**The Critical Illness Trajectory- a parallel experience for survivors and their relatives**

**Introduction:** The missing voice of the critically ill has been highlighted by Rier (2000). Whilst physiological survival of the critically ill is a driving imperative there is an increasing awareness of the psychological, cognitive and physiological sequelae that may follow survival. Liminality may provide a theoretical lens to view the parallel realities of survivors and family members.

**Method:** Utilising Constructivist Grounded Theory, cycles of constant comparative data have been collected from survivors of critical illness and their relatives. Substantive or formal theory may develop that accounts for data and context variations. IRAS and NHS Trust R&D approval granted.

**Findings**: Analysis of 16 patient and 17 relative interviews is ongoing but emergent focused codes include: (1) Ambiguous Loss (2) Disruption of relationships (3) Dreams and hallucinations (4) Critical junctures (5) Facing mortality. A core category of *parallel realities* may be linked with the concept of liminality.

**Practical relevance:** This study provides a “*medical gaze*” on critical illness rather than chronic illness and may bring new sociological insights to the illness experience. The concept of “*survivorship*” -moving from surviving to thriving is a new imperative in acute health care (Hart 2014)**.**

Hart,N. 2014 Therapeutic and Rehabilitation Strategies in ICU in *The Legacy of Critical Care –Textbook of Post-ICU medicine,* Oxford University Press

Rier, D.A., 2000 The missing voice of the critically ill: a medical sociologist’s first person account. *Sociology of Health & Illness* Vol. 22, No 1, p68-93