

“The bodily experience of those bereaved through
the Grenfell Tower fire: an interpretative
phenomenological analysis”

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Ground Yourself



Why me?

- A person centred therapist
- Working in bereavement
- Interest in the body
- Physical & bodily experience of own bereavement
- Masters dissertation – MSc in Person Centred Psychotherapy and Applications (Metanoia Institute)



Why this?

- Shock at the tragedy – focus on bereaved
- Political and social aspects – injustice (Cooper and Whyte, 2018)
- How the grief of the bereaved might have been embodied (Strelitz et al, 2018)



Background

- **Trauma and the body** (Janet, 1919; Rothschild, 2000; Van de Kolk, 2014;)
- **Physical impacts of bereavement** (BPS, 2017; Horowitz (1986); Lindemann (1944)
- **Impact of major incidents** (Cooper and Whyte, 2018 G  n  reux and Maltais, 2017; Nicosia 200;)
- **PCA and body** (Gendlin, 1996; Rogers, 1964, Schmid, 2013)



Methodology

- **IPA** – interpretative phenomenological analysis
- Emphasises **the unique qualities of a phenomenon** (Smith, Flowers, and Larkin, 2009)
- How people **make sense of their life experiences** (Smith and Osborn, 2008)
- The **lived body** is considered a fundamental dimension of human existence (Merleau-Ponty, 1945/2006)
- “It is in the detail, that the potential for understanding shared humanity rests” (Warnock, 1987)



Participants

- Four participants were interviewed
- All were female, aged between 35 and over
- One was a survivor of the fire
- All lived locally
- Three did not have English as a first language
- They held various relationships to those who died, including friends, relatives, children's schoolmates



Ethical considerations

- **Vulnerability** of bereaved participants and emphasis on **informed consent** (Parkes, 1995)
- Beck and Konnert (2007): almost half of respondents regarded themselves **not in a position to consent** to participating in research soon after a death
- Waited for **one year to pass** before contacting participants
- Contact through **trusted agencies** working with the bereaved



Reflexivity

- Overwhelm
- Bodily responses & own bereavement
- Journaling and supervision



Findings 1. The Expressive Body

Findings 2. Locality & Community

Findings 3. Power & Powerlessness

Findings 4. Body & Self



Findings 1. The Expressive Body

1. Bodily responses to crisis
2. Memory and triggers
3. The inadequacy of words



Bodily responses to crisis

- Impact on appetite
- Muscles – floppiness or tension
- Breath – ‘strangled’
- Vomiting and sickness
- Sleeplessness
- “Zombie mode”



Bodily responses to crisis

“It changes the mood when you see certain things, you change, and then you feel that in your physical body. Your stomach feels it.”

(Participant A)



Memory and triggers

- Prolonged sleeplessness
- Sensitivity to noise
- Bodily re-experiencing with triggers (eg tightness of stomach, nausea, eyelids twitching)
- Loss of memory



Memory and triggers

“Sometimes I can’t sleep when I heard the noise pass, I would basically jump from the bed, I will see what is going on in the street... still we have this scared half-sleep.”

(Participant C)



The inadequacy of words

- Words break down at points during the interviews
- Using bodies to express themselves
- Uncontrollable crying as 'a need'
- Acts take on significance beyond words



The inadequacy of words

“I was scr-crying but screaming at the same time, and I needed to do that, and that went on for a few days, and then I’d sleep and then I’d wake up just howling, and um... Ugh. Phew. I-I-I can’t even, I can’t even explain”

(Participant B)



Findings 2. Locality and community

The body in movement

1. Proximity and locality
2. Withdrawal from physical and other spaces



Proximity and locality

- Physical proximity to the tower has a profound impact
- A sense of community and belonging in nearness
- Also no getting away from it, physically or emotionally
- Movements between 'we' and 'I' – a collective experience



Proximity and locality

“I remember having a need to um, to walk around there. And I had to do that every day.”

(Participant A)

“Every room it’s in front of you, you’re never going to forget, you know, it’s always still there.”

(Participant D)



Withdrawal from physical and other spaces

- Each participant had the need to withdraw in some way
- Either from the physical space...
- Or blocking out the view with curtains...
- Or withdrawal from social contact with other survivors



Withdrawal from physical and other spaces

“I’m in several WhatsApp groups with bereaved family members and survivors [...] and I just had to stop looking in those groups, I just had to.”

(Participant B)



Findings 3. Power & powerlessness

1. Powerlessness
2. Distrust and the battle for control



Powerlessness

- A sense of physical weakness
- Lack of agency – powerless in life
- Physical collapse



Powerlessness

“I [felt] physically weak but also powerless in life in general. [] I honestly felt like – I was going to die. I felt like my life force was really weak.”

(Participant B)



Distrust and the battle for control

- Thought they would be safe in England
- Lack of trust of the authorities and government
- Either 'overcontrolled' or a power vacuum
- Reporting in the press not reflecting reality



Distrust and the battle for control

“That’s the situation where you have no control, where there’s nothing you can do [...] So I was just thinking, why should we put ourselves into situations [where] you have no power, you have no way out.

Participant A



Findings 4. Body and Self

A changing relationship

1. Loss
2. Reconnection



Loss

- Profound disconnection from the body - unreality
- Over-eating – disconnected relationship with food
- Personal grooming neglected
- Loss of future – pointlessness
- Loss of self and identity



Loss

“It’s like my brain is talking to me, look at this, the people what happened to them, between like half an hour look what happened, everything, they lost everything, [] if something happened I’m going to lost everything as well.”

(Participant C)



Reconnection

- Simple routines of care: eating, sleeping, washing, cooking
- Massage
- Sitting in nature
- Running and exercise
- Changing diet
- Living in the now 'only now exists'



Reconnection

“I would just go to a little park and just watch the birds and the trees and the park and just be there in the stillness and quiet, and make myself a sandwich, or go get one from a shop and sit there and eat my lunch, and just allow myself to be at peace. And just those simple things started to feel like I was healing.”

(Participant B)



Discussion

Immediate and intense impact on basic bodily functions, felt in ways unique to individuals

The organism reacting “as an organized whole to [the] phenomenal field” (Rogers, 1951)

Post-traumatic stress as breakdown and “disorganisation of the self-structure”, in which experiences perceived as threatening to the self-structure are not accurately symbolised in awareness – may be subceived bodily (Joseph, 2015)

Body’s role in process of symbolisation & bringing to awareness



Discussion

Collective tragedy & importance of location: Need for 'withdrawal' from collective experience & physical space at times

Dialogue with physical space co-exists with dialogue with trauma experience

Issues of power, trust and control also felt in the body ('weak' & 'powerless')

Reconnection with the body plays a role in recovery, including affect regulation, meeting basic needs and trust in ones' own senses

Small acts of self care; exercise, diet, being in nature,



Implications for Practice

1. Listen to the body – *it is expressive*
2. Take the body seriously – *what is it saying?*
3. Consider location – *where does therapy take place?*
4. Issues of power and trust in the therapy room – *client safety and autonomy*





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Thank You.

Kate Hoyland

