

**Experience of Death-Related Trauma in Women: An Interpretative Phenomenological Analysis**Samia Rani<sup>1</sup>, Sadia Saleem<sup>2</sup>, Sara Subhan<sup>3</sup>**Abstract**

The trauma related to death is always an intense emotional and psychological experience that tend to shake the stability of life. Through Interpretative Phenomenological Analysis (IPA), this study explored the experience and expression of trauma related to the death of a close family member in women. A sample of 5 women of age ranging from 22 to 30 years were targeted and information was collected through a semi-structured interview. The superordinate themes emerged as Socio-emotional responses to trauma, and sub-ordinated themes were Stigmatization, Resistance, Emotional Difficulties, Unstable Relationships, Fear of Being Exploited, Economic Difficulties and Social Withdrawal. This study helps to understand reactions to death in the cultural context of trauma counseling and early intervention services.

**Keywords:** Trauma of Death, Socio-emotional Responses, Women, Relationships Issues, Stigmatization

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**Introduction**

Trauma is defined as an intense experience of threat that shatters person's sense of security and causing emotional and economic instability which results in a feeling of hopelessness and helplessness (American Psychiatric Association, 2013). Furthermore, the trauma of death is a "the irreversible loss of the integration of the organism as a whole" or "death is considered as irreparable organs loss unable

to be restored, also called brain death, when the efforts to keep alive may be terminated (Liizza, 2018; Truog, 2018; Truog et al., 2020). There are two categories of trauma namely nature-made traumas including earthquakes, hurricanes, floods, and man-made trauma including the death of a loved one, family or racial violence, physical assault, sexual assault, and murder are considered as man-made trauma (Geoffrion et al., 2022). Apart from natural and man-made trauma, death is common in both types (Birkeland et al., 2021).

Traumatic events may bring uncertainty and cause distress in life, but the trauma related to the death of a loved one is associated with permanent or unalterable loss (Akbari et al., 2022). Traumatic events exist in various forms and may be disturbing and has negative relationship with mental health (Alhuzail & Grodofsky, 2021; Dashbolagh et al., 2020). Not every trauma causes psychological distress and mental health problems in a similar way; certain types of traumas were less distressing, and a person moves on successfully (Auxemery, 2018). However, the trauma of death may leave a person without words or with pain associated with

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death and may be alive for a longer part of life. However, a number of people believe in cutting off the web or the trauma memories and moving on (Werner et al., 2020).

Women experience the symptoms of PTSD more severely than men, as women twice experience the symptoms of trauma in comparison to men (Silove et al., 2017).

A person with a traumatic experience may avoid things, places or people associated with trauma as it may push the person into memories of the deceased, nightmares, flashbacks, and physical symptoms (Bryant, 2019). Psychoanalytic perceptives recognized resistance as a defense mechanism in the form of oppositional behavior (Ferrario et al., 2019). Therefore, they prefer to isolate themselves (Cabanis et al., 2021; Moutousi & May, 2018) or distance themselves from their social group. This might be having the fear of being exploited by others and protecting themselves (Korner et al., 2020). However, they tend to intensively experience situational anxiety and fear of losing others, which consequently lead to a constant sense of insecurity, worrying, and preoccupied with thoughts related to death (Lopatkova et al., 2018).

Death is a universal phenomenon, but the reaction towards death is influenced by the culture, religion, and environment in which a person lives (Kopel, & Webb, 2022; Marchi, 2022). There also exists gender differences in the experience and expression of trauma related death (Mehta et al., 2022; Pineles et al., 2017). It has been long history of struggle to construct the international identity of feminism, there is a long debate that how women go through conflicts, regardless of their unique differences (Rupp, 2022). Apart from all empowerment of women, the concept of social support and specifically family support cannot be denied (Fauziah et al., 2022). Therefore, the death of any relationship specifically biological is disastrous emotionally and socially for a person and specifically for a woman

especially for daughters. In Asian culture, the perception of a father is not only the breadwinner but also a strong figure as the father is reflective and protective (Abraham & Feldman, 2022). Daughter father relationship is based on a strong attachment, moreover, in Asian culture, a woman depends on a male figure. The death of an attachment figure is tragic and the intensity of mental health disturbance depends on the relationship and emotional connection with the deceased (Dingus et al., 2022). Additionally, the reaction toward death differs from other cultures, such as death being more communal than personal. Specifically, the women were also different to express their grief such as crying, sobbing, and wailing in public, and this act is socially accepted. What is considered normal behavior in one culture may not be accepted as normal in another. While studying people's reactions, the cultural perceptives cannot be ignored (Granek & Peleg-Sagy, 2017).

Death is associated with permanent pain and distress, and almost every person in the world goes through this loss, which is the only loss with vital religious and cultural explanations. Religion holds the tradition of life after death, but death always remains a mystery instead of a strong religious explanation (Kokosalakis, 2020; Schweiker, 2022). One of the strong religious and cultural meaning of death is, "every living thing has to die in one day", and this notion help person to move on but not in every case (Russell, 2017).

Culture and religion are interlinked and shape a person's perception of death (Kastenbaum & Moreman, 2018), especially in the Muslim community, individuals tend to practice religious beliefs to cope with the situation with a belief that a person returns to God after death. The thought of death as God's will may lessen their pain of dead person (Laurence, 2020). The second most essential elements observed in Pakistani and Islamic culture are the rituals they perform for the departed souls, such as charity and reciting Quran

(Captari et al., 2023; Sultana et al., 2022). These rituals give emotional comfort and feelings of relatedness to the people they lost (Khawaja & Khawaja, 2019). Spirituality helps the person improve the individual's mental health and lessen the depression and anxiety (Michaud, 2020). In a collectivistic culture, the reaction toward death is different as women cry and mourn compared to men, and men stay quiet or rarely express themselves (Wang et al., 2020). Women remain dependent on men and face more stigmatization after a death of protective figure (Abdulmalik et al., 2018).

Although many studies have been devoted to study the trauma related to death on young adults and children, and old people, but there is insufficient evidence available in Pakistan to identify the perception of young women in the context of collectivistic culture. There is an effort to understand the challenges women face in Pakistan after the trauma of their father's death. However, Pakistani culture is rapidly shaping into an individualistic culture, and women face various challenges, such as being forced to fulfill the demands of empowered women, such as jobs and education. On the other side, they demand

to fulfill the duties of collectivistic culture, such as mothering and caring for home or family. The fight to fulfill the demands of both cultures puts a mental and physical strain, and after the family's head's death, the situation is worsened.

**Method**

**Study Design**

Interpretative Phenomenological Approach was used to study the lived experiences of women who have faced the death of a close family member or loved one. The data was collected from the five potential participants. Due to the richness of data, the approach given by Alase (2017) was found the most suitable technique where in-depth data was collected and inferences were drawn. The participants identified from 23 to 30, university students who faced the death of loved ones or close family members for the last two to six years, but one year must pass after death. All participants have lost one or both parents, and the reason for death was sudden illness. Longer-time caregiving was excluded to maintain the homogeneity of the sample (Smith & Fieldsend, 2021). The participants were approached in person for the interview.

**Table 1**  
*Demographic Information of Participants (N=5)*

Name	Age	Gender	Family System	Relationship with deceased	Education	Years of death
R. M	28	Female	Single	Mother & father	PHD	5
M. S	30	Female	Single	Father & brother	M.A	6
S. S	27	Female	Joined	Father	M.A	5
S. H	23	Female	Single	Father	M.S	2
A. A	23	Female	Joined	Father	M.S	4

**Procedure**

Interpretative Phenomenological Technique (IPA) is a recently developed qualitative research technique. IPA is concerned with interpreting or examining personal lived experiences (Smith & Fieldsend, 2021). The aim of this study was to explore the women' experience of death and how they react to death. The purposive

sampling technique selects the potential participants for the current study. For this purpose, Life Events Checklist (LEC) (Weathers et al., 2013) was used, and those participants marks "happened to me" on death-related items were approached for this study. This checklist was developed at the National Center for Posttraumatic Stress Disorder (PTSD). In this study, 17 items

Life Event Checklist for DSM-5 (Weathers et al., 2013) was used, a five-point-rating scale which was “5” mean Happened to me to “0” mean Does Not Apply (Gray et al., 2004). Data was collected through semi-structured interview techniques. The semi-structured interview technique was part of qualitative research and a powerful method commonly used for small-scale research. These techniques helped collect in-depth information to know individual perceptions about specific life events (Galletta, 2013). The inclusion criteria of this study were the women who experienced the death of biological parents, specifically the father. The age range of the participants must be a minimum of 23 and a maximum of 30 years. Years of trauma must be five to six years, and participants who didn't complete the first year of trauma were excluded. Men and the people who faced death but did not have relationships were also excluded. Table 1 provides the summary of the demographic profile of the participants.

### **Interview Guide Preparation**

The most crucial step was to develop the interview guide to conduct an in-depth interview, and the aim of this guide was not to direct the participants to answer a question directed by the research. This guide was developed to facilitate the interview procedure with the main questions and prompts to give the open opportunity to reveal in-depth information about the specific stop. The question in guide was based on literature and theories and validated by two experts working with traumatic populations.

*The main question was....*

*“Death of your mother/ father/ sibling how this event affected you socially and emotionally?”*

*Secondary or leading question....*

*Q-What was your response after this event? What exactly you felt?*

*Q-What was another reaction?*

*Q- What kind of support do you get from others?*

*Q-Did you expect something from others--- I mean your expectation from others after this adverse event?*

*Q-How do you make ready yourself to cope after this adverse event?*

*Q-How do you feel currently or at present?*

### **Pilot Study**

The pilot study aimed to determine the appropriateness and clarity of the interview questions. Before starting the main study, the pilot study was conducted on two participants. At the end of the interview, feedback from participants was implemented, various questions were rephrased, and a few were removed to collect enough information from the participants. In the end, analyzed the data, which seemed to contain enough information and fulfill the objectives of the interview.

### **Data Collection and Handling of Data**

The semi-structured interviews were conducted at a place where participants felt comfortable and protected, and the duration of each interview was 50 to 60 minutes. After the approval of the Institutional Ethical Review, verbal consent was taken from participants, and the purpose and procedure of the interview was explained before starting interview. Information was collected by following the interview guide procedure and listed demographic profiles such as age, gender, education, and marital status. All responses were noted through writing and audio recordings to save and understand maximum information.

### **Ethical Considerations**

This research was approved by the Institutional Review Board (IRB) of the University of Management & Technology, Lahore, Pakistan. In the first step, information was provided about the aim and objectives of the study to the participants and informed consent was also signed by the participants. Interviews were conducted where the participants felt comfortable and safe and the elements of confidentiality were maintained at each step.

**Data Analysis**

First, confirm the team who will analyze the data during the different analysis steps, including three research experts with ten to twelve years of experience in their field. Reflexivity was defined as to acknowledging your role in the research process. First, the searcher brackets out all assumptions or experiences before starting the interviews or analysis to ensure the credibility of the data analysis procedure. Such as, the researcher assumes that people will not be unable to share information as they do not want to re-experience the pain associated with the loss of a loved one. However, this situation handles through an empathic understanding of their emotional responses. The researcher rewrote the data collected from participants to make it more organized. First, repeatedly read each statement and write the statements in the left margin and interpretive statements of the researcher in the right margin. Each word and sentence analyze carefully and give code. All verbatims by other team members were reviewed and initial themes were extracted. In the research team, each member carefully read each statement and analyzed it by using horizontalization. In the next step, the interpretive statement of

each participant was collated into groups based on similarities between themes. After that, verbatim and interpretive statements were reanalyzed by another researcher also. The final code emerges three superordinate themes and various subthemes.

**Results**

**Socio-emotional Responses to Trauma as a Super-ordinate Theme**

This part describes the super-ordinate and sub-ordinate themes derived from the data set. The following themes were identified as Socio-emotional response to trauma as a super-ordinated theme. The super-ordinate theme was developed from emergent themes. Once coding and theme development were completed for each data item, the researcher develops superordinate themes across the dataset.

A subtheme exists 'underneath' the umbrella of a theme. It shares the same central organizing concept as the theme but focuses on one notable specific element, and sub-ordinated themes were Stigmatization, Resistance, Emotional difficulties, Unstable relationships, Fear of being exploited, Economic difficulties, Social withdrawal, and Isolation.

**Table 2**

*Superordinate and subthemes derived from the Interview Transcripts (N=5)*

<b>Trauma of Death</b>	
<b>Super ordinated Theme</b>	<b>Sub-themes</b>
1. Socio-emotional responses to trauma	<ul style="list-style-type: none"> <li>• Stigmatization</li> <li>• Resistance</li> <li>• Emotional Difficulties</li> <li>• Unstable Relationships</li> <li>• Fear of being Exploited</li> <li>• Socioeconomic Difficulties</li> <li>• Isolation</li> </ul>

Participants of the current study conveyed various concerns, and social and emotional issues were most frequently reported in the reaction to the death trauma of a loved one or close one. Social and emotional issues

were simultaneously focused on as both interlinked constructs.

**Stigmatization**

It was associated with the death of a loved one, such as skepticism, sympathy without empathy, and criticism by others. The first

component of Stigmatization was Skepticism, as stated by the participants (A.A) *“Relatives doubt the character as she might involve/ have a relationship with someone”*. A young woman’s relatives or close family members start to control her after the death of her guardian, which was associated explicitly with a collectivistic culture where men were considered dominant figures. Next, the empathetic attitudes of others were essential for participants, and sympathy was stated as unfavorable; as one participant reported, (RM) *“People now feel sorry for us, and I don’t like this”*. The third component was criticism, as many participants reported as (S.H) *“Everyone blamed us for the disease,” skepticism,* (S.S) *“Relatives criticized us as treatment was not done properly by our side,”* and *“People used to say we did not care for our father - by treating carelessness”*.

This criticism in families may cause guilt as this kind of demotivating statement a person repeatedly face for a long time. Specifically, in a collectivistic culture, other members try to hold the family system after the death of the head of the family.

### **Resistance**

It was also the most vital theme in studying the loss of death; participants use it as a defense mechanism against the reality of loss. As one participant stated, (S.S) *“Now the tolerance has increased”* and *“Now all I have to do is do it by myself”* another way to resist social taboos stated was (M.S) *“We listened to people but did not respond”*. Here, resistance appears as participants reveal emotional numbness or stop responding to others. Alternatively, it might be a safe self from the criticism/negative social reaction of others.

Another component was to stop trusting anymore, states as (A,A) *“Does not share anything with others”* and *“now do not involve others in life anymore”*.

One further strongest point of resistance was reported as participants isolate themselves and avoid social interaction or maintain their social relationships. Such as

fifth participants reported, (S.S) *“I share everything with my father, but don’t involve anyone in life now”* or one more similar verbatim as *“I do not share anything with anyone...I share everything with my father”* and *“Now all I have to do is do it myself”*.

### **Emotional Difficulties**

Emotional difficulties include feelings of regrets, emotional sensitivity, inability to experience love and emotional fog. The emotional component was the most common in any trauma, but in the case of death, it sustains a long life. Such as, after the loss of a loved one, first emotional reaction was feelings of regret, which can belong to God, self, or others.

As reported (A.A.) *“I started complaining with God”* or *“I wish we knew the disease in advance”* or *“I am still emotionally blank”*.

People also felt emotional insensitivity, such as (R.M) *“Now I am not much strong emotionally”* and *“my heart fills quickly”*. One another type was emotional numbness, reported as (S.S) *“Father’s death shocked everyone emotionally”* and *“No one feels the love same as before.”* One another participant reported, (S.S) *“After the father, the feelings like children are no more.”* *“I would not share my feelings with my mother.”*

Emotional numbness was a common phenomenon after the death of a loved one might be because participants avoid experiencing pain associated with the trauma of death.

Another important theme was refusing to encounter memories, as participants reported, they intentionally avoided those painful memories of the decade to avoid experiencing emotional pain associated with the loss of a person. (R.M) *“I keep myself busy; it hurts when I remember my mother,”*. (S.S) *“When I remember my father...I engage myself with my children or with mother,”* or *“I am emotionally blank.”*

### **Unstable Relationships**

This was the most common component, which was the part of specifically

collectivistic culture where loss or death of one individual means the loss or end of many relationships or support. As one of the participants said, (R.M) *“Personal relations had deteriorated after the death of my father,” “Relatives left after mother,” and “My sister starts crying very quickly or starts fighting for no reason.”*

When people lose their relationships, at the exact moment, they feel stressed. An essential component of collectivistic culture was social relationships, where people depend on their relationships emotionally or economically and experience a loss of dependence.

Participants feel disappointment and express the loss of relationships as (M.S) *“Why did the relatives leave like this?”* There were certain conditions where the person cannot pursue relationships, as one of the participants reported (S.S) *“Did not come to build relationships”, and “Family responsibilities could not fulfill appropriately.”*

After the death of a close one, a person develops feelings of insecurity or fear of being exploited by others. A person facing criticism from relatives might experience emotional humiliation, such as (R.M) *“Relatives had harassed my father---always.”* Death of a relationship creates a gap, and every person comes forward to fill this gap but fails to play the role of the deceased, which creates a feeling such as (S.S) *“we were exploited in perspective to relationships” and “The relatives snatched the mother.”* As a result, the feeling of emptiness and loneliness was created as one of the participants reported, (A.A) *“I think I will be left alone, and I am alone.”*

### **Non-supportive Relationships**

This means a lack of support as no one was ready to provide help. As reported by the first participant, (M.S) *“No one agreed to support us,” and “Everything had changed*

*a lot---nothing like before.”* A common phenomenon after the death, specifically the death of a family member, was the rest of the family members detach their selves. This might be because relatives avoid the burden of responsibilities that deceased bear as head of the family.

### **Economic Difficulties**

These were most common phenomenon after the death of the family head. Because the deceased's family was commonly unaware or unable to handle economic issues, they experience a major loss. As participants reported, (A.A) *“Economic hardships intensified after my father's death”* another participant reported, (S.S) *“Dad's business was gone - we have had a hard time after his death”*. Individualistic responsibilities of the father and mother were thickly defined as the mother always taking care of house chores and being detached from business, as this was associated with the father. After the death of the father, the family suffers economically.

### **Social Withdrawal & Isolation**

This was also a common phenomenon after the loss of loved ones; a person chooses isolation and avoids social interactions as reported (A.A) *“I don't like going anywhere” and “we were in a position to say shut up to others,”* and another strongest verbatim was (S.S) *“I left all relatives” or I don't want to meet people anymore” and “Friends call but I do not pick up the phone” or “I don't feel like talking to anyone - friends have gone”*. Losing a loved one was not only a loss of one relationship, but this trauma brings numerous hardships for the deceased. Sometimes this situation causes social isolation or person isolating their selves by choice. This situation calls for multiple psychosocial issues which need attention.

### **Discussion**

The conceptualization of death-related issues highlights a Socio-Emotional Response of women who have faced the

trauma of the death of their protector or breadwinner. Their responses were Stigmatization, Resistance, Emotional Difficulties, Unstable Relationships, Fear

of being Exploited, Economic Difficulties, Social Withdrawal, and Isolation.

Social and emotional needs were the essential ingredient of mental health, on the other hand, in the process of acculturation, the social and emotional component was lacking in families and groups. To improve mental health in the future, there was a need to develop sensitivity to social and emotional components associated with the trauma of death (Dingus et al., 2022). For this purpose, sustainable social relationships were important for better emotional regulation and to discourage negative components such as stigmatization, emotional and economic exploitation of grieved women. Furthermore, there was a need to encourage stable relationships which help to combat social isolation (Alhuzail & Grodofsky, 2021; Dashbolagh et al., 2020).

The research literature reveals that stigmatization was predominant issues in a collectivistic culture. Women face criticism or stigmatization regarding family functioning and personal social life (Kumari, 2021). In a collective culture, after the death of the family head, people try to direct or change family dynamics through criticism as a tool to take control. It has been discussed that people who face stigma experience prolonged distress, which later converts into depression and anxiety issues (Ikizer et al., 2018; Granski et al., 2020). Traumatized people develop guilt and shame, so this tug of war between grieved women and relatives creates hurdles to getting out of the trauma of loss, doubling mental health problems (Delker et al., 2020; Lipowska et al., 2019).

Resistance toward others as a defense mechanism emerged to fight against feelings of shame and guilt. According to a psychoanalytic point of view, people use resistance as a defense mechanism to avoid vulnerable situations where they experience helplessness or frustration (Moutousi & May 2018). However, resistance makes a person feel difficulty expressing themselves or connecting themselves with

others emotionally, which may lead to emotional difficulties or social isolation. This situation causes social isolation or emotionally detached self and develops intolerance towards others (Masi et al., 2021).

Emotional difficulties were very puzzling or difficult to explain; however, when a person displays unstable or abnormal emotional responses, they may experience emotional difficulties or emotional dysregulation (Raudales et al., 2021). Participants highlight emotional difficulties, such as crying, not knowing the reason, disconnection, and inability to experience love or positive emotions (Faustino & Vasco, 2020). Moreover, the person also experiences regrets which cause emotional strain in response to stigmatization. These emotional difficulties also imbalance the equilibrium of life and disturb social relationships (Abdulmalik et al., 2018).

Unstable social relationships were a common phenomenon that families of the deceased faced right after death (Fauziah et al., 2022). This stage of the relationship absorbs a lot of energy because before this stage, person puts much effort into saving relationships. Participants experience disappointment because of the indifferent attitude of relatives or others. However, many participants highlight that they left relationships by choice. One of the critical factors is that they reveal fear of being exploited by their social relations. So, disconnecting social relationships might be one of the safer choices (Korner et al., 2020). Collectivistic cultures prefer to call friends for help rather than close relatives. As a result, women develop social withdrawal and isolate themselves from their families (Bibi & Khalid, 2020).

This study highlights women's social and emotional reactions after the death of a loved one/ family member and how a person goes through the torment and bears the wound of death. It is also the death of a relation, loss of love, attachment, and dependence. This loss penetrates in soul for



long life, and at the same time, person is also fighting with other losses such as relationship damages and emotional support. However, this struggle will not end; it continues in the form of loneliness, sadness, and disappointments, which later create depression and anxiety. Conversely, women in collectivistic cultures depend on the family for their needs. They were vulnerable to mental health issues usually observed in somatic complaints or symptoms of stress and anxiety, which commonly remain unaddressed.

### Conclusion

This study has highlighted the impact of the trauma of death on the mental health of women. In a collectivistic culture, the word father is associated with protection, shelter, and unconditional care. The trauma of death is not only the loss of a person but for woman, it is an irreplaceable loss of economic support and social protections. This loss is as a demon in the dark which silently ruined the psychological and physical health of women. This study is an effort to highlight factors that can negatively affect the mental health of women.

### Limitations and Future Directions

Women's mental health is still the delegated part and demands attention from mental health professionals. This study brings attention to the need for early intervention to save those grieving souls who struggle to cope or fulfill life's needs after losing their loved ones, caregivers, or providers.

The first limitation is due to individual differences and maintaining the specificity of data and results, only one type of gender focused, future research will be done on the perception of men about the trauma of death. Furthermore, the number of participants was small, so the results cannot be generalizable. Moreover, future research includes deaths of parents, close relationships, siblings, and close friends that should be studied with various demographics.

### Contribution of Authors

Samia Rani: Conceptualization, Investigation, Data Curation, Formal Analysis, Writing - Original draft

Sadia Saleem: Conceptualization, Methodology, Writing- Reviewing & Editing, Supervision

Sara Subhan: Methodology, Formal Analysis, Writing- Reviewing & Editing

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There is no conflict of interest declared by authors.

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