

# Learning About Grief Triggers Through an Exploratory-Descriptive Study

**Donna M. Wilson**  
**University of Alberta**

**Cary A. Brown**  
**University of Alberta**

**Mavis A. Nam**  
**University of Alberta**

**Suzanne Rainsford**  
**Australian National University Medical School**

**Begoña Errasti-Ibarrondo**  
**University of Navarra**

*A qualitative study was undertaken to identify what triggers grief in the first two years following the death of a beloved family member, determine how often triggered grief occurs, and gain lived insight into what can be done (if anything) to manage triggers and also triggered grief. Four themes highlighting an uncertain process associated with grief triggers were identified: (a) my whole life was grief, (b) frequently hit by “hard-grief” triggers, (c) reaching a balance with grief and grief triggers to absorb the losses and reshape life, and (d) shifting to good and welcome memories, triggers that keep the person alive. These themes are described, with quotes illustrating their relevance for advising bereaved people about the grief triggers they may encounter. This evidence adds to a limited body of evidence on grief triggers and offers new insights for developments in grief theory and bereavement programs or services.*

*Keywords: grief, grief triggers, bereavement, mourning, death, dying*

## **INTRODUCTION**

Regardless of how often grief has been personally experienced, the grief that is felt over the death of a beloved family member is normally severe and long-lasting (Wilson et al., 2018a). This grief is expected to lessen in severity over time (Field & Filanosky, 2010; Hinton et al., 2013; Zordan et al., 2019). However, periodic waves or episodes of grief associated with grief triggers will still occur (Wilson et al., 2021b). Anniversaries of the death and special holidays such as Christmas or the decedent’s birthday will often trigger grief long after the death of a loved one (Irish Hospice Foundation, n.d.; The Loss Foundation, n.d.). Many other grief triggers could exist (Breen & O’Connor, 2007, 2011; Nielsen et al., 2019), but a scoping

literature review on grief triggers only identified six research articles published in the last 20 years that identified grief triggers and described how often grief is triggered (Wilson et al., 2021b).

Gaining additional evidence on grief triggers is advisable, as grief is highly consequential. Not only is acute grief extremely impactful, but prolonged if not permanent grief is a health concern (Moayedoddin & Markowitz, 2015; Wilson et al., 2020). It is also important to recognize how common grief is. The Irish Hospice Foundation (n.d.), a leader in bereavement research and programming, advises that ten people on average grieve a death. In Canada, just over 300,000 deaths occur each year now (Statistics Canada, 2021), so around three million Canadians annually should be anticipated as experiencing the emotional, social, and physical effects of acute grief. These effects often linger past one year (Field & Filanosky, 2010; Hinton et al., 2013; Wilson et al., 2021b; Zordan et al., 2019). The COVID-19 pandemic almost certainly inflated grief, as family members and friends were often unable to visit dying loved ones and these unwitnessed deaths could easily be imagined as suboptimal (Wilson & Hewitt, 2018). The COVID-19 pandemic also meant after-death family rituals and social customs could not be carried out, with more people potentially sustaining longer lasting, if not permanent grief.

During the pandemic (2020-21), a qualitative study was undertaken to identify grief triggers through interviewing midlife and older adults who were actively mourning the death of a beloved family member. This study also sought to determine how often triggered grief occurs and if there are changes in triggers or triggered grief over the first two years of bereavement. Gaining insight into what these people did, if anything, to manage their grief triggers and triggered grief was another study intention. A description of this study and its findings follows.

## **METHODS**

An interpretive descriptive qualitative research design was used for this study as it is “designed to create ways of understanding clinical phenomena” (Thorne et al., 2004, p. 1). The intended product “is a coherent conceptual description that taps thematic patterns and commonalities believed to characterize the phenomenon being studied and accounts for the inevitable individual variations within them” (Thorne et al., 2004, p. 1). This design was aligned with our research aim to focus on the grief triggers that adults experienced over the first two years following the death of a beloved family member. A two year time limit was imposed to prevent recall bias, as memories are often lost or changed over time (Althubaiti, 2016).

### **Recruitment**

Following research ethics approval from the Principal Investigator’s (PI) university health research ethics committee (Pro00105680), advertisements to recruit bereaved adult volunteers for one extended interview about their grief triggers were distributed across Canada in numerous online venues. English-speaking adults who had experienced a death of a beloved family member in the last two years were asked to contact the PI by phone or email. Anonymity was promised and maintained throughout the verbal consent process, data gathering, and transcript analysis phase; with identifying information deleted from the transcripts before anyone other than the PI (who conducted the interviews) could see them. Pseudonyms were also put in place, instead of participant names.

### **Data Collection and Analysis**

Each participant, who was assessed as meeting the criteria for this study, was interviewed in 2020 or 2021. These interviews, conducted through a telephone or Zoom conference call, each lasted 60 to 95 minutes. After a general discussion to ensure each participant felt comfortable talking about their grief to the PI, every person was asked four questions in a semi-structured interview format. Additional related questions (as indicated below and as also occurring as needed during each specific interview) were asked to clarify or explore the findings from each person:

1. *What has triggered grief for you, so that you felt grief or had a wave of grief? (follow-up question: What things, events, memories, or other things set off a wave of grief, or an episode of grief for you?)*

2. *How often have these grief waves or episodes happened? (follow-up question: Have they become less or more common as time passed since the death?)*
3. *What do you do now or have done to manage these waves/episodes of triggered grief, if anything? (follow-up question: Have you been able to manage a wave or episode of grief, or do you just wait it out until it passes?)*
4. *Have you been able to prevent any triggered grief waves or episodes? (follow-up question: If so, what did you do to prevent it?)*

More specifically, in keeping with the wholistic orientation and contextual base of the interpretive description research method (Thorne et al., 2004), each interviewee was first asked to talk about the person who had died, their relationship with that person, the dying process, their grief following the death, and any other information that they wished to divulge about their grief experience. Only one interview was conducted each week; this timetable permitted the research team to assess the clarity and usefulness of the four questions and determine if the interview process was effective at enabling open reporting by participants about each person's grief and grief triggers. This schedule also permitted ongoing constant-comparative data analysis. Each transcript was analysed through manual coding before another interview took place. Each subsequent interview transcript was similarly assessed to identify and then validate data codes, and then emerging categories and themes. The PI and one additional team member conducted this data analysis together, with additional team members then reviewing and approving the consolidated data findings.

Interviews continued until data saturation, when no new information was being gained through the interviews, and no additional understandings of the gathered and analyzed data were emerging (Saunders et al., 2018). Data saturation was determined after eight transcripts had been analyzed. Two additional volunteers were interviewed however, as a form of member checking to ensure that data saturation had occurred (Birt et al., 2016). Following this assurance of data saturation, participant quotes that best illustrate the research themes were chosen. The PI then drafted a research report, with research team members reviewing it and ultimately approving this final (team revised) report.

## **RESULTS**

Eight women and two men were interviewed. All were English-speaking, 45 to 81 years old, and lived in urban or rural settings across Canada. Two reported a sister's or brother's death, six reported a father's or mother's death, and two reported a spousal death. The deaths occurred 6 months to almost 2 years previously, with most (n=8) occurring 12-22 months before the interview. Some participants identified this timing as very important. For instance, Susan said "I could not have talked about my grief or grief triggers in the first year. I am nearly two years out now; I can discuss that painful chapter."

Half of the reported deaths took place at the decedent's home, with the remaining deaths occurring in a hospital, hospice, or nursing home. Two of these deaths occurred after a progressive illness and increasing disability had necessitated nursing home entry. Two other participants grieved following a sudden and unexpected death of their loved one due to a heart attack or stroke. The remaining eight grieved after a recognized dying process ended in death, with these deaths following progressively-debilitating courses of heart failure, liver failure, cancer, a neuro-muscular disease, or dementia. Three participants also reported deaths due to Medical Assistance in Dying (MAID), a federally-governed healthcare service available since 2016 in Canada to preapproved persons. One participant had witnessed the MAID event at his sister's home and one wife witnessed her husband's MAID death at their home. The third participant had reluctantly accepted her brother's choice to have MAID. She could not attend the MAID death event, as it took place far away from her home (at her brother's home) and she could not go because of COVID-travel restrictions.

### **Research Findings**

Four data themes, highlighting an uncertain and unscheduled grieving process that revolved around grief triggers were identified: (a) my whole life was grief, (b) frequently hit by "hard-grief" triggers, (c) reaching a balance with grief and grief triggers to absorb the losses and reshape life, and (d) shifting to good

and welcome memories, triggers that keep the person alive. These four themes are described below, with select quotes to illustrate their relevance and demonstrate common and more individualized grief trigger considerations across the 10 research participants. This thematic discussion also reveals what triggered their grief, how often grief triggers and resultant grief episodes or waves occurred, changes over time in what triggered grief, changes over time in the frequency and impact of grief triggers, and also what actions were taken by participants (if any) to manage their grief triggers and triggered grief waves/episodes.

### *Theme 1. My Whole Life Was Grief*

All of the participants recalled lives impacted completely by significant grief at the time of death and for some time afterward, with this grief present in all waking hours. Some participants even reported waking from sleep into “solid” grief (Mary) and having “violent dreams” that triggered waking into “massive grief” (Vivien). Marie also illustrated the magnitude of this initial grief by saying “every moment you live with your grief, everything triggers it, you can’t avoid grief.” Other participants reported that major grief was triggered constantly, such as Bill who said “my whole life was grief, my whole life was a trigger; all the habits of daily life were a trigger, everything triggered grief.” Coreen similarly reported “each day was nothing but acute hard grief, everything was a trigger, I could not escape them.” Bev also talked about having “intense grief, with a flood of never-ending tears” at her brother’s death and for weeks following that death; “it was just overwhelming triggered grief.”

For those who could recall or estimate how long this all-consuming initial grief phase lasted, it ranged from 3 weeks for Marie and Vivien to 4 or 5 weeks for Bill, Mary, and John. These participants then began to have grief breaks, as they noticed interruptions in their grief. For instance, Marie reported that she had to go back to work after three weeks, and that helped to get her out of her initial major grief, but she also thought that she was “ready to move on, you can’t keep feeling that bad day after day or you would go crazy.” Another participant reported taking five weeks off work, before she felt ready to go back to work, as she had “grieved hard every day” until then (Mary). John believed his “major grief stage” ended a month after his father’s death, at which point he said he could “pretend I was ok, that I was not mired in grief any more.”

### *Theme 2. Frequently Hit by “Hard-Grief” Triggers*

After the initial severe and constant grief began to lift, all reported a period where grief triggers were frequently encountered, with each trigger setting off an episode or wave of hard and debilitating grief. For instance, one said “it would just stab you; it would just stop you in your tracks” (John). Coreen similarly said “it was like a punch in the gut, it would hit you like a freight train; I just had to sit down and wait for my grief to pass.” Marie also reflected on the impact of these hard-grief triggers, saying “I would be overwhelmed, I had to stop everything and just live through that grief wave.” Susan said these “episodes hit you out of the blue and hit you hard. It was so intense each time. I got so tired by them, I started to question if I wanted to live.”

The identified grief triggers varied considerably across the participants, although all reported having multiple triggers. Each trigger was a reminder of the deceased person in one form or another, as illustrated by Tanya’s recollection that “there were many triggers, and one trigger was when I began to realize that I was not thinking of her and grieving her every moment of the day, that trigger and the other triggers from before could put me right back into intense grief.” Bill similarly said that even after the first month passed “whenever someone would say something about her, I saw a picture of her, saw family photographs, talked to her old friends; anything and everything associated with her was a trigger.” Another participant who noted having many grief triggers, identified them as such: “items that I shared with him, habits of life with him, emails or calls from friends who knew him, this house we lived in and everything in it, just about everything else...” (Vivien).

The reported triggers illustrate a wide range of smells, sounds, sights, and memories associated with the deceased person could be grief triggers. Each of these initiated a wave of hard grief. Susan emphasized this effect by saying for the first month after the death “grief waits for you, you can’t escape it, it is there

and with a trigger, any trigger, it hits you hard.” Considerable diversity but also some similarities across the reported triggers were apparent, as revealed by the following eight quotes:

“seeing movies or TV programs that she liked or sports, as she was a sports fan, Christmas as she loved Christmas, her birthday and other family birthdays as she was not there, parties at Halloween and fun family picnics as she loved parties, songs she liked, a good joke, seeing people who look like her” (Mary);

“hearing someone talk about Jesus, as he was very devout. A sarcastic comment as he could do that well. Certain foods and events” (Bev);

“seeing a big dog as he had one, pranks as he was the ultimate prankster; everything and anything would remind me of him” (John),

“unexpected memories of her, holidays like Christmas and Easter and Thanksgiving, movies and books about Alzheimer’s, seeing her sewing box, hearing a word she often used, thinking about her; just about everything, as I missed her so much” (Tanya);

“her birthday, holidays as these were special because of her, Mother’s Day, seeing a sympathy card, going to a funeral, meeting friends and hearing them talk about her or me, and then realizing they were not talking about her which was worse; and thinking about the care she got in hospital at the end as I wonder was she in pain, was she cared for appropriately?” (Susan);

“Christmas, when friends or family are ill, her birthday, smelling flowers or thinking of gardening as she had a garden, when I realized she is not around to ask her a question about the garden, certain songs on the radio, visiting her grave, getting a text on my cellphone and knowing it did not come from her as she sent me texts and emojis every day, when cooking meals, when grocery shopping, the smell of fresh baked bread, going past the hospital she had been in, dimes as Mom collected them, seeing or thinking about dancing as she liked to dance, having the first anniversary of her death and realizing that she is not coming back” (Coreen);

“card games, certain smells, going clothes shopping and seeing something Mom would wear, fishing, apple pie, purple as she liked that color, seeing my kids as she loved them, and knowing she would not be there when they graduated or married and had kids” (Marlene); and

“when I realized it is spring time and warming up as he died on a bright sunny warm day, whenever I would get off work and thought I would call him to tell him I was on my way home as that is what we always did before he died, seeing his grave and the cemetery, seeing restaurants and places we visited together, seeing friends who liked and cared about him, thinking about and seeing the friend who took me to the hospital to say goodbye to him, hearing anything about his cultural group (the cultural group is not identified in this report) on TV or the radio, buying beer as he loved a cold one on a hot day, planning to attend a holiday or event with friends and family without him, cooking certain foods, things he liked; actually, everything he liked to do would trigger grief at first” (Marie).

All participants also indicated that they had learned to recognize some things that could trigger their grief. Although these triggers could be avoided and were deliberately avoided by some at times, grief could also be unavoidably sparked by newly encountered triggers. For instance, one participant said grief was

triggered by his “resumed everyday habits of life. Much of what I did as I tried to get my life going again would remind me of her, stab me, and I was right back into hard grief” (Bill).

### *Theme 3. Reaching a Balance With Grief and Grief Triggers to Absorb the Losses and Reshape Life*

Over time, the triggers that caused hard grief episodes began to be reduced in frequency and effect, such that the episodes of triggered grief did not occur as often and nor were the grief waves as severe or long lasting. This timepoint varied among the participants, and most could not pinpoint a specific time for this change in intensity and frequency. For instance, John said he came to a gradual realization that “the physical component of grief had started to lessen, there were less stabs to the heart over time.” Mary similarly said “at some point, I started to have less depth or intensity in my grief, and I could avoid some triggers.... There are times when you need to avoid the grief.”

Susan also talked about learning to avoid grief triggers, although this avoidance was not always possible: “I started to avoid grief triggers, for sure, but sometimes an unexpected one would hit, but you learned to accept it and live with that grief wave; as you knew, it would go away.” Most participants similarly indicated that they resumed their life again after they had learned they could avoid grief triggers. Grief would no longer consume them as it had previously; when triggered grief had been “so hard to live with” (John).

Moreover, the number of hard-impact triggers and the impact of these grief triggers lessened over time, with known grief triggers also becoming useful at times. Bill illustrated this shift by saying “as times goes on there were less triggers, or maybe fewer triggers that hit you hard; it is as if you have absorbed the grief and have a scar now. The triggered grief is less severe, in smaller waves. Sometimes though I would deliberately trigger grief, so I would not cry at the wrong time, such as at work.” Vivien also reported that “I am reshaping my life and restarting my world (without my husband, who died 12 months before); I still get triggered grief, but less often now. What can you do? He is gone. You have to move on.” Bev also said “I finally could go and clean up his place without major grief (14 months after his death). It needed to be done. But I had to wait until I was ready and I could do it.” Susan similarly advised “grief can destroy you or you can survive and live on. I guess I have learned to avoid some triggers, live with others, and get on with life.”

Some participants provided additional information about changing their personal views on grief triggers. Vivien said “I began to see that grief triggers are a part of the grieving process, it is something you have to accept or even embrace. That realization was healing for me. I could stop trying to avoid the grief triggers and grief. I could start making decisions again. I could move on.” Tanya also talked about no longer having to avoid triggers, with this occurring when she began to realize that she was “at a vital point in the grief trajectory, I was not thinking of her every moment of the day. I was starting to move on in my new life without Mom.”

### *Theme 4. Shifting to Good and Welcome Memories, Triggers That Keep the Person Alive*

Nine participants, all of those who had been grieving for 12 to 24 months talked about good memories now, ones that did not cause pain, but instead were welcome triggered reminders of the beloved person. These triggered memories served to keep them “alive” (Coreen). Marie reported “I started to realize that I was remembering the best things about him, the best times, the fun times. And I started to realize that these memories did not hurt. I was triggered to remember him, and I could trigger myself to remember him, but these were not hard-grief triggers anymore but ones that comforted me.” Bill also said “there are positive triggers now, ones that bring great memories of her” and Mary said “fond memories, you can think of them again without pain.”

This shift from triggered painful grief to welcome triggers for positive memories or thoughts about the deceased was recognized and considered important for themselves. Tanya said “I have happy triggers now, she was my Mom and I have many things to remember her over. I am her living legacy. She would be proud that I went back to university.” Susan said “she was a great Mom, I miss her still, we had a lot of fun together. I can remember a lot of good times. She helped make me who I am.”

These positive memories could be triggered unexpectedly or spontaneously, but they could also be deliberately triggered. Marie said “sometimes I look at pictures to remember him and think of how special he was, how terrific those years were. I do that when I need to lift myself up or I have had a bad day.” Marlene also said, “Whenever I do some gardening, I always think of Mom. We had a lot of happy times in the garden. I still garden and now have the grandkids over to pass on her legacy of home-grown food and love for family. I can enjoy that now, a big change from the terrible grief and those hard-grief triggers.”

## DISCUSSION

Although the findings of this qualitative study cannot be generalized to people of all cultures, countries, and ages, it reveals much about grief triggers and triggered grief. One of the most important findings is that these interviewed adult volunteers could identify triggers that caused grief waves or grief episodes. These triggers were memories and many other considerations associated with the deceased person. These triggers were typically numerous for each person and varied considerably across the participants. Although lists of frequently-encountered grief triggers have been published before (Carr et al., 2014; Hinton et al., 2013; Maguire et al., 2015; Meyer-Lee et al., 2020; Smith et al., 2020; Waldrop, 2007), the triggers identified in this study ranged much more widely, such as from significant songs and smells or visual memories, to defined places and objects, and to individually-meaningful times in the year such as select events or specific days. Other less-tangible triggers were also revealed, such as when the grieving person realized that their deceased loved one would not be present at a future function or they remembered that they could no longer seek advice from them.

These triggers help to illustrate how important the relationship was between the deceased person and the individual left to grieve. In the context of a close personal relationship where there is a history of shared experiences, grief could understandably be triggered easily and often. A multitude of previous events, habitual day-to-day life practices, and an array of past interactions between the two people could serve as triggers for grief. As this study revealed grief triggers differ considerably across people, caution must be advised over developing lists of standard triggers and using these lists to educate people newly bereaved about the triggers they might encounter. Instead, warning people of individualized grief triggers so they can understand and accept them is indicated. Moreover, this variety in grief triggers among individuals should be further studied to potentially gaining insight into why some people sustain prolonged intense grief and others do not (Coelho et al., 2022; Setubal et al., 2021).

Another key finding was that in the first days and even weeks after the death, grief triggers were frequently and often unexpectedly encountered, with the person typically unprepared for these triggered hard grief waves. The first data theme “my whole life was grief” reflects this grief phase. This phase was identified as 3 to 6 weeks long, much longer than the first few days as commonly thought until a funeral or memorial event can occur. This acute phase should be understood as normal, but also a time of much risk as the grieving person is greatly impacted by grief triggers and triggered grief. In this acute grief phase, the person may not be safe to drive, work, or make major life decisions (Wilson et al., 2021b).

Another related consideration, reflected in the second and third data themes is that once a specific trigger was encountered and understood as such by the grieving person, it could potentially be avoided or managed. Avoiding triggers and the resultant triggered grief waves may indeed be highly important, such as when the grieving person is driving a vehicle or operating workplace equipment. This finding of grief trigger avoidance and also of using grief triggers to help manage their grief experience endorses Waldrop’s (2007) view that grief triggers can aid grief recovery. As proposed by Waldrop, timed grief is possible with known grief triggers, as grief episodes can be made to occur at the right time and place, when the bereaved person is ready for them. This self identification and management of grief triggers may be a key factor in differentiating people who do not sustain complicated or prolonged grief from those who do. It is also possible that some people have inconsistent and less easily identifiable grief triggers. They would not be able to gain control then over their grief through avoiding triggers or using triggers to their benefit. Future studies on grief triggers are needed to validate or refute these claims.

Although the identified triggers varied considerably across the participants, all were clear reminders to them of the deceased person in one way or another. As such, the identified triggers were highly personal as they depicted or represented the specific deceased person to each grieving individual. As such, triggers should be expected to vary among family members and friends who are grieving a death.

Some triggers appear to be enduring; as they began to evoke good memories of the deceased after having been hard-grief triggers. These triggers could be present over the entire life of the bereaved person. As such, the fourth data theme (i.e. shifting to good and welcome memories, triggers that keep the person alive) illustrates what could be a new development in understanding grief processes or grief recovery. These good memory triggers may be very helpful for the health and wellbeing of the survivor. They may also be a key factor in creating an enduring relationship between the deceased and the living person, a relationship conceptually similar to what Klass et al. (1996) and others since have identified as “continuing” bonds. Continuing bonds are what the survivor retains through maintaining a relationship with the deceased (Field et al., 2005; Field & Filanosky, 2010; Hanson et al., 2016; Hinton et al., 2013; Ho et al., 2013; Silverman & Klass, 1996; Yu et al., 2016).

It must be noted, however, that not all people have harmonious or positive relationships with family members (Wilson et al., 2021a). This issue may limit the possibility of positive memory triggers and also continuing bonds. As this study reports findings gained from participants who had a good relationship with deceased, future studies on grief triggers should focus on people who did not enjoy a harmonious relationship with the deceased person before their death (Zordan et al., 2019).

Regardless of any research limitations, such as only having 10 research participants and not being able to generalize the findings of this study to other grieving people, it should be emphasized that the participants in this study were found to be moving through a four-part grief process that was extensively oriented around grief triggers. This process should not be considered a stage theory, such as the theory on accepting one’s impending death as advised by Kübler-Ross in 1969. The four themes identified through this investigation illustrate an uncertain and unscheduled grief progression that was extensively associated with grief triggers and triggered grief. All participants were impacted by grief triggers, with ongoing but changing effects from grief triggers over time.

## **CONCLUSION**

Grief triggers comprise a minimally researched but significant bereavement consideration. This study revealed that despite differences among the interviewed participants, four themes emerged as they talked about their grief and grief triggers: (a) my whole life was grief, (b) frequently hit by “hard-grief” triggers, (c) reaching a balance with grief and grief triggers to absorb the losses and reshape life, and (d) shifting to good and welcome memories, triggers that keep the person alive. Grief triggers were thus revealed to be a major bereavement consideration.

## **ACKNOWLEDGEMENTS**

We would like to thank the participants, who despite their obvious grief, provided such frank, open, and helpful insights about their grief triggers and triggered grief.



## REFERENCES

- Althubaiti, A. (2016). Information bias in health research: Definition, pitfalls, and adjustment methods. *Journal of Multidisciplinary Healthcare*, 9, 211–217. <https://doi.org/10.2147/JMDH.S104807>
- Bateson, K., Lees, J., Proctor, G., & Shloim, N. (2020). Fear of losing it: An auto-ethnographic case study exploring re-triggered loss experiences during psychotherapy training. *British Journal of Guidance and Counselling*, 49(5), 689–700. <https://doi.org/10.1080/03069885.2020.1772461>
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802–1811. <https://doi.org/10.1177/1049732316654870>
- Boddez, Y. (2018). The presence of your absence: A conditioning theory of grief. *Behaviour Research and Therapy*, 106, 18–27. <https://doi.org/10.1016/j.brat.2018.04.006>
- Breen, L.J., & O'Connor, M. (2011). Family and social networks after bereavement: Experiences of support, change, and isolation. *Journal of Family Therapy*, 33(1), 98–120. <https://doi.org/10.1111/j.1467-6427.2010.00495.x>
- Breen, L.J., O'Connor, M. (2007). The fundamental paradox in the grief literature: A critical reflection. *Omega (Westport)*, 55(3), 199–218. <https://doi.org/10.2190/OM.55.3.c>
- Carr, D., Sonnega, J., Nesse, R.M., & House, J.S. (2014). Do special occasions trigger psychological distress among older bereaved spouses? An empirical assessment of clinical wisdom. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 69(1), 113–122. <https://doi.org/10.1093/geronb/gbt061>
- Coelho, A., Roberto, M., Barros, L., & Barbosa, A. (2022). Family caregiver grief and post-loss adjustment: A longitudinal cohort study. *Palliative & Supportive Care*, 20(3), 348–356. <https://doi.org/10.1017/S147895152100095X>
- Cohen, J.A., & Mannarino, A.P. (2011). Supporting children with traumatic grief: What educators need to know. *School Psychology International*, 32(2), 117–131. <https://doi.org/10.1177/0143034311400827>
- Durst, N. (2003). Child-survivors of the Holocaust: Age-specific traumatization and the consequences for therapy. *American Journal of Psychotherapy*, 57(4), 499–518. <https://doi.org/10.1176/appi.psychotherapy.2003.57.4.499>
- Field, N.P., & Filanosky, C. (2010). Continuing bonds, risk factors for complicated grief, and adjustment to bereavement. *Death Studies*, 34(1), 1–29. <https://doi.org/10.1080/07481180903372269>
- Field, N.P., Gao, B., & Paderna, L. (2005). Continuing bonds in bereavement: An attachment theory based perspective. *Death Studies*, 29(4), 277–299. <https://doi.org/10.1080/07481180590923689>
- Hansen, D.M., Sheehan, D.K., Stephenson, P.S., & Mayo, M.M. (2016). Parental relationships beyond the grave: Adolescents' descriptions of continued bonds. *Palliative & Supportive Care*, 14(4), 358–63. <https://doi.org/10.1017/S1478951515001078>
- Hinton, D.E., Peou, S., Joshi, S., Nickerson, A., & Simon, N.M. (2013). Normal grief and complicated bereavement among traumatized Cambodian refugees: Cultural context and the central role of dreams of the dead. *Culture, Medicine and Psychiatry*, 37(3), 427–464. <https://doi.org/10.1007/s11013-013-9324-0>
- Ho, S.M.Y., Chan, I.S.F., Ma, E.P.W., & Field, N.P. (2013). Continuing bonds, attachment style, and adjustment in the conjugal bereavement among Hong Kong Chinese. *Death Studies*, 37(3), 248–268. <https://doi-org.login.ezproxy.library.ualberta.ca/10.1080/07481187.2011.634086>
- Irish Hospice Foundation. (n.d.). *Grieving the death of someone close*. Retrieved from <https://hospicefoundation.ie/bereavement-2-2/coping-with-loss/grieving-the-death-of-someone-close/>
- Kinzie, J.D. (2001). Psychotherapy for massively traumatized refugees: The therapist variable. *The American Journal of Psychotherapy*, 55(4), 475–490. <https://doi.org/10.1176/appi.psychotherapy.2001>

- Klass, D., Silverman, P.R., & Nickman, S.L. (Eds.). (1996). *Continuing bonds: New understandings of grief*. Taylor & Francis.
- Kübler-Ross, E. (1969). *On death and dying*. Routledge.
- Maguire, M., Light, A., Kuppermann, M., Dalton, V.K., Steinauer, J.E., & Kerns, J.L. (2015). Grief after second-trimester termination for fetal anomaly: A qualitative study. *Contraception*, *91*(3), 234–239. <https://doi.org/10.1016/j.contraception.2014.11.015>
- Meyer-Lee, C.B., Jackson, J.B., & Gutierrez, N.S. (2020). Long-term experiencing of parental death during childhood: A qualitative analysis. *The Family Journal*, *28*(3), 247–256. <https://doi.org/10.1177/1066480720926582>
- Moayedoddin, B., & Markowitz, J.C. (2015). Abnormal grief: Should we consider a more patient-centered approach? *American Journal of Psychotherapy*, *69*(4), 361–378. <https://doi.org/10.1176/appi.psychotherapy.2015.69.4.361>
- Nielsen, M.K., Carlsen, A.H., Neergaard, M.A., Bidstrup, P.E., & Guldin, M.B. (2019). Looking beyond the mean in grief trajectories: A prospective, population-based cohort study. *Social Science & Medicine*, *232*, 460–469. <https://doi.org/10.1016/j.socscimed.2018.10.007>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., . . . Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, *52*(4), 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Setubal, M.S., Bolibio, R., Jesus, R.C., Benute, G.G., Gibelli, M.A., Bertolassi, N., . . . Stein Bernardes, L. (2021). A systematic review of instruments measuring grief after perinatal loss and factors associated with grief reactions. *Palliative & Supportive Care*, *19*(2), 246–256. <https://doi.org/10.1017/S1478951520000826>
- Smith, K.V., Rankin, H., & Ehlers, A. (2020). A qualitative analysis of loss-related memories after cancer loss: A comparison of bereaved people with and without prolonged grief disorder. *European Journal of Psychotraumatology*, *11*(1), 1789325. <https://doi.org/10.1080/20008198.2020.1789325>
- Statistics Canada. (2021). *Provisional death counts and excess mortality, January to December 2020*. Retrieved from <https://www150statcan.gc.ca/n1/daily-quotidien/210310/dq21030c-eng.html>
- The Loss Foundation. (n.d.). *Grief comes in waves*. Retrieved from <https://thelossfoundation.org/grief-comes-in-waves/>
- Thorne, S., Kirkham, S.R., & O’Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods*, *3*(1), 1–11. Retrieved from <https://doi.org/10.1177/160940690400300101>
- Waldrop, D.P. (2007). Caregiver grief in terminal illness and bereavement: A mixed-methods study. *Health & Social Work*, *32*(3), 197–206. <https://doi.org/10.1093/hsw/32.3.197>
- Wilson, D.M., & Hewitt, J.A. (2018b). A scoping research literature review to assess the state of existing evidence on the “bad” death. *Palliative & Supportive Care*, *16*(1), 90–106. <http://dx.doi.org/10.1017/S1478951517000530>
- Wilson, D.M., Anafi, F., Roh, S., & Errasti-Ibarrondo, B. (2021a). A scoping research literature review to identify contemporary evidence on the incidence, causes, and impacts of end-of-life intra-family conflict. *Health Communication*, *36*(13), 1616–1622. <https://doi.org/10.1080/10410236.2021.1988888>
- Wilson, D.M., Cohen, J., Deliens, L., MacLeod, R., Hewitt, J.A., & Houttekier, D. (2019). Is the bereavement grief intensity of survivors linked with their perception of death quality? A pilot study. *International Journal of Palliative Nursing*, *25*(8), 398–405. <https://doi.org/10.12968/ijpn.2019.25.8.398>
- Wilson, D.M., Cohen, J., MacLeod, R., & Houttekier, D. (2018a). Bereavement grief: A population-based foundational evidence study. *Death Studies*, *42*(7), 463–469. <http://dx.doi.org/10.1080/07481187.2017.1382609>

- Wilson, D.M., Darko, E., Kusi-Appiah, E., Roh, S., Ramic, A., & Errasti-Ibarrondo, B. (2020). What exactly is complicated grief? A scoping research literature review to determine how common it is, and understand who is at risk of it. *Omega – Journal of Death and Dying*. <https://doi.org/10.1177/0030222820977305>
- Wilson, D.M., Underwood, L., & Errasti-Ibarrondo, B. (2021b). A scoping research literature review to map the evidence on grief triggers. *Social Science & Medicine*, 282, 114109. <https://doi.org/10.1016/j.socscimed.2021.114109>
- Yu, W., He, L., Xu, W., Wang, J., & Prigerson, H.G. (2016). Continuing bonds and bereavement adjustment among bereaved mainland Chinese. *The Journal of Nervous and Mental Disease*, 204(10), 758–763. <https://doi.org/10.1097/NMD.0000000000000550>
- Zordan, R.D., Bell, M.L., Price, M., Remedios, C., Lobb, E., Hall, C., & Hudson, P. (2019). Long-term prevalence and predictors of prolonged grief disorder amongst bereaved cancer caregivers: A cohort study. *Palliative & Supportive Care*, 17(5), 507–514. <https://doi.org/10.1017/S1478951518001013>