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Grief trajectories among bereaved parents after the 2011 Utøya terror attack: A qualitative analysis

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ABSTRACT



This study took a qualitative approach to explore terror-bereaved parents' long-term experiences with grief. Data were drawn from a larger, longitudinal study, and interviews with 10 bereaved parents were selected based on their reported change in scores on Inventory of Complicated Grief (ICG) over a period of 6.5 years, including the five parents with the largest change (group 1) and the five parents with the least change (group 2). Reflexive thematic analysis of the interview transcripts resulted in four main themes: "I felt completely lost and helpless, like I was stuck in a whirlwind" and "I have been fighting to get back to my everyday life", which both groups contributed to. Participants in group 1 contributed to the theme "I have found a way to a new life," while participants in group 2 contributed to the theme "I cannot seem to find a way to a new life." Findings suggest that sense of control, acceptance, and social support enhanced experienced coping following terror-related bereavement, while comorbid mental health problems, difficulties with acceptance, and repetitive thoughts about the death was experienced as contributing to long-term struggles following terror-related bereavement.

Introduction

The context of the current study is the terror attacks in Norway on 22 July 2011. On this day, a terrorist first set off explosives in the governmental quarter of the capital of Norway, Oslo, killing eight and wounding many. He went on to Utøya, a small island situated around an hour's drive from Oslo. He dressed as a police officer pretending to come to guard young members of the Labor Party who were gathered for their yearly political meeting. At the island he immediately started shooting at people and moved systematically around, hunting the young people down, killing 69 of the 550 people present at the island. The mass shooting went on for more than an hour. During this time the media were reporting live from the event, both in online newspapers and on television. The governmental TV station in Norway were reporting from a helicopter above the island, broadcasting images that would circulate in the news for years to come. During the killing spree many parents were in phone contact with their child who was killed or survived the attack. The perpetrator was caught,

and nine months afterwards following a two-month trial he was sentenced to 21 years of preventive detention. The terror attack became the main media feature for more than a year in Norway, without a day going by without pictures or stories appearing in the news media. While more than a decade has elapsed, the terror still features in the media from time to time, especially around the anniversary or when the terrorist appeals for milder treatment in prison. In this study the main aim is to investigate how bereaved parents with different grief trajectories differ in their lived experience of their own grieving process after losing their child in the Utøya terror attack and to provide insights into the qualitative differences between those who cope well with their grief and those who feel stuck in their grief.

Losing a loved one is considered a severe stressor, especially when the loss is violent or unexpected (Djelantik et al., 2020; Keyes et al., 2014). Although bereavement is a huge strain on everyone, a majority will be able to recuperate, regain everyday functioning and cope with their loss after some time (Iglewicz et al., 2020; Shear & Mulhare, 2008). Bonanno et al.

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(2011) and Bonnano (2004) have argued that the most common trajectory after potentially traumatic events (PTE) and bereavement is resilience—the ability to overcome hardship, adapt to difficult situations and bounce back from adverse life events. According to them, most people will be able to sustain their everyday functioning even if they experience a traumatic loss. Infurna and Luthar (2017) have argued that people who lose a loved one can uphold their everyday lives but still struggle in different life domains. Based on a study that examined trajectories of various health outcomes following bereavement, they concluded that only eight percent of bereaved persons show full resilience across different domains (Infurna & Luthar, 2017). They argue that bereaved individuals can be resilient in some areas of their lives, while at the same time being negatively affected in others. These nuances emphasize the need to carefully evaluate how loss has impacts on different life domains and to adapt interventions and health care accordingly. For some the grief turns into a more debilitating or chronic state affecting everyday functioning over time, and they can experience intense longing, anger, bitterness, yearning, difficulties accepting the loss, difficulties moving on, etc. (Djelantik et al., 2020; Iglewicz et al., 2020; Shear, 2015). In the literature this course of grief is commonly termed complicated grief or prolonged grief and is included as a diagnosis in the latest versions of the diagnostic manuals ICD-11 and DSM-V-TR under the name “Prolonged grief disorder” (PGD) (APA, 2020). In this paper, we further use the term “complicated grief” to denote that there can be different complications in grief of which the most researched and widespread is PGD.

Studies show how different types of loss have different outcomes for bereaved persons. Individuals who lose a loved one to violent deaths, such as accidents, suicide, homicide, and catastrophes have a higher risk of developing complicated grief than those bereaved from natural deaths (Kristensen et al., 2012). The sudden and violent loss of a loved one is an example of a PTE as described in the DSM-5 Criterion A (5th ed.; DSM-5; APA, 2020). Such loss can heighten the risk of developing complicated grief reactions as well as other mental health problems compared to loss from natural deaths (Overstreet et al., 2017). This is illustrated by several studies that document a higher prevalence of complicated grief in bereaved individuals that lose a loved one in a terror attack compared to other types of loss (Cozza et al., 2019; Djelantik et al., 2020; Dyregrov & Kristensen, 2015; Neria et al., 2007; Pfefferbaum et al., 1999;

Pirard et al., 2018). Losing a loved one in a terror attack is also associated with a high risk of developing other mental health problems, such as depression (Chatterjee et al., 2018; Cozza et al., 2019; Komischke-Konnerup et al., 2021; Neria et al., 2008), posttraumatic stress (Cozza et al., 2019; Galea et al., 2002; Komischke-Konnerup et al., 2021; Neria et al., 2008), general anxiety and suicidal ideation (Neria et al., 2007, 2008). Witnessing the death or the event that led to it, such as a terrorist attack, is also considered to be a risk factor, especially for developing posttraumatic stress symptoms (Cozza et al., 2019). Previous experience with loss or trauma is usually a risk factor, but there are also a few reports of the opposite effect, showing improved coping (Kristensen et al., 2012). Several studies have further found that one of the strongest predictors of complicated grief is the loss of one's child (Djelantik et al., 2020; Dyregrov et al., 2003; Heeke et al., 2017; Kristensen et al., 2012; Sveen et al., 2018). For bereaved persons in general the risk of developing complicated grief reactions is ~10–15%, but the risk increases to 50–70% for parents who lose a child in a sudden violent death (Djelantik et al., 2020; Dyregrov et al., 2003; Kristensen et al., 2012).

Considering the health risks for bereaved parents, it is essential that research seeks to understand how they experience their grief and their need for help in order to be able to prevent adverse health outcomes and to provide bereaved individuals and families with satisfactory professional help. Longitudinal research has shown that individuals experiencing traumatic bereavement can be affected by their grief several years after the loss and that complicated grief is associated with a lack of accepting the loss more than them yearning for their loved one (Sveen et al., 2018). While quantitative studies provide extensive knowledge about potential risk factors and predictors of complicated grief, longitudinal qualitative studies with bereaved persons enable us to investigate the complex relationship between coping and struggling with grief over time. An example is the study by Fu et al. (2020) where they followed bereaved mothers over two years after losing their only child in an earthquake. These mothers described how their grief evolved over a two-year period and how their mourning had changed, but also how it had persisted. Their grief did not disappear, but they had found a way to live with it.

Qualitative studies with bereaved persons after homicide further find that such sudden, deliberate, unexpected and violent acts seem to affect how bereaved persons cope with their grief (Alves-Costa et al., 2021). Bereaved persons from this type of loss

especially described increased rumination, experience of complicated grief and intrusive thoughts about the event that led to the death (Alves-Costa et al., 2021). They also described how criminal investigations, legal processes, and the trial itself became an additional stressor for them (Alves-Costa et al., 2021). Qualitative research on traumatic bereavement has further elaborated on what factors can facilitate coping after loss, and especially how social support is key in this regard (Bolasëll et al., 2021; Pohlkamp et al., 2021). While social support is one of the most robust predictors of PTSD in quantitative studies (Zalta et al., 2021), there is limited quantitative evidence that support these findings for traumatic bereavement (Scott et al., 2020). Studies do, however, indicate that increased rumination after bereavement predict psychopathology for those who lose a loved one (Eisma et al., 2014). Some studies further find that bereaved parents who seem to cope well often have made a conscious cognitive decision to go on living despite their traumatic loss (Schiff et al., 2022).

As described, there is knowledge of how grief after terror can be prolonged and can potentially lead to both complicated grief and other mental health problems. However, there is a lack of qualitative longitudinal studies that can elaborate on how bereaved parents cope with such losses across time. In this study the aim is to analyze and compare how bereaved parents with and without a reduction in grief intensity across time experience their grief process over time. This study contributes to the field by exploring bereaved parents' experiences after losing their child in the Utøya terror attack.

Materials and methods

Study setting and design

This study is a part of a larger longitudinal mixed-methods study of bereaved parents, siblings, and close friends after the Utøya terror attack in Norway in 2011. The larger study conducted its data collections 18 months (T1), 28 months (T2), and 40 months (T3) after the attack. In 2019 new quantitative data were collected (96 months after the attack), followed by a second collection of in-depth interviews in 2020 (T4). The current study is based on interviews with bereaved parents at T2 and T4, with quantitative measures of complicated grief symptoms being used to select the respondents included in the qualitative data analysis for this article.

In-depth interviews were considered the most appropriate method to generate an understanding of

bereaved parents' experiences of their grieving process after the Utøya terror attack because they allow for a more detailed understanding of the course of grief across time (Stroebe et al., 2003). In this study we conducted in-depth semi-structured interviews to examine the research questions, while at the same time allowing the participants to elaborate on topics important for them to share.

A hermeneutical-phenomenological design was adopted for this study (Laverty, 2003). We wanted to explore parents' lived experiences after losing their child in a terror attack (phenomenology), while at the same time, we considered how we as researchers were affected by our own preconceptions, experiences, and interpretations in trying to understand the participants' descriptions of their lived experiences (hermeneutics). Using a hermeneutical-phenomenological approach allowed us to stay close to parents' lived experiences, while at the same time reflecting on how the characteristics of the researchers affected the results (Binder et al., 2012).

Recruitment procedure

Information letters at T4 were sent to bereaved parents ($n=124$) in October 2019. The letter contained general information about the study, both the quantitative and qualitative part, information on the procedure, and possible advantages and disadvantages of participation. The recipients were informed that ~1 week after receiving the letter they would receive the questionnaire together with a consent form. The consent form included a question of whether they would also consent to be contacted for an interview during the spring of 2020.

In total, 90 bereaved parents participated in the quantitative data collection (40 men, 50 women) aged 36–76 years ($M=56.7$ years). Almost half of the parents ($n=42$) consented to be contacted for the qualitative data collection. Of those who consented, we included 24 parents using the following selection criteria. First, we included those who had been interviewed before ($n=11$) because we wanted to compare interviews from T2 to T4. We further included 13 more parents who, based on quantitative measures, still seemed to struggle with their grief. We also considered location of living and gender when selecting these participants. Of the 24 parents included in the interview study, one decided not to participate and one interview was canceled due to COVID-19 pandemic restrictions. The final interview sample from

Table 1. Overview of participants' ICG scores from T1 and T4.

	ICG scores at T1 (18 months)	ICG scores at T4 (96 months)	Difference
Group 1			
ID132	56	39	-17
ID31	55	39	-16
ID57	40	20	-20
ID59	33	13	-20
ID45	33	18	-15
Group 2			
ID3	53	53	0
ID209	46	63	17
ID20	38	40	2
ID36	33	34	1
ID115	31	37	6

T4 consisted of 22 bereaved parents (13 mothers, nine fathers) representing 18 young people killed at Utøya.

Participants

As mentioned, quantitative data was used to identify parents with the largest and smallest change in grief symptoms from T1 to T4. We defined change in grief symptoms as a reduction or increase in scores on the Inventory of Complicated Grief (ICG). The cutoff on the ICG for inclusion in further analysis of the grief process was set to >30 (Shear et al., 2011) at T1 because we wanted to study experienced grief processes over time when quantitative measures indicated an initial severe grief reaction. Among the parents scoring >30 on the ICG at T1 we identified the five parents with the largest reduction in their score (group 1) and the five parents with either an increase or no change in their scores on the ICG from T1 to T4 (group 2; see Table 1). Of the 10 parents included in the study, seven were females aged 47–62 years (four in group 1/three in group 2) and three were males aged 53–67 years (one in group 1/two in group 2).

At T4 bereaved parents filled out a self-report form about previous potential traumatic events (PTEs) experienced either before and/or after the terror attack in 2011. In group 1, parents reported seven PTEs before the terror attack and five PTEs after. In group 2, they reported 13 before, and four after. Taking a closer look at each item, four parents in group 2 reported that they had experienced a sudden and unexpected loss of a loved one prior to the loss of their child in the terror attack. There was only one report of a previous loss in group 1. In group 2 all but one also reported experiencing someone close to them having a life-threatening illness before the terror attack. This was reported by two parents in group 1.

Data collection

An interview guide for T4 was developed based on research questions and information obtained from the quantitative data collection. The interview guide consisted of three main parts: (1) General functioning—grief and trauma, (2) The impact of other life events, and (3) Coping, support, and professional help (for full interview guide, see Appendix A). A different interview guide was used for the interviews included from T2 (see Appendix B).

Interviews at T4 were conducted by the first and second author and two other psychologists from the Center for Crisis Psychology (CCP) between March and October 2020. Before we started the interviews, senior staff at the CCP with experience in interviewing vulnerable populations held a preparation seminar for all interviewers. In February 2020, the first and second author conducted a pilot interview with a bereaved parent to evaluate the interview guide before data collection. No changes were made to the interview guide after the pilot. The original plan was to conduct interviews where the informants live, as done successfully at T2. However, because of the COVID-19 pandemic the plan had to be adjusted due to travel restrictions, and consequently seven of the ten interviews from T4 were conducted digitally using video conference tools. While some parents expressed how they would rather have met in person, others said it was easier to talk about their experiences online. There were some challenges when conducting interviews via video conference tools, such as technical issues, not being able to pick up on non-verbal cues, and difficulties carrying on a normal “small-talk” conversation before and after the interview. In digital meetings there is usually only one person talking at a time, which makes the conversation flow different from real life conversations. Despite these difficulties, at the end of the interview the participants all reported that they were glad to have been a part of the project.

In line with hermeneutic-phenomenological research, the parents were asked to give detailed descriptions of their lived experiences. The questions were open, with follow up questions related to what participants were describing or discussing (Lavery, 2003). Each interview lasted ~ 1.5 –2 hr, with digital interviews in general being shorter than physical interviews. All interviews were audiotaped and later transcribed verbatim by the first author.

Data analysis

Transcripts were analyzed using reflexive thematic analysis, as described by Braun and Clarke (2006,

2019) and Clarke and Braun (2018). NVivo 12 software (QSR, 2018) was used as a technical support in the analysis of the transcribed interviews. We followed the steps of thematic analysis (Braun & Clarke, 2006). (1) All authors read and familiarized themselves with the data material. Through several meetings we discussed possibilities for further analytical foci. The first author re-read the interviews and had discussions with the other authors until we finally agreed to continue with the analytical focus: *Bereaved parents' experiences of their own grieving process*. (2) The first author started coding the transcripts under the close supervision of the last author. In this process the first author marked and named all segments of the text that seemed relevant with regard to how bereaved parents' experience their own grieving process. This was first conducted on transcripts from participants in group 1 before being repeated on transcripts from group 2. (3) The first and the last author went through the codes together. This was a back-and-forth process in which the codes and data material were reviewed and discussed several times. We decided to follow the chosen analytical foci and consequently removed codes that were not in line with this focus. At this point, the transcripts from group 1 and group 2 were merged for further analysis. The first author went on to further sort the coded data material by meaning units and potential themes before eventually discussing these with all of the authors. (4) The meaning-units and potential themes were critically reviewed by all of the authors. (5) The first author gathered all meaning-units and potential themes in a written text that was discussed and transformed through dialogue among all authors. (6) The last part of the analytic process was writing up the final results in cooperation among all authors.

Researchers

The study was conducted within the bereavement research group at the CCP, and all authors are clinical psychologists working in research at the University of Bergen (UiB). The first author is a part time PhD candidate at CCP, also working as a clinical psychologist. The second author is a professor at CCP with many years of experience both as a clinical psychologist and as a researcher in the bereavement field. The third author is a professor emeritus working both clinically and with research in the bereavement field for over 40 years. The last author is an associate professor at the Department of Clinical Psychology with many years of experience as a clinical psychologist and as a

researcher with a special competence in trauma and qualitative research. The first, second, and third authors are all part of the same research group at UiB and have all been involved in the larger Utøya study, while the last author is from another research group at UiB and thus brings in an outside perspective to this study. As a team the authors complement each other regarding experience, competence and knowledge, and they share an interest in the field of grief research and qualitative research. This has been a strength throughout the research process, and especially through the reflexive analytical process in the qualitative studies. We have sought to be aware of how our own preconceptions, experiences, and interpretations affect and influence our research throughout all parts of the project.

Ethics

The study was approved by the Regional Committees for Medical and Health Research Ethics (REK Øst) in Norway (2018/2174). The participants signed an informed consent before being interviewed for the study. They were provided with information about their rights and the study's purpose and that they at any time—without giving a reason—could withdraw their participation. All confidential information was stored on a safe server at UiB, and all personal information was anonymized according to the Helsinki Declaration. During all parts of the data collection, we aimed to be sensitive and take into consideration the emotional distress that might occur when interviewing a vulnerable population. All interviewed parents expressed how they felt it was difficult to participate, but at the same time communicated that they wanted to share their experiences and knowledge to benefit other people going through similar losses in the future. All participants completed the interview, although some had to take breaks because of the emotional strain. In two cases the interviews revealed health care needs, and in both cases the participants were referred to a coordinator especially assigned to guide bereaved persons and survivors of the terrorist acts to adequate local help.

Although participation in the study was voluntary and participants gave positive feedback, there is a possibility that some felt it was expected that they would share their experiences. The terror attack was a national catastrophe that has led to extensive research activity that survivors and the bereaved might have felt obligated to contribute to. They were informed about the study from the research group, but also

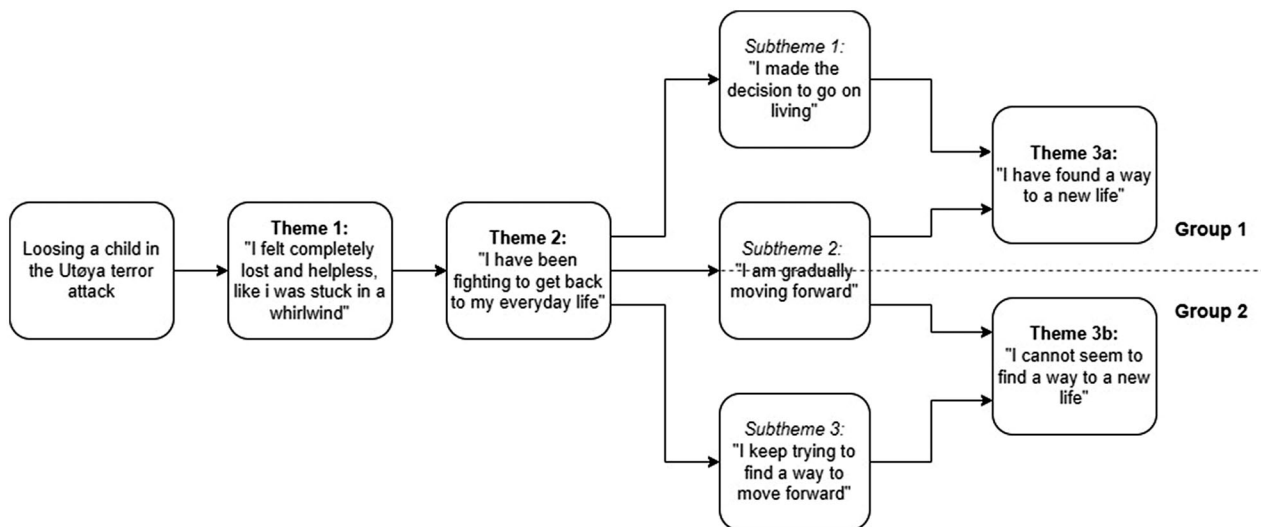


Figure 1. Overview of themes and sub-themes.

from the national support group that we collaborated with. This might have strengthened the feeling of obligation for some of the bereaved parents. We took into consideration how the participation in the study could affect the bereaved parents negatively, and we consequently informed the participants throughout the study that they could reach out if they had questions not only regarding the study itself, but also regarding their situation and potential need for guidance on where they might find adequate help.

Results

During the analysis we discovered that group 1 (reduction in grief scores over time) and group 2 (no change or increase in grief scores over time) differed in many regards, but we also found similarities between them (see Figure 1 for how the two groups contributed to the different themes). Our analysis resulted in the following four main themes: theme 1—“I felt completely lost and helpless, like I was stuck in a whirlwind” (group 1 and 2); theme 2—“I have been fighting to get back to my everyday life” with the three sub-themes “I made the decision to go on living” (group 1), “I am gradually moving forward” (group 1 and 2), and “I keep trying to find a way to move forward” (group 2); theme 3a—“I have found a way to a new life” (group 1); and theme 3b—“I cannot seem to find a way to a new life” (group 2). The themes represent how bereaved parents cope with their grief across time. For some of them this was a sequential process, while for others it was a more unpredictable process where they moved back and forth between the different themes and sub-themes over time.

Theme 1: I felt completely lost and helpless, like I was stuck in a whirlwind (group 1 and 2)

Upon learning about the terror attack, all parents described shock, chaos, and disbelief. They all reported how they felt helpless and in despair while waiting for further information as to what was going on at the youth camp that their child was attending. Some of them watched the news, others tried to reach their child on their mobile phone, and all of them described a numbing fear during this initial phase. They talked about not being able to understand what was happening. Some described feeling like the whole situation was unreal. As a father said: “I felt like I was stuck inside a bubble. It was unreal to me; the whole situation was unreal” (ID20, group 2). While none in group 1 mentioned it, three parents in group 2 recalled how they were in telephone contact with their child right before or during the terror attack. They mostly described how they did not understand the gravity of the situation at this point, but one parent recalled how they came up with an escape plan together:

I was on the phone with her. We talked about what she should do and agreed it would be best if she tried to swim to safety. I was told she initially followed our plan and started swimming to the shore, but she was eventually found dead at the island, so I guess she must have decided to turn around (ID3, group 2).

Parents from both groups further described how they experienced the first week after the terror attack, waiting for notification that their child was killed. Several of them explained how they waited for a week until they got the final death confirmation. During this time some parents clung to a hope that their child

was still alive but hiding somewhere. Some of them were out searching for them along the shore, others tried to search at hospitals. Across both groups there were descriptions of how this week was all about surviving the waiting period. Not knowing what had happened to their child was described as unbearable by all parents. They talked about how extremely painful it was to receive condolences from people before the death was confirmed. Some parents from both groups described how they quickly realized their child had been killed, but most parents held on to hope until the last minute. Some parents in group 2 described that their children were among the last to be killed, making them question if their child could have survived if the police had arrived earlier.

Parents from both groups further described how the funeral was hard to go through and how the pending trial of the perpetrator was challenging to wait for. They talked about their grief being postponed, both because they were waiting for the trial, but also because the media attention during the first year was extreme. Many of them recalled how this first period was especially difficult and how they felt like they would never recover. One mother said: “It did not seem like it was going to be alright again. It seemed like I was climbing Mount Everest (...) I just fell down, again and again” (ID3, group 2).

After they were given information about what had happened and the death was confirmed, parents from both groups described a difficult period where they felt stuck and overwhelmed. They outlined how it was especially difficult to be around other people and attend social gatherings. In both groups, there were descriptions of many different social challenges, such as losing some of their social network, people avoiding conversation about their deceased child, or people asking too many questions or giving unsolicited advice. One mother even described how she usually ended up being the one to comfort others: “If I talk to people about what happened, they get upset and I have to comfort them. I just can’t handle being put in that situation” (ID57, group 1). From both groups there were further descriptions of how this first period was challenging in most regards. They described how they were trying to cope with their grief and the extreme changes in their daily lives while at the same time navigating interactions with many other people, such as their social networks, professional helpers, other bereaved parents, and their work colleagues. Some of the parents from group 1 started working again early on, while some were unable to work for a long time after the terror attack. They described

difficulties with concentration, memory, and motivation in the beginning. This was similar for parents in group 2, where all but one described being unable to work. The one parent who continued to work described how her job was the only thing that held her world together.

Although the descriptions of this first period after their loss were similar for all parents, how long they remained in this period of their grief process varied greatly. Some described this lasting for the first few months after their loss, while others described it as continuing for years.

Theme 2: I have been fighting to get back to my everyday life (group 1 and 2)

When they began to elaborate on how their lives had changed after the first period, their stories differed more. All parents described how they fought to get back to their everyday lives. In group 1 it was more common to talk about how they understood what had happened with an acceptance of the reality of it, while in group 2 it was more common to describe a feeling of hopelessness and being unable to find a way to move forward. This main theme is divided into three sub-themes: “I made the decision to go on living,” “I am gradually moving forward,” and “I keep trying to find a way to move forward.”

Sub-theme 1: I made the decision to go on living (group 1)

Three of the informants in group 1 talked about making an active choice to go on living and not to let the perpetrator ruin more than he already had. They reported how they came to this decision very soon after the confirmation of their child’s death. As one mother said:

I remember thinking that I had two choices in life, either I could lay down and die right there and then or I could go on living (...) I decided to go on living (...) we were not going to lose anything more than we already had lost. I quickly decided that the perpetrator was not going to do us any more harm than he already had done. He was not going to get to ruin anything more for us (ID31, group 1).

A father also described how they as a couple decided to go on living because that was what their son would have wanted for them: “We wanted to go on with life, because we thought our son would appreciate that we did. We decided to live our life according to how we thought he would have wanted us to live” (ID59, group 1). They talk about how their world fell apart, but they were still able to mobilize an

inner strength through their thinking and actions quite close to the event. They described how it was all about building their lives from scratch with a strong belief in their own ability to do so. Some of them described making active choices early on to be able to face the battle of regaining their lives. As one father put it: “If I was going to be able to be anything for anybody else, I could not lose myself in this (...) my focus was on strengthening myself, both mentally and physically from the beginning” (ID57, group 1). Such active choices were not described by parents in group 2.

Sub-theme 2: I am gradually moving forward (group 1 and 2)

Parents from both groups described how they had experienced a gradual change in their grieving process. They outlined how it took time to process their grief. Some of them described how their process was not a straight line, but instead was a winding road with bumps and cracks. They described how the grief came and went and how some periods had been more difficult than others. Some parents described how they were coping well and then suddenly experienced a setback and felt like they had to work through everything again. Yet, there was a sense that things were moving on, and that they had found ways to work through their grief, as described by one mother:

I am the kind of person that likes to get things done as quickly as possible (...) but with this, of course it is not possible. It is not like cleaning the house (...) you are not done when you think you are, you constantly have to work for it (ID31, group 1).

Some recalled how they felt like the process was not going fast enough. They wanted to go on living, but they felt stuck in their grief. One mother said: “I feel like I am constantly moving but at the same time I do not know where I am going” (ID57, group 1). With time, they described less repetitive thoughts about the event and what had happened to their child (rumination) and had more thoughts of what they had lost and what could have been (yearning). Some described the grief as changing character over time and how it became more about longing for their child rather than being stuck in feelings of sorrow. Their stories revealed a constant battle between feelings of hope and hopelessness. As one mother described it: “Some days are okay, other days are really painful. I have some good days where I feel like it will be okay, but I also have some days that just feel hopeless” (ID3, group 2). Another mother described how it takes time to work through the grief:

It takes time to learn to live with what happened (...) I think it is important that each person is able to take their time to get back on their feet again (...) it is all about changing the way you think and working through your grief without knowing how to do it (ID132, group 1).

In both groups parents also described common reactions they continued to struggle with today, such as physical health issues, fatigue, sleep disturbances, and difficulties with concentration and memory. Most of them also described some degree of intrusive images, anger, guilt, and bitterness. They talked about how these issues varied across time, how some days were more difficult than others, and how they kept on trying to take care of themselves and find their path to a new life. One mother said: “You work towards creating a new meaning in life, but it takes time” (ID3, group 2).

Sub-theme 3: I keep trying to find a way to move forward (group 2)

In group 2 most parents described a continuing feeling of disbelief and having trouble understanding and accepting the fact of what had happened to their deceased child. Some still struggled with understanding that their child had died. They described having a hard time tidying and disposing of objects related to or reminding them of their child, not being able to rearrange their room and even waiting for their child to return home. They also described multiple challenges that they presently faced that were not mentioned by informants in group 1 at all, such as struggling with anxiety, depression, rumination, yearning and suicidal thoughts. They shared how they saw themselves and their lives as completely changed. One mother described it this way:

The life I had before is gone ... what I had before is gone. It has affected everything, it is like ... before and after Christ, it is such a clear line between the life used to live and how my life is now (...) The grief is like a filter on life, you see things completely different (ID115, group 2).

Many of the informants in group 2 also described a feeling of loneliness and how they were unable to go back to work or to function in their everyday lives. All the informants in this group described pre-terror traumatic experiences during the interviews, such as experiencing domestic violence, having previously lost a child, and other sudden traumatic losses. No such experiences were described by the informants in group 1.

Theme 3a: I have found a way to a new life (group 1)

In group 1 the majority described how they at T4 had found a way to a new life after losing their child. They were able to enjoy everyday life and coped well with their grief nine years after their loss. They reported that within their family they had respect for each other and their individual grieving processes. Further, they explained how they received social support from their extended families and their networks of friends and colleagues. From their stories, we understand that these informants were resourceful, and they described thinking that they had the necessary individual resources for coping with their loss. As one father put it:

Before we lost our son, we were an ordinary family without any specific worries. We were resourceful and we had everything we needed in our lives. I guess this might have been helpful for us, when this happened... compared to others, people who might have other worries to begin with (...) our children were healthy, we did not have any additional strains or any previous trauma in our lives (ID59, group 1).

Group 1 parents commonly outlined how they had learned to live with their grief. They said that they still had difficult times, but that they gradually had come to a point where they were able to move in and out of their grief in a manner that allowed them more control. Some of them talked about how they set aside time during their week to cry or vent their feelings. Others described how they allowed themselves difficult days where their grief was more prominent and how they had come to terms with this as a natural part of their lives. None of them reported that the grief was resolved or over with, and they all expressed how the grief would always be part of their lives and their story, only different from before. As a mother described it:

It makes sense for me to say that grief comes and goes, like waves. Sometimes I need to grieve (...) I think about children who can move in and out of their grief, and I think that is where I am at right now, where I can move in and out of it (ID57, group 1).

Theme 3b: I cannot seem to find a way to a new life (group 2)

Parents from group 2 described how they at T4 were still struggling to find a way to a new life after losing their child in the Utøya-terror. Some of them described an ongoing battle where they were

constantly trying to find their way, while others described how they could not seem to find their way. One mother said: "I push myself every day. I want to get out and be able to handle my life again" (ID115, group 2). Others seemed more resigned when describing their lives today. One mother expressed how she pretended to be okay:

I feel like a burden to everyone (...) I just walk around acting like I am okay so I won't be a burden to everyone else. I get so tired of it, but I think I have to do it because I do not think I will be okay again (ID3, group 2).

Rumination and yearning were common issues described by parents in group 2. They described how different topics would preoccupy them night and day, such as the event itself, how their child must have felt in their last minutes, why their child had to die, and how their child would be or what they would be doing if they were still alive today. Parents from both groups described repetitive thoughts and worries about these issues early on in their grieving process, but in group 2 it was a more pronounced part of the grieving experience still at T4. This was true for other complaints as well, such as sleep disturbances, physical and mental health issues, isolation, and difficulties functioning in their everyday lives. One mother said:

I have lost the best part of my life (...) I just want her back. I have given up my own life. It is not like I am suicidal, but if I die, I don't care anymore (...) I go to work, I eat, I sleep, and then I do it all again. That is all I do; I do not have a life anymore... (ID209, group 2).

Discussion

Our main aim was to describe how bereaved parents experienced their grieving process over time. From the bereaved parents' stories, it was clear that losing their child in the Utøya terror attack was something that turned their lives upside down and made them feel stuck in a whirlwind of grief. This study shows that parents who lose a child in a terror attack do not constitute a uniform group, but rather consists of individuals with a multitude of different grief reactions that changes over time. Their grief has been experienced differently at different times over the nine years since their loss.

We found similarities and differences between those who were recovering slowly (group 1) and those who had a more chronic grief trajectory (group 2). Parents from both groups described the first period similarly. Analyzing their experiences from the initial

period until today revealed that parents in group 1 had found ways to live with the grief and felt somewhat in control. They outlined how they had come to this point through acceptance of their grief as a part of life and through social support, which are both factors found to be important for coping with loss in qualitative studies (Bolasell et al., 2021; Pohlkamp et al., 2021; Sveen et al., 2018), although there is limited evidence for the importance of social support found in quantitative studies (Scott et al., 2020). It might be that the isolation and lack of support that a proportion of bereaved parents experience (Popoola et al., 2021; Smith et al., 2020) following various sudden losses, makes it difficult to see a uniform positive effect of social support on grief in quantitative studies. We also got such descriptions from parents especially concerning the first period (theme 1).

Parents also emphasized how a sense of control was essential for them to be able to accept the grief, make use of their social network support and reduce rumination. Most of them even described how they made a cognitive decision very early on that they would continue their lives despite their traumatic loss, which is also described in a few earlier studies (Schiff et al., 2022). Making such a decision might elevate the sense of control and strengthen the ability to integrate the grief as a part of life.

In line with previous research suggesting that complicated grief is associated with lack of grief acceptance (Sveen et al., 2018), parents in group 2 outlined how they kept struggling with this. It has also been suggested that comorbid mental health issues and rumination can lead to chronic grief (Alves-Costa et al., 2021; Eisma et al., 2014), both of which were commonly reported from parents in group 2. They described how they spent much time dwelling on thoughts about the terror event and their related emotions, much in line with what characterizes rumination, as described by Molds and coworkers (2020): “Rumination is a type of perseverative cognition which involves repeated and unproductive dwelling on a particular theme—for example, replaying a past event or thinking over and over about one’s emotions (p. 1).” Although there were descriptions of rumination and yearning among parents from both groups early on in their grieving process, those who had found a way to a new life (group 1) described how they over time felt a sense of control over their thoughts compared to parents from group 2. This further strengthens the idea that sense of control is important in coping with loss.

Further, research has shown that previous trauma can be seen as a risk factor for developing mental health problems (Overstreet et al., 2017). In this study, participants from both groups reported previous exposure to PTEs, but previous experience with sudden unexpected loss was more common in group 2. Also, parents in group 2 all described and talked about their previous experiences of loss in the interviews, while none of the parents in group 1 mentioned this. Further, they were all exposed to the same PTE when losing their child in a terror attack, with the possibility that some in group 2 were somewhat more exposed, by having a child being among the last killed or by being in telephone contact while the terror unfolded. This might suggest that previous loss or trauma and exposure to the event itself increased the vulnerability to the terror loss thus complicating their grief.

Our findings suggest that the grief process for terror-bereaved parents over the nine-year timespan is not linear, as they described their grief as being more of a cyclical process that changes but persists over time, which supports the view that the concept of time can be altered when grieving a traumatic loss (Saltzman, 2019). The context of the loss might influence how terror-bereaved parents cope over time, and it may be that they process their grief differently at different times after their loss compared to those bereaved from other types of loss. Even those who described how they had come to terms with their grief and accepted that this is something they had to learn to live with also described how they had experienced their grief process as a road with bumps and cracks. They all shared the view that the grief would be a life-long process where they constantly had to find ways to live with the grief. This echoes earlier research suggesting that resilience is multifaceted and that one can be resilient in some areas while at the same time experiencing difficulties moving forward in others (Infurna & Luthar, 2017). Resilience as traditionally described (Bonanno et al., 2011; Bonnano, 2004) may not be applicable to parents who lose their child in a terror attack. The relationship to the deceased (being parents) and the type of loss (through a terrorist act) seem to play an important role for the grief process as previously described (Djelantik et al., 2020; Dyregrov et al., 2003; Kristensen et al., 2012). In this study many bereaved parents explained how they saw themselves as individuals who were functioning well in their lives, but also how they faced difficult times because of their loss and grief. They had come to terms with this fact and described how their

experience was now part of who they were, suggesting that coping with such a loss must be defined differently from coping with loss in general.

Parents' descriptions suggests that the grief from losing your child in a terror attack is something that you will always carry with you. Bereaved parents described an ongoing negotiation process where they needed to accept their grief as a part of life that they had to learn to live with. Not all bereaved parents could come to terms with this fact on their own, even years after their loss. Parents in group 1 described how they had found a way to navigate on the path to a new life, while parents in group 2 described how they were unable to find their way. Multiple factors seemed to play a part in this and lead to long-term struggles, including lack of a sense of control, comorbid mental health issues, and difficulties understanding and accepting the loss and grief. Thus, the grief from losing a child in a terror attack is something that seems to follow bereaved parents through life, although most of them with the right kind of help and support are able to find a way to a meaningful life despite this fact. However, our findings suggest that even those who cope well still occasionally struggle with their grief.

Limitations

This study has some limitations. First, in conducting qualitative thematic analysis there is the possibility that other researchers would identify other themes and focus on other conclusions. Further, some of the interviews were conducted digitally due to COVID-19 restrictions, which may have affected the length of the interview and in-depth insights from participants. This could in turn influence the material derived from the interviews. Finally, we have no information about bereaved parents who chose not to participate in the study or those we did not include due to low scores on symptom scales at T4.

Clinical implications

Clinically, the longevity of grief and the problems encountered across both groups suggest that the sudden loss of a child in a terror event necessitates systems of follow-up that are available for much longer than what is traditionally believed. Further, because the problems are multifaceted, clinical services should include several professions that can work together to reduce both physical and mental health problems over time. Although the problems are multifaceted and

vary from person to person, we believe they always must consider the context of the family, including both communication and interactions within each family, as well as interaction with the social networks of extended family, friends, and work colleagues. Adequate interventions and therapy will benefit from using a systems perspective that incorporates the context of the bereaved and their family.

Conclusion

The grief experienced by parents who lose a child in a terror attack is not fully comparable to the grief experienced from other types of loss. Their grief continues over time and seems to have the character of a life-long process, although some bereaved are able to incorporate the grief as a part of their lives and get relief from the intensity of their grief over time. For bereaved parents, it is crucial to be able to accept the reality of the loss and the resulting grief as a part of their lives and for them to be able to change perspectives and find a way to live on despite their horrendous experience. There is no single solution for how to cope with such a loss, but it is possible to find a way to a new life with the support of one's family, friends, and social network

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Appendix A

Interview guide T4

A. Introductory questions

1. I know that you have lost ... at Utøya. Can you say a little bit about the person you lost and how they are still a part of your life?
2. If you were to highlight one thing you have experienced after losing your child at Utøya that you think is important, what would it be?

B. General functioning—grief and trauma

1. How has the loss of your child affected your life?
2. How does the grief and loss affect your everyday life today?
3. How do thoughts or images from the terror event affect you now?
4. Do you experience feelings of depression or hopelessness?
5. What do you think is your biggest struggle today?

C. The impact of other life events

1. Is there anything that you have experienced previously (before the loss of your child) that you think has contributed to how you have coped with the loss?

D. Coping, support, and professional help

1. What has been the most important thing for you to be able to live on after your loss?
2. What are the most important thing others have done for you?
3. Have you sought help from a psychologist or other professionals after losing your child?
 - Why did you seek help?
 - How did you seek help?
 - How did you experience it?
 - What was the most important part of it?
 - Did you experience any change, and if so what changes?
 - Is there any kind of help that you have missed?
 - If you did not seek help, why?

E. Conclusion

1. Is there anything that we have not covered during the interview that you think is important to talk about?
2. How did you experience the interview?

Appendix B

Interview guide T2

A. Introductory questions

1. I know that you have lost ... at Utøya. Can you say a little bit about the person you lost and how they are still a part of your life?
2. Is there anything in particular that you have struggled with since your loss (fatigue, sleep disturbance, difficulties with concentration, isolation, suicidal ideation, survivors' guilt, risk taking etc.)?

B. The special circumstances surrounding the death and how it impacts the grief

1. When losing a loved one in such a brutal way, it is common to experience intrusive memories, images or flashbacks from the terror event. How has this been for you? Do you have any thoughts on how this might have affected your grief?
2. How have external factors, such as media attention, the trial, the public, etc. affected you and your grief?
3. Have you been to Utøya after 22.07.2011? Have you attended collective gatherings or been there by

yourself? Why/why not? How did you experience going there?

4. How has your family processed the grief after 22.07.2011? Did you have different reactions or needs?
5. How has the loss affected your school or work situation?

C. Help and support

1. Did you receive the professional help that you needed after your loss? How did you experience it?
2. Have you received support from others (social network, peer support etc.)? How did you experience it?
3. What has been the most important help for you and why?
4. Is there anything you would want to be different and why?
5. Do you have any other advice for professionals or your social network?

D. Coping

1. What is the most important thing you have done for yourself to cope with your loss?