Faruk. She attempted to soothe her father and protect him from being unhappy or furious as a result of Hüma. Kerime was between the mother of this family and the daughter. Faruk experienced being a single father of two adolescents, and he had difficulty communicating with his daughters. Kevser provided emotional support for Faruk. It is thought that Faruk and Kevser had enmeshed relationship and the loss of Kevser created emotional emptiness in Faruk's life. After the loss, Faruk tried to take the emotional support from his daughters and to contain his emotions, which may create hierarchical problems.

2.6. PRESENT CIRCULARITY

When it is looked at the interactional patterns in the family, Faruk want to have more enmeshed a relationship with Hüma, and he forces her being closer with him. So, Hüma put more distance between them, which increased the Faruk's stress, and he experiences sadness and anger. When Faruk seemed unhappy or uneasy, Kerime got involved in this relationship to increase the mood of Faruk. She started to intervene Hüma's behaviors, which rose the distance between the sister subsystem and increased the coalition between Kerime and Faruk.

Faruk did not tolerate her daughters' bereavement, so he talked about his sadness and loss during the sessions. When he took lots of space in the therapy sessions, Kerime and Hüma did not find the space to express themselves. Even though they tried to experience their feelings, Faruk expressed more sadness than them. It can be stated that Faruk has difficulty to tolerate his daughters emotions. Expressing more sadness can be accepted as avoidance strategy. At the same time, seeing their father angry or sad cannot be tolerated by Kerime and Hüma, that is why they, especially Kerime, tried to immediately make their father happy and they did not prefer to talk about the death of Kevser. Focusing on others' sadness can be accepted as emotion regulation strategy for them. Because they did not tolerate or express own emotions, they focus others' emotions. Also, they try to regulate own emotions by regulation others' emotions. It can be stated that mentalization ability is important for distinguish own emotions and others. This strategy can be affected by low level of mentalization ability and affect the mentalization ability level.

It is important to note that Faruk started to individual psychotherapy process during the family therapy process.

CHAPTER 3

METHOD

3.1. THE CASE AND SETTINGS

The subject of this study is single-parent family with a grieving process. The family consist of one father and two daughters, 20 and 15 years old. The therapy application was made by the father, and the reason was the game-addicted behaviors of the second daughter. Additionally, the mother of the family passed away one month before the therapy application, and the family members refuse to talk about the loss and the impact of the loss. As a therapist, I started to work with this family in 2020, December during my internship at Istanbul Bilgi University Counseling Center. This internship was the part of the Bilgi University Clinical Psychology master's program. The therapy process was made while working with the family in cooperation with supervisors (one group supervisor and two individual supervisors). This internship ended in 2021, September but the therapy process continued. During the internship, the grieving process of the clients grabbed my attention. During the supervision process, I found some relations between the grieving process and my family. The suppressed grieving process is related to my family history, so I wanted to investigate the changing process in the family's grieving process. Because of the pandemic, the online therapy process was implemented. The inclusion criteria involved being a systemic therapy client family, dealing with a loss of a loved one in nuclear family; losing the loved one during COVID-19 pandemic because the research also takes into consideration the impact of the COVID-19 pandemic on the grieving process. The exclusion criteria are receiving a mental health diagnosis before the loss because the individuals with mental health diagnosis can be open to depression and depression-related physical illnesses during the bereavement process (Macias et. al., 2004); losing the loved one because of the COVID-19 pandemic, the death of relatives as a consequence of direct relation with COVID-19 exacerbate the psychological distress (Joaquim et.

al., 2021). That is why I want to investigate the changing process in this family's where the mother passed away because of the cancer on 2020, November.

There is a limited number of family case studies that focuses on the change across sessions. In the literature, there is gap about the Turkish family's case studies and their grief process. Also, I have personal interest about the family's grieving process. So, this study can make an important contribution to the field. Additionally,, theme analysis is a research method to examine the changes in a single case study, which can also contribute to the field. It is important to remember that providing service to the clients and the benefits of the clients are the essential aim of the psychotherapy process, that is why the therapy process is supported with supervision, and the decision was made by the primary consultant who was the group supervisor of the internship process.

The clients who wanted to be in the therapy process, they simply applied to the Istanbul Bilgi University's Counseling Center. Before starting the therapy, the informed consent about the supervision, recording of the sessions, and using those recordings for psychotherapy research is taken from the clients. Because of the pandemic, the sessions were conducted online via Zoom. All recordings were done via Zoom. The recorded sessions are downloaded on the computer, then they are kept in an encrypted folder on the computer. In the session 3, the verbal consent of the client for recording the sessions is taken.

3.2. DATA COLLECTION

This case study process consists of 38 sessions. The selective coding was used for this case analysis, which is focusing on this family's grieving process, looking for their process and highlighting the grieving process (Braun & Clarke, 2013). All of the sessions including the grieving subject, 10 sessions, in the therapy process were analyzed. Following the İstanbul Bilgi University Ethics Committee's approval, the researcher transcribed chosen videotaped data. The criteria for the chosen sessions are that: (1) all family members attend the session, (2) talking about the loss or deceased family member. Talking about the deceased

or the loss were important part of the data selection because TA had four different operations and one of them is ‘Segmenting Transcripts’(Meieever, Boivin, 1998). Also Reducing clients’ statements are important for finding the themes (Meieever, Boivin, 1998), that is why the sessions were selected based on talking about the deceased or loss. All the transcribed data were kept in an encrypted folder on the computer.

3.3. ETHICAL CONSIDERATION

As it is mentioned, the informed consent form about the recording and the usage of this data is taken from the clients. The second informed consent form is made and shared with the clients via e-mail after receiving the approval of the İstanbul Bilgi University Human Studies Ethics Board. The online consent form was made by using Google Forms, which includes information about the aim of the study, confidentiality, and asking about the use of the video-taped sessions for the dissertation. The member checking is also mentioned in the meeting, and the family member gave verbal consent about the member checking.

For ensuring the confidentiality of the family, the identifying information’s (schools, jobs, professions etc.) were changed or hidden. The pseudonym was used in the thesis. The permissions about using the therapy data were taken by the participants before the therapy process. If any of the clients want to withdraw from the study until the dissertation is published, the research will be canceled.

For ensuring the confidentiality of the data, videotaped data were recorded via Zoom, and they were kept in an encrypted folder in the computer. The videotaped data were transcribed by the researcher. The transcripts will be kept in a locked folder on the computer. The data was shared with the peer debriefer and primary consultant via e-mail and the data was encrypted before sharing. The meeting with the peer debriefer was made on the phone, and the meeting with the primary consultant was made via Zoom. The transcripts and consent forms will be kept in a locked folder in a computer of the researcher for the five years following the approval of the thesis.

3.4. DATA ANALYSIS

Theme analysis (TA), one of the qualitative research methods, was used for this dissertation thesis because the aim is to find the progression in the themes (Meier et al., 2006; Meier & Boivin, 1998) of grieving family. There are three different types (descriptive, central and core) and four levels of themes in the TA; descriptive, second-order, third-order, and core themes (A. Meier et al., 2008; A. M. Meier & Boivin, 1998). Firstly, descriptive themes are produced from meaning units and they are similar to the clients' language. They are shown in the bipolar term. Secondly, there are two types of central which are second-order, and third-order themes. Second-order themes are produced from the similarity or commonality of the descriptive themes, and third-order themes are produced from the similarity or commonality of the second-order themes. Lastly, the final part of the theme process is core theme where all the themes are reduced to one theme. The same reduction process is applied to reach the core theme. This process is called the 'formation of a theme hierarchy' (A. Meier et al., 2008). The second measure of the TA is The Seven-Phase Model of the Change Process (SPM). 'A progressive forward movement through the seven phases of SPMCP' is the definition of change on a theme (Meier et. al., 2008). The researcher gives codes to the themes according to phases of SPMCP (Seven Phase Model of the Change Process) which are problem definition (phase 1), exploration (phase 2), awareness/insight (phase 3), commitment/decision (phase 4), experimentation/action (phase 5), integration/consolidation (phase 6) and termination (phase 7) (Table 1) (A. M. Meier & Boivin, 1998).

Table 0.1.

The Seven-Phase Model of the Change Process

<i>Phase 1: Problem Definition</i>	The clients' relational or personal problems, emotions, or worry are shared during the session. The therapist and the client/s talk about the detail of the problem and its impact on the client. The goals of the therapy process are decided.
<i>Phase 2: Exploration:</i>	The underlying emotions, motives, and thoughts are investigated with the therapist during the therapy sessions, and the clients start to talk about the underlying emotions, motives, and thoughts. They try to understand the dynamics of the problems rather than focus on the presenting problem.
<i>Phase 3: Awareness:</i>	The clients realize the nature of the problem and gain a new perspective about the problem. They gain awareness about how the presenting problem can be affected by the personal or interpersonal dynamics, other life situations etc.
<i>Phase 4: Commitment/ Decision Phase</i>	The clients explicitly or implicitly decide to try new behaviors or attitudes rather than hang on to the old ones.
<i>Phase 5: Experimentation/ Action Phase:</i>	The clients try to take their action in different ways. Their responses, relations, behaviors, emotions, thoughts have occurred in a new way.
<i>Phase 6: Integration/Consolidation Phase</i>	The newly gained experiences (behaviors, attitudes, relations, emotions, perceptions) become a part of the clients, and they consolidate the gained experiences. In this phase, there is a consistency between the clients and sense of self, and the client and their desires.
<i>Phase 7: Termination:</i>	The therapy goals are completed, and the clients are ready to move on without the therapy process. It can be seen as an end of the therapy sessions.

*Note: Adapted from *The Achievement of Greater Selfhood: The Application of Theme-Analysis to a Case Study*, (Meier and Boivin, 2000, p. 60) (<http://tandf.co.uk>). Reprinted with permission.

It is important to find the changing experience of the clients on the theme (A. Meier & Boivin, 2000) Based on the research made about the SPMCP, the model is found as a reliable and valid tool (A. Meier et al., 2008).

These progressions of themes are found by looking at the themes and their object through sessions (A. Meier et al., 2008). Before analyzing the data, all the sessions were transcribed at the same time, and the session numbers were renamed with the name of colors to decrease the researcher's biases. After the completing the transcription, the analyzing process began based on the Theme Analysis (TA). According to the Manual of Theme Analysis, there are four operations of TA (A. Meier et al., 2008; A. M. Meier & Boivin, 1998).

a) *Segmenting transcripts of therapy sessions according to meaning units*: Firstly, the transcripts are divided into meaning units which include a theme, object, and a phase. The change in themes is important to determine the meaning unit, a first component. The second one is finding the target of the theme. The last component is having change on a theme based on the seven-phase model of the change process.

b) *Identifying and labelling psychotherapy themes*: The descriptive themes are produced from meaning units. The feeling, perceptions, desires, and behaviors were put forward to find the family members' relevance. The descriptive themes are represented in bi-polar term, and those descriptive themes are defined using Merriam-Webster online dictionary, The New Webster Encyclopedic Dictionary of the English Language, and Encyclopedia of Couple and Family Therapy (Merriam-Webster, n.d., Thatcher & McQueen, 1980 & Lebow et al., 2019). After determining the descriptive themes, second-order, third-order, and core themes are investigated.

c) *Specifying the object of the themes*: Object means the 'the target of a client experiences (theme) and it can be animate or inanimate in nature'. The assigned object is important to realize the progress of the theme.

d) *Determining change in the themes*: A phase is assigned to each descriptive theme and is selected by looking at the SPMCP. The definition of change in TA is ‘progressive forward movement’. The phase for each descriptive themes is found at the same time.

All four operations are applied during the data analysis. For finding the descriptive themes and objects and phases, the Microsoft Excel program was used (Appendix E). For identifying the second-order, third-order and the core themes, the MAXQDA software program was preferred.

3.5. TRUSTWORTHINESS

Trustworthiness is an important part of the qualitative research to improve the quality of the research, and there are some strategies to ensure the trustworthiness. Triangulation is one of the strategies to represent the validity, this strategy provides the change for the research to find the mutuality among many distinct resources to find themes (Creswell & Miller, 2020). The different sources, methods, or researchers can be included in the process to verify the triangulation (Braun & Clarke, 2013). It is talked about four types of triangulations: method, investigator, theory, and data source (Carter et al., 2014). In this study, investigator triangulation was used, which means that multiple researchers work on the data, and the results are discussed (Carter et al., 2014). Firstly, the transcription of a session, its descriptive themes, their objects, and assigned phases were shared with the primary advisor, then, themes, objects, and phases are discussed. After completing the formulation of the hierarchy, the finding themes are also discussed with the primary advisor. The different perspectives were taken into consideration, and the disagreements are resolved with final convergent results. During the analysis process, there were coding and debriefing meetings with the advisor. Peer debriefer was also used for creating the investigator triangulation (Carter et. al., 2014). The peer debriefer is Utku Çetin who is the student at Couple and Family track of the Istanbul Bilgi University Clinical Psychology master program. The peer debriefer received a random session and applied the four operations of the TA. The results

are discussed with the peer debriefer, and the disagreements are resolved with final convergent results. Additionally, the feelings, thoughts and the ideas were shared and discussed with the peer debriefer. The meeting lasted approximately one hour. This meeting was added to the journal, and the meeting was also discussed with the primary advisor. Member check was used for making sure the themes are coherent with clients' experiences (Braun & Clarke, 2013). The themes and the change on the themes were shared with the family, and they were explained. Then, the document was sent to the family members. The family agreed with the themes, they found similarity between the themes and their process. Their feedback took in consideration. Reflexive journaling was also a part of the research process (Amankwaa, 2016). Before and after the coding process, the thoughts, the feelings, and the ideas of the researcher was written to realize any biases of the researcher.

3.6. REFLEXIVITY

Coming from a family with unexpected losses, survived the 1999 Marmara earthquake, I was able to observe how grief changes the family system and structure. Loss creates anxiety and need for closeness in the family. When the loss is not processed in the family, it can influence the health family development and differentiation-individuation processes. I grow up in an extended family and I experienced the importance of the relationship between the members and how the members affect and are affected by each other especially in difficult times. With COVID-19, I as many others, experienced different types of losses such as loss of social contact, sense of safety and my positive outlook for the future. These personal experiences increased my curiosity about the family grieving process and how this process can be more functional.

This family was the first family I worked with during my internship therefore I was anxious and very enthusiastic at the same time. The presenting problem was not about the grief or loss, but their experiences with the grief grabbed my attention since I saw similar patterns with my family such as difficulty reaching some of their resources, expressing emotions and adapting to changing family structure and roles.

Focusing on the family's emotional process and improving the functionality of the family became significant goals in the therapy process. I sometimes felt absorbed in the family's emotional field and positioned myself as a rescuer who can tolerate all their emotions. However, via individual, group and peer supervision, I was able to differentiate myself from the family and use the interventions more effectively. After I have decided to work on this case for my dissertation, I realized focusing on the data was challenging for me since I was also processing the whole therapy process as well as my own losses.

During this study, I realized the importance of the family structure in the grieving process. The new family structure is one of the worrisome and obligatory change for the families. The emotional experiences of the grieving process and the anxiety of the changes in the family structure can cause burden for families, which can encourage the enmeshed relationship and low level of self of differentiation. Also, this research rose my awareness about the resources and the adaptive coping strategies, both the family as an unit and the family members, during the grieving process. Also, in therapy process, needing of connectedness in the family members was one of the expected consequences of the loss in the family. While doing this research I noticed that this need could cause more anxiety in the family and affect the grieving process of the family.

Additionally, before starting the research, I was not aware that the family's grieving process has changed. During the coding, I realized that I had more expectations from the family which is why I missed some changes during the sessions. Overall, this research broadens my horizons, and it provided a better understanding that can be useful while working with other grieving families or individuals.

CHAPTER 4

RESULTS

The aim of this study was to understand the change in the grieving process in a specific family during pandemics in family therapy sessions. For understanding the change, two different questions were asked, namely: What are the constituents of this family's grieving in the therapy sessions? (1) Do the evolution of themes in this family therapy process demonstrate a progression? (2) For finding the answers, two different processes are applied based on the theme analysis: *formation of a theme hierarchy* and *the evolution of themes across sessions by object*.

4.1. FORMATION OF HIERARCHY

From this research, 114 descriptive themes (Appendix F) and 26 objects (Appendix G) was found. 114 descriptive themes reduced to 23 second-order themes (Appendix H); 23 second-order themes reduced to seven third-themes (Appendix J). Finally, two core themes are founded in the end of the reduction.

The oval shapes in the left column in the Appendix I shows the descriptive themes, then the arrows, locate the side of the oval shapes, represent the reduction of the descriptive themes to create second-order themes. Then, the second column shows the second-order themes and the arrows, locate the side of the second-order themes, represent the reduction of the second-order themes to create third-order themes. The third column represent the third-order themes then the arrows, locate the side of the third-order themes, and represents the reduction of the third-order themes to create a core theme.

The descriptive and second-order themes are represented by bi-polar themes to realize the opposite meaning; the third and core theme is represented by the problem-pole with two or three-word name (A. Meier et al., 2006, 2008; A. Meier & Boivin, 2000; A. M. Meier & Boivin, 1998). The first core theme was an enmeshed relationship and the striving toward the pole of the core theme was

healthy relationship. The second core theme was having the process of emotions and the striving toward pole of this core theme was not having the process of emotions. The first core theme started to be appeared during the creation of the second other themes, and the second core theme was realized after the formulation of third-order themes.

It is important to remember that those themes are unique to this family's grieving process, the hierarchy cannot be accepted as appropriate for all the families during the grieving process.

4.1.1. The Reduction of The Second-Order Themes to Third-Order Themes

4.1.1.1. Mentalization

Mentalization can be defined as an ongoing activity that provides the ability to realize own and others' mental states (emotions, beliefs, needs and so on), and to be aware of its relations with feelings and behaviors (Asen & Fonagy, 2012; Fonagy et al., 1991). The definition of mentalization reveals the importance of mental states that is why thinking about own self and others is appropriate to this theme. During the sessions, C1 had difficulty differentiating his thought process from C3. Additionally, C1 and C2's feelings and emotions were also intertwined. The family was not aware of the different mental states.

4.1.1.1.1. Thinking

It is important to think about self to realize the distinction. The family members show little interest in their own mental states. Only C1 shows some curiosity about his behaviors or thought process. C1 *'I do not do that because of that. Maybe I strain my mind too much'* or *'Getting emotional, the individual does this to himself in his mind. Or does he incite his emotional impulse. For me, it is a bad situation'* (session 29).

4.1.1.1.2. Thinking About Others

In some sessions C1 had difficulty realizing that his daughters think or feel differently. C1 stated that *'maybe she beware of crying while she is with her dad'* (session 7) or *'Wouldn't be ridiculous to not be upset your mother's death? It would be. In any case, you are sad about it.'* (session 29). C1 also talked *'Lastly, I takes her point of view, and thinks about 'What would I do if I lost my mother when I was 14 15 years old, people cannot go outside because of illness, I have no opportunity to spend my time with my friends. I start to confer on C3 right. The person looks at the situation, and she goes through a difficult process but if she gives her all, she can change the situation her on behalf. ... As adult, we cannot do that. It is quite tough for a child in adolescence to achieve success.'* (session 25).

C2 had desire to know what C1 thinks or feels. At the same time, C1 also wants that C2 reads his mind.

C1: ... as I said the only thing that I cannot experience with my wife is –

C2: Going out for a ride?

C1: No.

C2: Growing old?

C1 nods.

C2: I knew it. I guess that because they did not experience it together, he means it. Am I right?

C1: Yes. (session 10)

4.1.1.1.3. Being Same or Similar

C1 stated *'... Everybody experiences those emotions differently. I am an adult; she is their mother and my wife'* (session 14). In another session he mentioned *'Experiencing sadness can be differed not only based on the being adult or being child, but also based on the spending years or times'* (session 29)

C2 mentioned that *'We are sad about the same thing. It is easy to recognize my father's sadness, it is easy to predict and to handle this emotion. We are experiencing the same sadness'* or *'I feel the same things with my father, it is the same things that I say to my father and to myself'* or *'We feel in the same way'* (session 29).

4.1.1.2. Unclear Family Structure

The loss in the family systems changed the structure of the family. Some roles, responsibilities, routines, and traditions differed. With the loss, the members of the family had some difficulty creating a structure, which also increase the anxiety and the confusion among the members. At the same time, the experiences of losing a family members put forward the importance of the family and the relationship within itself, and their expectancy or behaviors were changed.

4.1.1.2.1. Being Together or Family

The loss of the mother increased the need for closeness among the family members. Feeling connected with the members became important, especially for C1. The expectation of other family members, collecting memories or feelings of togetherness became more important especially, for C1 and C2.

C1 talked about the deceased during her illness *'I think she was so happy. She was sad because of the relationship between her father and mother. Maybe, I think that seeing her father next to her made her happy in her difficult time. Because the people want to have a good time with their parents, and living apart from her parent who, live in a village, was probably difficult situation for her. I think like that. People should not be apart from their loved ones without any reason. In my experience, I think about my mother-in-law, she feels huge emotions when we are going to the cemetery because at least, when her daughter was healthy, maybe they could spend time together, maybe they could have some memories. For me, she feels the lack of that.'* (session 8). In another session he mentioned about C2's behavior

‘This is the reality of life, so the individuals who have emotional connectedness or love each other do not want to upset others, and they support others and console them. This is the relationship in the life’

C2 said *‘But C3 probably knows what she is doing. Her phone addiction upsets you, and that is why we are saying that we do not exclude her.’* (session 23). In session 25 C2 supports c3 against her father, which also show the relationship between the sisters. C2 stated *‘I want to put a commo in there. When the C3 looked at her phone, we were waiting because I guess we came earlier. She holds her phone but when the necessary things started, she did not hold her phone. At that time, she wanted to distract her attention with a good reason. ... Sometimes this can be misunderstood, as she did not care but I think this is not like that. So, you can continue’.*

4.1.1.2.2. Stable, Old Family Traditions

The loss made some changes in some nuclear family traditions, such as bairams or dinner time. At the same time, the family maintained some family traditions with extended family.

In the session on C3’s birthday, C1 states *‘...on the other hand, we are not celebrating the children’s’ birthday or our birthday as a party. We did not celebrate like that while she was alive. My sister lives close to me, and she invites us. We cut the cake and give presents to each other. Probably, today will be like that’* (session 8).

In another session, C2 mentioned *‘We went to the Sercan Restaurant, there is our holy place. We eat lahmacun ... Only C3 and I went there, this was the first time we went there without our parents’.* (session 14).

4.1.1.2.3. Having Changed, New Family Roles

The loss of the mother changed the old family roles. C1 became a single parent who is responsible for C2 and C3. While the parenting role was displayed

by the deceased, he had difficulty about realizing his responsibilities as a father, which increased his anxiety about the parental role. Also, C2 tried to contain her father's emotions after her mother passed away.

C1 stated '*... With the loss of my wife, the future problem of my children and C3 is 14-15 years old, and she lost his mother, I have lots of worries and anxiety. As a solution, I did not think about these. My anxiety is a classic, C1's eating behavior, her personal behavior. C1 hinders this. After all, she must continue her student life, which makes me anxious and worried. We will see it within time.*' (session 10).

C2 thought about her mother's '*I shared my everything with my mother rather than keeping. My mother created trust in our relationship. Some of my friends did not talk about their life with their mothers, which creates trust problems. That is why, my mother knew everything, such as who smokes in the class. She knew everything.... I thought that when person meet someone, they put another person in the relationship to say to the father. It is like 'father hears last'. I thought that I can go to my father and say that 'Dad, there is someone who wants to meet you', and after that day, I am sure about it. I do not have to put someone between us, I can talk with my father*'. C1 answered '*If your mother still is alive, first you talk with her, then she talks with me*'. C2 replied '*Of course, you learned from my mother. What I want to say is if I become a mother, this is the right thing to do that*'.

4.1.1.2.4. Having Changed, New Family Routines

After the loss, the routines of the family changed. Also, the loss brought new routines to the family, such as visiting the cemetery, but also within the time, these routines also changed.

C1: During the preparation, I could not remember while I was eating but it is the first time after my wife's death, that we eat together in our home. This was different.

T: Can you give detail about 'different'.

C1: After my wife's death, we eat our meals at my mother's home. This was the first time, after my wife's death, we eat together with my daughters. How can I say both my wife's absence and being a nuclear family, the father eats with his daughters? It is nice. (session 16)

C3 mentioned *'Another change is visiting the cemetery. I did not go there for a long time, maybe one month.'* (session 25)

4.1.1.2.5. Having Changed, New Family Responsibilities

The responsibilities about the house belonged to the deceased and the loss created a need for distribution of her responsibilities. Additionally, being a single father increased the responsibility of C1 toward her daughters.

C1 stated the responsibilities of housework *'Because your mother is no longer here, you should do this housework with your sister. I hope they can do that, when they feel better, and pull their self together. I hope they can do our housework.'* (session 3) or *'she can talk about our family's emotional situation; it is my duty to overcome these emotions. I do my best, and if they want something from me for being happy, they must express themselves. They want, I try to do.'* (session 7)

4.1.1.2.6. Maintaining The Relationship With

The loss changed the relationship between the mother and the family members. The family wanted to maintain the relationship with the deceased, but they had to struggle with how they can do that. Feeling connected and maintaining the relationship in mind was not option for them.

C2: I did not remember composte but my mom made pepper paste. I was happy that they were there because I did not know where they are.

C3: My sister said 'Do not put so much, let's them keep'

C2: I did not want them to finish. I loved them so much, I did not know, can we make like my mother. That is why I wanted to use less. ... There is nothing left when they are finished.

C1: She produced her own organic vinegar. There were some bottles left when she died, but they were empty. When I noticed some bottles, I was overjoyed

C3: Her clothes are still here, do not think that this is just about food.

C2: Yes, but she made others with her hands. (session 16)

4.1.1.3. Enmeshed Boundaries

The loss increased the enmeshment in the family system. C1 had difficulty displaying parenting roles and to be at the top of the family hierarchy. On the other hand, C2 started to be a caregiver for her father, she supported, cared for, and soothed her father. C2 felt that she had to make her father happy and to decrease the impact of the loss on him. Additionally, C1 felt responsible for C3 attitude toward his parents and behaviors, he tried to change or control her behaviors. The enmeshed boundaries became a core theme.

4.1.1.3.1. Being Affected by Others

The emotions or behaviors of other members in the family had a huge impact on the members. Not having clear boundaries creates the enmeshment in the systems.

C1 talked about how he felt responsible for the relationship between his father and C3. He stated *‘As an adult, C3 did not understand my emotions in that situation. As an elder, the father asked for a favor from his grandchildren, and the behavior of the daughter put the father in a difficult situation, which is a sad situation. Maybe, the children can understand when they grow up.’* (session 8).

During the sessions, C2 was mostly impacted by her father’s emotions, and her emotional states are directed by C1’s emotional states. She stated *‘Dad if you do not cry, I will be happy. Of, I gave up you can cry’* (session 14).

In another session, she talked about how she feels when she sees her father’s sadness.

C2: In fact, I am sad because I have never seen my father cry so easily.

T: What do you feel about it?

C2: Again sadness. In fact, it is like chaos again. Sadness, sadness, and sadness all over again. How can I say? It is like pattern. (session 8)

4.1.1.3.2. Affecting and Controlling Other's Emotions

This family tried to control or affect other member's emotions. When one family member displays emotions that cannot be tolerated by other members, the others tried to sooth or relieve other members. At the same time, not showing their emotions is a strategy in the family to soothe the emotional states, especially of C1. C2 and C3 tried to decrease C1's sadness or to make him happy.

C1 mentioned *'As a father, I can feel it. Generally, people suppress their emotions. If she expresses her emotions or starts to cry by my side, she will be sad and she will not do that to not make me upset'*(session 8). Also, he stated *'I think in the same way with C2, generally everybody does that. You can share the things that makes you less upset, and you can include others in that, but sharing the things that makes me sadder is difficult because it can make others sadder. It is not sharable issue for not upsetting others. Like we talked in previous weeks, the individual does not share the sad situation to not make others, who are loved, upset.'* (session 10)

C2 stated that *'Generally the possibility of our marriage is not something certain but after some age, the things like that are talked. However, it is okay to not be married, it is only a possibility, not a necessity, we do not have to do that. ... We live together'* (session 10) or *'Yes nobody, I want that the atmosphere becomes soft immediately, so we smile. I said 'dad, change the subject.' He was getting emotional in the morning, became sad. That is why I immediately said, 'let's talk dad, what are we going to do tomorrow?' I tried to talk about different things'*(session 29). C2 stated to C1 *'Dad, write without crying'* (session 14). ‘

C3 talked that *'It is like my sister said if I cry, others are impacted, they become sad'* and *'within the time, the impact does not decrease but the life goes on but if we make this a current issue, the others can be affected again while they continue'* (session 9)

4.1.1.4. Not Being Sure about Self

The loss is not a familiar life event for the family, that is why realizing different emotions, and the reaction of other members made them confused. Rather than accepting some emotional changes as a grief process or realizing the impact of the loss, the family members questions themselves, and they had difficulty understanding their own and the family members' behaviors.

4.1.1.4.1. Feeling Complicated, Confused

Because of the grief process, C1 and C2 are confused about how they react to each other and how the grief process is.

C1 talked about the grieving process *'On the other hand, saying that 'it is a difficult situation', maybe, makes this process harder. On the hand, according to me, this is what should be. It is actually a difficult situation. Could it be right thing to say that this is not a difficult situation' and letting the life flow? What I want to say is that other people can also live this situation and their life goes on. We must ask them how their life goes on. It is a difficult subject. It is indeed complicated. After all, it is difficult.'* (session 10).

While talking about the deceased, C2 stated *'Dad, I will be happy if you don't cry, I gave up you can cry.'* (session 14).

4.1.1.4.2. Expressing Oneself

The emotions about the deceased or loss were intolerable for the members, that is why they did not prefer to express themselves. Their emotions were not contained, so expressing themselves means upsetting other family members. Rather than seeing a family member's sadness, not expressing oneself is secure way in the family system.

C1 mentioned *'Rather than writing this, the difficult part is sharing with you'*, and C2 answered him by saying 'yes'.

C2 talked about how she can express herself to her father and said *'I can cry beside my father, but these changes are based on the subject.'*

4.1.1.4.3. Evaluating, Thinking own About Past

During the sessions, C1 criticized himself and he evaluated his behaviors or attitudes for finding how he can behave differently towards his wife or her wishes.

C1 mentioned that *'Buying a car, the individuals have more experiences when they have their private car. Going out, traveling, we are going out with limited resources. Taking a shared taxi and using public transportation were difficult. It is rather suffering than pleasant. It is tiring. Not having a car with my wife in beautiful times was another type of sadness.'* or *'In that situation, I see myself a bit guilty because I recovered damages for amount of money for which secondhand car could be bought. Maybe in those days, I could have said to my father 'Dad, back me up for buying car'. Maybe this would be more appropriate decision.'*

4.1.1.5. Valuing Others

The others and the well-being of others are more important than the members. In the family system, the members nobilitated the elders and the deceased. During the sessions, the family only talked about the positive attitude of the mother and how she was great person. The idealization is mostly made by the C1.

4.1.1.5.1. Idealizing or Being Grateful

The grief process can have an impact on the family member's attitude towards the deceased. They focused only on the good parts of her, and they had difficulties to evaluate.

C1 mentioned that *'I tried to adapt to the letter and the paper and pencils are inadequate for praising my wife or talking about our experiences. I do not have to say that she was a good person or good wife.'* or *'I am missing so many things*

about you, I cannot finish my missing by writing them. ... I am grateful to be with you and to live with you. I hope we will be together in heaven.' (session 14).

C2 stated that '*... I thank you for your existence*'. (session 14).

4.1.1.6. Being desperate

The death is controlled by the family members, which can increase the feeling of desperation. Additionally, during the emotional process of the loss, C1 felt passive and pessimistic.

4.1.1.6.1. Being Pessimistic

After the loss, C1 did not think that their life can be good again.

C1 stated '*We don't say things like, 'Our life is getting worse, we're moving closer to our mother,' we don't think like that. We don't say, "This is the opportunity for us, we sink and die," because she is their mother and my wife.*

4.1.1.6.2. Being Passive

C1 generally emphasized the act of God or the will of God.

C1 wrote a letter to the deceased and stated '*I wish that your untimely death would not happen. However, this is the will of God*'.

4.1.1.6.3. Being Desperate, Despair

The loss was not a changeable life situation, which made C1 felt desperate.

C1 mentioned '*Even us, we did not want to admit this situation. Who wants to accept this deathly situation? In this way, it is over.*'

4.1.1.7. Attitude towards emotions

While some emotions (happiness, joy, worry, or rage) are appreciated and can be displayed in this family system, others (sadness, grief) are not acceptable, suppressed, or avoided. The family members' attitudes toward them changed as a result of this differentiation between emotions.

4.1.1.7.1. Tolerating Others/Own Emotions

Because of labeling some emotions as bad emotions, the members had difficulty to tolerating them. The difficulty in tolerating own emotions caused the difficulties about tolerating others.

C1 said '*... Every situation reminds me of my wife, it works like a trigger. In Istanbul, you get used to it, but when I came to the village, I constantly remember the last time when I and my wife came here. This is an intolerable*' or '*... Maybe this cannot be understandable from your point of view. However, making the person who I love is sad intolerable situation*' (session 23).

4.1.1.7.2. Regulating The Emotions

C1 managed his emotions which are not about the loss of the deceased. Sadness was bad emotion for the family system, and the members did not know how they can react when they are sad. On the other hand, handling other's sadness or regulating their sadness was the safest way for regulating their own sadness. At the same time, this strategy caused more sadness for other family members, and they did not want to see other member's sadness.

C1 stated '*I did not feel the same anxiety level, I thought about that. ... On the other hand, in the situation that I do not accept or understand, I do not need to be angry or be anxious.*' (session 25).

C2 realized that *'I do not like to be sad. This can be about not focusing on my sadness but focusing on my father's. ... Regulating my father's emotions also helps regulate my emotions'* (session 29).

4.1.1.7.3. Suppressing, Not Feeling the Emotion

During the sessions, when the emotions were validated and normalized, the emotions became more apparent to the members. They did not want to feel them, they did not leave the screen but they tried to suppress their emotions.

C1 mentioned that *'I think that C3 suppresses her emotions, and not wanting to attend the session is the reason for suppression. She did not want to feel them.'* (session 10) or *'... When you asked about the difficult week. To be honest, today is very difficult for me. I have difficulty to suppress my emotions'* (session 8).

C3 remarked about how he used to use smoking as a way to deal with his emotions. 'For example, if you find yourself in a terrible circumstance, you reach for a cigarette and light it up. You'll be OK. You think I'll go smoke and then unwind.... I relax by playing games. 'I try to hold back my tears; I have a sore throat,' she explained.

4.1.1.7.4. Avoiding The Emotion

During the sessions, C1 generally left the screen when he gets emotional, or the family changes the subject when they feel sadness or talk about the deceased.

C1 mentioned *'... My wife was very special to me; she was more important - put her forward than my children. Let's talk about another subjects'* (session 23).

C2 stated *'... Then, I cry. When I cry, I become tired. No, no'.*

C3 realized that *'we directly change the subject'*

4.1.2. The Reduction of The Third-Order Themes to Core Themes

4.1.2.1. Enmeshed Relationship

Enmeshed relationship is one of Minuchin's contributions that means 'high degree of responsiveness and involvement' (Minuchin, 1975, p.1033). Members have highly connected in enmeshed relationship (Nichols & Davis, 2017) and boundaries are blurred and not permeable (Moss & Moss, 1981). Enmeshed relationship does not allow autonomy in the relationship (Green & Werner, 1996). In enmeshed families, there is lack of parental role, children may express parental role (Minuchin, 1975). This theme also includes differentiation that is Bowen's contribution to the literature. According to Bowen, differentiation contains two different parts in itself: 'the emotional differentiation' and 'establishment of identity' (Bowen, 1978). Also, Bowen stated that differentiation provides space for being separate individuality from the family system while having a meaningful connection with other family members (Bowen, 1978, Brown, 2012), while there is emotional relationship among the family member, there is no fusion between them (Bowen, 1978). Differentiation of self is also important to realize the distinction between feeling and emotions (Mehri et al., 2011). The theme was the enmeshed relationship which is the opposite pole of the healthy relationship.

These core themes started to appear while during the second-order themes, and they became known after creating third-order themes. This theme started to occur in session eight, C1 thought about the C3's emotional challenges. C1 stated *'Maybe she struggled to express herself. Because of their age, the individuals cannot express their emotions. ... Maybe C3 also suppresses her emotions, at the end, she is 13-14 years old child who lost her mother. ... I thought that I knew my children. When you asked about the difficult week, she talks about the loss of her mother. If this situation was difficult for me, then, of course, it will be difficult for her too'*. C1 started to think about the struggle of C3, and he realized his desire. In session 23, C1 stated *'The father desires that his child studies rather than spends time on phone, this is not something that everybody can do. Motivation is required*

for this ...’. In this stage, C3 can have difficulty to do that’. In session 29, C2 talked about feeling the same as her father ‘... *We are sad about the same thing. How can I say? it is easy to realize. It is easy to predict or handle. It is like understanding my father’s feelings. I cannot say. In the end, we have the same sadness. ...*’

4.1.2.2. The Process of Emotions

The grief has a huge impact on this family’s attitude toward their emotions. In this family systems, some emotions were not preferred to be felt among the family members. The family used different strategies, such as suppression, and avoidance from emotion to not feel the emotions. On the other hand, not regulating, tolerating, or containing the emotions about the loss created another symptom in the family system. Rather than focusing on the impact of loss, in the beginning of the process, C1 rejected the impact of his wife’s death on their family. Additionally, because of those emotions, they did not prefer to talk about the deceased. Across the session, the strategies of this family and their attitude toward the emotion became talkable, and the family member started to feel complex emotions. For this family, the grief process triggered some emotions such as desperateness or pessimism.

These core themes started to appear while during the second-order themes, and it became known after creating third-order themes. This theme started to occur in session three, C1 mentioned ‘I’m not sure what people can do during a storm because we haven’t had any storm experiences in our lives’ and in session seven, C1 said ‘The sadness is our family is not about the death of my wife, we cannot be happy’.

4.2. THE PROGRESSION OF THEMES ACROSS SESSIONS BY OBJECT

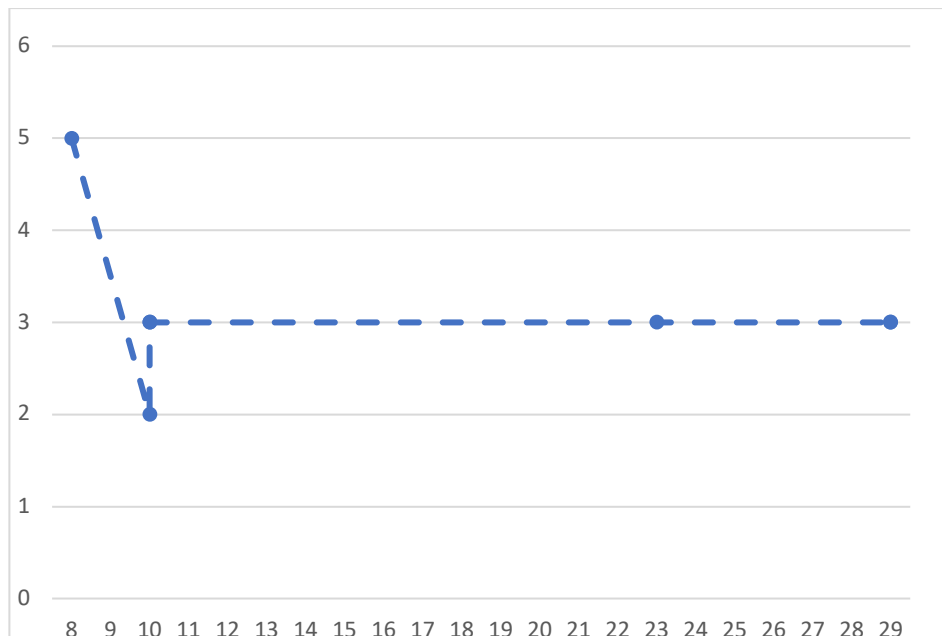
To decide the themes, firstly, the family was accepted as a client and all object x theme frequency distribution were calculated for both second-order, and third-order themes, and the original set of objects was used. The themes were selected

based on the Procedure of Meier and Boivin (2000) that mentioned ‘at a Second-Order theme would be included in the analysis on the condition that it appeared at least five times for an object’, and the reason behind this is to determine the ‘meaningful pattern’ (Meier&Boivin, 2000). After finding the object x theme distributions, the subjects also were added for finding the changes. For each of the 23 second-order themes, 9 of them met the criteria.

It is decided that the themes of this study were reported by objects. The reason behind selection: for an object, the occurrence of the themes and the evolution are affected by the object (Meier&Boivin, 2000). The systemic theory was the therapeutic stance, which is why, the family (C1, C2 and C3) was accepted as one client, and the themes x objects distributions were determined based on the family’s process. Microsoft Excel Program was used for tables and figures which show the object x theme frequency distribution (Figure 4), and the location of combinations. For this research, all the meaningful themes x objects were selected.

Figure 0.1.

Suppressing, Not Feeling Emotions vs Expressing, Feeling Emotions X C1 (self)

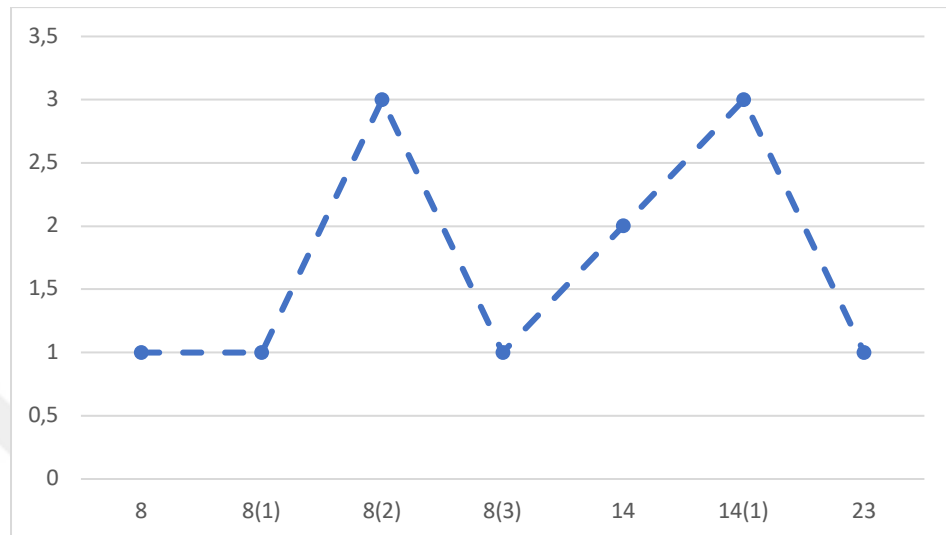


*C1(Self) means C1 talked about himself

In the session eight, C1 experienced a different attitude. With the guidance of a therapist, he talked about his emotions and expressed himself, rather than suppressing the emotions. He stated 'I have difficulty suppressing my emotions', therapist answered 'Can you try to talk about the emotions' and C1 said 'I tried', and he started to talk (Phase 5). The therapist's intervention can be important for C1 to act. In session 10, he thought about second marriage, and his and his children's needs. C1 stated 'My friends and family members talked about how you can continue your life without marriage. ... Love is important for marriage, and being a partner is also important. ... There is no such a thing that would make me worry about myself, generally, I worry about my children' (Phase 2). In the same session, he mentioned 'If the future will be like in my dreams, I will not need to second marriage. ... My daughter would be staying close to me, I would live there, if they would be close to me, just talking about that becomes difficult for me', and he accepted the therapist's emphasis which is about the need for togetherness (Phase 3). He realized that rather than having a second marriage, he needed them to be together, not alone. In session 23, he talked about the reason behind his anger 'To be honest, when I threw temper tantrum, or the increase in my temper tantrum was related to my wife. In the absence of my wife, I do not throw temper tantrum' (Phase 3). In the session 29, he gained awareness about the effect of suppression on him 'this made me sad, suppressing the sadness' (Phase 3), and in the same session, he realized that his suppression behavior and stated 'I resisted, and I suppressed my feelings' (Phase 3).

Figure 0.2:

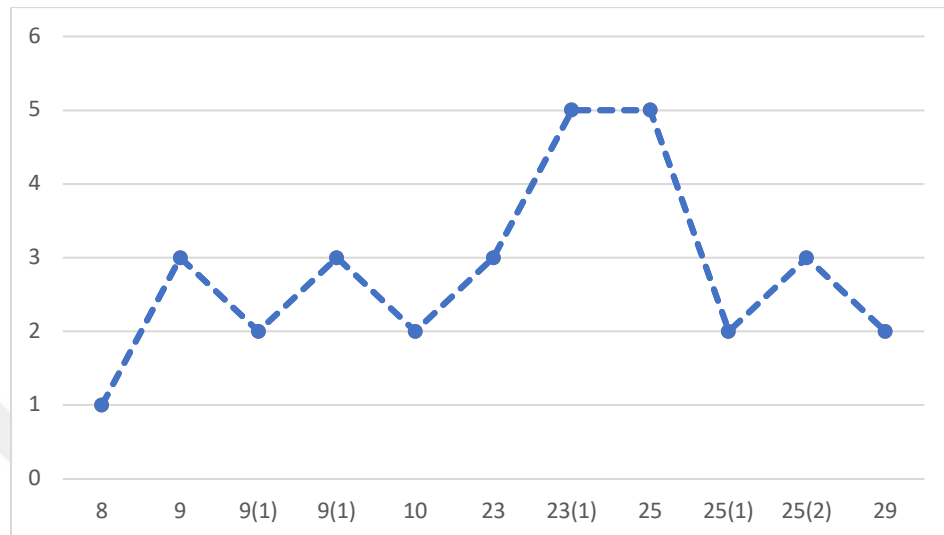
Avoiding from Emotions vs Allow the Emotions X C1 (self)



In session eight, he stated ‘Anyway, we will not be sad or cry, never mind’ (Phase 1), and in the same session he left the screen (Phase 1). The reason behind his leave was the avoidance of his emotions. Then he realized that ‘Our sessions, which begin with the C3’s phone addiction, grow into an emotional outpouring’ (Phase 3). He then exited the screen once more (Phase 1). In session 14, ‘... ‘Thank God, we have a lot of videos that we captured through the camera. I’m trying to avoid this process. Maybe sobbing and relaxing are essential, but I’m avoiding them.’ (Phase 2). Then, in the same session, he understood what he was doing, and as he walked away from the screen, he remarked, ‘Let’s go on to the other letters, I’m getting out of here’ (Phase 3). In session 23, he said, ‘Let’s go on to another subject’ (Phase 1).

Figure 0.3

Thinking About Others vs Not Thinking About Others X C3

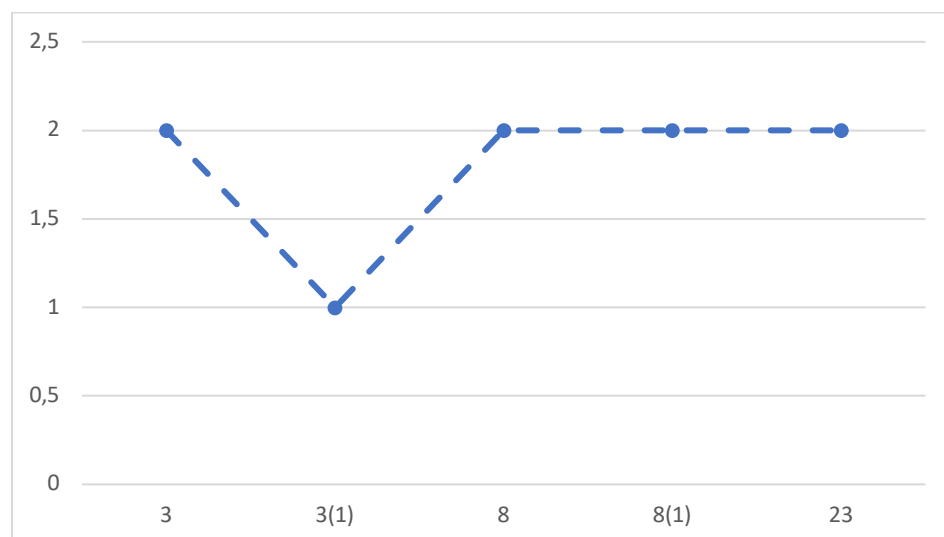


This theme and object first appeared in session eight, C1 mentioned ‘C3 has struggled, maybe her emotions have not woken up yet’ (Phase 1), he made fun of C3’s not responsive attitudes about her emotions. In session nine, C1 realized he did mind-reading and he said ‘... Maybe because of my existence in here, you cannot explain yourself, I did not want to do mind reading’ (Phase 3), and he tried to question the underlying emotions or thoughts to understand C3’s behaviors and he stated ‘... I think that there is some deficiency in C3’s emotional development. How does she explain her emotions, or does not she feel those emotions? I started to think about that. ...’ (Phase 2), and he realized the possibilities of her addictive behaviors and said ‘... maybe, for distracting emotions, she uses her phone because she does not have another alternative, and I smoke because I do not have another alternative’ (Phase 3), and he also realized the similarity of their behaviors. In session 10, C1 guessed C3’s emotions ‘... Perhaps she is afraid of sobbing in front of her father’ (Phase 2). In session 23, he understood her struggle with studying and gaming, and he said ‘... During these difficulties in life, for H, it is more difficult doing that’ (Phase 3), firstly in the session he did not blame her and stated ‘At least,

this did not deteriorate. Thanks god, the time that she spends on the phone does not change, it is still the same' (Phase 5). During session 25, he mentioned he changed his attitude toward her, '.... I evaluate the situation and I pulled myself out of that oppressive attitude.'(Phase 5). While talking about the loss, he tried to understand her behaviors '...The emotional states and the positions were different. During the funeral, she holds her phone in her hands, is it an addiction or she is just suppressing her sadness? This is complicated.' (Phase 2). In the same session, he mentioned 'For me, it is weird that C3 does not visit the cemetery. ... Going to the cemetery does not mean somethings. This can be weird for you. There are individuals who lost their loved ones, and they do not visit the cemetery. This does not mean that they do not love them, miss them or they forget them' (Phase 3). In the session 29, while talking about the loss of the deceased, he stated 'maybe you do not understand the questions, there is nothing to answer. Maybe you cannot explain yourself in emotional way' (Phase 2), he tried to understand why C3 did not answer the question.

Figure 0.4:

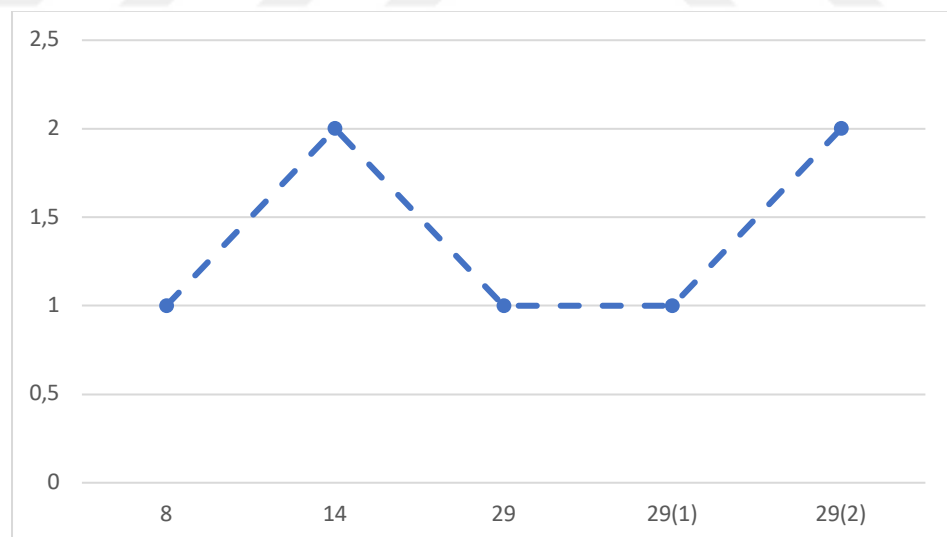
Being Together or Family vs Being Separate or not Being Family X The Family



In the session three, C1 mentioned that ‘... I do not spend time with my children. Now there is new year holiday, four days of lockdown. I am aware that C2 is also getting bored in the house. This week, I did their wishes ...’ (Phase 2). In the same session, C1 said ‘Being together is important in difficult time. The family comes first, the anxiety will be about the family rather than self.’ (Phase 1). In session eight, C1 stated that ‘When the children asked us about the condition of my wife, I cannot say the truth. With that, despite the bad scenario, I gave importance to spending time together’ (Phase 2). He mentioned dealing with the loss, as a family and he mentioned ‘For standing and suppressing the emotions, we lean on each other, and we support each other.’ (Phase 2). In session 23, C2 talked about how C3’s behaviors toward C1 made him upset and said, ‘We say that because of her addictive behaviors, not because of excluding her’ (Phase 2).

Figure 0.5

Being Same, Similar vs Being Different, Distinct X C1

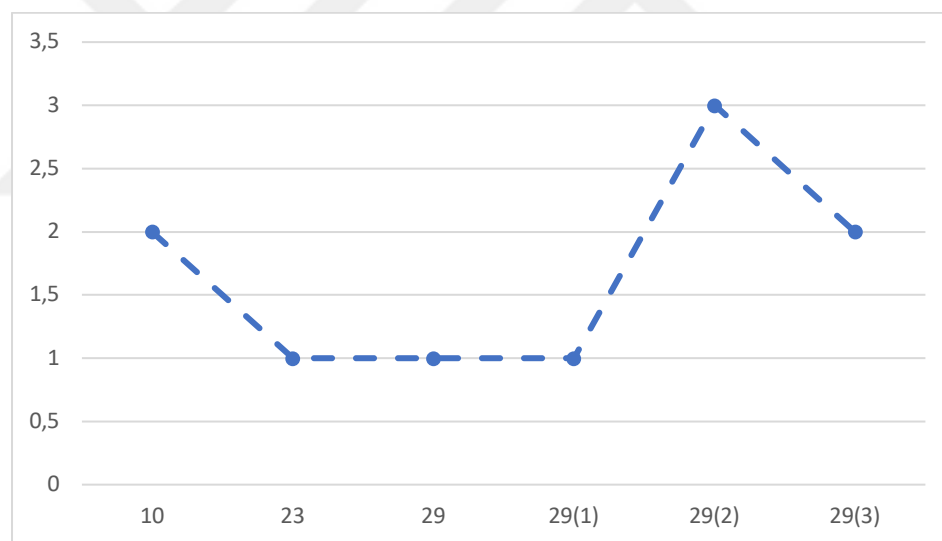


This theme x object is represented by C2. She emphasized how she is similar to her father. Firstly, in session eight, while C1 mentioned how he had struggle while talking about the emotions, C2 mentioned that ‘Also, I have it’ (Phase 1). In

session 14, after C1 read his letter, she observed that the writing style differs from his father's (Phase 2). 'I guess, we feel the same things' (Phase 1), she stated in session 29. C2 stated, "I will be like my father," when discussing C1's feelings (Phase 1). '... We're both sad over the same issue. What should I say? It is simple to understand. It is simple to forecast or manage. It's like comprehending my father's emotions. I'm not sure. We all feel the same sadness at the end. I share the same sentiments as my father, which is why I base my example on his emotions. It's the same thing I tell my father and myself.' (Phase 2).

Figure 0.6.

*Affecting, Controlling Others' Emotions vs Not Affecting, Controlling Other's Emotions
X C1*

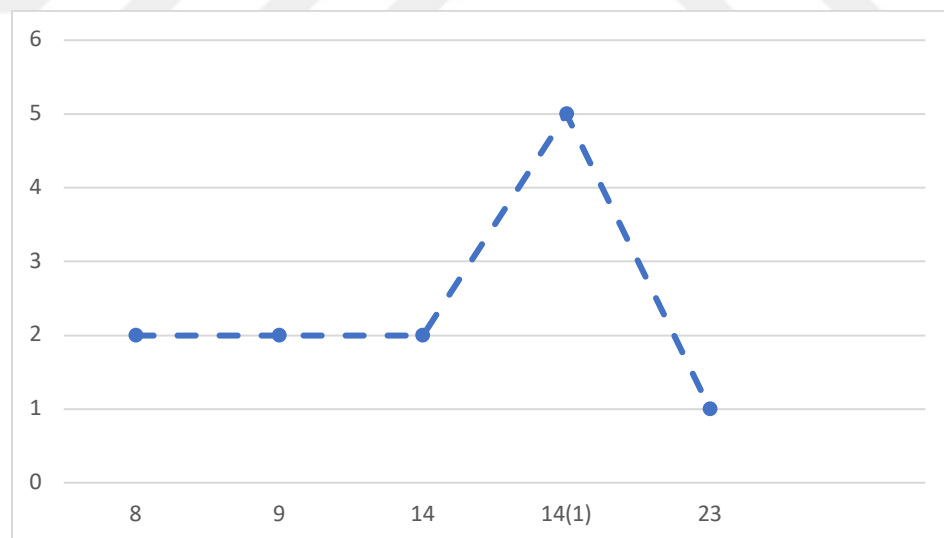


This theme x object was represented by C2 and C3. Mostly, C2 tried to change or control his father's feelings, she tried to make him calm or happy. Firstly, in session 10, when C1 talked about the marriage of his daughters, he mentioned that the subject of the marriage of his daughter was difficult for him. Then, C2 stated that marriage is not only option, since she does also not have to get married, and they can live together. When the relation between the sadness of her father and her

marriage was talked about, she said ‘the possibility of my father’s sadness emerges’ (Phase 2). In session 23, C1 got emotional, and she tried to soothe her father by saying ‘Dad, we do not misunderstand, be calm’ (Phase 1). In session 29, it is revealed that C2 checking C1’s emotional states. When he talked about the night before the session, C2 commented on his emotional states, and said ‘He got emotional’ (Phase 1). In the same session, it was talked that C3 did not talked about her mother’s loss with her friends, she did not share. C1 started to cry after hearing, C3 directly tried to calm his father by saying ‘I do not have difficulty talking about it with my friends, we do not talk much. That is why they do not know this. ...’ (Phase 1). C2 realized that she tried to change the subjects or to make jokes for decreasing the emotional states of C1 (Phase 3). After that, she was triggered by the emotional clue of C1 and tried to understand his emotions (Phase 2).

Figure 0.7.

Being Affecting by Others vs not Being Affecting by Others X C1

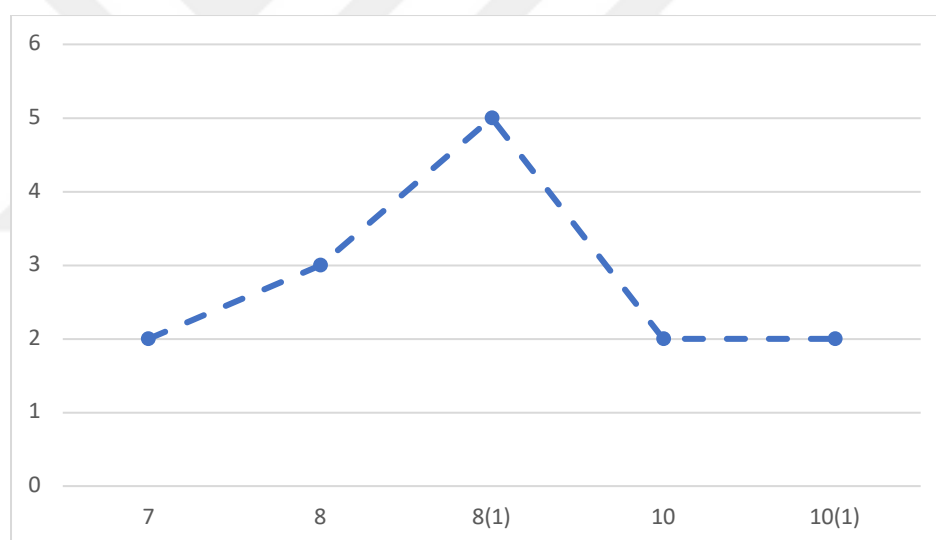


In session eight, C2 mentioned that seeing her father’s sadness made her sad, she stated that this created ‘the pattern of sadness’ (Phase 2). In another session nine, while talking about expressing their emotions, she stated that ‘It is good that

my father expresses himself but seeing my father while he is crying is annoying. I do not like that, it makes me uncomfortable' (Phase 2). In session 14, before C1 started to read the letter that he wrote, she said that 'Dad, read without crying', and she stated that 'When he cried, I want to cry too' (Phase 2). Then she said that 'Dad if you do not cry, I will be happy. Of, I gave up you can cry' (Phase 5). During the session, she behaved differently, and even though she was affected by her father's sadness, she allowed to those emotions. In session 23, C2 interrupted C1 while he was getting emotional (Phase 1), she did not want to see her father's sadness.

Figure 0.8:

Having Changing, New Role vs Needing Stable, Old role X C2 and C3

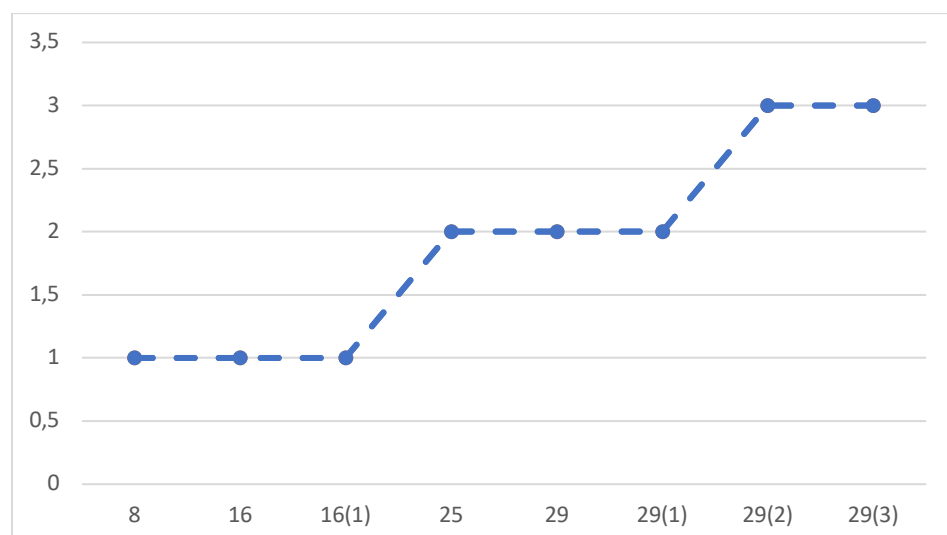


With the loss of the deceased, C1 faced with lots of different responsibilities as a single parent, and he was anxious about becoming father without mother of their children. This theme firstly came up in session seven, he mentioned that what he can do, which is complex feelings, and he stated that while C2 talked about her desires and wishes, C3 did not share. He thought and tried to find ways to make C2's wishes (Phase 2). In session eight, while talking about the housework, he talked that they cannot share the responsibilities. He thought being family affected

sharing responsibilities, on the other hand, if they were friends from university, they can share the housework. Then, he said ‘I cannot talk with my children, say to them ‘This is our responsibility’ because I am worried about their attitude. If they do not fulfill their responsibilities, this would make me more upset. I do not make any plan, so I do not want to be sad about it’ (Phase 3). He said, ‘I am forcing myself for my children to understand the meaning of emotion’ and he continued to talk about emotions (Phase 5). Talking about emotions with his children was a new attitude and feeling responsibility toward his children. He felt that as a father, he needed to improve his children emotional development. In session 10, C1 talked about his worries about C2 and C3, he mentioned the problem they can live in the future without their mother’s, and C3’s education life, her eating habits, and individual responsibilities (Phase 2). In that same session, he explains his thoughts about second marriage to his children and he mentioned that the children’s psychology was one of the determinants for his decision of about second marriage (Phase 2).

Figure 0.9:

Maintaining the Relationship vs Abandoning X The Deceased



The loss changed the relationship between the members and the deceased. The family members wanted to maintain the relationship and they predicted the attitude or behavior of the deceased. In session eight, C1 stated that ‘... Being strong, not letting ourselves go, and a being successful person makes her happy. When we get a chance to visit her, ‘Mom, we are here, these are things that happen in our life.’ Sharing what happened in our lives makes her happy too’ (Phase 1). In session 16, the family members tried to find ways to feel connected with the deceased. C1 said, they found the canned that are made by the deceased when she was healthy and founding them made them emotional (Phase 1). In the same session, C2 mentioned that if they used lots of canned, there is nothing left of what she made. On the other hand, C3 emphasized that foods are not only things which belonged to her. There is also her dress. C2 said that ‘I will keep some of her clothes’ (Phase 1). In session 25, C1 stated ‘The most essential thing here is that you continue to love and respect your mother’ (Phase 2). In session 29, C1 took the perspective of his wife, and said ‘She did not attitudinize, she grew upset if we did not travel. She also wanted our happiness’ (Phase 2). C2 and C3 agreed with their father. Then C1 stated that he missed her wife and felt resentment (Phase 2). The theme moved to the remembering, C1 realized that remembering the deceased affected his emotional states and said ‘Every situation that reminds me my wife triggers that situation. In Istanbul, you get used to the everyday situation. But now we are in the village of my mother-in-law. Then, I remember the last time when we came here with my wife’ (Phase 3). C2 agreed with her father that the first experiences without the deceased were difficult, she gave example of the first experiences which could remind the deceased. Then she mentioned ‘When we will come here another time, I will be more accepting, and I will get used to it’ (Phase 3).

CHAPTER 5

DISCUSSION

The goal of the study was to understand the constituents of this family's grieving in the therapy sessions and to investigate the progression of themes in this family therapy process. The family consists of one father and two adolescent daughters. The systemic theory was the main approach and systemic interventions were used. During the therapy process, the therapist mostly benefited from EFFT, Bowen Family Systems Theory, and The Structural Theory. The family member did not want to talk about the deceased or the loss, talking about loss and feeling those emotions related to the loss became one of the aims of the therapy process, and this research investigated this family's grieving process and change in those process. The research found 114 descriptive themes, 23 second-order themes, seven third-themes and two core themes which are enmeshed relationship and having the process of emotions. While investigating the change, the research found nine second-order themes repeated at least five time for at least one object. Firstly, the discussion will focus on the core themes and third-order themes. Because the core theme is 'enmeshed relationship', 'enmeshed boundaries' (one of the third-order theme) will not be discussed separately. Secondly, the progression of the second-order themes will be discussed.

5.1. CORE THEMES

5.1.1. Enmeshed Relationship

One of the core themes of this family's grieving process was 'enmeshed relationship'. The loss in the family is one of the stressful life events for the families. In addition to the grief process, the pandemic also increases the stress level of the families. The grief and the pandemic can impact the anxiety level of the family as system and the members of the families. Differentiation is an important

concept while dealing with the anxiety because it is the ability to handle the one's own anxiety while not reacting the other members' anxiety (Lebow et al., 2019). As it is mentioned, differentiation of self can be found in two different domains, interpersonal and intrapsychic.

In the interpersonal domain, togetherness, separateness and the balance between them become important, and this domain includes fusion with others and emotional cut-off (Gibdon & Donigian, 1993; Skowron & Friedlander, 1998; Yousefi et al., 2009). The fusion means the 'emotional oneness or stuck togetherness', and the fusion creates reaction of members toward each other without realizing their own emotional needs (Brown & Wright, 2010). In this family, there was a fusion between them because they expected to have the same grieving process and the same emotions about the grief. Generally, C2 mentioned the similarity between herself and her father's feelings and C1 had difficulty realizing the differences between himself and C3's reactions and emotions. Also, C2 and C3 focused on C1's emotions about the grief while ignoring their own emotional process. The fusion in the family members can block the functional family grief because the C1 focused on the C2's and C3's process and C2 and C3 focused on C1's process, but this inhibited the members' own grief process and the family's grieving process. The members' emotions and their grief process are also important for moving on (Goldberg, 1973). The emotional cut-off is a way to deal with the anxiety in the family by putting emotional distance between themselves and the family members for decreasing the togetherness (Lebow et al., 2019; Nichols & Davis, 2017). In this family, C3 put the distance between herself and C1, she did not share her thoughts or feelings with C1 and C2. Also, she refused C1's efforts for creating close relationship with her. It is important to realize that she is in her adolescence period, her autonomy became more important to her which is why she could be afraid of being merged with C1 and she put this emotional distance. However, this distance can make harder the grief process for her because this prevents getting emotional support from other family members. The emotional cut-off can be decreased by decreasing the fusion in the family.

On intrapsychic domain can be defined as the ability to differentiate the feeling and thinking process and this domain includes emotional reactivity and 'I position' (Gibdon & Donigian, 1993; Skowron & Friedlander, 1998; Yousefi et al., 2009). Emotional reactivity means giving reaction based on the reflex emotions rather than regarding cognitive process (Brown & Wright, 2010; Nichols & Davis, 2017). With a closer examination of this family, C1's reactions were reflexive and emotional rather calmly or objectively. He easily got aroused by emotions, and he mentioned he did not think clearly. The emotional reactivity of C1 can inhibit taking C2's and C3's point of view, and he focused on his emotions while ignoring C2 and C3. Because of this, C2 and C3 did not prefer to talk about themselves and their struggles. 'I position' denotes taking a "thoughtful stance" without regard for the reactions of others (Terell, 2014). The others' reactions or agreement was important for these family members, especially for C1 and C2. C2 changed her attitude or claimed if C1 did not agree with her statement. If C1 made an interpretation about what C3 talked about herself, she agreed with C1. C1's thoughtful stand was found in the therapy session, the reason for taking I position can be seeming himself as an authority figure in the relationship with C2 and C3. The lack of differentiation causes the self cannot be present without the others, which can inhibit one's own grieving process because every family member can be affected differently by the process, but lack of differentiation does not allow different grieving experiences in the family.

Differentiated individuals can pursue their autonomy, and the enmeshed families have difficulty accepting member's autonomy in the relationship, that is why the differentiated individuals are found in a less enmeshed relationships (Green & Werner, 1996; Lebow et al., 2019). In this research, the enmeshed relationship was founded in this family, and it can have an impact on the member's differentiation process. Additionally, the lack of differentiation can also affect the enmeshed relationship. In enmeshed relationship, having autonomy can be viewed as an attack on the family and the relationship between the members, because the autonomy can be seen as a need for distance without the need for closeness. The loss triggers the need for togetherness in the family, and the same or similar

reactions to the grieving process are expected from other members (Detmer & Lamberti, 1991). The same reaction toward the grieving family process was expected from the C1, and different reactions were not accepted, and were interfered with by other members. The emotions, that are not accepted by the family members, about grieving process of this family members were affected by other members and affected the other members' process. C2 was on the alert about the C1's sadness about the grief, she focused on C1's grief process. Focusing on individuals rather than the families creates a less functional family grief process (Davies et al., 1986).

Similarly, focusing on C1's grief process, controlling his emotions and avoiding making him upset interrupted her grieving process. Not only C2, but also C3 avoided making C1 sad and tried to affect his sadness about the loss. While C2 and C3 tried to control C1's grief process, at the same time, C1 tried to control and affect C2 and C3's grieving process because they did not prefer to talk about their emotions. This loop increased the enmeshment level of the boundaries because every family member focused on other members while ignoring themselves. Detmer and Lamberti mentioned that at the beginning of the grief process, transiently, this attitude can decrease the anxiety or stress level in the family (1991). In the ongoing process, a lack of autonomy increases the anxiety level in the family (Detmer & Lamberti, 1991).

5.1.1.1. Mentalization

Mentalization is one of the third-order themes under this core theme. In the literature, it is said that the families with enmeshed relationships, the family members believe that the thoughts and the emotions of other family members are known by them, and the boundaries between the minds are blurred. Also, the pseudo-mentalization can be found in those families, where the members do not feel understood, but the family looks like they are mentalizing other members (Asen & Fonagy, 2012). Additionally, the loss of a loved one increased the need for connection in the family members, and caused fusion, which makes it difficult to

realize or tolerate different emotions of different family members during the grieving process (Lamberti & Detmer, 1993). Similarly, this family had enmeshed relationship, and while C1 seemed to be mentalizing, but he had difficulty realizing or tolerating the differences between his grieving process and his daughters', especially C3's, grieving process. He compared his sadness level and C3's sadness level about the deceased. He did not compare C2's sadness with himself because he found similarities between his grieving process and C2's grieving process. While he spent lots of energy understanding the daughters, he made assumptions about their reaction to the loss and he did not aware that his assumption is related to his reality rather than C2 and C3, which can be example of pseudo-mentalization (Fonagy & Allison, 2011). As a result of the pseudo-mentalization in this family, C2 tried to assume C1's thoughts and feelings. The pseudo-mentalization caused feelings of disconnection (Asen & Fonagy, 2012), making assumptions about C1's mind made her feel connected with her father. Knowing him, guessing his thoughts or feelings can create the feeling of connection. Feeling connected with one parent became more crucial after the loss of another parent. On the other hand, C3 did not put any effort to express herself, she accepted lots of things that C1 said. On the other times that she did not accept what C1 said, C3 did not prefer to talk about or express herself. Not feeling understood, pseudo-mentalization, can be consequence of C3's attitude about expressing herself which is one of the indicators of family differentiation because it provides space for open communication (Brown, 2012). Making assumptions about other's minds or guessing them can seem a way to make connection between the members which is negatively related to differentiation of self. Having autonomy can be viewed as distance between the family members, and emotional connectedness can be defined as knowing other's mental states.

5.1.1.2. Unclear Family Structure

It is expected that the loss of family members changes the structure of the family, such as boundaries and subsystems (Detmer & Lamberti, 1991). The changes in the subsystems create differences in the family roles. The deceased role

in the family and position are important to the family member's reaction to the loss and mentioned if the deceased help to keep the family in the equilibrium, adjustment process can be more challenging for those families (Bowen, 2018; Brown, 2012; Pereira, 2018). The deceased in the family was the relation and communication channel between C1 and C2 and C3. When the deceased passed away, the family members had struggled to find new a way to communicate. C2's and C3's responsibilities belonged to their mothers, C3 was the breadwinner of the family. After the loss in the family, the roles and responsibilities changed in this family. Reorganizing roles and responsibilities in the system are an important part of the mourning process (Goldberg, 1973; Pereira, 2018) but the rigid roles in the family system caused the unfunctional family grief process (Davies et al., 1986). After she passed away, C1 had to face lots of different responsibilities in his father's role. Because the caring role belonged to the deceased, the new parental role, and the responsibilities of C2 and C3 increased the anxiety level of the C1, and he had difficulty to adapt the new family system. Generally, surviving parent give some parental responsibility to children to eliminate the void in the subsystems and this change creates differences in sibling subsystem (Detmer & Lamberti, 1991). Similarly, C2 started to display some of the mother's roles, such as taking care of C3, doing housework, or in intervening the relationship between C1 and C3, to create equilibrium in the family and decrease the C1's anxiety level. C2 became parentified child after her mother loss, which caused the unclear boundaries in the family system (Detmer & Lamberti, 1991; Soloski et al., 2016). In the literature, parentification is accepted result of the enmeshed relationship between the parent and the child (Fulmer, 1983; Garber, 2011). It is possible that, the loss can increase the level of enmeshed relationship between the members, which can precede the parentification in this family. After the loss, the structure of the family creates overinvolvement in members (Fulmer, 1983). Overinvolvement in the families affects the autonomy of the member (Ramsey et al., 1986), which decreases the level of differentiation. The literature mentioned that in enmeshed families, going on to the life is accepted as infidelity toward the deceased (Moos, 1995), similarly in this research maintaining the relationship with the deceased, having

responsibilities toward her, and loving or respecting her were found important aspect of the grieving process. Shaping the new relationship with the deceased can be difficult for some members of the family. Because of the lack of differentiation and enmeshed relationship, the family members can expect that the other members also have the same difficulty, and they can normalize this maladaptive grieving response as a sign of love. Also, the members who change their relationship with the deceased can be blamed, which can cause a decrease of self-expression.

5.1.1.3. Not Being Sure about Self

Bowen mentioned the importance of the ‘open relationship system’ in families where members can express their feelings or thoughts without being anxious about others’ emotional states (Bowen, 2018). It can be stated that this family had a closed relationship system because the members of this family did not want to share or express their feelings or thoughts about the deceased or grief process because they were afraid of making others upset. While the member did not prefer to express themselves to protect other members, this can block the genuine relationship between the members, which creates emotional distance (Lamberti & Detmer, 1993). Not expressing oneself about the loss or deceased causes less functional family grief process (Davies et al., 1986). In this family, C3 refused to share her emotions or thoughts about the loss and C1 spoke for her. Then, C3 agreed with lots of ideas or statements of C1. This can cause a low level of differentiation because C3 can have difficulty to ‘define a self’ in the family system (Lebow et al., 2019, p. 319). Additionally, the enmeshed relationship in the family and low level of differentiation can create confusion in the members because the boundaries of the self and the self-stand are not apparent. So, the members can prefer to read into the other’s members’ reactions to the grief rather than focusing on themselves. Any inconsistency between them can increase the feeling of confusion.

5.1.1.4. Values Others

Individuals have a tendency to idealize the deceased, when they talk about the deceased member of the family, they focus on the positive part of the member (Davies et al., 1986; Hayes, 2016; Shmotkin, 1999). Similarly, C1 and C2 praised the deceased, and emphasized her positive aspect of her. They idealized her attitudes and the relationship with the deceased. Idealization can be expected as part of the grieving process. However, C1 idealized the deceased while underestimating own ability, he compared himself and the deceased in the parental role. The lack of autonomy can cause that he undervalued himself.

5.1.2. Process of Emotions

The emotions are natural response to the grief process. Distress, fear, despair, protest, sadness, anger or helplessness are some of the examples of the grief process emotions (Archer, 1999; Goldberg, 1973; Worden, 2018). While these are common emotional reactions to the grief process, the family member had difficulty realizing and experiencing those emotions, and admitting those feelings is important for the functional grief process (Davies et al., 1986). The process of emotions can be accepted as common response of the mourners and not specific to this family that is why this became the second core theme in this research.

5.1.2.1. Being Desperate, Despair

In the functional family grief, rather than focusing on the bad or the difficulty, they can vary the emotions and are able to see the good (Davies et al., 1986). Feeling desperate is one of the expected emotional reactions during the grieving process (Archer, 1999; Worden, 2018). C1 talked about how their lives were good, and those days could not be come back. Some family members mentioned the act of God, and they did not actively deal with this process (Davies et al., 1986). During the sessions, C1 mentioned the will of God and he stood in more a passive position.

The reason can be he did not know how to deal with those emotions, and he could not have enough coping mechanisms to deal. The lack of coping strategies can cause more a passive position for the mourners.

5.1.2.2. Attitude Toward Emotions

The death in the family revealed lots of different emotions. Feelings about the loss and permitting the grieving process are important for a family's grieving process (Moos, 1995). Expressing emotions about the grieving process and encouraging those emotions for the members who cannot express them easily also are necessary part of the functional grieving process for moving on (Goldberg, 1973; Pereira, 2018). Rather than showing the emotions, these family members suppressed or avoided the emotions. C1 clearly stated that he did not want to talk about the emotions or the grief process, and when he got emotional, he left the screen. His attitude toward his emotions can also affect C2 and C3's attitude toward their emotions, and rather than regulating those emotions, they had more tendency to suppress or avoid from them. This can provide instant relief for the members but not processed emotions can make difficult to adapt the new system. Additionally, not knowing how to regulate their emotions and the suppressed or avoided emotions can block the functional grief process (Davies et al., 1986) and the unresolved process can cause the behavioral symptoms in the child (Fulmer, 1983). Similarly, the reason of the C1 for therapy application was about the game addictive behavior of C3, and at the beginning of the session, C1 refused the possibility of the impact of the loss of the mother on their family. Changing the subject or ignoring the emotions when a family member is upset about the loss can cause a less genuine relationship between the members because showing the emotions is not accepted by other members, which negatively affects their grieving process (Moos, 1995). Moreover, this family labeled the anger, sadness, and depressive feelings as 'bad feelings', so this labeling prevented from experiencing those feelings, and this can cause less functional grief process and being stuck at those emotions (Davies et al., 1986). It can be stated that labeling could make the family members alert about

those emotions. When the feelings showed up, the members tried to find ways to deal with those emotions rather than experiencing them because those emotions are not welcomed by the family (Moos, 1995) and not tolerating the emotional distress or other emotions block the functional grief process (Worden, 2018).

5.2. PROGRESSION OF THE SECOND-ORDER THEMES

This study investigated nine second-order themes. The working themes of this research, except maintaining relationship, did not represent general pattern of progressive movement, and this result was different than other studies (A. Meier et al., 2006; A. Meier & Boivin, 2000). Similar to the literature, third-order themes did not show interpretable pattern (A. Meier et al., 2006; A. Meier & Boivin, 2000) that is why second-order themes were used.

Avoiding Emotions: The subject and the object of this theme was C1. While there was a session that C1 became aware of the theme, this theme returned to Phase 1. With a closer examination, C1 had difficulty expressing his emotions when he was the focus of the session. When the phase reached to 3, the object was both himself and the family. Lack of differentiation and enmeshed relationship caused that he had difficulty understanding himself, but when the object was the family and himself, his awareness increased because he easily thought about himself based on others' minds.

Suppressing, not Feeling Emotions: The subject and the object of this theme was C1. This theme started with phase 5. The reason behind the action could be the therapist intervened in C1 and encouraged him to not suppress his emotions and feel them. It can be stated that changing the behavior without awareness does not provide permanent change. With a closer examination of that session, after C1 did not suppress his feelings, C2 and C3 also tried to not suppress their emotions, which can be another reason behind the fall in the graph. It can be stated that C1 had difficulty tolerating C2 and C3's emotions, so their attempt could increase the stress

level of C1. After those session, C1 reached the awareness level but he did not attempt to change his behaviors.

Thinking about Others: The subject was C1 (mostly) and C2, and the object of this theme was C3. The lack of differentiation and enmeshed relationship in the family could make it difficult to realize other's members mind, that is why C1 had tendency to accept what he thinks about C3 was the reality. C1 realized that he did mind-reading, but then he turned to Phase 2. From that session to session 23, it was realized that when C3 did not respond to him, he maintained his behavior. The reason behind C3's non-responsiveness could be the pseudo-mentalization in the family. In session 23, C1 started to mentalize C3 and took her perspective. The reason for the decline in the session 26 could be that C1 tried to understand C3's attitude toward the deceased, which increased his stress because he gave importance to the relationship with the deceased. Stress is one of the factors which predict the mentalization ability (Asen & Fonagy, 2012). With a closer examination of the last session for this theme, that when C3 did not answer to the question about the deceased, C1 became angry and his mentalization ability showed a decline. Anger is one of the emotions that made difficult the mentalizing ability (Asen & Fonagy, 2012) of parents.

Maintaining the Relationship: The object was the deceased, the subjects were C1, C2 and C3. Generally, C1 was talking about the relationship. C3 talked about it when C1 and C2 expressed their distress, and her statement was about soothing them. In the last session, C2's awareness increased, then C2 mentioned her awareness about the relationship. It can be stated that C1's attitude in the sessions and his progression had an impact on C2. This was the only theme that showed progressive forward movement. The reason behind this movement could be changed in the attitude toward emotions. When the emotions were felt and expressed by them, changing the relationship with the deceased became more adaptive.

Being Similar: The object was C1 and the subject was C2. During the sessions, C2 mentioned the similarity with C1. Also, she defined herself based on what C1 said. The lack of differentiation and blurred boundaries could be reasons for having struggle about defining herself apart from her father. Additionally, the parental mentalization ability is important for developing children's mentalization ability (Asen & Fonagy, 2012), so C1's not mentalizing attitude toward C2 could cause the difficulty developing mentalizing ability for C2.

Being Together: The object was the family, and the subject was C1 and C2. After the loss, being with the family and being together became important theme for this family. As it is mentioned the loss increased the need for intimacy under the stress such as family grief process (Detmer & Lamberti, 1991). Mostly, this theme was related to C1, but C2 was found as a subject. The reason could be in the session where C2 talked about the theme, C1 was getting anxious and C2 emphasized the unity of this family.

Having, Changing New Role: The object was C2 and C3, and the subject was C1. It is expected that the loss in the family systems changes the roles of the members, and the roles reorganized (Goldberg, 1973). The new parental role increased his anxiety level because he did not know what he can do, firstly he started to think about this role. He became aware of his feeling about the new role. The reason behind the increase in the graph could be he talked about old parental role, and he knew this role before the loss, and he was able to fulfill the requirements of this role. However, not being familiar with the role of single parent increased his anxiety level. The fall was found when he started to think about new role. His cultural belief about the gender role could make him difficult to adapt to the new role. Those beliefs were that the father is the breadwinner in the family, and the mother takes care of the children, and housework and she holds together in the family. The increased demands of the single parent role and the inconsistency between the cultural belief could increase his anxiety, which could cause the tendency to go back to old pattern.

Affecting, Controlling Other's Emotions: The object was C1 and subject was the C2 and C3. To decrease the anxiety of C1, C2 tried to soothe C1. In session seven, C2 tried to intervene in the emotions of C1, but in that session C2 received the therapist's intervention and she approved. It is realized that when C1 teared up or he mentioned that he is very sad, C2 directly tried to intervene in his emotional state and C3 tried to control his emotions if C1 became sad about C3's grieving process. Even though she realized her attitude toward C1's emotional states and her strategy for controlling C1's emotions, she was triggered by C1's emotions. The reason behind this can be enmeshed relationships in the family system and the lack of differentiation because she had difficulty differentiating her emotions and C1's emotions. So, C1's emotions became her emotions.

Being Affected by Others: The object was C1, and the subject was C2. The enmeshed relationship caused getting affected by others' emotional states. The reason behind the jump in the graph could be that in that session, the family members wrote the letter to the deceased, and they shared it. During the sharing, even though she was affected by C1's emotions, she did not intervene it. The reason behind her attitude could be that in this session, the impact of C1's emotions is talked about. Trying to not be affected by C1 could be difficult for C2, and also she could not regulate her emotions, which caused returning to the old strategy.

It is seen that even though the theme reached the awareness level, the client's behavior did not change. Similar to this result, Meier and Boivin mentioned that the awareness did not instantly cause a change in the client's behaviors (A. Meier et al., 2006). Another explanation behind not having progressive movement and the decline in the stage can be the family homeostasis which is defined as the resistance to change for pursuing the family's stable condition (Kim & Rose, 2014; Nichols & Davis, 2017). The loss could increase the family's anxiety level, so they could need stable equilibrium in the family. Additional to the impact of the loss, the therapy process could also shake the family equilibrium (Glasser, 1963). The high

amount of intolerable stress could cause use of the homeostasis mechanisms. With a closer examination of the fall in the graphs, it is seen that if the subject was C1 after reaching phase 3 or 5, the other sentence became about mostly C3. He blamed her even he talked about himself. The reason behind his behavior could be scapegoating, one of the homeostasis mechanisms (Messer, 1971).

With a closer examination of the changes in the family members, C3 was the least talkative client in the sessions. The reason behind her attitude could be that she was the scapegoat of the family. Even though she did not want to continue the psychotherapy process, she attended the session. The improvement in the C1's mentalization ability and not being focused on the therapy could encourage her participation. Expressing oneself and suppressing, not feeling emotions were the most repetitive themes for her. She became aware that they changed the subject when talking about the grief. In that session, C1 tried to take C3's perspective and he mentioned that he focused on his behavior rather than C3's. Feeling of being understood could increase the chance of expressing herself. In session 29, she refused to talk about the deceased. The grieving emotions could make difficult expressing her emotions because the strategy of suppressing the emotions was also used by her. However, in the same session, she expressed herself about not telling her emotions to her father. The reason behind her attitude could be that C1 became very sad, but he did not mention his sadness to control C3's behaviors. So, C3 expressed herself for decreasing his sadness level. The enmeshed relationship in the family caused controls over other members' emotions and she could feel responsible for his sadness. Another theme was suppressing or not feeling emotions which is one of the family patterns dealing with the emotions (Moos, 1995). This theme also was the most repetitive theme in C2. Similar to C3, she defined the sadness and talked about the difficulty to feel those emotions. It can be stated that all the family members had tendency to suppress the emotions associated with the grieving process, which can be seen as a multigenerational transmission process (Nichols & Davis, 2017). It can be stated that the way of C1 dealt with his emotions transmitted to his daughters, and there was a similar attitude in the family members toward the emotions related to the grief process. Having maladaptive

coping strategies with the emotions could disrupted regulation of those emotions, and the family homeostasis could complicate the change process of the familiar coping strategy.

When we look at the C1's attitude toward his emotions, it can be stated that he had difficulty to change his behaviors even he gained awareness about his strategies. Talking about the benefits and cost of those strategies may increase the chance of changing the behaviors because the consequences of those strategies were not talked during the sessions. It is revealed that C2 and C3 had difficulty gaining the awareness, and they were triggered by C1's attitudes and reactions. For having sustained changes, the therapist may give more psycho-education about father role to C1. At the same time, a father, C1's responsibility is containing his daughters' feelings about the loss for having functional grief process. However, because his feelings were not contained by his family, so he had difficulty to contain their feelings. So, rather than doing family therapy with all member, more individual session with C1 may be applied.

Additionally, the family members had different goals about the therapy process. As it is said, C1 made the application for therapy process, his aim was to change C3's game addiction. C2 wanted changing C3's behaviors toward herself and her father for making C1 happy. On the other hand, C3 refused to change her behaviors. Even though, common goals were established with the therapist, having different motivation about this process may affect changes in the family therapy sessions.

5.3. EXTRA-THERAPEUTIC FACTORS

Family resources are important while dealing with the loss (Walsh & McGoldrick, 2013). Because of the pandemic, this family had struggled for using their own resource. C2 and C3 stayed away from their peers even though they tried to connect with them via online platforms. Additionally, the lockdown caused them to spend their time at home and staying at home could increase the enmeshment level in the family members addition to the loss' impact, which created more

anxiety for them. Also, pandemic can be accepted as additional stressor, which can make difficult to have functional grief process. So, pandemic could affect the family grief process in a dysfunctional way. Addition to the family resources, the pandemic also affected the context of the psychotherapy process. The sessions were made via an online platform. During the online therapy, family therapy techniques, such as family sculpting, and the intervenes in actions became limited (Mc Kenny et al., 2021). The online therapy process could encourage the awareness of the clients, but it could not support the changes in their behaviors. Face to face therapy process may provide different changes in the themes. Additionally, different therapist may provide different lens while working with this family. The therapist focused on the emotional consequences of the grief, using behavioral interventions may create different themes and its progression.

5.4. THERAPIST'S OBSERVATIONS

During the therapy process, different interventions were used while working with this family. Those interventions were selected from EFFT, SFT and BFST. Even though all interventions have different purpose for therapy process, it can be stated that some of them provided more benefit while working with this family compared to other ones. With a closer examination to the beneficial interventions, validation, and normalization from EFFT provided space for this family while working on their emotions. As it is mentioned, the emotions are natural consequences of loss, but avoiding those emotions or suppressing them may make difficult to experience those emotions for this family that is why normalizing and validating those emotions may provide space for experiencing those emotions. Similar to the literature, the structure of this family was also changed after the loss (Detmer & Lamberti, 1991), and new coalitions were established. Strengthening the sister subsystem was the beneficial intervention for this family, which may decrease the triangulation in the family. Also, the coalitions between C1 and C2 started to be shaken. Additionally, talking about the boundaries, emphasizing the different grief experiences of the members and circular questioning may increase the C1's

mentalization ability. After those interventions, he diversified his perspectives. Using genogram provided different information about the family members' and it helped to increase their awareness about the pattern of the family. C1 became aware that his parent also tried to suppress their emotions, which may affect his self-blaming about being single father.

The therapeutic alliance can be accepted as one of the important factors while working with the families (Aponte, 2022). In the literature it is stated that "Attention has shifted to the therapeutic alliance, which, by definition, is the joint product of the therapist and client together," (Sprenkle & Blow, 2004, p. 122). While working with this family, having secure therapeutic alliance between the therapist and the clients may help keeping the clients in therapy process because they avoided talking about the loss and accepting its effect, but during the therapy process, the loss became talkable in sessions. Additionally, Aponte mentioned the effect of 'the interactive and interdependent relationship between therapist and client' in systemic therapy process (2022). Similarly, sharing the grieving process with the clients can change the clients' attitude toward the process. The therapist's containing and normalizing attitude toward their emotions about the grief can make the grief process more talkable.

5.5. CLINICAL IMPLICATIONS

This study can be helpful for family therapist while working with the family in the grieving process. Firstly, this study enlightened family's grieving process and how this process affects the family systems and using EFFT, BFST and SFT's interventions has an impact on the grief process of single parent family with adolescent children. The family grief process can be considered in two different areas; one of them is the emotional process of the grief and the other one is the family system. The emotional process is the natural consequences of the grief process, and the family members experience different emotions during this process. However, the attitude towards those emotions can be changed based on the families. EFFT can be useful method while working with those emotions, the interventions

help to differentiate the primary and secondary emotions. Also, this approach can provide space for family member to express their emotions. Validation and normalization of those emotions decrease the burden of the emotions. While working with the families with grieving process, validation and normalization can be beneficial interventions because those interventions may make easier to talk about the emotions and expressing self about the grief process. The family system can be accepted as another area that the therapist should be aware of. Also, therapeutic stance can be important part of the process because during the grief process, the clients may want to be understood and to share their grief. So, as a therapist, containing those emotions, and accompanying client's grief process can be accepted as crucial part while working with the grief.

The structure of the family is changed after the loss, and the adaptation to the change is affected by the level of enmeshment in the family and the level of differentiation of self. While working with families during grief process, talking about the housework, creating family rules during the session may be beneficial for the process because after the changes in the structure may increase the anxiety level in the family system that is why setting limits may important part of the process. Working with the families with enmeshed relationship or undifferentiated families, therapist may have difficulty to set boundaries or differentiate from the families especially during the grief process. On the other hand, therapist's healthy boundaries with the families or differentiated from the family can be important for having functional grief process because therapist can be also accepted as a role model while working with the families, and healthy boundaries and being differentiated may inhibit the overinvolvement after the loss and also therapist can make more appropriate and beneficial interventions. Some families have maladaptive strategies for their emotions, such as avoiding or suppressing. Talking about the strategy, its consequences and its impact on the children may be beneficial for therapy process because during the grief periods, the intensity of emotions may inhibit taking children's perspective. So, being aware of that strategy may decrease the risk of dysfunctional grief process. Moreover, psychoeducation can be seen as an important part of the therapy process. During the grief process, single parents

may have difficulty to set limit and understand children's needs that is why informing the parents may contribute to have functional grief process

As a therapist, being aware of them can make easier to find where the therapist should intervene to create a functional family grief process.

Additionally, this research drew attention to the how the mentalization ability of the single parent became important for functional family grief process. Pseudo-mentalization can be confusing for both the therapist and the children. It is important to realize the parent's mentalization capacity and make interventions to develop the parent's mentalization ability. A low level of mentalization capacity can be found in the families with blurred boundaries (Asen & Fonagy, 2012). So, the loss also increases the enmeshment level in the family because of the need for intimacy after the loss (Lamberti & Detmer, 1993). It is important to give attention to the parent's mentalization ability in the family with enmeshed relationship.

5.6. LIMITATION AND FURTHER RESEARCH

The aim of the study is to find the constituent of the family's grieving process and to investigate the change in those themes. This study also has several limitations. The type of this design, a case study, has its own limitations. Firstly, being the therapist, coder and the researcher at the same time can have an impact. Different systemic interventions could create different themes and the progression. New research about the family with grieving process would be exciting and would provide different perspective. Secondly, not having a numerical form is also accepted as limitation (Hodkinson & Hodkinson, 2001). Also, this study consisted of 10 sessions, more sessions could provide data about the grieving process and there could be differences in the progression of the themes.

Additionally, Theme Analysis had also its own limitations. One of them is this methodology. Segmenting the transcripts, and finding themes and objects, and coding those themes is labor-intensive (A. Meier et al., 2006; A. Meier & Boivin, 2000). Also, this was the first study using this methodology with family therapy process. While doing this research, it was difficult to do this research with family.

One core theme is the target of this method (A. Meier et al., 2006; A. Meier & Boivin, 2000), but while working with the family's, it was difficult to reduce the one core theme. From systemic perspective, the relation between the clients' is also important, and different clients in the session can approach differently to the themes. Alternative for this limitation can be subjectXthemeXobject combination. However, it is important to remember that the family as the unit also has its own process. Also, in addition to the statement of the clients, the behaviors in the session and their non-verbal reactions are important in the family therapy process. The coding part of the manual of TA can include nonverbal reactions and behaviors of the clients.

Moreover, the grief has its own changing process, and it is difficult to make a distinction how the grief process affects the progression of the themes and how the therapy process affects the progression of the themes. Also, these sessions were made during the pandemic, and the pandemic and the restriction of this process can also affect the family's grieving process. For a better understanding of the impact of the pandemic on the family's grieving process and how the pandemic affects the family's resources, the further research should be implemented.

This research tried to understand the constituent of the grieving process. Mentalization was found as important constituent of this family's grieving process. In the literature, there is research about the mentalization and enmeshed relationship in the family (Asen & Fonagy, 2012; Fonagy & Allison, 2011), but in the literature, the relation between the differentiation of self and mentalization was difficult to find. It can be stated that the subscales of the differentiation (I position and fusion with others) have similarities with mentalization. More research can be done to investigate the relation between them. Additionally, more research can be done about the Turkish family's' grieving process to better understand the impact of the grieving on the family and their grieving process.

CONCLUSION

This study is a case study that aimed to understand the constituents of one Turkish family's grieving process and the progression of the themes during family therapy by using TA. EFFT, SFT, BFST was applied during therapy process. This study found 114 descriptive themes, 23 second-order themes, seven third themes and two core themes which are enmeshed relationship and having the process of emotions. Nine of the 23 second-order themes repeated at least five time for at least one object, and their progression was investigated, not all of them showed forward movement. This research can contribute to the systemic therapy field by investigating the themes of the family grief process and their progression. While there are similarities between family's grief process, at the same time, this process is unique family. The clinical implications can provide new perspective about the family's grief process, which family therapy models that can be used, and how mentalization, differentiation of self, relationship among family members and how the emotions of family can affect grief process. New studies are required to have better understanding about family's grieving process, and the effect of those themes on the grieving process.

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APPENDICES

APPENDIX A: Bilgilendirme Ve Tedavi Onay Formu

Çift ve Aile Terapisi Bölümü

Bu yazıyla danışmanlık/terapi süreciyle ilgili size bilgi vermek ve karşılıklı hak ve sorumluluklarımızı bildirmek istemekteyiz. PDM’den hizmet almayı kabul ediyorsanız (1) bu formu pdm@bilgi.edu.tr adresine e-posta olarak göndermeniz ve e-postaya “Ekte gönderdiğim Bilgilendirme ve Tedavi Onay Formunu okudum ve formda belirtilen hak ve sorumlulukları göz önünde bulundurarak PDM’den psikoterapi hizmeti almayı kabul ediyorum” yazmanız; veya (2) formun her sayfasına imza atmanız gerekmektedir.

- İçinde bulunduğumuz pandemi koşulları gereği, Danışmanlık Merkezi görüşmeleri yüz yüze veya çevrimiçi bağlantıyla uzaktan gerçekleşecektir. Gerekli programların masaüstü ve mobil versiyonları mevcuttur. Görüşmeyi yapma ihtimaliniz olan cihazlara bu programları önceden kurmuş ve denemiş olmanız önerilmektedir. Görüşmelere yüz yüze katılacaksanız maske kullanmanız ve ulaşımınız sırasında gerekli sağlık önlemlerini almış olmanız gerekmektedir.

- Standart bir görüşmenin süresi 50 dakikadır. Bu süreçten en iyi şekilde faydalanabilmeniz için görüşmelerinize tam randevu saatinde ve düzenli olarak katılmanız beklenmektedir.

- Görüşmeye katılamayacağınız durumlarda, 24 saat önce randevunuzu iptal etmeniz beklenir. 24 saat içinde yapılan iptallerde ve habersiz gelmeme durumlarında aybaşında alınmış olan görüşme ücreti bir sonraki aya devretmez veya geri ödenmez.

- 24 saat önceden haber vermeksizin katılmadığınız arka arkaya iki görüşme sonrasında terapi süreci sonlandırılır, bu durumda devam etmek istediğinizde Psikolojik Danışmanlık Merkezi’ne yeniden başvurmanız gerekmektedir.

- Çevrimiçi seanslarda, çalışmanın bölünmemesi ve gizliliğin korunabilmesi için sessiz ve sizi bir başkasının duyamayacağı özel bir ortam kurabilmeniz; eğer seansa bilgisayarınız ile katılıyorsanız telefonunuzu uzak bir mesafede sessiz

konumda tutmanız ve evde başkaları yaşıyorsa bu kişilerin seans sırasında bulunduğunuz odaya girmemesi veya sizi dinlememesi, büyük önem taşımaktadır. Bunun için mümkünse bir kulaklık takmanız yararlı olur.

- Görüşmelerde konuşulanlar sizinle terapistiniz arasında kalır. Ancak kendinize ya da bir başkasına zarar vermeniz söz konusu olduğunda sizinle ilgili bilgiler terapistiniz tarafından, sizin de bilginiz dahilinde gerekli kişilerle paylaşılır.

- Kendi bakımını yapamayacak ve kendini koruyamayacak çocuk, yaşlı, hasta, engelli ya da hayvanlara şiddet/ihmal ve istismar söz konusu olduğunda gerekli kurumlara bildirim yapma yükümlülüğümüz vardır.

- Terapistiniz, mesleki konsültasyon amacıyla, kimliğinizi saklı tutarak bilgilerinizi Psikolojik Danışmanlık Merkezindeki süpervizörleri ve meslektaşlarıyla paylaşabilir.

- Çift ve aile terapisinde bazen bireysel seanslar yapılabilir. Bu seanslarda konuşulanlar gizli kalır. Ancak, danışan terapi sürecini etkileyecek bir sır verirse, terapist onu, bu sırrı diğer aile üyeleriyle paylaşması konusunda teşvik eder.

- Seanslarda hiçbir şekilde görüntülü ve sesli kayıt almamanız gerekmektedir, terapistiniz de sizin onayınız olmadan kayıt alınmayacaktır

- Gerektiğinde, ilaç desteği konusunda terapistiniz bir psikiyatrla görüşmenizi önerebilir. Merkezimizde yarı zamanlı bir psikiyatr bulunmaktadır. PDM'nin hizmet alanının ya da çalışma koşullarının dışında kalan yardım ihtiyaçları için güvenilir ve uygun ücretli kaynaklarına yönlendirme yapılacaktır.

- Aylık görüşme ücreti, ayın ilk veya en geç ikinci görüşmesinin sonunda aylık görüşme sayısı üzerinden hesaplanarak önceden ödenir:

- o Yüz yüze Süreçlerde: Aylık görüşme ücreti, TC kimlik numaranızla sizin adınıza İstanbul Bilgi Üniversitesi banka hesabına bağış olarak yatırılır ve bağış makbuzu ve faturanız danışmanınız tarafından size teslim edilir.

- o Çevrimiçi Süreçlerde: Aylık görüşme ücreti size bildirilen banka hesabına not kısmına “PDM Danışmanlık Ücreti” yazılarak sizin tarafınızdan yatırılır.

- Kayıt İzni:

Seansların kayda almasına izin verdiğiniz takdirde bu kayıtlar sadece eğitim doğrultusunda kullanılacak, bu kayıtların kullanımında kişisel bilgileriniz saklanarak gizliliğiniz korunacaktır. Aynı zamanda bu izni verdikten sonra istediğiniz zaman fikrinizi değiştirebilir ve izninizi geri çekerek kayıtların silinmesini talep edebilirsiniz. Kayda izin vermeniz veya vermemeniz kesinlikle size sunulan terapi servislerinin kalitesini etkilemeyecektir. Kayıtlar terapi sürecinin sonlanmasıyla birlikte silinecektir. Bu izni vererek, kayıtlar üzerindeki tüm hak ve ilgilerimi Psikolojik Danışmanlık Merkezine devredersiniz.

Bu formda belirtilen kurallar çerçevesinde terapi sürecinde yapılan görüşmelerimizin:

- Görüntülü ve sesli kayıt altına alınmasını: ☐ Kabul ediyorum ☐ Kabul etmiyorum

- Sadece Sesli kayıt altına alınmasını: ☐ Kabul ediyorum ☐ Kabul etmiyorum

• Terapistimin bilgi almak ve paylaşmak üzere çocuğumun/çocuklarımin okulundaki gerekli kişilerle görüşmesine:

☐ izin veriyorum ☐ izin vermiyorum ☐ çocuğum yok

1. Acil bir durumda aranabilecek kişi ve tel:

2. Acil bir durumda aranabilecek kişi ve tel:

Ad-Soyad:

Tarih:

APPENDIX B: Bitirme Tezi- Bilgilendirilmiş Onam Formu

Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Bölümü

Yas Sürecinin Aile Terapisindeki Değişimi

Değerli Katılımcı,

Bu araştırma, Bilgi Üniversitesi Klinik Psikoloji Çift ve Aile Terapileri Yüksek Lisans Programı bünyesinde bitirme tezi olarak, Yrd. Doç. Dr. Yudum Söylemez danışmanlığında Psk. İdil Biriken Gürses tarafından yürütülmektedir.

Araştırmanın amacı, Covid-19 pandemi süresince ailenin deneyimlediği yas süreci üzerinde terapinin yarattığı değişimi incelemektir. Bu araştırmayla Türkiye’de pandemi döneminde çekirdek ailede yaşanan kayıp sonucunda ailenin farklı yas deneyimlerinin terapi seansları süresince nasıl değiştiğine ışık tutulması hedeflenmektedir.

Bu form Bilgi Üniversitesi Psikolojik Danışmanlık Merkezi Prosedürleri gereği onaylamış ve imzalamış olduğunuz Tedavi Onay Formu, Araştırma İzni Formu ve Kayıt İzin Formu’na ek olarak düzenlenmiştir. Bu form size, araştırmaya davet edilen katılımcımıza, daha detaylı bilgi vermek amacıyla hazırlanmıştır. Lütfen tüm bilgileri detaylı bir şekilde okuyunuz. Açık olmayan herhangi bir bölüm ya da aklınıza takılan herhangi bir soru olduğunda araştırmayı yürüten kişiden daha detaylı bilgi talep edebilirsiniz.

Gönüllülük

Araştırmaya onay vermeden önce araştırmanın neden ve nasıl yapılacağını anlamanız çok önemlidir. Araştırmaya katılımda gönüllülüğünüz esastır. Araştırma hakkında bilgi aldıktan sonra onay vermeyi reddedebilirsiniz.

Prosedür/Gizlilik/Araştırma sonuçlarına ne olacak?

Bir seneye yakın süren seanslarımız yüksek lisans tez konusu ve amacı kapsamında değerlendirmeye alınacaktır. Tutulan kayıtlara sadece araştırmayı yapan kişi (Psk. İdil Biriken Gürses), verilerin incelenmesine destek olan kişi (Psk. Utku Çetin) ve danışmanı (Yrd. Doç. Dr. Yudum Söylemez) tarafından ulaşılabilecektir. 3. Şahıs ve kurumlarla asla paylaşılmayacaktır. Araştırmada sizlerin adına takma isimler kullanılacak ve tüm kimlik bilgileri gizli tutulacaktır. Sizinle ilgili tanımlayıcı bilgiler de (meslek, çalıştığınız kurum, eğitim yeri, okullar vb.) yazım aşamasında gizliliği korumak amacıyla saklı tutulacak ya da değiştirilecektir. Araştırma sonuçları çalışılması planlanan tez kapsamında değerlendirilecek ve olası herhangi bir başka yerde sunulması ve/veya yayınlanması durumunda tüm kimlik bilgileri gizli tutulacaktır.

Adı Soyadı

Adı Soyadı (18 yaşından küçük olan çocuğunuz için lütfen boş kısmı doldurun)

Tarih

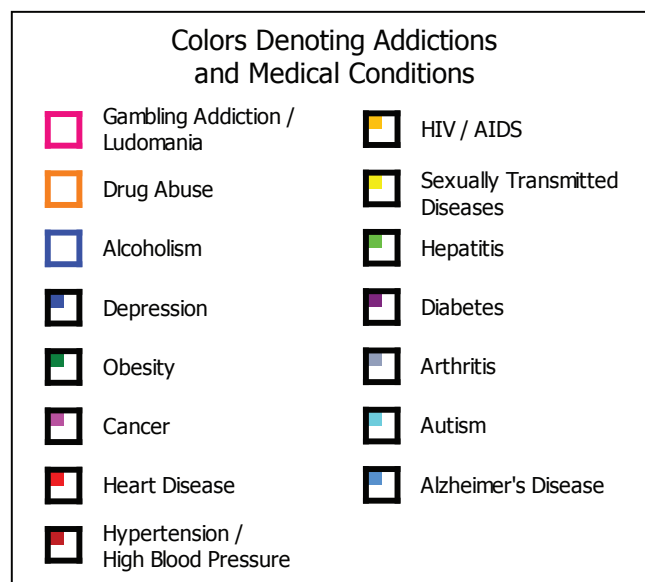
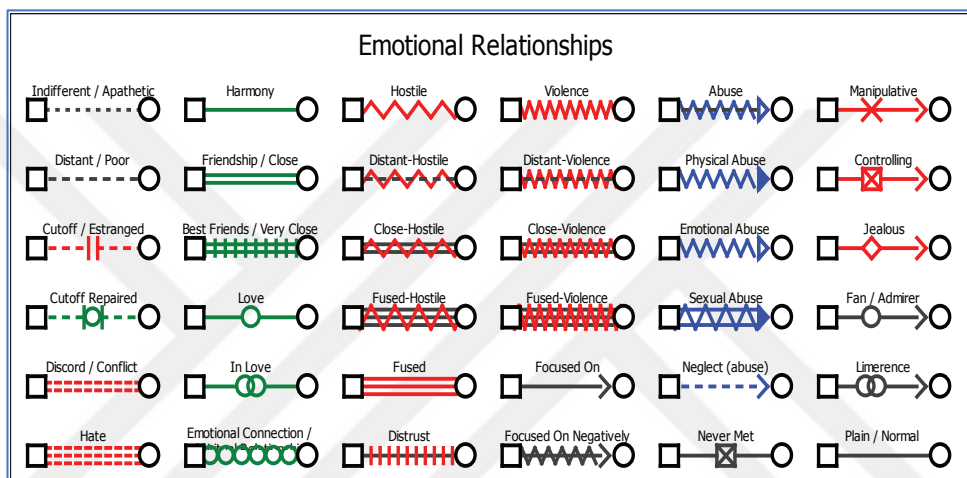
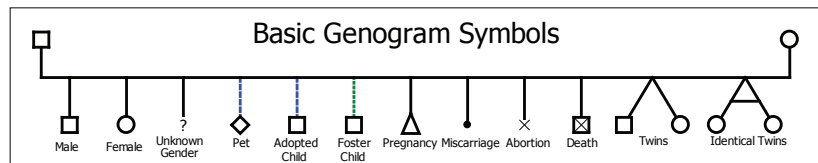
Lütfen onayladığınız kutucuklara işaret koyun

☐ PRN sisteminde doldurduğum ölçeklerin tez için kullanımına onay veriyorum.

☐ Seanslarda alınan görüntülü ya da sesli kayıtların tez kapsamında kullanımına onay veriyorum.

Araştırmamıza katıldığınız için teşekkür ederiz

APPENDIX C: Genogram Symbols



*Genogram symbols were retrieved from <https://genopro.com/genogram/symbols/> .

APPENDIX D: The Table for Coding

[illegible]

APPENDIX E: The List Of Descriptive Themes, Definition And Frequency Number

1. accepting the act of god vs. refusing the act of god (2): taking it as it comes or acceding the ultimate fate versus denying the ultimate fate
2. accepting the illness vs. refusing the illness: acceding the sickness versus denying the sickness
3. adapting to loss vs misfitting with loss: adjusting or accommodating the loss versus not being suitable with the loss
4. avoiding talking vs. allowing to talk (2): keeping away from, shunning the utterance versus admitting, acknowledging the utterance
5. avoiding the emotions (7) vs. allowing the emotions: keeping away from, shunning the feelings versus admitting, acknowledging the feelings
6. avoiding the sadness (3) vs. allowing the sadness: keeping away from, shunning the sadness versus admitting, acknowledging the sadness
7. avoiding the thoughts vs. allowing the thoughts: keeping away from, shunning the idea, the conception versus admitting, acknowledging the idea, the conception
8. becoming aware of other possibilities vs being unaware of other possibilities: being sensible, conscious, and cognizant versus not knowing, not cognizant of the other possibilities
9. being afraid of losing vs. being confident of not losing: Impressing with fear or apprehension about deprivation; privation versus being fully assured about not deprivation; privation
10. being anxious about the parental role (4) vs being confident about the parental role: soliciting or uneasiness of parental role versus being fully assured about the parental role
11. being complicated vs being simple: being compound, involved, intricate versus being easily intelligible, clear, not complex.

12. being confused about the process vs having a clear process: being muddled, disordered about the process versus having apparent, obvious, transparent process.
13. being in despair vs being hopeful (2): the state of being without hope versus having full of hope.
14. being different vs being similar (10): being distinct, separate versus resembling, alike.
15. being emotional vs not being emotional: pertaining to characterized by emotions versus not pertaining to characterized by emotions
16. being grateful vs being ungrateful (3): being agreeable, pleasing, welcome, thankful versus not feeling thankful or showing gratitude.
17. being lonely (3) vs being accompanied: not having other near, distancing oneself from fellows or companions versus going together or being associated
18. being patient vs being tired: bearing pain or trial without murmuring versus being fatigue or being exhausted
19. being sad vs being happy (3): being sorrowful, mournful versus being prosperous, glad, fortunate
20. being soothed versus being irritated: being soften, calm, relieved versus being worried, aggravated, or provoked.
21. being with the family (2) vs not being with the family: having existence with family versus not having existence with family
22. blaming (3) vs approving: expressing disapprobation of versus expressing approbation.
23. changing in the family roles vs having stable family roles: shifting or altering the family roles versus firmly established or fixed family roles
24. changing routines vs having stable routines: shifting or altering the routines versus firmly established or fixed routines
25. changing the family traditions vs having stable the family traditions: shifting or altering the family traditions versus firmly established or fixed family traditions

26. changing the fathers' role vs having the fathers' roles stable: shifting or altering the fathers' roles versus firmly established or fixed the fathers' roles
27. changing the subject about emotions (2) vs stabilizing the subject about emotions: shifting or altering the subject about emotions versus firmly established or fixed the subject about emotions
28. changing vs being stable: shifting or altering the family roles versus being firmly established or fixed
29. checking others' emotional states (3) vs losing others' emotional state: controlling others' emotional state versus missing others' emotional state
30. collecting memories (2) vs dispensing memories: gathering or bringing together memories or dividing memories
31. completing vs commencing: accomplishing, fulfilling or achieving versus beginning or having first existence
32. crying vs not crying (2): uttering the voice of sorrow versus not uttering the voice of sorrow
33. defining sadness vs obscuring sadness: determining the extent of the meaning of sadness versus preventing from being seen sadness.
34. denying the difficult life situation vs. allowing the difficult life situation: refusing or disavowing the difficult life situation versus admitting or owning the difficult life situation.
35. Wishing to know vs wishing to not know: coveting, requesting to perceive with certainty or understand clearly versus coveting, requesting to not perceive with certainty or understand clearly
36. evaluating the life events vs not evaluating the life events: carefully appraising the life events versus not carefully appraising the life events.
37. evaluating the past (2) vs not evaluating the past : carefully appraising the life events versus not carefully appraising the life events.
38. expressing anger versus suppressing anger: repressing or restraining anger versus declaring, articulating anger
39. feeling connected vs feeling unrelated: feeling related, joined versus feeling not connected

40. feeling responsible for others' behaviors vs feeling irresponsible : feeling accountable for others' behaviors versus feeling not accountable for others' behaviors
41. feeling sad vs feeling happy (4): feeling sorrowful, mournful versus feeling prosperous, glad, fortunate
42. guessing others thoughts (4) vs stating or verifying others thoughts : supposing others thoughts versus declaring or establishing others thoughts
43. handling with emotions by handling with others' emotion vs not handling with emotions by handling with others' emotion: managing emotions by managing others' emotions versus not managing emotions by managing others' emotions
44. having agreement (2) vs having disagreement: having concurrence, coincidence versus not having concurrence, coincidence
45. having complex feelings (4) vs having simple feelings: having compound, complicated feelings versus having clear, not mixed feelings.
46. having desire to reunite vs having desire to separate having desire to coming back versus having desire to disunite, to divide.
47. having desire to understand vs having desire to misunderstand coveting, requesting comprehend, apprehend versus coveting, requesting to misconceive, to mistake
48. having different emotional experiences vs having same emotional experiences: having distinct, separate emotional experiences versus having identical, exactly similar emotional experiences
49. having difficulties about sharing vs easily sharing having hardness to share versus having facility on sharing
50. having difficulties on expressing emotions vs easily expressing emotions: having hardness to express emotions versus having facility on expressing emotions
51. having difficulties on focusing own needs vs easily focusing own needs: focusing own needs having hardness to focus own needs versus having facility on focusing own needs

52. having new relationship vs having old relationship: having recent, fresh relationship versus required or wanting aged, superannuated relationship
53. having new responsibilities (2) vs needing old responsibilities: having recent, fresh responsibilities versus required or wanting aged, superannuated responsibilities
54. having new routines vs needing old routines: having recent, fresh routines versus required or wanting aged, superannuated routines
55. having parental responsibilities vs needing parental responsibilities: possessing parental responsibilities versus requiring or wanting parental responsibilities
56. having parental role vs needing parental role: possessing parental role versus requiring or wanting parental roles
57. having same sadness vs having different sadness: having identical, exactly similar sadness versus having distinct, separate sadness
58. idealizing vs making real: making ideal versus not making fictitious or imaginary
59. influenced by others' sadness (2) vs not influenced by others' sadness: being modified or affected by others' sadness versus not being modified or affected by others' sadness
60. knowing the family roles vs not knowing the family roles: perceiving with certainty or understanding clearly versus not perceiving with certainty or understanding clearly
61. limiting life vs extending life: restraining the life vs expanding life
62. living together vs living separately: living mutually versus living apart or distinctly
63. maintaining the relationship (3) vs abandoning the relationship: continuing the relationship versus giving up or leaving the relationship
64. maintaining the relationship with the deceased vs abandoning the relationship with deceased: continuing the relationship with deceased versus giving up or leaving the relationship with deceased

65. maintaining the family traditions vs abandoning the family traditions: continuing the family traditions versus giving up or leaving family traditions

66. making others happy vs making others sad: causing others' happiness versus causing others' sadness

67. missing (3) vs not missing: mourning the loss of versus not mourning the loss of

68. missing old routines vs not missing old routines: failing to find old routines versus not failing to find old routines

69. need for expression (2) vs having expression: requiring or wanting for expression versus possessing the expressing

needing for new family organization vs having new family organization: requiring or wanting new family organization versus possessing new family organization

70. normalizing sadness vs not normalizing sadness: understanding and accepting the sadness as normal vs accepting sadness as abnormal.

71. not being pessimistic vs being pessimistic: not having tendency to take the most unfavorable view of situations or actions versus having tendency to take the most unfavorable view of situations or actions

72. not being sad about the loss vs being sad about the loss: being sorrowful, mournful about loss versus not being sorrowful, mournful about loss

73. not preferring to be dead vs preferring to dead: not choosing rather be dead versus choosing rather dead

74. not tolerating the difficulties vs tolerating the difficulties: not bearing the difficulties versus bearing the difficulties

75. not wanting to be sad vs wanting to be sad : not feeling desire for being sorrowful, mournful versus feeling desire for being sorrowful, mournful

76. not wanting mind reading vs wanting mind reading: not feeling desire for discerning the thoughts of others without the customary means of communication versus feeling desire for discerning the thoughts of others without the customary means of communication

77. not wanting to see others' sadness (8) vs wanting to see other sadness: not feeling desire for perceiving others' sadness mentally versus feeling desire for perceiving others' sadness mentally
78. protecting from damage vs being defeated by damage: defending from damage versus being frustrated by sadness
79. protecting from sadness vs being defeated by sadness (6): defending others/self from sadness versus being frustrated by sadness
80. reacting (2) vs not reacting: acting mutually or reciprocally upon each other versus not action mutually or reciprocally upon each
81. reading mind (3) vs not reading mind: discerning the thoughts of others without the customary means of communication versus not discerning the thoughts of others without the customary means of communication
82. realizing the difficulties vs missing the difficulties: comprehending, acquiring the difficulties versus failing in finding the difficulties
83. realizing the impact of loss vs missing the impact of loss: comprehending, acquiring the impact of loss versus failing in finding the impact of loss
84. regulating anger vs dysregulating anger: organizing, adjusting anger versus not regulating anger
85. remembering vs forgetting (2): recalling, recollecting versus overlooking
86. sharing emotions (8) vs not sharing emotions: partaking emotions versus not partaking emotions
87. sharing the illness (2) vs not sharing the illness: partaking illness versus not partaking illness
88. soothing vs distressing: relieving, calming versus distraining or troubling
89. spending time vs saving time: passing time versus keeping or rescuing time
90. supporting (2) vs failing: assisting or leaving

91. supporting each other (2) vs abandoning each other: assisting each other or leaving
92. suppressing crying vs expressing crying: repressing or restraining crying versus declaring, articulating crying
93. suppressing emotions (3) vs expressing emotions: repressing or restraining the emotions versus declaring, articulating emotions
94. suppressing the sadness (5) vs expressing sadness: repressing or restraining the sadness versus declaring, articulating sadness
95. suppressing the emotions by focusing on others' emotions vs expressing the emotions by focusing on others' emotions: repressing or restraining the emotions by focusing others' emotions versus declaring, articulating the emotions by focusing others' emotions
96. taking others' perspective vs rejecting others' perspective: accepting or receiving others' perspective versus repelling or refusing others' perspective.
97. thinking about mothers' role vs not thinking about mothers' role: considering about mother's role versus not considering about mother's role.
98. thinking about others goodness before self vs not thinking about others goodness before self: cogitating or considering about others goodness before self versus not cogitating or considering about others goodness before self
99. thinking about others' emotions vs not thinking others' emotion: cogitating or considering about others' emotions versus not cogitating or considering about others' emotions
100. tolerating crying vs rejecting crying: bearing crying versus refusing to receive crying
101. tolerating emotions vs rejecting emotions: bearing emotions versus refusing to receive emotions
102. tolerating others' emotions vs rejecting others' emotions: bearing others' emotions versus refusing to receive others' emotions
103. tolerating sadness vs rejecting sadness: bearing sadness versus refusing to receive sadness

104. trying to understand (2) vs not trying to understand: making experience of understanding versus not making experience of understanding

105. understanding others vs missing others: apprehending or comprehending fully others' versus misconceiving or taking in a wrong sense

106. understanding others' emotions vs misunderstanding others' emotions: apprehending or comprehending fully others' emotions versus misconceiving, taking others' emotions in a wrong way

107. understanding others' struggles vs misunderstanding others' struggles: apprehending or comprehending fully others' struggle versus misconceiving, taking others' struggle in a wrong way

108. understanding self vs missing self: apprehending or comprehending fully self versus misconceiving self

109. upsetting others with one's own sadness (6) vs not upsetting others with one's own sadness: disturbing others with own sadness versus not disturbing others with own sadness

110. wanting to experience the emotions vs refusing to experience the emotions: needing, requiring experiencing the emotions versus denying or rejecting experiencing emotions

111. wanting to share vs refusing to share: needing, requiring to share versus denying or rejecting experiencing sharing

112. wanting to talk vs refusing to talk: needing, requiring to talk versus denying or rejecting talking

113. wishing to have more experience (3) vs wishing to have less experience: having desire to have more experience versus having desire to have less experience

114. wishing smile vs not wishing smile: having desire to smile versus not having desire to smile

APPENDIX F: The Objects

1. c1 (11)
2. c1 and c2
3. c1 and c3
4. c1 and the deceased (2)
5. c2 (2)
6. c2 and c3 (11)
7. c2, c3 and the parents
8. c2, c3 and the therapist (2)
9. c3 (15)
10. C3 and self (C1)
11. others
12. self (c1) (8)
13. self (c2) (6)
14. self (c3) (3)
15. the death
16. the deceased (6)
17. the experiences
18. the family (13)
19. the family tradition
20. the grieving process
21. the loss
22. the loved ones
23. the mother in law
24. the mother in law and father in law
25. the old days
26. the sadness

APPENDIX G: The Reduction of The Descriptive Themes To Second-Order Theme

- ❖ *tolerating others' and own emotions vs constraining*
 - normalizing sadness vs not normalizing sadness
 - not tolerating the difficulties vs tolerating the difficulties
 - tolerating crying vs rejecting crying
 - tolerating emotions vs rejecting emotions
 - tolerating others' emotions vs rejecting others' emotions
 - tolerating sadness vs rejecting sadness
- ❖ *regulating the emotions vs dysregulating the emotions*
 - handling with emotions by handling with others' emotion vs not handling with emotions by handling with others' emotion
 - regulating anger vs dysregulating anger
- ❖ *suppressing, not feeling emo vs expressing, feeling emo*
 - being emotional vs not being emotional
 - being lonely vs being accompanied
 - being patient vs being tired
 - being sad vs being happy
 - defining sadness vs obscuring sadness
 - expressing anger versus suppressing anger
 - feeling sad vs feeling happy
 - suppressing crying vs expressing crying
 - suppressing emotions vs expressing emotions
 - suppressing the sadness vs expressing sadness
 - suppressing the emotions by focusing on others' emotions vs expressing the emotions by focusing on others' emotions
 - crying vs not crying
- ❖ *avoiding from emotions*

- accepting the illness vs. refusing the illness
- avoiding the emotions vs. allowing the emotions
- avoiding the sadness vs. allowing the sadness
- changing the subject about emotions vs stabilizing the subject about

emotions

- denying the difficult life situation vs. allowing the difficult life

situation

- not being sad about the loss vs being sad about the loss
- not wanting to be sad vs wanting to be sad
- realizing the difficulties vs missing the difficulties
- realizing the impact of loss vs missing the impact of loss
- wanting to experience the emotions vs refusing to experience the

emotions

- wishing smile vs not wishing smile

❖ *Being pessimistic vs not being pessimistic*

- not being pessimistic vs being pessimistic

❖ *Being passive vs being active*

- accepting the act of god vs. refusing the act of god

❖ *Being desperate vs being hopeful*

- being in despair vs being hopeful
- not preferring to be dead vs preferring to dead

❖ *thinking versus not thinking*

- avoiding the thoughts vs. allowing the thoughts
- understanding self vs not understanding self

❖ *thinking about others vs not thinking about others*

➤ becoming aware of other possibilities vs being unaware of other possibilities

➤ blaming vs approving

➤ Wishing to know vs wishing to not know

➤ guessing others' thoughts vs stating or verifying others thoughts

➤ having desire to understand vs having desire to misunderstand

➤ not wanting mind reading vs wanting mind reading:

➤ reading mind vs not reading mind

➤ taking others' perspective vs rejecting others' perspective

➤ thinking about others' emotions vs not thinking others' emotion

➤ trying to understand vs not trying to understand

➤ understanding others vs missing others

➤ understanding others' emotions vs misunderstanding others'

emotions

➤ understanding others' struggles vs misunderstanding others'

struggles

❖ *being same, similar versus being different, distinct*

➤ being different vs being similar

➤ having agreement vs having disagreement

➤ having different emotional experiences vs having same emotional

experiences

➤ having same sadness vs having different sadness

❖ *being together or family versus being separate or not being family*

➤ being afraid of losing vs. being confident of not losing

➤ being with the family vs not being with the family

➤ collecting memories vs dispensing memories

➤ feeling connected vs feeling unrelated

➤ having desire to reunite vs having desire to separate

- living together vs living separately
- sharing the illness vs not sharing the illness
- spending time vs saving time
- supporting vs failing
- supporting each other vs abandoning each other

- ❖ *changing new family tradition vs stable, old family tradition*
- changing the family traditions vs having stable the family traditions:
shifting or altering the family traditions versus firmly established or fixed family traditions

- ❖ *having changing, new role vs needing stable, old role*
- being anxious about the parental role vs being confident about the parental role
- changing in the family roles vs having stable family roles
- changing the fathers' role vs having the fathers' roles stable
- having parental role vs needing parental role
- knowing the family roles vs not knowing the family roles

- ❖ *having changing, new routines vs needing old routines*
- changing routines vs having stable routines
- having new routines vs needing old routines
- missing old routines vs not missing old routines

- ❖ *having new, changing responsibilities vs needing old, stable responsibilities*
- having new responsibilities vs needing old responsibilities
- having parental responsibilities vs needing parental responsibilities

- ❖ *maintaining the relationship vs abandoning*

- completing vs commencing
- limiting life vs extending life
- maintaining the relationship vs abandoning the relationship
- maintaining the relationship with the deceased vs abandoning the relationship with deceased

- missing vs not missing
- reacting vs not reacting
- remembering vs forgetting

- ❖ *needing new family organization vs having old family organization*
- adapting to loss vs misfitting with loss
- changing vs being stable
- having new relationship vs having old relationship
- needing for new family organization vs having new family organization

- ❖ *affecting, controlling others' emotions vs not affecting, controlling other's emotions*

- checking others' emotional states vs losing others' emotional state
- making others happy vs making others sad: causing others' happiness versus causing others' sadness

- protecting from damage vs being defeated by damage
- protecting from sadness vs being defeated by sadness
- upsetting others with one's own sadness vs not upsetting others with one's own sadness

- ❖ *being affected by others vs not being affected by self*
- being soothed versus being irritated
- feeling responsible for others' behaviors vs feeling irresponsible
- influenced by others' sadness vs not influenced by others' sadness
- not wanting to see others' sadness vs wanting to see other sadness

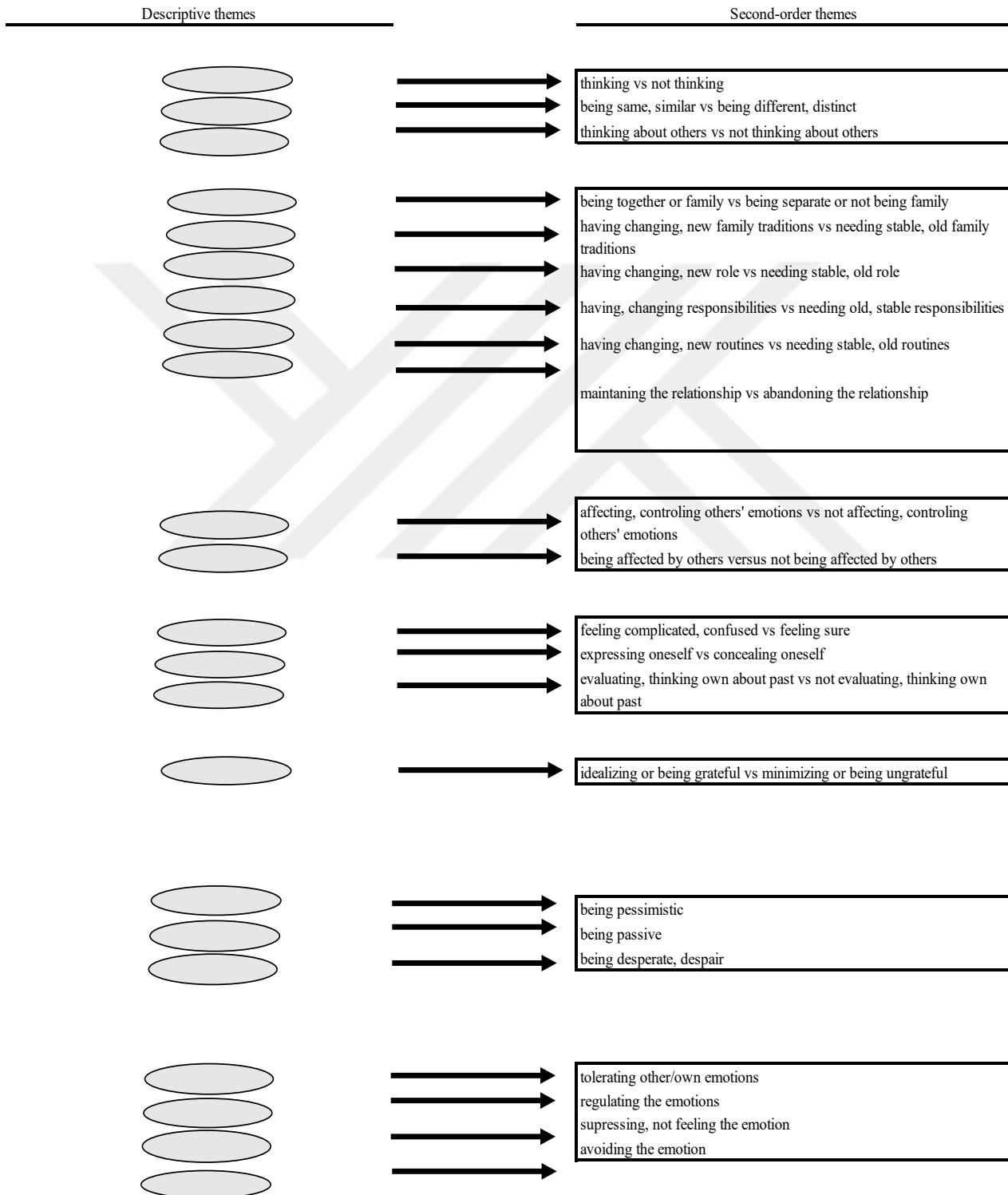
- ❖ *feeling complicated, confused*
 - being complicated vs being simple
 - being confused about the process vs having a clear process
 - having complex feelings vs having simple feelings

- ❖ *expressing oneself vs concealing oneself*
 - having difficulties about sharing vs easily sharing
 - avoiding talking vs. allowing to talk
 - having difficulties on expressing emotions vs easily expressing emotions
 - having difficulties on focusing own needs vs easily focusing own needs
 - need for expression vs having expression
 - sharing emotions vs not sharing emotions
 - thinking about others goodness before self vs not thinking about others goodness before self
 - wanting to share vs refusing to share
 - wanting to talk vs refusing to talk

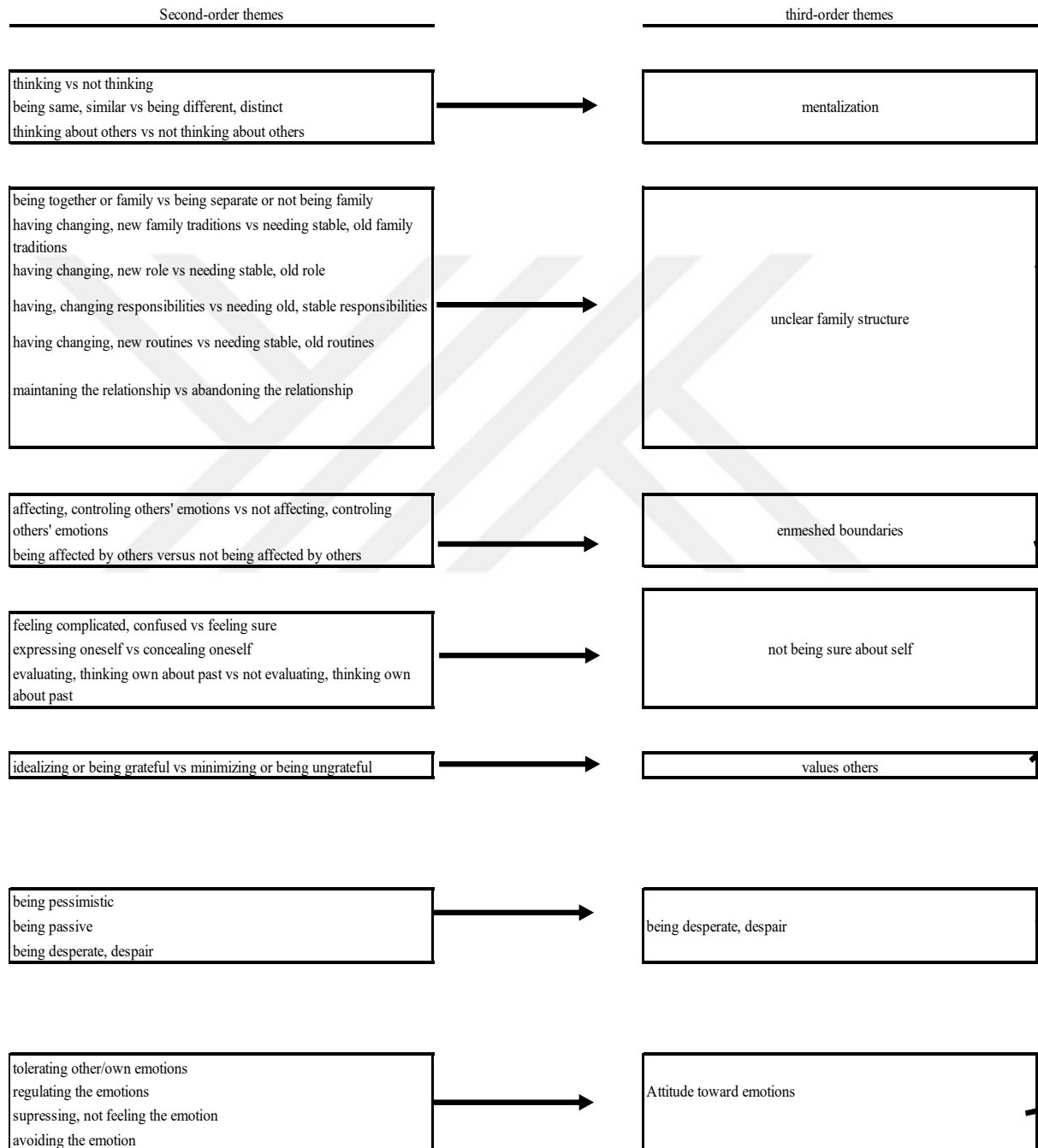
- ❖ *evaluating, thinking own about past*
 - evaluating the life events vs not evaluating the life events
 - evaluating the past vs not evaluating the past
 - wishing to have more experience vs wishing to have less experience

- ❖ *idealizing or being grateful vs minimizing or being ungrateful*
 - being grateful vs being ungrateful.
 - idealizing vs making real

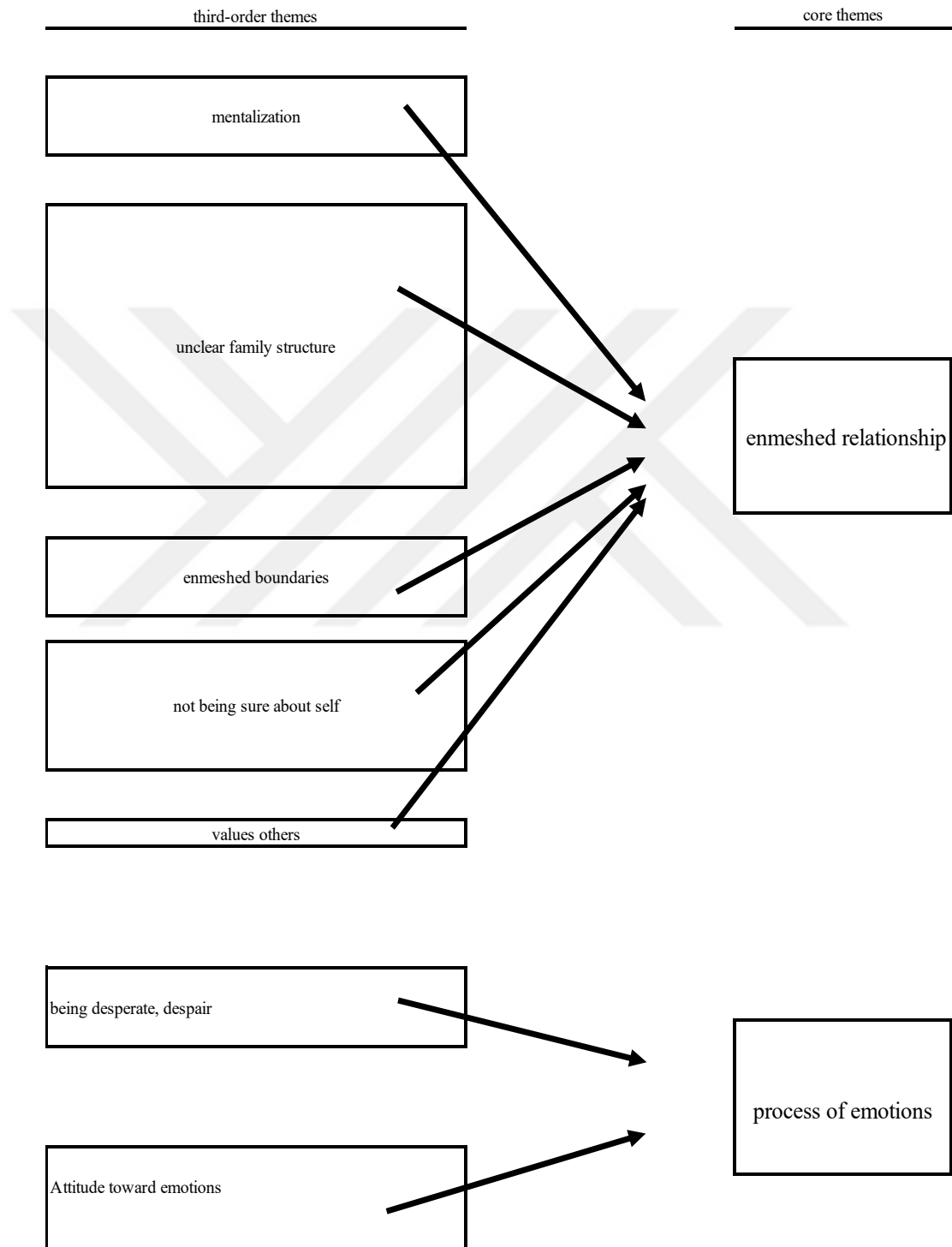
APPENDIX H: The Reduction of Descriptive Themes to Second Order Themes



APPENDIX I: The Reduction of Second Order Themes to Third Order Themes



APPENDIX J: The Reduction of Third Order Themes to Core Themes



APPENDIX K: Themes X Object Combinations

	affecting correcting others' errors	avoiding from others' errors	being affected by others vs not being affected by self	being passive, being passive vs. active/hopeful	being same versus different, strict	being together or family versus being separate or disjoint	evaluating himself vs other's past	expressing oneself vs concealing oneself	feeling compulsed vs. combined	changing, new family traditions vs. needing stable, old traditions	having changing, new role vs. new tradition	having changing, new role vs. new tradition	new responsibility or being responsible for him/her or being ungrateful	idealizing the ship vs. maintaining it	meeting new family organizations vs. having old traditions	regulating one's emotions vs. not suppressing emotions	thinking about others vs not thinking about self	thinking about self vs. not thinking about self	tolerating others and own errors vs. controlling	Grand Toplam
G1	6	1	1	5	5	3		3	1	1	1				1	1	1	4		
G2 and G3	1							1									1	1		
G2							1											1		
G2 and G3	4				4	1					5	1	2		1			3		
G2 and the therapist								2												
G2 & the parents	1					1														
G3			1	1	1	2									2		1	1	1	
G3 + self [C]										1										
Others	2																			
Self [C]		7	1	1			2	2	4	2							7	2	2	
Self [C2]		4	2					3									4			
Self [C3]		1						1									1	1	1	
The dream						2											2	1		
The deceased	2	1	1		1	1	4	2	1								4			
The deceased and C		1									1						1			
The experiences																				
The family	2	2	1	1	2	5		2		1	2	1		1			4			
The family tradition																				
The growing process									1											
The loss							1													
The loved ones																				
The mother-in-law			1										1							
The mother-in-law and father-in-law																				
The old days																				
The subject																				
The therapist																				
Total Others	17	18	12	2	15	16	4	9	20	5	1	6	3	4	3	13	5	4	5	22

ETHICS BOARD APPROVAL

Ethics Board Approval is available in the printed version of this dissertation.

