THE EXPERIENCE OF PARTNER LOSS
IN OLDER ADULTS - A QUALITATIVE
INVESTIGATION

by

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Abstract

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The experience of partner loss in older adults was explored through a qualitative analysis of seven semi-structured interviews. Interviews were analysed using the grounded theory principles of continuous comparison outlined by Strauss & Corbin (1990), and the broad areas of the Grief Experience, Grief Process, Influences on the Grief Experience, Positive Outcomes, and Reflective Aspects of Grief were developed.

The study showed that the experience of grief and the ways in which people respond to it are widespread and complex. Although no firm conclusions can be drawn about the wider population from such a small sample, the seven interviewees within the study gave reports that suggested that age, position in the life cycle, and the influence of birth-year-defined cohort values influenced their experience of grief and the way in which they set about dealing with it. In addition, findings showed support for the recent theoretical position that a bereavement is experienced as a continuation, rather than a dislocation from, their lives. The pre-death period is important to the meaning of the loss, and an active relationship with the deceased is frequently established which appears functional. The implications of these findings for interventions with the bereaved are discussed.
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Finally, thank you to my Granddad, a source of inspiration: we miss you.
AUTHOR'S DECLARATION

At no time during the registration for the degree of Doctor of Clinical Psychology has the author been registered for any other University award.

The contents of this bound volume are identical to the volume submitted for examination in temporary binding except for the amendments requested at the examination.

This study was conducted while the author was a Trainee Clinical Psychologist in the South and West Region based in Southmead NHS Trust, United Bristol Healthcare Trust, and Frenchay Healthcare Trust.

Susan Bird 29th August 1999.
Within the context of this study, the terms below will be used in the following ways:

Grief - the experiences which result from a bereavement, including symptomatology and the impact on other areas such as identity and role

Bereavement - The name given to the death of someone with personal significance

Mourning - The social rituals and processes of acknowledging a loss
INTRODUCTION

Although a relatively recent phenomena to become the subject of systematic study (Averill and Hunley, 1993; Hogan, Morse & Tason 1996), the impact of bereavement and the subsequent grief process has become a significant area of psychological inquiry over the past century. This section aims to outline the current theory as it pertains to partner loss, reviewing the key assumptions upon which that theory is based. This will be done with reference to the factors which may be an influence in later life. Firstly, the nature of grief and the impact it has upon individuals and systems will be examined. Proposed mediating influences will then be outlined, and a brief overview given of the models which have attempted to make sense of grief phenomena. A discussion of three more recent conceptions of grief will then be given. Finally, specific older adult issues and their potential impact on the experience of grief will be addressed, prior to the presentation of the study rationale.

IMPACT OF BEREAVEMENT

The death of a spouse of widely held to be the most significant loss of later life (Byrne & Raphael, 1994), and the impact of that death can be wide-ranging. The breadth of the impact is outlined in the section below.

SYMPTOMATOLOGY AND SUBJECTIVE EXPERIENCE

The composition of grief has already been largely established through research (Zisook & Shuchter, 1991). Much of the impact of grief stems from the disruption of the bereaved’s cognitive, behavioural and emotional
structures (Averill & Nunley, 1993), with the cognitive impact in particular being increasingly recognised (Maercker, Bonanno, Znoj, & Horowitz, 1998; Maples, 1998). Intrusive thoughts and images, often about the deceased and their lives together, can trouble the person in a way ostensibly similar to Post Traumatic Stress Disorder (Rosenweig, Prigerson, Miller, & Reynolds, 1997). Indeed, the main distinction between the nature of intrusive images and thought in the two syndromes is the possibility of grief-related images being viewed as positive and supportive by the individual (Horacek, 1991). Disbelief and confusion are also common cognitive manifestations of the grief experience, with people often experiencing disordered thought after the death (Worden, 1991). Other symptoms identified with grief reactions include 'searching' for the deceased, yearning, pre-occupation with thoughts of the deceased, crying, disbelief about the death, and lack of acceptance of the death (Middleton, Raphael, Burnett, & Martinek, 1997). Manifestations such as anger, guilt, and denial of the reality of the death have also been identified, and appear to be associated with poorer outcomes (Williams, Gamino, Sewell, Easterling, & Stirman, 1998).

Somatic symptoms have also been identified, although at present their relationship to other grief phenomenology remains unclear (Middleton et al 1997). Increased arousal levels, sleep-disruption, and appetite disturbance for example are often evident (Worden 1991). Research has also suggested that ill-health and mortality increase following a bereavement (Byrne & Raphael, 1997), and Stroebe (1998) highlights the increased likelihood of utilising medical services such as medication. It is reasonable to suggest that the impact of increased physical ill-health may be greater for those already experiencing a general decline in health and functioning.
Some symptoms appear to vary according to age. In their review of the literature Zisook, Shuchter, Sledge, & Mulvihill (1993) suggested that somatic symptoms, anxiety, hallucinations, and social isolation were more prominent in the elderly, whereas other symptoms such as sleep disturbance, medical illness, and guilt were less common. By contrast, levels of anger appear to be higher in younger bereaved (Gililand & Fleming, 1998).

More recently, the similarities between grief and the primary affective disorders of depression and anxiety have been examined (Byrne & Raphael, 1997; Middleton et al, 1997; Prigerson et al, 1996; Worden, 1991). Research suggests that there is considerable overlap with such syndromes, particularly in the first year where depressive symptomatology is concerned (Mendes De Leon, Kasl, & Jacobs, 1994) and with anxiety amongst widowed older adults (Prigerson et al, 1996). Depressive symptoms that appear most often as part of a grief presentation include guilt about the personal role in the death, a high prevalence of thoughts about one's own death, feelings of worthlessness, psychomotor retardation, and functional impairment (Rosenweig, et al, 1997). There is however confusion as to whether these symptoms are part of the grief experience or caused by grief (Rogers & Cowles, 1991). With respect to anxiety symptoms, nervousness, irritability, palpitations, increased awareness of own mortality, and a general fear of living life without the deceased are the primary components (Worden, 1991). More recently it has been suggested that grief is a fusion of symptoms of separation and trauma (Rosenweig et al, 1997). The results of studies which aim to establish links between bereavement and other syndromes remain equivocal however.

Research has also identified symptomatology that appears to characterise pathological grief responses. Survivor guilt, bitterness, envy, auditory
hallucinations, and identificatory phenomena have all been highlighted as potential indicators of dysfunctional grief reactions (Bierhals, Prigerson, Fasiczka, Miller, & Reynolds III, 1996). What should be emphasised however when considering concepts such as 'normal' and 'abnormal' grief is the variety of experienced symptomatology not only between but within subjects, with many people reporting the coexistence of apparently conflicting thoughts, behaviours, and feelings (Lund, Caserta & Dimond, 1993). Indeed, the expediency of searching for commonalities in the grief experience has been questioned, and conceptions of grief have increasingly moved towards a multi-dimensional formulation embracing diversity rather than homogeneity (Hogan et al, 1996). Thoughts, feelings, behaviour, somatic symptoms, spiritual implications, economic changes, and social ramifications have all been suggested as sequelae of grief (Attig 1991; Averill & Nunley, 1993; Levy, Martinkowski & Derby, 1994; Powers & Wampold, 1994; Rosenweig, et al, 1997). In addition, established scripts and modes of social behaviour often have to be adjusted and developed following a bereavement (Maples 1998). As Marris puts it,

"...the whole structure of meaning centred upon [the relationship] disintegrates"

(Marris 1986, pvi). Ways of functioning that have been active for many years in the context of a relationship can be rendered dysfunctional overnight, and continuing to adhere to existing scripts could therefore be a risk-factor for poor adjustment.

IDENTITY

Identity can also be impacted by a bereavement. Families, and partners in particular, represent a primary source of identity (DeGarmo & Kitson, 1996)
over and above work or occupation (Coleman et al, 1998). Our sense of self is fundamentally influenced by our interaction with others (Nerken, 1993), and the spousal relationship is of primary importance to this process. Where the relationship is a long one, as is frequently the case for bereaved older spouses, the impact of losing this primary referent could be greater. Bereaved individuals can feel this most acutely where they habitually turn to their spouse to share something, only to find that they are not there (Nerken, 1993). This issue may be particularly pertinent to older women who, in an age prior to that of equality in the workplace, may have been more defined by their husband than, for example, their careers.

The move from being part of a couple to being single also represents a major identity transition (Saunders, 1981). The construction and consolidation of a new identity is therefore of central importance as a facet of the grief process (DeGarmo & Kitson, 1996; Gilbert, 1996; Lowenstein & Rosen, 1995; Maples 1998), an identity that can reconcile both pre- and post-bereavement selves (Nerken, 1993). People often turn religion or psychology for help with this search (Rosenblatt, 1993). Unfortunately, many people find themselves fundamentally defined by their status as 'bereaved individual' (Averill & Nunley, 1993).

**Role Issues**

Role changes are also often experienced following a bereavement. Many people have to take on tasks and responsibilities with which they are unfamiliar (Weber, Arbuckle, & DeVries, 1995). With older adults, traditional gender roles may increase the impact, where individuals may never have attempted a number of tasks typically seen as the domain of their partner (Billington, Hockey, & Strawbridge, 1998).
For this and other reasons, the role played by the partner is important in understanding the loss. Grief is held to be the worst type of loss largely because it also entails the removal of a fundamental source of support (Rosenblatt, 1993). Nerken (1993), for example, suggests that personality issues that have been held in check by the influence of a partner can become active after a bereavement. For someone who relies on their partner for encouragement, for example, the task of rebuilding life without them may cause greater distress than for someone more self-reliant (Degarmo & Kitson, 1996). The bereaved's role within the family can also change, in order to compensate for the loss of a primary component of the system (Gilbert, 1996). The results of this change can vary depending on the nature of the role that the deceased played. As discussed in more detail later, these changes occur in the context of an existing disruption to role inherent in life-cycle-related changes in old age.

**PROPOSED MEDIATORS**

**INTRODUCTION**

In addition to identifying the symptomatology and impact of a bereavement, a number of factors have been proposed which appear to influence the grief reaction. Sanders (1989) for example proposed that grief reactions were mediated by both internal factors such as age, sex, health, feelings towards the deceased, and personality factors, and external factors including social support, cause of death, socio-economic status, degree of religiosity, and concurrent crises or stresses. For the purposes of this review, the internal / external distinction has been retained but supplemented by an additional, 'systemic' category.
INTERNAL MEDIATORS

PERSONALITY VARIABLES

Personality variables are increasingly held as important influences on the nature and course of grief (Meuser, Davies, & Marwit, 1995), particularly with regard to so-called 'pathological' grief reactions (Rosenweig et al, 1997; Stroebe, Stroebe & Hansson, 1993). High levels of fatalism, low self-esteem, or avoidance have been found to impact on people's available coping resources (Meuser et al, 1995). The same authors also found that high pre-morbid levels of anxiety and emotional instability are associated with chronic grief reactions on the elderly (Meuser et al, 1995).

Locus of control has also been found to influence the way that older people mobilise social support. Lowenstein & Rosen (1995) suggests that those with an internal locus take more control over this process and other coping behaviours, and may adjust better as a result. Conversely, those with an external locus of control reported higher perceived levels of social need (same reference). It should be stressed however that establishing the direction of causation when studying personality variables is extremely problematic (Meuser et al, 1995).

COPING STYLES

GENERAL

As well as personal factors that appear to influence grief in a relatively passive way, there is considerable evidence that the ways in which people actively manage their grief is related to its intensity and duration (Lund et al, 1993). Powers & Wampold (1994) for example found that those who used cognitive-behavioural strategies to combat their grief had better access to social support, although the direction of this relationship was not explicated.
Other coping styles, previously thought to be related to poor adjustment, are now being re-evaluated. Strategies that centre around avoiding exposure to grief triggers, for example, have been implicitly discredited by 'active' conceptions of bereavement that have come to dominate both theory and society (Stroebe, 1992). However, recent research suggests that avoiding triggers may in fact aid adjustment (e.g. Stroebe, 1992), particularly through denial in the early stages of where emotion could otherwise be overwhelming (Zisook & Shuchter, 1991). Indeed, the avoidance of emotional impact of the bereavement appears to be the very function performed by shock, the most consistently-identified symptom of grief (Hogan et al, 1996).

The conclusion is that the most functional way of managing the grief experience is in all likelihood through a combination of avoidance and exposure (Stroebe, 1994). Certainly excesses of either confrontation or avoidance of grief triggers appears problematic (Powers & Wampold 1994).

RELIGION AND SPIRITUALITY

The influence of religious beliefs and spirituality has been examined in a number of studies but has remained inconclusive (Levy et al, 1994). Whilst Powers & Wampold (1994) proposed that religious participation does not have a simplistic influence on the experience of grief, Edmonds & Hooker (1992) suggest otherwise, and Maples (1998) posited that participation in religious communities, and other structured groups, can provide both social and emotional support. For those with religious convictions and attendant beliefs about fairness, however, considerable difficulties may be experienced in finding meaning in the loss (Gilbert, 1997; Williams et al, 1998). On a more specific level, belief in an afterlife may also play a role. Maples (1998) and others have suggested that the personal meaning of
death could serve to mediate subsequent adjustment. For those who believe that their loved one is moving on to a better existence, for example, the death may be viewed very differently form those with no such convictions (Edmonds & Hooker, 1992).

BEREAVEMENT HISTORY

The degree and nature of the person's past experience with death also appears to affect manifestations of grief (Worden, 1991). The first loss is often seen as the worst, as it brings people into contact with issues of mortality which may never have otherwise been addressed (Rosenblatt, 1991). For older people therefore this existential impact may be reduced due to past experiences of death (Ironside, 1996). Weinstein (1998) however suggests that a death will often serve to reactivate the feelings associated with past losses, providing a form of 'composite' grief reaction which could also encompass anticipated future losses (Gililand & Fleming, 1998).

MEANING OF THE LOSS

Lazarus & DeLongis (1983) suggest that the cognitive appraisal of a stressful event such as a bereavement, in conjunction with coping styles and mediated by personality variables, may have a considerable influence on the response to that event. In support of this, Powers & Wampold (1994) posited that those who are able to cognitively organise their grief experience appeared to adjust better to their loss. Conversely, those who fail to ascribe such meaning can experience a greater impact, particularly where anger, denial, inability to comprehend the death, or feelings of personal responsibility for the death are present (Williams et al, 1998).

The ability to identify themes within the bereavement experience and attach
personal meaning to the loss seems particularly important (Williams et al., 1998), as is the ability to differentiate between 'forgetting' the loved one and 'letting go' (Powers & Wampold, 1994). Powers & Wampold found that the bereaved's adjustment was significantly associated with the ability to reflect on the role that the deceased played in their lives, as well as maintaining a reflective stance on the subjective experience of grief itself (also Stroebe, 1993). Doing so allows the transformation of emotion into cognitions which can subsequently be addressed. Stroebe (1993) suggests that we should attend to the thoughts that the bereaved person had about the deceased both before and following the death, in addition to their process of constructing meaning about the world without the deceased. Horacek (1991) also contended that the representation of the relationship held by the bereaved would influence the course of the grief process.

EXTERNAL MEDIATORS

ADDITIONAL STRESSES

The role of additional stresses in exacerbating the grief experience has also been examined, with evidence suggesting that pre-existing or concurrent stresses can flood the bereaved's already stretched resources (Gililand & Fleming, 1998). These stresses could take the form of ongoing mental or physical health problems, or life events such as moving home or concurrent losses (Levy et al., 1994; Powers & Wampold 1994). The bereavement itself may precipitate some of these stresses, making the influences difficult to separate (Worden, 1991).

NATURE OF DEATH

The nature of the death has been one of the most persistently identified mediators of the grief experience, although findings have often proved ambiguous. The length of the illness period prior to the death, for
example, has been identified as a potential risk factor for poor adjustment (Levy et al., 1994). Zisook & Shuchter (1991) found that the nature of the death was significant in influencing the subsequent development of anxiety and depression in the early stages of grief. With reference to older adults, the timeliness of the death (i.e. the degree to which it accords with expectations about life-expectancy and fulfilled potential) has been a proposed mediator. Gililand & Fleming (1998) argue that the death of younger people is experienced more acutely due to the perception that they had yet to fulfil the promise of their lives (also Powers & Wampold, 1994), although this relationship is not unchallenged (Williams et al., 1998). Physical decline is an accepted fact for older people, and the duration of their lives is perceived to have allowed greater fulfilment of potential.

As with many proposed mediators however, conflicting findings have rendered the role of the nature of the death equivocal. Death unexpectedness, for example, has recently been questioned as a risk factor (Rando, 1993). Shock and numbness appear to be present in grief reactions irrespective of the predictability of the death (Tatelbaum, 1980), and both lengthy and sudden deaths have been linked with increased distress (Levy et al., 1994).

**Anticipatory Grief and Caring**

The confusion over the role of the nature of the death is particularly evident within the anticipatory grief hypothesis, which contends that a diagnosis of terminal illness allows people to experience a grief-like reaction during the decline of their relative. Central to this conception is the idea that the role of caregiver prepares the person for widowhood through influencing the meaning ascribed to the death (Wells & Kendig, 1997).

Research evidence is however inconclusive (Gililand & Fleming, 1998).
Findings that former caregivers experience less depression following the bereavement, and that spousal care-giving can in some cases mediate the subsequent meaning of a death, appear to support the anticipatory grief hypothesis. There is also evidence that relatives experience relief when pain and suffering is over for the deceased (Gililand & Fleming, 1998). However, Rando (1988, cited in Gililand & Fleming 1998) suggested that the conflicting tasks of simultaneously letting go and keeping hold of bonds that are inherent in caring for a dying loved one may produce higher levels of anger and emotionality. A greater grief response has also been posited for those who have perceived their loved one to have suffered during the pre-death period (Gililand & Fleming, 1998). Some carers also found life less meaningful, comprehensible, and manageable following the death when compared to bereaved people who had not previously cared for their partner.

Managing a period of physical decline also seems to have an impact on post-bereavement social behaviour. Gililand & Fleming (1998) found that former caregivers tended to seek external activities more during the bereavement, possibly as a form of 'rebound' effect resulting from a significant period of concentrating on family-based matters.

As an adjunct to the role of anticipatory grief, the potentially positive aspects of care-giving should also be mentioned. Evidence suggests that increased self-esteem at having successfully coped with the situation and increased closeness to partner are relatively common (O'Bryant, Straw, & Meddaugh, 1990).

The potential implications of this area of inquiry for older adults, who more than any other age-group will have experiences of nursing dying relatives, are obvious. Indeed, most of the studies of anticipatory grief use samples of people who are managing dementia within the family (Gililand
CLOSURE

A final factor related to the nature of the death is the establishing of closure. Studies have shown that those who are unable to say goodbye to their loved one, and particularly where the death occurs suddenly but from an anticipated illness, appear to have a higher risk of developing symptoms of post-traumatic stress disorder (Middleton et al. 1997). Once again, this mode of death may be more common in older adults should be placed against the background of a longer-term relationship.

IDENTITY-CONFERRING POSSESSIONS

Objects and possessions have been proposed as central to maintaining identity during role transitions such as bereavement (Bosse, Spiro III, & Kressin, 1996). Social change can also be managed to a degree through the continuity provided by objects, something which may be particularly relevant for older adults living in the twentieth century. Objects can also serve as a link to the deceased. Gentry, Baker & Kraft (1995) suggested that objects have the power to

"...preserve the deceased’s personal identity when they know the stories embedded within the objects that remain" (p4).

Such objects could therefore be of importance to the grief process, particularly for older adults where the increased duration of relationship would provide a greater opportunity to invest objects with such attributes.

Apart from individual objects, the home in its entirety can be a source of control, identity, and boundary (Billington et al, 1998). Després (1991)
posited that the home provided ten categories of meaning, including physical security, control, self-expression, and emotional security. Women in particular may see the home as a form of emotional refuge (Somerville, 1997). For older adults, threats to the home following bereavement are not uncommon. Financial imperatives and physical decline are just two factors that can prompt a move, and Worden (1991) warns that the home

"...may represent a whole scrapbook of meaning for the older person. To move from the house may reduce a person's sense of self as well as dilute the tie with the deceased spouse". (p129).

Maintaining a continued presence in the home may therefore be an important mediating factor.

**Socio-cultural and Demographic Factors**

In addition to purely personal qualities, research suggests that the culturally-influenced beliefs and expectations of the bereaved can have an impact on the meaning that they ascribe to the loss (Parry, 1994). In some cultures for example, death is viewed as a release from suffering into a better existence, and therefore something to be celebrated. The social and legal rituals associated with death, such as funerals and other forms of commemoration, can also influence people's grief reactions - indeed, it is largely impossible to reliably separate individual grief reactions from social norms.

Gender differences arising from the cultural fabric of western society may also have an influence. Gililand & Fleming (1998) suggested that symptoms associated with complicated grief (e.g. anger, bitterness over death) increased in males between three and five years following the death, where
women showed significantly lower levels of the same symptoms. Stroebe (1998) reviewed the bereavement literature and concluded that women experience more distress and depression as a result of bereavement, but that this may simply reflect their differential tendency to display such symptoms irrespective of such a loss. For older adults this could be of particular significance, where the more rigid and 'tradition' gender roles associated with their formative years could exacerbate these trends.

**SYSTEMIC MEDIATORS**

**NATURE OF RELATIONSHIP**

The final category of mediator subsumes factors related to the nature of the bereaved's relationship with the deceased and with others. The type of relationship is one of the most consistently-proffered influences on the extent to which grief is felt: spousal relationships are consistently held within the literature to be second only to the death of a child with respect to the impact on the bereaved (Weiss, 1993). The nature of the spousal relationship is also important (Zisook & Shuchter, 1991). In terms of attachment theory, those with insecure attachments to their partner appear more likely to experience pathological grief reactions, particularly where the relationship is typified by compulsive care-giving or defensively separate attachment styles (Rosenweig, et al, 1997). Worden (1991) proposed that strength of attachment, ambivalence, conflict prior to and during the death-period, and the degree to which the deceased contributed to the bereaved's identity are also key areas. Subjective satisfaction with the relationship has also been forwarded as a mediator, with both high-satisfaction and high-conflict levels apparently contributing to poorer outcomes (Levy et al, 1994). In another study, widowed women with very high subjective evaluations of their husbands were found to experience lower levels of distress (Degarmo & Kitson, 1996).
SOCIAL SUPPORT

Although a large number of studies have identified social support as a central mediator of grief, the concept itself is problematic and there is still no satisfactory definition or standardised measure of the construct (Kanacki, Jones, & Galbraith, 1996). There is also considerable variation in findings concerning the nature and extent of the mediating role of support (Stroebe, Stroebe, Abakoumkin & Schut, 1996) and the proposed role and most functional form of support (Lowenstein & Rosen, 1995). Despite this confusion however, the support of others does appear to have a positive effect in many cases. The availability of support that can be called on has been identified as important during the early period of grief (Kanacki et al, 1996), and support also appears to generally mediate the effects of both anxiety and depression (same reference).

The way in which support functions has been debated between the attachment and cognitive paradigms (Stroebe et al, 1996). The former, 'Dual Path Model', argues that losing a partner produces both social loneliness, which can be compensated by social support, and emotional loneliness, which cannot. Cognitive 'buffering' models on the other hand conceptualise bereavement primarily as a stress which takes away some of the person's coping resources through the loss of the other. Social support is held to be potentially able to almost completely alleviate grief as long as the lost resources of the deceased are replaced (Stroebe et al, 1996). Again, little empirical work has been done on this area, and clear conclusions are yet to be drawn. One aspect that has emerged with a degree of consensus has been the distinction between perceived social support and the mere extent of support networks. In other words, people are only supported by the actions of others if they themselves perceive that support as helpful and appropriate (Lowenstein & Rosen, 1995; Stroebe et al 1996). The
ability to make use of social networks, as opposed to merely having them available, has also been stressed (Lowenstein & Rosen, 1995).

Influence of Coping Style on Older Adults

For older adults, coping strategies appear to influence the nature and intensity of grief, although the relationship is not universal (Gallagher-Thompson, Futterman, Thompson, & Peterson, 1993). People with a low sense of purpose in life for example have been found to use more emotionally-based coping strategies, which in turn appear to be linked with increased susceptibility to depression. It could be hypothesised that issues of meaning and purpose are more likely to be experienced in later life, where roles in both work and family are reduced and blurred (see later).

Powers & Wampold (1994) also found that engaging in health-protective behaviours such as exercise and maintaining a good diet and sleep pattern appeared to have a positive impact on adjustment, an important factor where physical health may already be in decline.

Process Models

A number of attempts have been made to synthesise the elements of the grief experience outlined above into a coherent model which can be effectively used to define and intervene with 'pathological' reactions. The most significant of these are outlined below.

Freud (1917) was the first to conceptualise grief in psychological terms, viewing the core process as one of breaking the bond with the deceased and re-investing libidinal energy in another relationship. The cathartic pain of grief was seen as a crucial component of this process (Hogan et al., 1996), whereby the person would call back memories of the deceased in order
to break the bond (Stroebe, 1993). Lindemann (1944) introduced the concept of 'morbid' grief, identifying reactions such as somatic distress, preoccupation with the image of the deceased, guilt, hostility, and the loss of normal behaviour patterns as indicative of dysfunctional adaptation.

Bowlby (1982) applied attachment theory to bereavement, placing grief along the continuum of separation anxiety and viewing it as underpinned by childhood bonding and attachment. To Bowlby, grief represented the malfunctioning of a biologically-necessary process designed to retain closeness to the partner (Stroebe, 1993), an idea expanded slightly by Marris (1974) who suggested that the loss involved could be that of familiarity and existing structure.

Parkes (1972) concentrated on the impact that a bereavement has on the cognitive frameworks of understanding that people utilise in their daily lives. He suggested that people may either attempt to accommodate the death into existing frameworks, or alter frameworks in order to make sense of the death. Worden (1991) moved theories of the grief process towards a more active conceptualisation, replacing the passive 'sufferer' of grief with an active, agentic undertaker of tasks. He proposed that the bereaved must work through the tasks of accepting the reality of the loss, experiencing the pain of grief, adjusting to the environment without the deceased, and, once again, the withdrawal and subsequent reinvestment of relationship energy. This conception was endorsed by Attig (1991), and Nerken (1993) who argued that the implicit analogy of illness and recovery used by many models could lead to feelings of passivity and powerlessness in the face of grief. Re-conceptualising grief as active, they argued, would create models which were both more descriptively accurate and more useful to professionals working with the bereaved.
Finally, the Cognitive Stress Model views a bereavement as a stressful event like any other, albeit a major one which both places demands upon the person whilst simultaneously removing part of their coping resource. The extent to which people will experience grief is seen to depend upon the resources they have at their disposal to deal with this stress (Stroebe et al, 1998), and the way in which they are able to mobilise and access them.

**Implications of Process Models**

The models outlined above have dominated psychological thinking about grief for the best part of the 20th century, but have recently been challenged on the basis of the assumptions and implications embedded within them. To begin with, the models attempt not only to encapsulate the phenomenology of grief, but also its course and duration. Most postulate a series of stages through which the bereaved must pass to an eventual state of restitution (Nerken, 1993). Worden (1991) for example proposed an analogy between the grief process and developmental stages, whereby one must be completed before another can be undertaken. A variety of time-scales have also been proposed for each of these stages (Horacek, 1991; Weber et al, 1995), although these vary widely and have tended to increase in length with successive formulations. Others (e.g. Bierhals et al, 1996) argue that there is no empirical evidence for the existence of stages of grief.

More recently, researchers have concluded that if stages exist they tend to overlap, and can be revisited a number of times during the overall process (Averill & Nunley 1993; Bierhals et al, 1996). Schuchter & Zisook (1993) proposed three broad phases of grief: an initial phase of shock, disbelief and denial, followed by 'acute' mourning characterised by somatic and emotional disturbance and social withdrawal, and a Restitution phase where
the person is aware that grieving is complete and they can move on. These phases overlap and do not imply a linear progression.

**Complicated Grief**

One of the primary outcomes of suggesting a pattern for a 'normal' grief progression is that implicit judgements are made about what is 'abnormal'. Those who grieve longer, more intensely, with unusual symptomatology, or out of step with expected stage progression are in danger of being labelled as experiencing 'unresolved', 'atypical', or 'morbid' grief. In relation to the Grief Work hypothesis, the 'correct' way to experience and approach grief has also been defined, although the evidence for its efficacy is mixed (Prigerson et al, 1996; Stroebe 1992).

It is however increasingly clear that the composition of 'normal' grief is far from an established consensus (Middleton et al, 1997; Rodgers & Cowles, 1991). A more general conceptual confusion about the nature of grief also exists. Bowlby (1981) viewed grief as an adaptational response to loss, where others (e.g. Parkes, Lindemann) have described grief as a syndrome. Both conceptions have been questioned, and attempts at syndrome-definition in particular founder on the issues of symptomatology and duration (Rodgers & Cowles, 1991). The overlap with other psychological syndromes such as anxiety, depression and PTSD have already been highlighted (Middleton et al, 1993; Worden, 1991).

There is also confusion over the very terms grief and bereavement, which have often been used interchangeably and in conjunction with other labels such as mourning. In their review of the use of the grief concept in psychological research, Rodgers & Cowles (1991) argue that this confusion has significantly impacted on our ability to understand the grief
experiences of individuals. This is particularly true where researchers use frequently interchangeable labels such as complicated, abnormal, unresolved, or chronic grief (Middleton et al., 1993), and present results without a clear conceptual grounding.

NEW THEORIES

STROEBE DUAL PROCESS MODEL

As a result of the issues outlined above, new theoretical conceptions have emerged over the past few years. Margaret Stroebe (1992) for example challenged Worden's grief work model, instead proposing a 'dual-process' model which attempts to resolve the disparity between actively attending to the loss and the apparently efficacious effects of avoidant behaviours and coping styles. She proposed two distinct but linked processes. The first, the 'Loss Oriented' process, largely conforms to the grief work model (Worden, 1991): people actively attend to their grief, dwelling on memories of the loved one, crying, imagining how the person would react in certain situations etc. The second process, referred to as the 'Restoration-Oriented', concentrates on the ways in which people adjust to their loss. Taking on new activities, avoiding the impact of grief, forging new roles and identities are seen as central to the process of restoration. Stroebe proposes that people oscillate between the two processes on an almost constant basis, although some people may utilise one aspect more than another. Stroebe also suggested that the two processes broadly accord with known differences between the grief responses of the different genders, with women being generally loss-oriented and men more restoration-oriented (Stroebe, 1998).

CONTINUING BONDS

Although the dual process model addressed some of the controversies
surrounding bereavement theory, it retains the emphasis on disengaging from the deceased as the goal of healthy adaptation which has dominated the field since Freud's initial conception (Horacek 1991; Marwit & Klass, 1995; Weinstein, 1998; Williams et al, 1998). Attempting to maintain a bond has therefore come to be viewed as pathological and a contra-indication for successful adjustment (DeGarmo & Kitson, 1996; Klass, Silverman & Nickman, 1996; Williams et al 1998). More recently however this thinking has changed, and renewed interest has been directed towards the functional role played by continuing relationship. Silverman & Klass (1996) conceptualised the grief process as one of re-evaluating and changing the nature of the bonds that one had with the loved one, rather than relinquishing them. Finding a functional continuing bond would be a successful outcome of this process, and in an inversion of past thinking Marwit & Klass (1995) suggest that it could be the failure to successfully internalise the deceased that negatively influence adjustment.

The nature of the continuing bond is presented as diverse, encompassing forms such as identification, a sense of the deceased's 'presence', or an enduring orientation to the known values and beliefs of the deceased (Marwit & Klass, 1995; Coleman et al, 1998; Maples, 1998; Weinstein, 1998). Other behaviours such as visiting the grave of the deceased have been re-conceptualised within the bonds literature (Weinstein, 1998).

Shafer (1976) highlighted the tendency of many bereaved individuals to maintain a connection through identifying with the deceased's characteristics, and even coming to resemble them in certain ways. Although such identification is typically seen within the psychodynamic paradigm as a precursor to breaking the bond, Engel saw the final stage of grief as the creation of a complete internal representation of the deceased as early as 1964. To Marwit & Klass,
"It appears reasonable to think of active inner representations of the deceased as playing important functions in the post-grief lives of survivors" (Marwit & Klass, 1998).

Fairbairn (1952) defined inner representations of the deceased as comprising a) aspects of self that are identified with the deceased, b) characterisations of thematic memories of the deceased, and c) emotional states connected with a) and b). Marwit & Klass (1998) found that the deceased continued to exert an influence on the bereaved through the provision of role models, specific 'guidance' in certain situations, and the clarification of values (also Weinstein, 1998). This form of continuing relationship was often manifested through a form of 'internal dialogue' whereby the person could 'discuss' issues with their loved one. As mentioned earlier, even manifestations previously seen as problematic such as visual and tactile sensory phenomena have recently been re-conceptualised as a potentially comforting link (Maples, 1998).

Walter (1997) suggest that a continuing relationship may even evolve over time in the same way as an 'in-the-world' relationship. Processes by which we develop our relationships when alive, such as talking to our partner, may therefore serve a similar function when one person is dead. Maples (1998) quotes figures suggesting that up to 15% of all widowed people talk to their dead partner, and that to many this was central to a personal or spiritual belief system.

Even the feelings of grief themselves could become a replacement for the person (Ironside, 1996) whilst others suggest that family continuity can be achieved through living according to the known wishes of the deceased (Coleman et al, 1998).
NEW RELATIONSHIPS

The formation of new relationships may be influenced by the establishment of a continuing relationship. The literature addressing this issue with older adults is relatively sparse, despite evidence that sexual activity and desire for companionship often remain active in later life (Talbott, 1998). The research has also largely failed to take cohort issues into account, focusing exclusively on the impact of chronological age in preference to values and social mores (Talbott, 1998). In general however, it appears that younger people find entering new relationships easier than the elderly, often perhaps simply to the duration of the relationship and the subsequent barriers to conceiving life with someone else (Maples, 1998). This pattern appears to differ along gender lines, whereby males are more willing to consider new relationships than women (Maples, 1998). This pattern may also be influenced however by the strength and role of a continued relationship with the deceased. However, research also suggests that older widows who talked to their dead husbands were more likely to form new relationships (Stroebe et al, 1993). This may be because they were able to 'explain' the situation to the deceased through continued dialogue.

GROUNDED THEORY MODEL

One final attempt to re-conceptualise the grief experience was presented by Hogan et al (1996), who used a grounded theory approach (Strauss & Corbin 1990) with people who had lost relatives to long-term physical illness. This model will be outlined not only because of its findings but also because of its methodological similarity to the present study.

In place of stages of grief characterised by primary symptomatology, Hogan et al formulated a model based on key events and tasks. They also looked
at the period between diagnosis and death, which had previously been viewed more within the anticipatory grief. As a result, a whole range of experiences such as shock and numbness on receiving the diagnosis, negotiating and monitoring treatments, fluctuations of hope and despair, and an eventual acceptance of the inevitable and awareness of the suffering of the relative, were made explicit.

With regard to the post-bereavement period, Hogan et al found similar initial reactions to receiving the news of the loss as traditional stage models. Shock, numbness, and disbelief appeared to provide a protective buffer to the reality of the loss at a time when practical consideration such as funeral arrangements had to be made. They differentiated between levels of 'knowing' about the reality of the death, from cognitive awareness to a deeper emotional realisation. Feelings of suffering, longing and yearning followed, triggered by reminders of the deceased. Loss of meaning could often result from the relinquishing of shared hopes and dreams. A period of 'making sense' and facing the reality of the death followed, with the bereaved aiming to take each day as it comes. Support was often sought for comfort and validation: the deceased can also be 'kept alive' through talking about them or wearing significant items of clothing or jewellery. Social occasions, holidays etc. provide painful reminders of the loss. Finally the person begins to emerge from their suffering, with hope for the future increasing. This process continues as humour and feelings of happiness and enjoyment gradually return.

The final aspect of the model suggests that personal growth can result from the experience of bereavement. Some people experience an increasing in their capacity to care for others, and families may grow closer. The model also stresses that whilst phases are involved, these are often experienced cyclically and are not intended to be viewed in a linear manner.
Although the newer conceptions of grief outlined above have served to highlight new areas, their applicability to older adults in particular has yet to be established. Indeed, much of the work looking at older adult bereavement has concentrated on identifying symptomatology and variations in course, and touches only briefly on some of the more general challenges of later life which may influence the way that grief is experienced. Although some of these factors have been touched on already, the core issues of later life are outlined below.

**Functional Decline**

One of the central issues that must be considered is functional decline in old age. Having retired from working life, older people are faced with the prospect of illness, death (Bosse et al., 1996) and possible institutionalisation (Weber et al., 1995). This functional decline is essentially inevitable, and maintaining independence can therefore become a primary concern (Coleman et al., 1998; Williams, 1986). Without a partner this could be much harder to achieve. Identity may also be at risk where physical decline is coupled with other changes such as role-loss and bereavement (Gentry et al., 1995), for example where physical prowess is particularly germane to the person's self concept. Self-efficacy can also suffer where physical viability is compromised (Holding, 1981).

In addition, a natural sequelae of functional decline and a bereavement is often a heightened sense of one's own mortality (Byrne & Raphael, 1997). Death within their peer group, and particularly the death of a partner, has direct personal implications (Ironside, 1996).
**Duration of Relationship**

Although also perhaps influenced by cohort values, the duration of a relationship prior to death is typically longer for older people who have had more time to spend with their partner. The longer the relationship, the greater the potential for memories and roles to become intertwined (Arbuckle & DeVries, 1995; Worden, 1991). This may be a factor in why older people find it harder to form new relationships, whereby attachments develop over time and it becomes harder to even conceive of finding another partner.

Age may also play a part in determining the degree to which people 'resolve' their grief. In their review of the grief-course in older adults, Lund et al (1993) posit that time itself seems to be one of the best indicators of adjustment - time which older people, with physical deterioration, often do not have. Meuser et al (1995) suggested that the competing demands on many older adults' resources could make resolution unrealistic, and that simply coping with the demands of the bereavement may be a more realistic option.

**Experience**

A further aspect that demands attention is the extent of older people's past experiences. Coleman (1989) argued that, from the life-span perspective, one had to understand people's pasts if we are to understand their reactions to things in the present. Past experience of loss for example will have an impact on how the death is managed (Zisook & Shuchter, 1991; Gentry et al, 1995). Indeed, bereavement is only one of the losses of old age in the context of physical and cognitive deterioration, and changing roles within the family (Kanacki et al, 1996; Worden, 1991). Losses from the past and, indeed, anticipated future losses, can be re-activated by current ones, although they can also be viewed as "repeated
rehearsals" for partner loss (Zisook et al., 1993).

In addition, those who have experienced prior deaths are not facing mortality issues for the first time (Rosenblatt, 1993), and may therefore be affected differently. Ironside (1996) suggests that "Older people may feel more resigned about death... because they may have suffered so many more bereavements than a younger person" (P89).

**ELDERLY FACILITIES**

Although older adults are facing physical decline, they may have more support from official quarters through existing facilities set up for people in their age group (Zisook et al., 1993). This can be useful in the context of a bereavement where informal networks become limited through death and reduced family contact (Worden, 1991). Differential mortality rates in men and women can mean that company tends to be single sex in such groups however, something seen as negative by many older widows (Talbott, 1998).

**LIFE CYCLE**

**REMINISCENCE**

Another important aspect of ageing is the person's position in the life cycle, in terms of both developmental changes and those that result from socially-prescribed role changes such as retirement (Knight, 1995). Most theorists hold that there is no biological task in old age, but other tasks have been proposed (Coleman, 1989). Jung for example (cited in Coleman, 1989) saw old age as a period for spiritual searching, where others have suggested that developing a fair legacy for the family is important (Eisenhandler, 1992). Probably the most commonly proposed task however is the formation of a coherent identity through reminiscence and life review.
Coleman (1989) suggests that reminiscence can serve to maintain identity and self-worth in the face of the multiple losses that old age typically incurs. He highlights the importance of memory and reminiscence to the construction of identity when he says that

"The significance of people and events, movements and philosophy can rarely be appreciated at the time, but only in the context of a retrospective view" (Coleman 1989, p3).

Reminiscence can be aided by photographs and objects, often especially chosen for the positive memories and connotations they denote (Gentry et al, 1995). These objects can help in developing a coherent, holistic story of the person's life against the background of physical decline, role change, and thoughts of personal mortality (Silver, 1996). In addition, they can providing a way of communicating the past and continuing identity into the future in the form of a legacy (Gentry et al, 1995).

ROLE AND SOCIAL CHANGE
The need to attend to the nature of the later stages of life has in many ways been increased as a result of demographic and social changes (Byrne & Raphael, 1997; Coleman et al, 1998). Increased life expectancy in western societies, coupled with a general reduction in older adults' input to their families, has led to an attenuated period within a 'roleless role' (Eisenhandler, 1992). The challenge of maintaining identity over this extended life-period would be great under any circumstances: the implications of also losing one's primary referent through death are potentially far-reaching, particularly against a background of general loss of companionship within their peer group (Lowenstein & Rosen, 1995). People can also find that the positive effects of maturation are
effectively undermined by the pace of social change (Knight, 1995).

Arbuckle & DeVries (1995) point to the reduction of social opportunity available to older people as a complicating factor in adjusting to the new single role into which they are thrust. This is often against a backdrop of reduced financial resources and the need to cope with any number of small changes in everyday living. Roles within the family also change as people age. Parents may find that if they do not visit their adult children they will not see them (Eisenhandler, 1992), and social isolation after a death appears to be significantly more common for older adults than for the young (Gililand & Fleming, 1998). For widowed older adults, living alone can prove a significant problem. Porter (1994) found that people institute four primary strategies to address these difficulties. With regard to support, people 'redesign' the nature of companionship, with family members such as grandchildren filling some of the space vacated by the deceased. Secondly, people use internal monitoring of their own performance on tasks. Thirdly, risks around the home are reduced where possible, and finally people learn to pace themselves and preserve their health. For many however, physical decline may necessitate relocation to a specialist environment such as a nursing home or supported housing, further increasing isolation (Knight, 1995).

One of the primary effects of this isolation in the elderly is loneliness, although its role in grief has generally lacked systematic study (Byrne & Raphael, 1997). There is however little doubt that older people experience loneliness more than the young (Byrne & Raphael, 1997), and that for older people it is both the biggest single problem (Lund et al, 1993) and the most frequent and persistent general bereavement phenomenon they will experience (Grimby 1993, cited in Byrne & Raphael, 1997). The exact nature and impact of loneliness remains unclear however, although it appears that
the effects may be greatest where the person’s everyday existence has been closely linked to that of their partner (Arbuckle & DeVries, 1995). Evidence suggests that loneliness is not ameliorated through the mere presence of others (Lund et al, 1993), findings which are supportive of the dual path model outlined earlier (Stroebe, 1998).

On the positive side however a number of concurrent stresses known to exacerbate grief reactions, such as child care and employment, are largely absent in later life (Zisook et al, 1993). Older adults also appear to perceive themselves as dealing with bereavement better than younger people (Zisook et al, 1993), possibly due in part to the timeliness of the death.

**COHORT ISSUES**

The final major area of research looking at older adults concerns the influence of cohort membership. Differences between the nature of different generational groupings are seen to arise from

"membership of a birth year defined group that is socialised into certain beliefs, attitudes and personality dimensions that will stay constant as it ages and which distinguish that cohort from those born earlier or later" (Knight, 1995)

Such factors may be particularly active for the current generation of older adults, with the pace of social change in the 20th century effectively meaning that they were born into differing social and historical worlds (Coleman, 1989). Social expectations which have been developed in the context of the predominant values of the day may therefore be anachronistic (Lapota, 1993). Coleman et al (1998) looked at older adults' perceptions of their lives and found that a significant number experienced a sense of
dislocation from society resulting from the rapid pace of social change in the 20th Century. Given that this change was often perceived as negative, it appears that a large number of older adults feel adrift from a dominant social outlook of which they do not approve. In addition, older adults are now viewed in a negative light (Hoyer, 1998) where once they were valued within society as a source of knowledge and experience (Coleman et al, 1998).

If we accept that different cohorts can effectively represent different cultural outlooks and expectations, the implications are clear for psychological theory. In effect, the very definition of what is 'normal' changes, akin to a cross-cultural perspective (Rosenblatt, 1991). Generalisations can therefore be unwise, and experiences such as grief which are greatly influenced by social mores may be particularly susceptible to these differences (Stroebe et al, 1993; Williams et al, 1998). With respect to grief, modern expectations are that the process will remain essentially a private one, with traditional social rituals declining (Elias, 1985). This view is supported by Ironside (1996), who also points out that reducing the scale of rituals and commemorations also removes the distraction provided by involvement in practical arrangements. For older people, these changes represent a significant move away from the death rituals etc. of their childhood. The result of this is that some theorists are suggesting a need to re-evaluate dominant paradigms in the light of social change (Stroebe, 1994).
OTHER COHORT FACTORS

Attitudes towards new relationships and remarriage have been proposed as an example of cohort value shift, although this is a relatively new area of study. Talbott (1998) found that women who had been married only once prior to a loss in old age were less likely to consider remarriage, possibly due to prevailing religious or moral beliefs about having a single life partner. Gender issues may also interact with cohort membership. Older women appear to experience lower self-efficacy following conjugal bereavement than men, possibly due to their socialisation into traditional gender roles characterised by greater passivity and acceptance.

RATIONALE

The issues outlined above provide a number of aspects which inform the rationale for the current study. Firstly, the general area of bereavement research is in a state of flux and change. Long-standing theoretical models and assumptions are being challenged, not only with regard to their content but also the implications they have for clinical interventions. Stroebe (1994) argues that there are a number of areas of the grief process about which we empirically know very little, and others which we only believe we understand. The grief work model for example, which has underpinned much of the clinical work with people suffering from bereavement, has come under attack (Stroebe, 1992), and models built upon stages have been subject to criticism (Shuchter & Zisook, 1993).

In response to what could be seen as a growing paradigm crisis in the field, a number of people have advocated research returning to the basic accounts of people experiencing grief (Edmonds & Hooker, 1992). In their review of classical and contemporary grief research, Rodgers & Cowles argue that...
"...progress...requires continuing attention to the subjective experiences reported by affected individuals... any attempt to identify norms for grief, or the 'boundaries' of a typical or 'healthy' response, must be derived from the reported experiences of such individuals" (Rodgers and Cowles, 1991, pp455).

Rosenblatt (1993) draws on systemic and social-interactionist theory to suggest that grief must be understood within the social context of the bereaved person, an aim which would lend itself to a phenomenological approach. The growing emphasis on examining the continuing bonds between the bereaved and deceased has also developed largely through the use of qualitative methodologies which aim to map the factors perceived as important to the person themselves (Klass et al, 1996). Levy et al (1994) for example stressed the need to explicate the views of the bereaved regarding what constitutes adaptation for them, rather than applying general, overarching principles.

In addition to the general rationale for returning to basics in the area of grief research, there are more specific reasons for looking at the experiences of older adults within a qualitative model. To begin with, much of the bereavement work has concentrated on younger people, even though bereavement is most common in the elderly. If we accept the growing view that social change and other socio-cultural factors can render the worlds of different age-groups different, the implications of applying theory developed with one group to another is clear. This tendency to concentrate on younger people reflects perhaps a more widespread tendency to disenfranchise grief in older age due to perceived timeliness of the death and, possibly, a more general ageism.

Secondly, there is often little connection made between the overall nature
of life in old age and the experience of bereavement. It seems logical to conclude that people will respond to such an event in the light of their social situation and the frameworks around them, yet a review of the literature has suggested that such links are often made in a partial manner and are rarely viewed as central to the research. By looking at the specific experiences of older widower/ers, this research aims to contribute to a greater understanding of the nature of grief and bereavement in the older adult population. By doing this it is hoped that the relative impact of the factors discussed above, as well as those not currently considered in the grief literature, will become clearer.

The research questions underpinning the study are of varying degrees of specificity, although they are all exploratory in nature, and are as follows:

1. How did people over 65 subjectively perceive the experience of grief?
2. What active factors in the grief experience and process were specific to, or characteristic of, the older adult population?
3. What factors were viewed as important in moderating and mediating their experience?
4. How did they go about dealing with their grief?
5. How did people perceive their age in terms of its impact on their grief?
6. How would older adults view the bereavement within the context of their past and future life?
7. How would the responses to the above questions fit in with existing theory?

It was felt that a qualitative approach would be best suited to addressing such exploratory questions, and Grounded Theory (Strauss and Corbin, 1990) was chosen due to its rigorous procedures and established role within
social inquiry. Further details of the methodology are provided below.
Methodology

Overview of Design

The research broadly followed a Grounded Theory design (e.g. Strauss & Corbin 1990) and was based on semi-structured interviews concentrating on grief as experienced by the individual. The sample size of seven interviewees was not selected according to any specific sampling strategy.

Ethical Approval

A research proposal was submitted to the University of Plymouth Clinical Psychology Training Course for initial scrutiny regarding workability and ethical status. Following the approval of the course, an application was made to the ethics committee of Southmead (NHS) Trust in order to obtain approval for use of health service locations for interviewing (Appendix One). Minor changes were made to the wording of the Information Sheet (Appendix Three) in response to preliminary comments from the committee, and the project was subsequently passed without alteration. Any changes to the research design and procedure were monitored by the course team.

Description of Participants

Due to the qualitative nature of the study, a small sample size was seen as sufficient. Following the guidelines developed by Turpin et al (1997), a sample of seven interviewees was chosen as offering sufficient breadth of reported experience whilst maintaining manageability within the resource confines of the study.
The referral criteria for the study, as outlined within the recruitment literature, were as follows:

- Aged over 65
- Male or female
- Bereavement between two and six years ago
- No acute or debilitating effects of bereavement at time of interview (i.e. acute distress)
- No significant psychopathology (e.g. clinical depression, psychotic illness) that may impede interview progress

The age range was chosen to reflect the cut-off point used by both health and social services and other studies to define an 'older adult' population. Interviews were to be conducted within six years of the bereavement to maximise recall, whilst the stipulation of a minimum elapsed time aimed to avoid extreme distress both during and after the interview. A caveat was added to ensure that people still experiencing acute grief after six years were excluded from the study for the same reasons. People with an active but unrelated psychopathology were also excluded, both to facilitate the interview process and to filter out potentially confounding variables.

**SAMPLE COMPOSITION**

The final interview sample is outlined in the table overleaf. Due to the response bias inherent in studies relying upon volunteers, all seven interviewees were resident in either villages or small towns. No responses were received from city-dwellers.
**Table 1 - Demographic Characteristics of Interview Sample**

<table>
<thead>
<tr>
<th>INTERVIEWEE</th>
<th>Age</th>
<th>Gender</th>
<th>Years of Marriage</th>
<th>Time from Bereavement</th>
<th>Location</th>
</tr>
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<td>M</td>
<td>58 yrs</td>
<td>18 Months</td>
<td>Town</td>
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<td>F</td>
<td>45 yrs</td>
<td>3 yrs</td>
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<td>Village</td>
</tr>
<tr>
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<td>82</td>
<td>M</td>
<td>31 yrs</td>
<td>3 yrs</td>
<td>Village</td>
</tr>
<tr>
<td>Philip</td>
<td>81</td>
<td>M</td>
<td>56 yrs</td>
<td>3 yrs</td>
<td>Town</td>
</tr>
<tr>
<td>Catherine</td>
<td>79</td>
<td>F</td>
<td>53 yrs</td>
<td>4% yrs</td>
<td>Town</td>
</tr>
<tr>
<td>Beryl</td>
<td>85</td>
<td>F</td>
<td>58 yrs</td>
<td>2 yrs</td>
<td>Village</td>
</tr>
<tr>
<td>Mean</td>
<td>79.7</td>
<td></td>
<td>50 yrs</td>
<td>3 yrs</td>
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**PEN PICTURES**

A brief summary of each participant and the background to their bereavement is given below.

**INTERVIEWEE 1 - LEN**

Len lost his wife suddenly after 58 years together 18 months prior to the interview, during a family holiday. At the time of the interview his grief was still very ‘raw’, and there was a strong emotional charge to his account.

Prior to her death, Len’s wife Alice had undergone a hip replacement operation and was substantially dependent upon him on an everyday basis. This period seemed to encapsulate the general nature of their relationship, which was characterised by sharing and mutual support. Len’s account was primarily characterised by acutely feeling the absence of Alice, and by the support he obtained from other bereaved and from his neighbours. Memories of Alice were extremely strong, possibly due to the proximity of the death, and his sense of loss was marked. The account was punctuated by tears throughout, particularly where strong or poignant memories were discussed. Len had no clear ideas regarding an afterlife, although he drew a little comfort from his single ‘paranormal’ experience. Most of all, Len wanted...
to free himself from his life which, he perceived, was of limited value and provided him with minimal enjoyment or satisfaction. He had no desire to form new relationships.

INTERVIEWEE 2 - ETHEL

Ethel's husband died suddenly following a period of apparent recovery from long-term coronary and oncological problems. Ethel had been a nurse, and had been in contact with medical problems and death for her entire working life. Her primary form of 'contact' with her husband was an audio-tape that he had made some months before his death which expressed his views about the relationship, providing her with re-assurance that he had never been unfaithful to her, and stated that he had no regrets about their relationship. This tape had become her most precious item, and served to redress the relative lack of emotional expression from her husband whilst he had been alive. Unlike Len, Ethel still found life enjoyable. She was involved in the local church and an agricultural society, and had a number of hobbies including knitting.

INTERVIEWEE 3 - MABEL

Mabel was a 80 year-old woman who had lost her husband suddenly four years prior to the interview. She had lived in the same village for her entire life, and was sharing the family home with her two learning-disabled sons. For Mabel, the defining factor in her grief response was the fact that she had been married and widowed once before, and she felt that her first relationship was more characterised by 'love' than the second. Her situation was atypical of most older adults in that she had her two adult sons living at home. This served to alleviate some of the practical difficulties around tasks previously carried out by her husband, as well as providing a shared income.
INTERVIEWEE 4 - JEREMY

Jeremy was a 82 year old man living alone in a small village, who had lost his wife three years prior to the interview. Like Mabel, Jeremy was grieving the loss of his second spouse. He too perceived the feelings associated with each loss as being very different, and again a greater 'romantic' attachment to his first wife was evident. The majority of his account dealt with the practical and social implications of the bereavement rather than the emotional impact. He characterised his emotional style as 'English stiff upper lip!', and maintained that he had no real emotional reaction to the death other than a sense of loneliness. Unlike the other six subjects, Jeremy did not rule out the possibility of establishing a new relationship. He did however suggest that the opportunities for finding another partner were so reduced by both his geographical location and social situation that it was effectively ruled out.

INTERVIEWEE 5 - PHILIP

Philip had lost his wife of 56 years three years prior to the interview, at the age of 81. He and his wife had both been active spiritualists, and had firm beliefs about the existence of an afterlife and the inevitability that they would be re-united within it. All aspects of the grief experience, as covered in the interview, were coloured by these beliefs. Philip's feelings and philosophy regarding the death were probably the most distinctive in that, apart from occasional periods of low mood which he attributed primarily to tiredness and ill-health, he was almost entirely positive about his bereavement. Indeed, the death was viewed as both a release from the pain and suffering of one life and the beginning of an infinitely superior new one. This single belief transformed the bereaved's frame of reference, so that waiting for his own death was seen as
anticipating re-union in contrast to, for example, interviewee one's desire for death in the light of a purposeless existence. Philip suffered with ill-health himself and had significantly restricted mobility.

INTERVIEWEE SIX - CATHERINE

Catherine lived on her own in a small village which she and her husband had moved to six years previously, after having moved around the country frequently during their adult lives. She and her husband had worked together for most of their marriage, she as a nurse and he as a pharmacist. She felt that this had made them especially close. In the later years of their marriage Catherine had cared for her husband at home, with nursing support, as he suffered from a respiratory and cardiac problems.

Although four years had elapsed since the death, Catherine felt that there had been little change in the intensity of her feelings. She was very emotional at times during the interview, and expressed similar views to Len about the meaning of life without her husband.

INTERVIEWEE SEVEN - BERYL

Beryl lost her husband two years prior to the interview, as a result of Alzheimer's Disease. She reported that most of her 'grieving' had been done prior to the actual death, which she experienced as a relief for her husband. She still experienced feelings of loneliness however, and made efforts to remain as engaged in social activities as possible. Her family lived nearby and provided support.

More than any other interviewee, Beryl had taken the opportunity afforded by the death to establish a new lifestyle. She had moved house immediately prior to the death and had decorated it to her tastes. She had also bought
new clothes which she felt represented her optimism and enthusiasm for life.

MEASURES

Data was collected through a semi-structured interview based on a schedule developed from theory and subsequently expanded in the light of interviewee reports (Appendix Six).

SETTINGS

Settings were made available within Southmead NHS trust. In the event, all subjects chose to be interviewed in their own homes.

PROCEDURE

RECRUITMENT

Recruitment for the study was achieved partially through the older adults specialty within Southmead (NHS) Trust, and partly through a letter sent to local newspapers calling for volunteers (Appendix Two). In the first case, the referral criteria (Appendix Five) and information sheets were provided to professionals working within the specialty, who identified and approached possible respondents. Those who were interested then made contact with the researcher in order to obtain further information, and subsequently decided whether or not to participate. Newspaper recruitment followed a similar process, although contact was made directly by interested parties. Interviews were arranged at a time and place convenient to the subject.

No specific sampling strategy was used, and the first seven respondents who met the criteria outlined above were recruited for interviewing. Once the
specified interview sample had been achieved, subsequent respondents were asked if they would be prepared to provide a written record of their experiences. Everyone agreed to this, providing a written sample size of seven. These reports were subsequently used in the initial stages of analysis but were excluded from the final structure.

In addition, three people failed to meet the criteria set out for recruitment.

**Development of Interview Schedule**

The initial draft of the semi-structured interview schedule was developed from both specific bereavement literature and more general work looking at older adults. Subsequent drafts were based on the initial schedule but were augmented through attending to emerging themes and emphases within interviews (Strauss & Corbin, 1990). In this way it was hoped that the study would remain data driven and avoid the pursuit of predetermined theoretical constructs. Primary areas of change included a greater emphasis on the continuing relationship with the deceased and the ways in which the person would have responded to their loss had they been younger.

**Pilot Interview**

In order to test the suitability of the interview schedule and establish approximate timings and additional areas of interest, an initial pilot was conducted. The interviewee, Len, was technically ineligible for the study as his bereavement had occurred just 18 months prior to providing his account. However, the information gathered was richly detailed and touched upon areas, both new and foreseen, that appeared to have significance for the study. As a result, the data from the pilot interview was subsequently included in the analysis.
THE INTERVIEW
All interviews were taped in full and took around three hours on average, including an introductory period allocated to the information sheet, consent form, and interviewee's questions. The nature of the interviews (and consequently their duration) depended largely on the characteristics and preferences of the participant. The frequency and specificity of questioning varied considerably, as did the time spent on particular areas of inquiry. In general however the interviewer aimed to follow the priorities of the subject throughout.

TRANSCRIPTION
Interviews one to five were transcribed using voice recognition software. As the study aimed to analyse the content rather than the structure of the account, no special notation was applied other than noting basic descriptive features (overt emotional reaction, breaks in recording, important physical movement and gestures etc.). All transcripts were checked against the original tape recording. Once these steps had been taken, interviews were imported to the NUD*IST computer package for analysis.

Due to time constraints, interviews six and seven were not transcribed. Instead, the original audio recordings were consulted during the analysis to locate instance of new and existing codes.

ANALYSIS
Analysis broadly followed the guidelines proposed by Strauss & Corbin (1990). Interviews were re-read a number of times, and an initial period of detailed note-taking was undertaken. Comments, observations and questions were posed about aspects of the data, provisional links with
existing theory were made, and possible category names noted. This process was undertaken for the first three interviews, after which the notes were formalised and category names and definitions were entered into the software. Interviews four and five were coded using these category names, and new codes were added when they arose. The first three interviews were re-coded based on the category names generated. Finally, interviews six and seven were coded through listening to the audio tapes and a) recording the instances in which a category was referred to, b) adding any new codes to the coding structure. The data provided by letter was used to inform the initial note-taking phase, but is not presented in the results due to they possible confounding factor of method of collection.

In accordance with the principles of constant comparison upon which Grounded Theory is based, a period of consolidation was undertaken whereby codes were amalgamated, split, or renamed to increase the 'fit' with the data. A hierarchical structure was developed through the grouping of conceptually-similar categories to produce larger themes and areas. These larger categories were themselves subjected to a process of revision, during which time the base data was constantly consulted. The final typologies are outlined graphically within the Appendix Twelve. As a consequence of this exhaustive procedure, all sections of the data were coded a number of times.

VALIDITY AND RELIABILITY
A number of procedures for establishing reliability and validity within the data were considered. Re-coding the data after an elapsed period was rejected on the grounds that biases present in the initial pass would in all probability be replicated in any subsequent coding. Such a procedure was in any case inherent in the faithful adherence to the principles of Grounded Theory. Inter-rater reliability involving the provision of a
Coding key and raw data was also rejected: qualitative research is inherently (and knowingly) subjective, and differences in coding based on an individual’s definitions would not therefore necessarily indicate a lack of validity or reliability within the qualitative paradigm.

It was eventually decided that sections of coded data (Appendix Ten) would be given to an independent rater, who would be asked to comment on the conceptual consistency of the sections coded under each category (Weber, 1990). A selection of 15 codes was provided for this purpose, and an acceptable level of agreement set at 90%. The overall calculated percentage agreement was 96%, and the lowest in any of the sample codes was 90.9%. Details of this analysis can be found in Appendix Eleven.

In addition to these measures, a record was made of the development of the categorisation system. However, due to the sheer number of codes (over 500 at its height), deletion, and the multiple changes of name, structure, relationship, it was impractical to provide a descriptive ‘confirmability trail’ as advocated by Erlandsen, Harris, Skipper, & Allen (1993). Neither was it practical to reproduce all memos pertaining to category development, for the same reasons. Instead, the categorisation system is reproduced for various intervals in the coding procedure (Appendix Nine), and examples of early project memos are given in Appendix Eight.

Finally, the completed hierarchical coding structure, including category descriptions, was given to three independent raters for assessment of face validity. The criteria set involved the assessment of the overall coding structure, the definitions supplied, and the appropriate use of congruent explanatory quotations. All three reported that these criteria were met.
Results

The following results are presented in Appendix Twelve as a series of hierarchical 'trees' showing the conceptual relationships between sub-categories.

The analysis of the seven accounts produced five overarching areas for consideration. These are outlined individually below. Each of the sub-categories they subsume were referred to by at least two interviewees.

**Area One - The Experience of Grief**

The way in which grief was subjectively experienced by the seven subjects was sub-categorised as outlined below.

**Symptomatology**

In line with much of the existing literature on grief, the subjects experienced a wide variety of symptoms, some of which are covered in the category Grief Course.

**Emotional Impact**

Emotional responses such as crying, shock, anger, and feelings of emptiness were reported. More complex feelings such as deliberately hurting oneself and 'wallowing' in grief were also evident.

*Jeremy* - “Well I don't know, how can you describe it? [Grief]... Does life feel completely empty?”.
Social Impact

The social experience of grief was also widely reported. Loneliness and feeling the absence of the deceased were the most common, with associated feelings of separateness and isolation. Returning to an empty house was reported as problematic, and perceptions of being separate from those around were common within the sample.

Mabel - "You go out, and you come back, and you're full of saying what you were doing, but he's not there".

Len - "Seatown can be a very lonely place. I've sat in that shopping centre, I've sat in that high street on them benches until the cows come home. It can be a very cold, heartless world".

Beryl - "At the weekends it's very lonely - you have something going on every day, and it comes to Saturday, and everyone's doing something...".

Behavioural Impact

The primary behavioural grief was the avoidance of stimuli that reminded the person of the deceased.

Ethel - "I couldn't even go outside [into the garden], I couldn't sit out there to have a cup of coffee, I just couldn't face it".

In addition, one subject found himself sitting alone and thinking of the deceased.

Len - "I was sitting here, drowning myself in my sorrows...".

Cognitive Impact

Cognitive manifestations of grief varied considerably. Two people experienced intrusive visual images of the death or of poignant occasions involving their partner. Negative thoughts about grief and ability to cope
were reported by one subject, and memories were experienced as problematic by three people - two reported recalling aspects of the death that were upsetting, and interviewee one found that memories of the deceased would come to him unbidden and without pattern.

_Ethel_ - "Even now Sundays are not the best days...I can still get up and go through my mind that particular Sunday [day of the death]..."

_Len_ - "Virtually, apart from when I'm driving or shopping and she's out of my mind... nine times out of ten all day long, from morning to night, she comes back. You never ever forget".

_Beryl_ - "It took me a long time to go into a church again, because all I could see was his coffin".

**Physical Impact**

Two Subjects reported physical manifestations of grief, from anxiety symptoms to more extreme reactions.

_Mabel_ - "I just sat and cried, and then of course I was reaching and that...".

**IMPACT ON LIFE**

The subjective impact of the bereavement on the bereaved's life was widely reported, and was considerably diverse.

**Everyday Routines and Stresses**

The routines and patterns of daily life were typically disrupted, serving both to remind the person of the absence of their partner and provide additional work and responsibility.

_Len_ - "Also you're taking over double the work".

_Beryl_ - "You can't get out of the habit of buying for two of you".
For two people, everyday difficulties became harder to cope with following the bereavement, due to both the cumulative stresses of dealing with a bereavement and the loss of specialist skills possessed by the deceased.

Finance

The financial implications of the bereavement were a factor for five subjects, although one reported that there had been a negative impact. In some cases a specialised pension or other benefit was lost: in others, increased demands were placed upon the resources available due to coincidental occurrences or a need to compensate for the loss of practical skills with professional help.

Catherine - “It’s a juggling act, to balance everything out. And you save up for your old age, and then by the time your old age comes you think you’ve got plenty to live on in the bank, but the money that you saved is peanuts, really, today. That is the trouble”.

Perception of What is Lost

The nature of the subjective loss experienced by the sample proved a fertile area of inquiry. The primary perceived loss was that of everyday companionship, reported by five respondents.

Len - “It’s company I lack”

In addition to this, three people explicitly stated that they missed company of the opposite sex. This was however presented in the context of a desire for companionship rather than a new relationship.

Ethel - “Because what I missed more than anything was having a conversation with a male, getting the make point of view”.
The loss of intimacy and someone to talk to about the minutiae of life was also referred to.

*Beryl* - "It is difficult, not having someone there, even if you’re saying ‘shall we have butter, which do you prefer?’".

**IMPACT ON ROLE AND IDENTITY**

Four people referred to the impact of the bereavement on their identity and role. The importance of identity-conferring objects appeared to be highlighted within the sample, as did the importance of maintaining the family home. This was particularly pertinent for two people, who had faced the prospect of having to move due to the bereavement and lose some of the shared history they had developed with their spouse.

*Len* - "It suddenly dawned on me that they [potential buyers of family home] would rip the house apart that Alice and I put together".

The move from being part of a couple to a single person also had an explicit impact for three people.

*Len* - "All these years it’s been two teas, two coffees...now all of a sudden it’s one".

Gender issues also appeared to become active following the bereavement, with some respondents forced to undertake unfamiliar tasks previously dealt with by the partner. For others, this was not a considerable problem.

*Beryl* - "you have to start looking after all the finances yourself"

*Catherine* - "I used to do most of the bills and things... so I wasn’t helpless when it came to...Like some people, when their husband dies they’ve never even written a cheque!".
IMPACT ON MEANING AND PURPOSE IN LIFE

Five respondents gave accounts referring to a loss of meaning and purpose to their lives following the bereavement. Some were facing a period without a 'project' or explicit role for the first time in their adult lives, and feelings of redundancy and reduced expectations of life were expressed.

Len - "All I've got to live for is one humdrum day of washing, polishing, dusting, vacuuming, washing up, going to bed. What for? What for?"

Catherine - "Well, you've no purpose. You know, the zest for living seems to have gone. You've got nothing really to look forward to".

As a result of this, two people within the sample had thoughts of suicide: although both stressed that they would not actively harm themselves, they expressed a wish that nature would take its course and end a life perceived as devalued.

Ethel - "I would think 'I don't know if I want to go on like this'. And the thing that really hits me, stops me, is there's still the family..."

PSYCHOLOGICAL SEQUALAE

This category subsumes comments referring to specific psychological conditions such as depression and anxiety.

Len - "I'd get so low some days if I could have a tablet that the SAS have to put under the tongue, and you're gone in two seconds, and there's many a day I'd bloody take it. I feel so depressed".

Catherine - "At times I get very depressed".
AREA TWO THE GRIEF PROCESS

The second major area within the data related to the way in which grief changed over time, and the specific tasks and arrangements that the bereavement entailed. The theme was divided into four main sections, outlined below.

CULTURAL AND LEGAL FACTORS

Practical Arrangements

Certain practical tasks were entailed as a result of the bereavement. Funeral arrangements and decisions regarding the body had to be made, often where the wishes of the deceased had not been made explicit. Paperwork was also involved, where wills required altering or changes to benefits had to be made. For three of the sample, the death necessitated putting their own affairs in order. These tasks could prove challenging where practical affairs had previously been dealt with by the deceased, but could also provide a welcome diversion from the emotional impact of the loss.

Jeremy - "Well I didn't feel shock particularly, because it was foreseen. And the immediate thing was to deal with the formalities, arrange the funeral and so on.

Dealing with the possessions of the deceased was another difficult task, and the point at which people felt able to do this varied. Decisions about the fate of items of material and sentimental value were often problematic, and these were typically stored or bequeathed to the deceased's family. Other, less significant possessions such as clothing were typically given to charity shops.

Ethel - "...you start to get rid of things like clothes, that sort of immediate... but then, I found it difficult to go and sort out... he had an old shed, that was an old workshop, and some things had to be sorted... I found some of that difficult".
Rituals and Commemoration

A second group of tasks involved the development of appropriate forms of commemoration. This typically began with the funeral, where an appropriate service and composition of guests could provide a fitting testimony to, and validation of, the deceased. If arrangements were not satisfactory however, considerable distress could result.

*Beryl* - "It was not to be a sad affair, it was really a celebration of his life".

*Catherine* - "I was absolutely heartbroken because they had dressed him in a shroud that was white-sleeved, with blue down the front, and all gold embroidery... anything less like him..."

Continuing forms of commemoration such as visiting the grave and leaving flowers at the cemetery were also reported by the sample.

*Len* - "She used to love the roses, she used to love the garden... just at the back of the piece of grass where Alice is, there's a border with a double flowering cherry in. And I take something from the garden and put it in the border".

*Catherine* - "I scattered the ashes over the moors, because we'd always loved... it was one of his favourite spots, and that was what he wanted".

Beryl was in the process of creating a personal memorial.

*Beryl* - "It [prayer mat for local church] will be a memorial to my husband... with the Rose of Lancashire and the Rose of Yorkshire. And it will be there in 100 years from now. There couldn't be a better memorial".

**THE GRIEF COURSE**

This category collected responses which related to the sense that people subjectively moved through different clusters of 'symptoms' over time.
The early period following the bereavement was largely characterised by shock and numbness, possibly following an initial period of extreme emotional release, e.g. sitting and crying. For one subject, returning to an empty house for the first time after relatives have departed from the funeral was the point at which the emotion really impacted. For two others however, feelings of relief at the deceased no longer being in pain effectively over-rote any negative feelings.

Len - “We had the funeral, this house was full of people. And then, it’s one.
Nigel’s gone back, they’ve all gone, the front door has shut, you’re on your own”.
Philip - “[The death brought] A sense of relief for me, and for the family”.
Beryl - “I only felt that it was a release - not for myself, but for my husband”.

As time progressed, subjects reported that different forms of experience became more active. Acknowledging the reality of the death, and the subsequent search for a meaning, was referred to. People experienced different patterns of emotional reaction: some reported a worsening of their feelings, whilst others perceived a general improvement. For some, there was little discernible pattern.

Len - “I could go into that kitchen and make a cup of tea, or get what I want, and not bat an eyelid. Another day I’d go in there, and just stand there and sob”.
Beryl - “After about a fortnight the reaction sets in, because everyone is going about their daily business, and you have to make a life of your own”.

Changes typically associated with the later period of grief, such as restitution and having a sense that they have completed their grief, were not reported within this sample. Two subjects said however that they felt they were moving on and establishing a new phase of their life
Ethel - "I've reached a point where yes, I want to do this, it's going to be my life now, I've got to shut the door and go forward".

Generally however, high levels of continuity were reported (see next section).

**CONTINUED PRESENCE OF THE DECEASED**

This final sub-category of The Grief Process related to the continued presence of the deceased in the life of the bereaved. This proved to be a significant category for all but one of the interviewees, and encompassed a variety of processes, forms, and functions.

**Ways of Establishing continuity**

This category relates to the ways in which people attempted to establish and conduct a continuing relationship with the deceased. Three primary processes were identified.

**Behavioural Continuity**

Behavioural continuity refers to the ways in which the bereaved maintained the couple's familiar routines, customs and practices following the death. Talking to the deceased was a major form of behavioural continuity, often aided by representational reminders such as photographs or objects.

Len - "I often call in from the kitchen if I'm doing a cheese on toast, 'would you like one or two cheese or toast love?'. I speak to her. I feel she's in this house".

Philip - "I talk to Denise a lot, you know".

In addition, two people continued their half of the relationship by continuing routines which had been embedded in everyday life.
Len - "He said 'I don't know why you go [to the crematorium] every Sunday Len'.
And I say 'Sunday was a big day in this house'."

Keeping Principles and Values Alive
In addition to behavioural continuity, some subjects also continued to actively live their lives according to the known values and principles of the deceased. This took the form of recalling analogous situations or exemplars from the pre-death period, conducting a 'conversation', or simply referring to known principles of the deceased.

Len - [When hears advice he finds unhelpful] "I think back to what Alice used to say. She used to get hurt by remarks from people, and she'd say 'it's all right love, life hasn't touched them yet'".

Ethel - "I'm able to look around and do things and say 'yes, he would have thought of that'.

'Getting Close'
This final process was reported by two clients, and involves establishing 'proximity' to physical areas or objects associated with the deceased. Visiting the grave, already mentioned, was one method, but one interviewee also occupied the empty space he associated with his spouse

Catherine - "...I usually go [to where ashes are scattered] on the anniversary...on my own. I feel close to him. I just sit on the slopes and talk to him".

Len - "And now on a Sunday, when I have a shower, when I've dried myself off, I go and sit on her side of the bed. And I talk to her".

Experienced form of Continuity
The form of the continuing relationship, i.e. the way in which it was experienced by the bereaved, varied widely.
Physical Representations

For most subjects, direct physical representations such as photographs, objects, and tape recordings functioned as a link with the deceased. The familiar surroundings of the home also provided a sense of continuity.

Len - "...I say good morning, and I say goodnight to that photograph every day. Don't ask me why. It's only a photograph. Well, it isn't only a photograph, it's a photograph of my wife".

Catherine - "I've got photographs all round, so that I feel he is everywhere with me."

Paranormal Representations

In other cases, people experienced the continuing relationship through 'paranormal' phenomena. One subject received communications from his wife in the form of automatic writing whilst he was in a trance state, and regularly communicated via a medium. For others, paranormal contact constituted an occasional sense of presence, a smell, or belief that the deceased was watching over them in a protective manner.

Ethel - "...I can't say I heard a voice or anything, but something there said 'this isn't what you should be doing'. And I felt that he was there in a sense, guiding me...".

Beryl - "When I moved into the cottage it was as if someone was stewing apples... I know that it's my husband, because suddenly I was surrounded by a smell of chocolate, and he was very fond of chocolate".

Memories

Memories provided the primary form of continuing relationship, although this emerged more as a characteristic of the accounts than an explicitly-expressed category. Memories of shared experience were common, as were
recollections of how the relationship formed. One person commented explicitly on the nature of the memories she had of her husband.

_Beryl - "You don't remember the sad times, you only remember the funny times, and the humour that he had"._

**Emotional Representations**

Emotional links with the deceased, for example through continued pride in their qualities, were also evident.

_Len - "I speak of her with pride... Proud. Now that's 58 years ago"._

**Family Resemblance**

For two subjects, family resemblance provided a continued link to the spouse.

_Jeremy - "It's quite remarkable how certain characteristics get handed on in families... Interviewer - "so does that mean that... you see Angela living on in your children?" Jeremy - "In a sense, yes"._

**Internalised Representations**

Lastly, one subject explicitly stated that she had an internalised representation of the deceased.

_Ethel - "It [feeling of presence of deceased] makes me sit up, you know, because it seems that real, but I think most of the time it's really me beginning to accept the thing that I can do"._

**Impact of Continuing Presence**

The impact of maintaining a relationship with the deceased had both facilitating and inhibitory facets. One respondent found that the support
gained from her representation of her partner was crucial at times when
decisions had to be made.

_Ethel - _“My husband used to sometimes say ‘oh, if that’s what you want to do, OK,

    go ahead, do it’, and now I can almost hear that’s what he’s saying...”_.

The primary function performed by the continuing presence of the deceased
was at times when decisions had to be made and general support required.

**AREA THREE - INFLUENCES ON THE GRIEF EXPERIENCE**

This area refers to factors that influenced the experience of grief,
whether in a positive or a negative manner. The factors subsumed by this
category were diverse, encompassing the reminders that trigger grief, the
nature and meaning of the period prior to the death, factors specific to
older adults, the support that people received from others, and the
personal qualities that mollified or exacerbated the experience.

**TRIGGERS AND REMINDERS**

This category encompasses any experience, thought, behaviour, occurrence,
or interaction that had the effect of reminding the person of their loss.
The category divided into four sub-categories, as outlined below.

**Tangible Reminders**

Tangible reminders were defined as the presence of sensory stimuli that
were, in the mind of the bereaved, directly linked to the deceased. Often
these constituted directly representational reminders such as photographs,
favourite music, perfume, and possessions. In addition however, objects
last used by the deceased or visiting familiar places also triggered
thoughts and feelings associated with grief.
Len - "I picked it [penknife] up from the drawer... and I started to cry. The last one on this Earth to use that knife was Alice".

**Fabric of Life**

For a number of interviewees, reminders of the deceased were fundamentally embedded in the everyday lives they had shared for many years. One respondent had an enduring expectation of the deceased's presence at certain times or in certain places. Another said that small, everyday tasks previously performed by the deceased, such as doing up the back of a dress, provided a constant reminder. Three subjects found that innocent comments or actions of others, such as asking after the deceased when ignorant of the death or sending letters addressed to the deceased, provided a trigger for their grief.

*Ethel* - "I was out, with my friend, looking for shoes, and there was a lady there with her husband, and whether he wasn't terribly interested or whatever... and her comment was 'well, I wanted to come on my own, I wish he'd have kept out of the way, but he insisted on coming'. And I'm afraid that my reaction was 'Well, I jolly well wish mine was here to still come with me'".

*Catherine* - "when he died, she [acquaintance] said 'I wish my old bugger would die'. Well, I said 'well, you can have him die, and I'll have mine back please'".

*Beryl* - "You're in the street and... [you see] someone who looks like them, and suddenly you're in tears, you can't control it".

**Time Reminders**

These reminders related to particular times dates such as birthdays, anniversaries, and annual holidays, as well as daily or weekly 'trouble spots' such as weekends or days particularly associated with the deceased. These could often be due to a co-incidence of losses or significant
landmarks.

Ethel - 'Yes, the worst time for me is the 10 days, fortnight before Christmas, because my husband died on the 11th December, my birthday is 15th, my mother died on 17th December'.

Catherine - “I think in some ways the wedding anniversary is the worst...probably because it was the beginning of such a loving relationship”.

No Obvious Trigger
Two people referred to feelings of grief which emerged without explicit cause. Such occasions provided puzzlement and confusion to the bereaved, who could not understand or had poorly-defined theories regarding where their feelings came from.

Catherine - “[it comes] out of the blue. I say to the children, ‘I don’t know why I feel depressed, I just am”.

Philip - “The worst reaction I had was about a year ago, two years after Denise had gone... I really had a good cry for about an hour one morning, but I put that down to my own self, being... you know, I was a bit low, I think, I had a bad cold, got a bit low, felt a bit miserable”.

DEATH AND THE PRE-DEATH PERIOD
Considerable information was volunteered about the period prior to the bereavement, and as the analysis progressed it became clear that Much of the meaning of the loss was mediated by historical factors. This category is split into four large sub-categories, each of which is further subdivided.
**Nature of the Relationship**

The character and structure of the relationship between the couple consistently emerged from the accounts. Three characteristics appeared particularly important in influencing the impact of the loss.

**Sharing**

Sharing of experiences and interests was a key component of four of the participants.

_**Len** - “With Alice it was always 'Shall we? Would you? Could you? Would you like?': It was always a joint effort. We were like two peas in a pod”._

**Balance and Complementarity**

This particular aspect of the relationship related to the way in which the couple supported each other and compensated for each other's weaknesses, as well as the way in which tasks and roles were divided. One subject anticipated that this balance and complementarity would continue into the afterlife.

_**Ethel** - “I did district nurse training, health visitor training, I went into nursing management and did management courses and all sorts...and all the time, it was his encouragement and his support...I couldn't have done it otherwise...”_

_**Catherine** - “...you always had him to turn to. Any problems, or any fears I had about my health or anything, he was always there to reassure me or help in any practical way that he could”._

Whilst the ways in which this was accomplished varied, there was a consistent sense that the role occupied by the deceased was important to the everyday functioning of the bereaved.
Awareness of Duration and History
Where sharing and balance represented specific qualities, the historical background to the relationship emerged as a more general factor. In particular, the sheer duration of the relationship appeared to have an impact on the way that people experienced and interpreted grief. Subjects would often refer to the sense of elapsed time spent with the deceased as a factor in itself.

Len - “all I’ve got of those 58 years of that lovely woman is some ashes under the turf. And my memories”.

Catherine” - “As I say, it’s like losing your right arm when you’ve been married that long”

Physical Decline
The experience of physical decline of the deceased applied both specifically to those whose partner had developed a terminal illness as well as more generally within the context of age-related physical decline. The results are presented as relating to a diagnosed illness, but the categories outlined are broadly applicable to both scenarios.

Process of Decline
Generally, the respondents provided a story of the illness from it’s initial development to the eventual death. This would often begin with the receipt of a diagnosis, which in itself carried clear implications for the future of the deceased.

Ethel - “and when he had the cancer diagnosed which meant that he did have to have chemotherapy, um... I just thought ‘well, OK, I’m here, let’s just hope that we get through it’”.

Beryl - “Bereavement for me started... at the place they took him for assessment”.
Following diagnosis, a period of establishing a treatment programme aimed at improving or maintaining health was entered. In two cases, this treatment was in itself painful or unpleasant.

Jeremy - "And then it developed into bone cancer. She was in a certain amount of pain, and she had a lot of radiotherapy which caused stomach upsets".

Catherine - "so they did what was called a package of care... he had district nurses, and I had a night nurse in so many nights per week".

In two cases, in spite of medical intervention, the deceased went on to develop complications or further illnesses.

Philip - She had osteo-arthritis very, very badly, and consequently with that her heart, a very nasty heart... And in the middle of this she had a mastectomy..."

Within the context of this general physical decline, and with the person becoming visibly more frail, a period of relative calm prior to the eventual death emerged for two people.

Ethel - "They got him into hospital and... within two days, I couldn't believe it, he was so improved..."

Decline Within Context of Relationship

The management of the physical decline within the conjugal relationship represented a significant theme within accounts. This was divided into three sub-categories, as follows.

Impact of Illness on Relationship

Practical alterations to the mode and nature of daily life within the relationship were common within the sample. These primarily revolved around changes for the 'well' partner, with the assumption of a caring role
common where physical disability was present.

**Philip** - "...she could hardly walk about at all, and I used to help her as much as I could, I used to do everything, virtually, for her".

The emotional impact of the situation was also widely commented within the sample, both in a negative and a positive sense. Watching their spouse's decline could be distressing for the partner where pain was involved. On the positive side, three interviewees reported that their relationship had become closer through jointly dealing with the illness.

**Ethel** - "So that in a sense I took over, and yes, I began to enjoy, and I must admit I had always said 'Well, I'd love now to spend some time at home', so I was able to".

**Beryl** - "[When husband had lucid moments] it was only to tell me how fond he was of me. He told me more often then than he had ever told me".

Finally, the emotional impact of facing institutionalisation was referred to. Participants evoked a variety of images associated with institutions.

**Len** - "I've been in these nursing homes, they smell from top to bottom, they have people sat in chairs, and all sorts, urinating all over the bloody floor...I don't want to be like that, and I'm very pleased, or happy, or glad, that Alice went like she did".

**Beryl** - "It was really distressing to have to take him to a place like that, because... it was like something out of a lost century".

**Preparation for the possibility of death**

A number of people reported having specific conversations addressing the possibility that the ill person may die. This period of contemplation and open discussion appeared to have a significant impact on the subsequent interpretation of the death (see discussion). Topics such as who would
best survive without the other were addressed, as well as explicit wishes regarding matters such as funeral arrangements and commemoration.

Ethel - “My husband is buried over the wall [separating the home from the churchyard], because it was a standing joke... I remember him saying “oh, that's all right, whoever goes first, just got to tip the other one over the wall!”.

Philip - “We discussed how she wanted to be dealt with when she died... she wanted a particular few words put in the funeral notice, which we've always known.”

Beryl - “When you are younger, people will never discuss funeral arrangements - it's as if they are going to be here forever... but when it did come up, he said ‘I don't care what happens to me, as long as I’m with you’”.

The general manner of the deceased in the face of declining health was also perceived as important by three subjects.

Mabel - “You've got the idea that he had a feeling he knew. And I know one day, he went out, and he said ‘if I was to die, you wouldn't worry’ or something like that. And I didn’t question it, but he was crying... And you look back on those words, see what I mean?”.

Finally, four subjects referred to the period of physical decline as preparing them in some way for the eventual death.

Ethel - “I knew it was very... for a long time it could happen to my husband, because he wasn't well, it had almost happened on the first heart attack, and so in a sense, one is half-prepared”.

Experience of the Death

Two primary sub-categories emerged within this theme - the nature of the death itself, and its implications for saying goodbye to the deceased.
Nature of the Death

Comments within this category referred to the eventual cause, rapidity, and manner of the death, and was often linked to the congruence of the actual circumstances of the death with the expectations held by the bereaved.

Len - "And funnily enough, you never give death a thought. I never thought that one day Alice or I would go...It's no more thought of than thinking of going and shooting a neighbour...And then all of a sudden it rears its ugly head".

Beryl - "The bereavement started a long time ago...it wasn't as if he died suddenly and you're left bereft [although] it doesn't make it easier".

The personal role of the bereaved person in the death was also referred to by two subjects, encompassing feelings of personal responsibility for not doing enough for the deceased and decisions about life-support.

Mabel - "Even 'til now, recently, that doctor keeps saying to me 'you know, with all your first aid knowledge, there was nothing you can have done for him'. Because I never thought 'Oh dear, do resuscitation'".

Catherine - "I myself think that I could have done more..."

Establishing Closure

Linked to the nature of the death was the opportunity for the bereaved to establish closure with their spouse, i.e. to share last words and resolve outstanding issues. Although unexpected deaths obviously provided little opportunity for such a process to occur, deaths resulting from a long-term illness where the death itself occurred suddenly also removed this possibility, where people had left their spouse's side prior to their death, or felt that their condition had improved and there was no pressing need to remain. For others however, active issues had already worked..."
through, or they felt there was little to be gained from a final exchange.

Catherine - "I'm glad that we had that time because it meant that we were able to talk to each other, and he could say things to me, and I could say things to him which, if it had been a sudden death, you know, we would never have been able to say goodbye and things".

Jeremy - "Well, there wasn't anything to discuss! I mean, what could one say, 'you are on the way out! Bye!'".

Three people established a form of closure some time after the death

Len - "This year, he wanted me to stop for Christmas and New Year. I wouldn't the year before because I said 'no. I want to be in my own house to say goodbye to the year that I said goodbye to your mother'".

Beryl - "It upset me, the fact that I wasn't with him... but then I had time to think about it, and he was with me, at that moment".

PERSONAL INFLUENCES

Personal influences on the grief experience encompass diverse factors such as personal coping measures, past experience, personality characteristics, and personal beliefs. They are distinguished from other factors through their relative independence from external factors such as social support, triggers, events, and general social influences.

Properties of the Person

This category contains references to relatively stable personal attributes such as personality traits, personal beliefs, and cumulative experience, and their mediating factor on the experience of grief. Their stability delineates them from coping strategies, although an interaction between the
two is an acknowledged probability.

**Personal Qualities**

These references pertained to the subjects' general personality traits, and specifically to personal strengths and weaknesses which aided or impeded the bereaved in dealing with their grief.

*Mabel* - "Well, I could have been the same [as bereaved friend] when Stan died, I could have said 'look, I can't dress myself, I can't go out nowhere'. And you would get in that rut. But I'm not made like that, see what I mean?".

Two respondents referred to the impact of their personalities on their levels of emotional expression.

*Jeremy* - "I don't discuss personal things, no, no, good old English stiff upper lip!".

*Len* - "I'm a very emotional person, I'm riddled with emotion and nostalgia".

Comments illustrative of the bereaved's locus of control with respect to the grief experience were coded. In the extracts below, Len reports a series of behaviours that he perceived as being outside of his conscious control.

*Len* - "So of course then my wife died, and then it was about a month, I walked about as though I owned Seatown. I was in complete shock. I bought a new sports jacket, I bought shirts, I bought Shoes, I put this house up for sale, I was going to live in Lichfield...".

**Acquired Experience**

In contrast to persistent traits, acquired experience refers to knowledge of past situations which had a bearing on the interpretation and experience of grief. In some instances this experience was directly related to
bereavement and loss, perhaps through past family deaths or contact with mortality through work.

*Ethel* - “Dealing with people in their home, as a district nurse, you obviously had to be with relatives”

In some cases, past experience of loss appeared to be activated by and combine with the current loss to produce a form of 'composite' grief reaction.

*Mabel* - “[The bereavement was a] terrible shock. And of course, all that happened in the past [death of first husband], all that comes up again, you see”.

Subjects also referred to more general life experiences perceived as analogous to dealing with grief.

Past experience of death was not, however, helpful per se.

*Beryl* - Because you feel very different about your partner than you do about your parents”.

**Personal Spiritual Beliefs**

The spiritual beliefs of individuals were consistently mentioned with regard to the impact of the death. These typically split into two sub-categories, with general supportive spiritual beliefs reported alongside more specific beliefs about the afterlife.

*Catherine* - “If I thought that was the end of him and I wasn’t going to see him again, I don’t think I could have gone on. I do believes that some day we will meet again”.

*Philip* - “...we believed in an afterlife. And if you believe in an afterlife, or you believe in another form of life...It’s like you saying ’Well, I’m not living here any
more in England, I'm going to Australia'.”

For subjects where there was a negative or indeterminate belief about an afterlife a form of ‘existential searching’ was often present, characterised by the extract from Len below.

Len - “The footsteps that we loved, the voice that we loved. It's all gone. Where is she?....I look at the sky at night and wonder where she is. Is there a life ever after? If we think that there's nothing there, that is the final, there's nothing left, like a bit of burnt paper, we might as well pack it up now”.

Coping Responses to Grief
This category subsumed any strategies, tactics, or principles used by the bereaved to address and alleviate the impact of their grief. They have been subdivided into the Cognitive- Behavioural and Social modalities. The qualifier ‘primarily’ was added to acknowledge the fact that many strategies overlap across modalities.

Primarily Cognitive-Behavioural
Respondents reported the use of a wide variety of cognitive-based strategies for addressing grief. Linked to the category reported above, for example, was the active maintenance of faith in beliefs. Established cognitive strategies such as distraction, positive self-talk, and maintaining a sense of perspective were also reported. Keeping mentally active through crosswords and reading was also referred to.

Jeremy - “[fruit machines] gave me something to begin with, it gave me something that I had to concentrate on. And for three-quarters of an hour I was completely absorbed in it”.
The most common behavioural measures were the maintenance and development of hobbies and keeping oneself busy and useful. Maintaining established routines also appeared to help the bereaved preserve continuity during a time of major upheaval and stress. Listening to the radio and music and watching television was mentioned by three people, although the nature of the comments varied: people were typically ambivalent about the ability of television to provide entertainment, whereas music and the radio were broadly endorsed.

*Ethel* - "I've got my knitting machine and I'm doing a correspondence course... so that I've got something definite to do, and I can lose myself in that".

*Catherine* - "I'm very fond of reading, so that takes me out of myself quite a bit".

Use of substances such as tobacco and alcohol did not appear to be a major coping response. Attending church was a popular measure within the sample, although the distinction between seeking fellowship and spiritual solace remained unclear. Finally, finding time to cry was reported as a coping strategy by one interviewee.

*Beryl* - "what I have found is that the most beneficial thing [is] crying... it's like a river running through your body. It gets rid of that lump in your chest".

**Primarily Social**

Social coping responses involved the use of others as sources of comfort, company, and support. Talking to others, for example, was mentioned as a coping response by four of the seven respondents. Actively finding company was also widely utilised, and two people increased their input to the family following the bereavement.

*Catherine* - I talked an awful lot to the children, I'd be on the phone for ages talking about things..."
Ethel - “yes...I think what’s been helpful most helpful, is people that have been able
to listen...I used to find that I needed to go on talking away about it...”

Mabel - “So if I don’t see anyone, when I go and get my pension, then I will go round
and see [name of person]...it’s usually me that’s doing the visiting”.

Finally, four people said that providing help to others helped to keep them
busy and served to modulate the impact of their grief.

Len - “And I don’t mind doing these jobs for people, because as I say it’s company
and it gets me through the day”.

Catherine - “It’s helping me to help her [other bereaved person]...something to do,
and something else to think about apart from myself”.

Support from Others

This category incorporates the ways in which others contributed to the
person’s dealing with their grief, in both a supportive or non-supportive
manner. Five dimensions of support emerged from the analysis, which
appeared to subjectively influence its efficacy and nature.

Source of Support

Although the source of support received by subjects varied to a degree,
broad commonalities were found. All seven subjects received support from
their families, support which varied greatly in its form and function (see
below). Neighbours also provided support to all but one interviewee, who
had moved to the area relatively recently and had made few contacts.

Len - “Nobody ever goes near Lou’s [neighbour] without being invited in for a cup of
coffee...and there’s Jane, there’s Bridgette, there’s Irene, it’s a good little road”.

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R s u l t s

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Support from other bereaved individuals featured strongly in the accounts of four subjects, either within existing groups of friends and acquaintances or through contact that arose specifically as a result of the bereavement, e.g. at a garden of rest or through introduction by others. Support from non-bereaved friends was only mentioned by one subject. Another subject felt supported by departed friends and family in the spirit world.

Of the seven subjects, three had been in contact with counselling services as a result of their bereavement, although only one of those had found the help useful. General practitioners were generally perceived as being helpful and understanding.

_Catherine_- "[The counsellor] was absolutely useless, as far as I was concerned... she just kind of sat here and expected me to pour everything out..."

Finally, support from unexpected quarters was mentioned by four subjects, particularly in reference to neighbours.

_Ethel_- "And living in a village, everyone...they're just there, it's amazing. I was completely overwhelmed because although I've got on with people, I just didn't realise the response..."

**Form of Support**

Form of support pertains to the manner in which the support was experienced or desired by the bereaved individual. Again this varied greatly between subjects, but the desire for everyday contact was mentioned by four of the seven - in most cases, this form of support was unavailable due to the geographical proximity of family and friends.
Len - “Now if I'd got my son or my daughter coming in ... [and saying] 'Thought about going up the pub for a couple of pints tonight dad, what do you think?'. 'Yeah, sure thing'. But I just sit here... That's my only company, the television'.

Support at key times such as immediately after the death was seen as important by three respondents, and the availability of people to call upon for support when needed was identified by two. In addition, three subjects had received some form of practical support from a service specifically tailored to the elderly such as an OAP group or practical agency such as Care and Repair.

Catherine - “One or the other of them [family] will always be here on the anniversary of his death”.

Philip - “I have a lady who comes in to bath me every week, because I can't bath myself”.

The use of the telephone to access support was specifically referred to by two subjects, and structured companionship through groups such as churches or hobby groups was also reported.

**Function of Support**

Extracts coded within this category referred to the person's perception of the function performed by the support. Once again this varied greatly, unsurprisingly perhaps given the individuality of need found within the sample. Most commonly reported was the receipt of validation and reinforcement regarding the grief reaction, which was referred to by four subjects. This validation varied from the normalisation of grief phenomena through shared experience to the provision of sympathy, re-assurance over personal role in the death, listening, understanding, and validation of the seriousness of the loss.
Len - "she said 'you should never have come on your own [to the chapel of rest], I've
seen people come here like you and they've had to be taken away in a private
ambulance'".

Catherine - "Knowing that it isn’t just you, you know that they [other bereaved] had
feelings of guilt as well, which has worried me".

Catherine - "My children have said 'Mum, you couldn’t have done any more for Dad
than you did, don’t ever think that'. And that was helpful".

Advice from others about how they should manage their grief response, both
helpful and unhelpful, was received by three interviewees. Providing a
forum within which to talk about the deceased was another common function,
again reported by three respondents.

Mabel - "But the person who came about the war pension, well she came, and she
was very helpful. And naturally we did talk, yes".

The provision of ‘togetherness’ through company and the fellowship of other
bereaved individuals was mentioned by two subjects.

Len - "And Bill over the road, his wife died ...and he phoned me over and said 'you
want to go down to the crematorium, Len?'. I said 'lovely'...so down we went.

Expectations of support
This category incorporates the deceased’s reflections on what would
constitute appropriate facets of social support, provided by three of the
seven subjects. Continuity of support was commented on by two people in
the light of having experienced an initial period of supportive contact
which diminished noticeably over time.

Ethel - "The early bereavement, you do get lots of people keeping in touch and then,
it drifts...Of course they can't carry on at that same... but somehow if certain individuals were... instead of pouring it all in on the first couple of weeks, and then disappearing!"

For one subject the need for reflexive support that altered with changing needs was referred to, whereas another reflected that support she provided others was not always reciprocated.

Reflections on Support
In addition to more specific responses, interviewees more reflective comments about the process of giving and receiving support. One common thread was the sense that certain people were more 'qualified' to provide support, particularly sympathy and understanding, often by virtue of their experiences of death.

_Catherine_ - "I couldn't relate to the person [counsellor]... some people you have a kind of empathy with..."

_Ethel_ - "I think that perhaps they were trying to encourage... not necessarily giving sound, positive advice, based on any experience".

Others reflected on the impact of their geographical location with regard support, particularly when they were located at distance from their families. Three subjects commented on their own role in making use of support, particularly where perceived support as unhelpful.

_"Catherine"_ - "... it's your own temperament, it's what YOU find helpful".

Specific Older Adult Influences
Although the majority of the categories generated could in some way be seen
as influenced by the age of the respondent, a number of more specific factors emerged as being of particular importance to the experience of grief. These broadly conformed to the three larger categories outlined below.

**Chronological Age and Physical Functioning**

Chronological Age refers to the potential effects of age *per se* on the experience of grief, and is primarily concerned with the impact of reduced physical strength and functioning. This inevitable decline was referred to by all interviewees in relation to the impact of their grief reaction. Active ill health was experienced by two of the subjects, which served to restrict their general functioning and participation in activities that could have proved facilitative to their coping effort. A general decline in functioning, i.e. without specific ill health, also proved important through inhibiting people's mobility. This served to impede both participation in value-providing tasks and the active seeking of geographically-distant social support.

*Mabel* - “I mean, I've fallen down, and as long as I get the phone, I just tap it out because she's 234, so it's simple enough. “Brenda, can you come?”

*Len* - “My mind is so much alert, but my body knows it is 77 years old. I'm not actually worn out, but I'm not what I used to be”.

*Catherine* - “I can walk on the flat fine, but as soon as I get to the steps or inclines I just can't make them any more. And that does restrict what I can and cannot do”.

*Jeremy* - “I mean, it's far more difficult this time because I'm so much older, and I have retired from farming, and have neither the physical nor the mental energy to branch out and do anything new”.

*Ethel* - “And if you were a younger person, yes, you would maybe still be driving, or live somewhere where transport is easier, you can get off and go...”
Philip - “I’m content to stay here, because I don’t feel well enough to go walking very far or doing very much”.

Beryl - “If I didn’t have these disabilities I would have a dog...”

People also spoke of their beliefs about future decline and its possible implications. Three subjects referred to the prospect of institutionalisation, in universally negative terms. Others anticipated a time when they may have to move from the house they had shared with their partner, or at least make significant alterations to allow them to stay.

Jeremy - “What is possibly more worrying than actually dying, is being incapacitated. I mean, what if one wasn’t able to drive?”

Len - “I hope I go the same as Alice did. I don’t want to sit in any nursing home”.

Philip - “You see, once you get older, you’ve got to keep your mind alert. You go into these nursing homes and you see old people there, they’ve got nothing to keep their minds going”.

Ethel - “If I reached a stage where I couldn’t cope and the decision had to be made [about moving] then all right, I’d come to terms with it. But I know that if I couldn’t use the stairs that I can make this...that could be altered, with a shower unit, and there’s a toilet there.. If it had to happen then I could get round it that way, so I needn’t go”.

For all subjects interviewed, the prospect of their own death was a reality. However, the degree to which this triggered by the bereavement or a response to physical ageing alone remained unclear. For those subjects who perceived little meaning to life without their partner, the prospect of death was almost attractive. For others, it was presented neutrally. No subjects reported a fear of death.
Ethel - "...we've always had two Siamese cats. One of the others died, we were left with one, they were brothers... My husband said 'I think perhaps we should get another one...' and I said 'If we have another one, it could outlive us'.

Philip - "And I will do my best to carry on... and waiting until such time as it comes to my time to go to her'.

Len - "If I'm going to go... I'm not going to force it. And I'll suffer, but I don't want to suffer too long".

Position in the Life Cycle

Although closely linked to the nature of physical ageing, the position of older people in the life cycle also proved a common topic for reflection.

Role and Occupation Issues

Respondents reflected upon the role changes and shifting personal identity that occur in old age, often with specific reference to coping with a bereavement. On one hand, the loss of occupation and regular work was highlighted.

Jeremy - "In a way, it's been more difficult this time because I'm so much older and I have retired from farming"

Ethel - "[if the bereavement had happened earlier] I would probably have looked at things in terms of 'I've got to get back to work... because I always enjoyed nursing, I had a profession..."

In one instance the subject had effectively replaced her job with a caring role.

Ethel - "...my husband's ill health... needed attention, so OK, it was a field that I had worked in, that area in a sense I took over to the point that all his medication, I..."
would have it listed out, written out, as though I was working...”

In addition, a role change within the family appeared to have occurred. Without an active child-care role, and with geographical distance often impeding face-to-face contact, a number of respondents acknowledged that their involvement in their families had significantly reduced. There was an awareness that adult children had their own lives to attend to and could not be expected to provide significant involvement.

*Ethel* - “That [bereavement] could have happened to me with three children...”

*Jeremy* - “As I say, they've got their own lives to live. He [son] leads a very busy life.. they only get weekends. Well, they lose about half their weekend coming down and going back”.

Indeed, some respondents were acutely aware of not becoming a burden to their families.

*Ethel* - “I am a bit more careful so that I don’t end up... I say to them [family]

‘because if I did have an accident I’d be far more trouble to you’...

*Beryl* - “…I had to look after my parents, and I don’t want any of my children, old as they are, going through that”.

**Impact on Social Functioning**

Social functioning was, to a degree, affected by the reduced energy and physical mobility associated with ageing. However, there also appeared to be a perceived lack of social opportunities for older people. One subject referred scathingly to the assumption that all older people enjoyed bingo and coach trips, whilst another felt her St John’s Ambulance meetings constituted her main contact with others.
Ethel - "I believe the local senior citizen group do have different entertainments, but I know that every so often they have bingo and that doesn't appeal to me at all!".

Beryl - "...at my age, you have to make friends' [interviewee's emphasis].

One subject referred to the limited possibilities for meeting potential new partners in later life due to the changes in the nature of his social contact.

Jeremy - "Well, one doesn't meet people to the same extent, and...you don't have the same opportunity to get to know people in more depth than just a sort of casual meeting at a drinks party, or something".

All subjects responded to the standard question about how their experience of bereavement would have been different had they been at an earlier stage in the life cycle, and typically referred to greater social opportunity and access support when younger. The role of work seemed important in providing social contact, as did the availability of parents to take some of the burden of child-care.

Ethel - "The very fact that you are in a working situation [when you are younger] you're involved with others even if at the end of the day you go home...with the older age group, yes you can go to OAP clubs, but..."

Catherine - "At my age you've got nothing else really.... You're just sitting here, particularly at night, in the winter, shut the door, and that's it".

Reminiscence and Life Review

Finally, there was evidence within all accounts that the respondents had developed, or were in the process of developing, a 'life-story'. This process took diverse forms. One subject was attempting to arrange a photograph collection to adequately reflect his family life, and finding a
way to incorporate the death.

Len - "There's hundred [of photos] upstairs on slides. And the other one is the family album, but it's hard to decide what's family and what's holiday. I shall want a dozen albums. So I put the rest... In the family album you start off with Alice and I getting married, and it goes right through. And then there's photographs of me out with Nigel and his wife's mother in Norway, but no Alice. She's gone, you see, that's the last one of her in there [taken the day she died]. And she's gone, and it carries on".

Others gave accounts interlaced with memories and apparently representing a complicated web of associations. Most common were stories about how they met their spouse, although this was not explicitly addressed in the interview schedule.

Mabel - "Anyway, during the course of the evening, of course he arrived... along came a young man, that we knew, and took my friend on the floor, and he [husband] thought 'Oh, I'd better ask her I suppose'. And that was the starting of it".

Cohort Issues

Reflections on Cohort Membership

Cohort issues refer to factors related to the membership of birth-year defined groups. Within this sample, these factors related primarily to the existence of shared values across the cohort which, in many cases, had a direct impact on the experience of grief.

Len - "What I'm trying to imply is... this is the kind of honour and respect that we had. And a lot of people... I mean, Don and Sylvia have been married for the same number of years, they are the same".
Four subjects reflected on the ways in which social change had left them with needs, expectations, or experiences which were essentially out of step with current values. These reflections related either to personal values as well as more general changes in the social fabric.

**Len** - [After anecdote about visiting local pub] “I said to Alice “it’s enough to make you sick. Young men and chaps here...some young women would come through the door, and they were like [mimes panting]...it’s enough to make you sick. They’d got a wife at home. There was a bond and a love, and respect”.

**Mabel** - “Because financially, you are helped more these days, that’s the big difference...”

**Sense of Common Experience**
Linked to the perception of social change was a feeling of commonality of experience within the age cohort. The role of the Second World War, for example, was referred to by four of the subjects who had met their loved one’s during the conflict and, in some cases, were separated by the fighting. Although no subjects explicitly referred to the war as a significant factor in their grief experience, it nonetheless appeared to influence the way in which relationships were formed and conducted, and on their subsequent meaning.

**Len** - [Talking about wedding ring] “We wanted 22 carat, but of course there were none being made, because of the war on. The only way we could do it was to buy an antique gentleman’s 22 carat ring, and she had it made to size and cut to shape...”

**Catherine** - As soon as we were married he went... he was sent to India, and I didn’t see him for three and a half years”.

This perceived similarity extended to the grief experience, with subjects often taking comfort from knowing that there were others in the same
position as them.

Len - "I'm in my twilight years. And I'm not afraid to say it, I'm like Stan. And George. And Tony. And Dennis. We are all the same."

Ethel - "I'd been surprised at how many people...I think it's true that there are more women left widows than there are widowers, and I've found that they'd said that them listening to this [radio phone-in] at night has been helpful to them".

OTHER MEDIATING FACTORS
Finally, a group of miscellaneous mediators emerged from the data. Pets provided company and support for two subjects, as well as serving to ensure that they had an externally-regulated routine e.g. through walks or feeding. The nature of the location in which people lived was also identified as an influence.

Catherine - "as soon as I sit down at night he [dog] comes and sits on my knee, and he's there all night. He's great company".

Ethel - "And living in a village...I think living in a village was a bonus. And having seen death within a city area, people can be in a house for days an nobody even knows they are dead".

Lastly, four subjects said that they found the attitudes and expectations of others in relation to their grief an important influence.

AREA FOUR - POSITIVE OUTCOMES
Although the majority of accounts understandably referred to the negative impact of the bereavement, respondents did identify some positive aspects. Three people referred to a sense of accomplishment resulting from the experience, either due to the caring period or through pride and increased
confidence arising from their successful coping efforts and carrying on with the tasks of everyday life.

**Beryl** - "It won't be a wonderful garden, but at least it will be my own... I'm getting on with it!"

Three people also saw the death as a release, either from pain for the deceased or from the bounds of the caring role on their own behalf.

**Philip** - "My feelings after she died was that I was thankful that she has no more pain".

One positive consequence of the death was a growth of personal freedom for the bereaved, either in determining the structure of their day without reference to others or in providing and opportunity for activities not undertaken with the deceased.

**Beryl** - "[after the death] I decided that I wasn't going to have anything I didn't like".

**Ethel** - "[Freedom] is not having to stop and work something out, you know, because of someone else".

**Area Five - Reflective Aspects of Grief**

All subjects, in addition to reporting their experiences, provided some form of reflection on the nature of grief and the way they believed it affected people. These have been categorised under three separate headings, as outlined below.
WHAT DID THE DEATH DO?

This first category looks at the subject’s reports about exactly what happened as a result of the bereavement. For four people, the death redefined aspects of their life and experience. The death itself for example had the power to fundamentally subvert the expectation, held in old age as well as when younger, that life will continue. This can be coupled with amazement that for others, life IS continuing in a routine fashion.

Len - "That [photograph] was five o’clock in the Sunday evening, and 24 hours later, she was dead. Just like that".

For others, the death provided a contrast between the mundane nature of everyday life against which backdrop something violent and completely earth-shattering can occur.

Len - "And how I stopped two or three days down there [holiday resort where wife died], going about with Nigel and my Granddaughters, going in the restaurant and having a meal and a bottle of wine and paying for it..."

WHAT IS GRIEF?

With respect to the nature of grief, the majority of subjects held theories about some aspects of the phenomenon. One subject held a medical-type model about the experience, seeing the 'cure' for grief as possibly lying with medication

Len - "If I could [get over the loss] I would, but there are no such tablets".

Others had noticed or theorised that the nature and impact of grief varied from person to person, perhaps along gender lines or in accordance with personal beliefs and character. There was also a sense that people made
comparisons between types of loss, and a reflection on the way that different people handle grief.

*Ethel* - "my son... I think his way of dealing with it was obviously to clean the house from top to bottom!".

The nature of recovery and the best way to achieve it was also reflected upon.

*Catherine* - "I do think it helps not bottling things up too much".

**REFLECTIONS ON THE PROCESS**

Three subjects offered reflections on the nature of the grief process. The fluctuation of feeling was commented on, either in response to triggers or with no apparent cause. Two subject commented on seasonal fluctuations, with the winter evenings being particularly difficult to deal with.

*Len* - "I've come and gone some days and nothing could cross my mind. The you opened a drawer or a cupboard and... BANG! It's like a jack in the box".

Three subjects referred to time being the main factor behind their improvement, through continually experiencing the feelings of grief and overcoming hurdles to become steadily stronger.

*Catherine* - "You get used to it, but you never get over it. They say that time is a great healer, but in some ways I don't think that it is, I think it gets harder. As time goes on you seem to miss them more".

*Len* - "Say you have your left arm amputated, tie your arm behind your back. For the first few weeks it's going to be bloody hard with one hand, but after a period of time you get used to it. But it's still there..."
There was also sense that people were aware of the process they were undertaking, with attendant expectations about course and duration.

* Catherine - I suppose I think, I say to myself, 'you should have got over it by now' [after 4 ½ years].*

Lastly, one interviewee reflected that her choice of clothes, and specifically the colour, provided a barometer of her grief reaction.

* Beryl - "I went through a beige phase, where everything I bought was beige... but now I'm back in colour, I'm myself again...".*
OVERALL ORGANISATION OF DATA

The organisation of the data into the five areas outlined above largely reflects existing theoretical ideas about the nature and impact of grief. Other arrangements were considered, but were felt to be either more influenced by existing theory or sufficiently contrived to be inappropriate within the chosen paradigm. Within these broad categories however there proved to be considerable diversity, and facets that have traditionally been subsumed by one broad area have instead been placed in another.

The results will be discussed in terms of their implications for current grief theory, and will concentrate on outlining three central points: specific older-adult issues; the complexity and individuality of the grief response; and the need to conceptualise grief as continuous with rather than separate from the life of the person.

SPECIFIC OLDER ADULT ISSUES

Whilst it is clear from the accounts that chronological age was a major influence on the grief experience, the nature of that influence remained equivocal and fundamentally interwoven with other mediating factors. The relative influences of physical decline, life experience, position in the life cycle, and cohort-defined values were difficult to separate. These are discussed separately below primarily for utility rather than because they are truly distinct.
PHYSICAL DECLINE AND MORTALITY

The influence of declining physical health was referred to by all subjects within the sample, and impacted on most areas of the grief process. Reduced mobility and energy levels interfered with specific coping behaviours such as accessing social support and keeping physically active, in addition to limiting everyday activities which might otherwise provide balance and diversion from the feelings of loneliness and loss.

This physical decline often brought practical difficulties and necessitated changes in living conditions. In addition to the stresses involved in the death, some interviewees faced the prospect of moving to specialist facilities such as supported housing or nursing homes. These options were universally viewed as negative, and represented the latest in a series of actual or potential losses.

As would be expected, issues related to awareness of own mortality were present within the sample. However, these reflections were not widespread and tended to be relatively matter-of-fact: there was no evidence that people found the proximity of death particularly frightening or threatening. Three respondents actually looked forward to the prospect of their own death, either because they felt that life without the dead person was not worth living or because of beliefs that they would be reunited with their partner in the afterlife. On this evidence, an older adult's awareness of their own mortality need not be seen as indicative of a dysfunctional grief reaction. Indeed, talking about the prospect of death appeared to be relatively common within the couples featured in this sample, and it may be that the taboo is experienced less keenly in older age or amongst this particular cohort.
In addition, talking about and being aware of death in old age did not apparently equate to expecting death. Based in particular on a comment made by Len in the NATURE OF DEATH category, and in accordance with the findings of Hogan et al (1996) it seems possible that the cognitive awareness of mortality does not necessarily equate with a holistic acceptance of that reality.

LIFE CYCLE ISSUES

The incidence of life-cycle-related anecdotes and references within the sample was high. All seven interviewees felt that the way that they were dealing with their grief was influenced by their stage in life, on both a social and a personal level. In particular, the opportunity and desire to meet new people appeared to impact on the availability of support within this sample. The relatively high levels of reported social coping strategies could reflect the need for older people to be more pro-active in accessing support in the face of these difficulties, particularly in the context of social and distance from the family experienced to some degree by everyone within the sample.

Changes in identity and role in later life were also reported. All interviewees had retired and, with one exception, also given up a regular active role within their family. These general changes provided the background to the further disruption in these areas caused by the bereavement, and responses to a question tapping conjected differences between loss in earlier and later life proved illustrative of this. People cited the availability of work, parental support, and family commitments at earlier stages of the life cycle as important, both as additional challenges and potential supports. Within this sample it was clear that most people were searching for activities and support from alternative sources, and the success of these efforts appeared to impact on self-esteem.
and perceived self-worth. Where a general lack of purpose was perceived within the sample it appeared to result from a combination of perceived loss, realistic appraisal of available opportunities, and a sense that people's lives were so intermingled with their partner's that their life is significantly impoverished.

The perception that life-cycle was an influence on the experience and sequelae of bereavement was supported by the two interviewees who actually had lost partners at a younger age and subsequently remarried. Interviewee Three reported that she experienced the loss of her first husband more acutely due to an awareness of his unfulfilled potential, in addition to her belief that a person's first serious relationship will always be the most important. Interviewee Four also expressed greater romantic attachment to his first partner, and his life-cycle-related needs to provide a mother for his young children was a major influence on his choice of second wife. These views may also have been influenced by dominant cohort attitudes and beliefs about romantic attachment. Interestingly, these two people both reported that the feelings of grief that they had experienced for their first partners were reactivated by the loss of their second spouses, suggesting that a form of 'compound' grief reaction can occur. This also casts new light on the notion that prior experience of loss can make facing subsequent deaths easier to face.

The additional life experience of older adults also appeared to be a factor in their grief reactions. Several people referred to using both past experience of bereavement as well as scripts and analogies from other situations to deal with the stresses and demands of their loss. This wealth of experience could serve to provide guidelines for behaviour and maintain the individual at times when the meaning centred on the relationship breaks down, rendering established patterns inappropriate. It
also suggests that maintaining established scripts may not be dysfunctional in all cases, as long as they can be altered and applied in an appropriate way.

Finally, the potential impact of reminiscence on the grief process should be noted. Although reminiscence itself is hard to explicitly identify from the content of the accounts, there was a general sense that the bereavement had either precipitated or occurred within a process of review and evaluation (Coleman, 1989). Similarities between the processes of reminiscence and grief exist: for example, evaluating the role of the deceased in the life of the bereaved. The impact of these similarities could be great. It is possible for example that the bereavement process could be facilitated by ongoing life-review: it is equally possible that reminiscence processes could be interrupted by a death, necessitating a re-ordering and structuring of the constructed narrative.

COHORT ISSUES

In addition to physical ageing and the influence of the life-cycle, the social and cultural values embedded within the interviewees' birth-defined cohort also appeared to influence the way in which grief was experienced and addressed. Most subjects for example perceived a difference between themselves and younger people in terms of the subjective meaning of the relationship they had lost. Values such as respect, honour, and the nature of love itself were perceived to have altered in importance and emphasis over time, and the tendency for relationships to be shorter and more frequent in today's society was widely commented on. As a result, some people felt that those outside of their age-group could not understand the impact of their loss, unless for example they themselves were bereaved or were perceived as being in other ways qualified to provide empathy.
This perception, in conjunction with other shared values and experiences, appeared to create an explicit sense of cohort membership within the sample. Whilst it was not an area of explicit inquiry within the study, wartime experiences and their role in the formation and meaning of relationships were frequently referred to. Some couples had been parted by the fighting, whilst others shared experiences of hardship that resulted from rationing and other emergency measures. This sense of belonging appeared to be strengthened by the increased incidence of death amongst their peers, with most interviewees accessing support from their contemporaries. All people in the interview sample knew others who had lost their partner, and through those people had heard of the reactions of others still. This 'Cohort Bereavement Culture' appeared to provide both a real and inferred reference point against which the interviewees judged the success of their own responses.

DIVERSITY, COMPLEXITY, INDIVIDUALITY OF EXPERIENCED GRIEF

The second major finding of the research was the complexity and individuality of reported experience. Generally the symptomatology reported within the sample largely subsumed the emotional, psychological, and physiologically sequelae typically described by the term 'grief'. It was noticeable however that people's accounts did not typically concentrate on these symptoms, with only shock and numbness regularly identified. This may be due to the elapsed time between the death and the interview, which averaged three years: most literature suggests that the majority of manifestations such as searching, crying, and somatisation largely disappear after the first year or so. However, other manifestations previously seen as 'symptoms' within the bereavement literature such as
talking to the deceased, missing the deceased etc. have been re-conceptualised within other categories in this study, primarily because they were not experienced as problematic by the individuals themselves. As a result there was little sense of a 'core' grief experience, with reports instead being characterised by diversity and individuality.

It is also possible that the lack of reported symptomatology could have resulted from the mediating effect of being aware that the person's health was declining, allowing people to anticipate the loss. This would be consistent with aspects of the anticipatory grief hypothesis, although the presence of other types of disruption evident after the death suggests that any effect acted only on certain aspects of the grief response.

In place of symptom reporting, people typically spoke of their awareness of what had changed in their lives. The use of anecdotes and examples to illustrate these factors was common, and often moving. A sense of absence was particularly common, particularly where ingrained behavioural patterns forged within the context of the relationship led to them turning to speak to their partner, or at times where they wished to share certain experiences or feelings.

In addition to the experienced impact of the loss, diversity was also evident when considering the overall grief process. There was some evidence that people generally experienced certain phenomena in a roughly sequential manner, allowing the division of symptomatology into early, middle, and late periods of the overall process. There was however considerable variation in the way the process developed, and the interviewees themselves did not describe a change in symptomatology clusters as conceptualised within stage models. Instead, the experience was typically reported as relatively stable in composition but gradually
improving in the intensity and duration of distress. Even this varied however, with one person perceiving no clear movement and two others reporting that the situation had in many ways worsened since the death. This may be related to the findings regarding meaning and purpose, which suggest that there are fewer opportunities for someone to develop new interests and sources of satisfaction and identity in old age. This could be particularly pertinent in situations where the person has relied heavily on their relationship for these factors throughout their adult lives.

Resolution and New Relationships

Findings were also mixed regarding the degree to which people 'resolved' their grief. The idea of resolution as conceptualised in the traditional grief literature, i.e. the loosening of bonds with the deceased with a view to forming new relationships, was not reflected in this sample. Instead, subjects reported recovery constituting a process of acceptance and learning, which was often characterised by an unwillingness to consider new relationships. The reasons for this unwillingness varied considerably, although personal beliefs and prevailing cohort attitudes towards marriage featured strongly in accounts. Equally however it appeared that the duration of the relationships, and therefore the degree of interdependence and knowledge of the other, made the idea of another relationship unpalatable to the person: two subjects said that the task of getting to know a person's habits and idiosyncrasies would be too great at such a late stage in life. To others, the continued impact of the feelings associated with the grief experience made a new relationship unthinkable, tantamount to an act of betrayal. Although one of these people was in the relatively early stages of bereavement (18 months) and would perhaps be more expected to have difficulties with the concept of new relationships, another had been bereaved for four years and was equally opposed to the idea.
Social constraints also influenced the likelihood of seeking and forming new relationships. Three people in the sample could not conceive of how a new relationship could be formed even should they wish to do so, on both an emotional and a practical level. There was widespread acknowledgement that things would have been different had they been younger, in terms both of opportunity and motivation.

**Continuity Rather Than Dislocation**

The third major area of the findings was the tendency for people to experience bereavement as a component and continuation of their lives rather than as a departure and discontinuity. Traditional conceptions of grief have tended to view the experience in isolation, looking at mediators and risk factors that primarily become active at the time of the loss. Stage models in particular have carried the implicit message that one begins with the death and works to the point at which the grief is 'resolved', and where pre-existent factors have been considered it has largely been in a search for universals, e.g. personality types or forms of attachment that have an influence in certain predictable ways. It has been argued above however that the grief experience appears to be both complex and individualised. More specifically, a number of the findings indicate that people experienced the bereavement as a continuation of, rather than a dislocation from, the conjugal relationship and life in general. The accounts given by interviewees covered a wide temporal range, with many people feeling that their grief experience could only be truly understood in the context of how they met their partner, the prevailing social conditions of the time (e.g. World War Two) and how their relationship subsequently developed. The desire within the sample to find a form of commemoration which both did justice to the life of the deceased
and allowed a continuing interaction and legacy to exist could be seen as a sign of this. Whilst these factors may be particularly pertinent to older adults who are likely to be engaging in the active assembling of a coherent life-narrative through reminiscence processes, but it seems likely that the general principle may also hold for younger people.

Of the reported factors that pre-dated the bereavement, the need to understand the way in which the relationship operated, and consequently the nature of what is lost by the bereaved, appeared central. The qualities of balance and sharing, for example, signify a degree of dependence and partnership which could form the basis for both the development of the couple and of the individual. In a number of instances people referred to their partner providing them with either a facilitative or inhibitory influence which counteracted their own weaknesses - the impact of a bereavement in such a case would in all likelihood be different for somebody who was essentially self-reliant.

**IMPACT ON ROLE AND IDENTITY**

**IDENTITY**

The same need for a conception embracing continuity can be posited when considering the impact of a bereavement on identity and role. Identity disruption was particularly evident where people discussed the change from being a component of a couple to being an individual for the first time in many years, and the degree to which people derived their identity from the relationship appears important. This may be particularly true within a cohort for whom alternative sources of identity, such as occupation and family, have declined over the past century. It may be that women in particular tend to be more defined by their relationships than other sources of identity such as occupation, and it is a relatively recent phenomena for such patterns to be challenged and broken. Again it is
important to take cohort issues into account, as the predominant values of the day will influence the way in which a relationship is conducted and subsequently missed.

Another facet of the results was the role played by objects and the home in maintaining identity into old age, and these can become still more important when a partner is lost. The prospect of physical decline meant that many people felt that they may have to move or make alterations to the home if they were to continue to live unaided, threatening the person with a loss of shared heritage and life-experience in addition to a familiar and comfortable environment. It may be that the importance of objects and possessions grows greater in older age as other sources of identity and self-definition are lost.

**Role Changes**

Although changes in role were reported, and additional responsibilities often posed difficulties, the effect was not as great as might be predicted based on the literature. Most people in the sample had prior experience of activities and tasks traditionally seen as the domain of their partner's gender, suggesting that traditional gender roles within the cohort may not have exacerbated this facet of the grief experience as much as could be expected. This may however have been subject to sampling bias however and should not be taken as a firm conclusion.

**Pre Death Period**

In accordance with the findings of Hogan et al (1996) outlined above, the period immediately prior to the death appeared to have a significant influence on the way that the death was subsequently experienced. The clearest example were those of Philip and Beryl, whose unhappiness at watching their spouses suffer resulted in their viewing the death as a
release rather than an event to be mourned. Although this is apparently supportive of some of the contentions of the anticipatory grief hypothesis, it should be noted that grief-like symptoms were NOT reported for the pre-death period. Instead, a period of preparation appeared to precede the death, whereby certain practical and cognitive tasks were, whilst others were only triggered by the reality of the loss.

The notion of shared disability was central to those accounts given by people who had lost their partners to long-term illness or physical deterioration, circumstances necessarily far more common amongst the elderly. Under this conception, the resources present within the relationship were mobilised to counter the physical deficits of the other. Often this appeared to be merely an extension of an existing relationship style characterised by sharing, although in other instances could be a specific behavioural response to changing health circumstances. This relationships was sometimes two-way, in that each partner would have a need that was met by the other: in most instances however, one partner was healthy where the other was not.

The importance of talking about death as a couple also emerged from the data. Although the precise nature and function of these discussions varied considerably, it seems that people derived comfort from having established the wishes of the deceased on a number of practical and emotional issues. These discussions could also provide the basis for resolution of certain long-standing issues within the relationship, serving to provide a degree of closure. As a result of these discussions, and other factors such as the manner of the deceased in the face of terminal illness, there appeared to be considerable continuity through the death.
Finally, the nature of the death was important in respect to the way in which it matched people's expectations. Where it occurred in the context of a general improvement in health, for example, the impact appeared to be greater - the same effect was evident in the one case where the death was completely unexpected. The ability to establish some form of closure appeared to be the primary driving force behind this, with an apparent need to say goodbye. As with a number of the findings, the degree to which the duration of the relationship influenced this factor should be considered, with a sudden discontinuation of a long-term relationship potentially having a greater sense of poignancy after such a long period together. This could only be established through more targeted research however.

CONTINUING RELATIONSHIPS

Whilst the period PRIOR to the death has been discussed in reference to the theme of continuity, it was perhaps the way in which people experienced the relationship following the death that represented the most notable facet of the results. In place of the traditional formulation of 'resolution' was an almost universal adoption of some form of continued relationship with the deceased, in accordance with the findings drawn together by Klass et al (1996). The nature of the bond varied, but there was evidence that people used almost all the modalities in communicating with the dead person that one may use in life - behaviour, speech, values, establishing physical proximity: some people even experienced touch. In effect, a close facsimile of their 'in life' relationship was created, a facsimile that performed many of the same functions. All but one interviewee, for example, reported that the memory and values of the dead person continued to exert an influence on their everyday lives and, in some cases, provided invaluable support and 'input' at times of crisis or decision-making.
Maintaining this link with the deceased also proved a comfort for many people, and appeared to modulate their levels of experienced grief. Continuing established routines for example was widely reported as a way of maintaining a degree of normality and shared identity in the face of the death: such behaviour may, under other paradigms, be seen as avoiding the reality of the loss. Much emphasis was also placed on the need to find an appropriate form of commemoration, either during the funeral or on a more continuing basis - this commemoration could prove a comfort through openly stating the continued importance of the deceased within their lives and stating loyalty to the relationship. It should be noted however that an awareness of the disparity between the 'real' relationship and the continuing one could at times be poignant and provide a trigger for grief.

The choice of the term 'Continuing Relationship' rather than the 'Continuing Bond' label used by Klass et al (1996) was a conscious one. It aimed to stress both the continuity provided by the deceased's continued presence in the interviewee's life in addition to the active nature of the bond. Memories and persisting affection for the deceased are relatively passive 'bonds', whereas the findings of this study suggest that people actively pursued a continuing dialogue and partnership. This was variously achieved through the use of either external representations, such as photographs and objects, or internal structures more akin to the concept of identification. These findings accord with those of Walter (1997), who suggested that a continuing relationship could even continue to evolve after the death.

The presence of the continuing relationship category is congruent with some new directions in bereavement research, and has implications for more traditional conceptions. To begin with, a number of the manifestations of grief previously seen as either dysfunctional, or functional only within
the early stages of grief, were subsumed under the category. Talking to the deceased, experiencing a sense of presence, and of continuing to orient behaviour to the wishes of the other were particularly common examples of this. Secondly, the concept of breaking the bonds which has dominated almost all psychological grief models is questioned. Although the sample size prohibits generalisation, the continuing bonds experienced by the interviewees were generally positive. There was no suggestion from interviewees that such a bond was exacerbating their grief or problematic in any respect - in fact, it was almost universally presented as a sign that their shared love and loyalty had not been ended by the death.

A further question is whether the establishing of a continuing bond with the deceased is likely to be more or less common within this age group. For the people within the sample there was evidence that this continuity was linked to relationship duration, cohort attitudes towards love and marriage, and the opportunities available to form new bonds. The suggestion that an increased relationship duration could result in greater internalisation of the other, as well as the establishing of expectations of the others presence on all levels, has face validity although it cannot be established within this study.

**OTHER INFLUENCES ON THE GRIEF EXPERIENCE**

**TRIGGERS AND REMINDERS**

The most notable findings with respect to triggers and reminders were their extent, and diversity, and the degree to which they were fundamentally embedded in everyday life. This again may be influenced by the sheer duration of the relationship and the volume of shared experiences. The implications are clear for older adults facing these reminders, with the loss never potentially far away.
PERSONAL FACTORS AND COPING STYLES

The influence of personal factors on the grief experience was less clear-cut than other mediators reported by the sample. Although it was clear that some people were able to isolate personal qualities which they felt influenced their ability to deal with their loss, other aspects such as locus of control were more evident from the type of responses given than from the explicit content of the accounts. Other more tangible personal factors accorded strongly with the literature however. Some people clearly referred to past experiences of loss as influences on the way in which they dealt with their grief, and other experiences served to provide analogies. Again this suggests a need to view the death as a continuity rather than a dislocation from ordinary life.

With respect to coping strategies, talking appeared to be the most common, suggesting that people were relatively confrontative of their grief. Two interviewees however said that they rarely talked about the deceased, although there is insufficient evidence to suggest that this constituted an avoidant coping style. In general however there was evidence that people were engaged in both 'Loss Oriented' and 'Restoration-Oriented' processes, as postulated by Stroebe (1998). All interviewees attended to the thoughts and feelings of grief to some extent, although in two cases this was done to a very limited extent. Establishing new forms of activity, starting new hobbies, and forging personal identity in the absence of the other were reported in a number of instances. Other aspects of the dual process model, such as the relinquishing of bonds as the goal of successful grieving, were not supported however.
SPIRITUALITY AND AFTERLIFE

The influence of spiritual beliefs on the experience of grief within this sample was equivocal. Five people held a conviction that their partner had moved to some form of afterlife, and the case of interviewee five indicated that a sufficient belief could transform the meaning of the loss and remove almost all of the experienced distress and regret. For others however the belief was less clear-cut and often took the form of a hope or 'existential searching', a process of making sense of the loss and perhaps contemplating a number of possible explanations for the fate of their loved one.

SUPPORT

The sections of accounts that touched on social support provided evidence for a number of recent theoretical viewpoints. In particular, the notion that perceived support may be a more useful construct than the extent of support networks per se was highlighted. People had a varying degree of expectations about support, clearly stating that some forms were more useful than others and at different stages of the process. The qualifications for empathy, for example, were stated clearly in a number of cases. Talking to others who had shared the same experiences was apparently perceived as more supportive than merely discussing their experiences with another. This may have influenced the generally negative view of counselling and other such services found in the sample.

There was also tentative substantiation of the dual-path model of social support rather than the stress-buffering model (Stroebe et al, 1996). A number of interviewees suggested that they could feel alone and unsupported even when in large groups of friends, family, or acquaintances: indeed, such situations often seemed to exacerbate these feelings. These findings suggest that there are qualities of companionship and sharing which are particular to the conjugal relationship and cannot easily be replaced by
Others.

**POSITIVE ASPECTS**

As referred to briefly above, some people were able to take positives from their experience. The most common positive was the relinquishing of the loved one from pain and suffering, as outlined earlier. In addition however there was evidence that people were able to establish their own routines and lifestyles in the personal freedom afforded them by the death. In other words, the loosening of identity and role which can in some cases cause distress and difficulty could also provide opportunity. Within this sample at least, the ability to manage life and take advantage of this opportunity, in the context of a continuing orientation and bond with the deceased, appeared to constitute a successful 'resolution' of the process.

**REFLECTION ON GRIEF**

One final aspect of note was the degree to which people within the sample reflected upon their grief, effectively 'standing outside' their experiences and either commenting on the process or utilising their knowledge of other people's reactions to gauge the nature and severity of their own. This reflection was often interwoven with fragments of memory and the general sense of reminiscence and life-review. The implications of this are interesting in the light of the evidence outlined in the introduction about the value of attending to the loss, and of cognitively organising and making sense of the experience. It may be that the processes of reminiscence make this more likely to occur, indicating the possibility of better adjustment. Equally however it may have been due to sampling bias, where more reflective individuals would be more driven to volunteer for such as study. Further research would serve to elucidate this factor.
QUALITATIVE APPROACH

The use of a qualitative approach to this question has, it seems, been successful in uncovering the diversity of the experiences of grief for the seven interviewees involved. The use of constant comparison within and between categories resulted in a conception of grief that encompasses not only the aspects deemed important by the researcher, but also those seen as pertinent by the subject themselves - aspects that would, in many cases, have remained unexplored. It is this ability to tap subjective experience, particularly in areas where theory is undeveloped or unclear, which represents the main strength of the qualitative approach.

The adverse side of this however is that the conclusions which can be drawn from the study are limited by the sample size and recruitment method involved. Ideally a larger sample would have been utilised, although the demands in terms of resources and time would have been too great within the context of this study. The qualitative approach can only draw firm conclusions about the people included within the sample itself - any further generalisation would be unwise. Neither however is it true to suggest that the findings are definitely NOT more widely applicable. Other forms of verification can be used to assess the validity of the findings, such as the degree to which the results accord with other research. The finding that most of the sample had a continuing bond with their partners, for example, is concordant with the most recent theoretical work, as were findings for social support and a variety of other areas. However, it is important when interpreting qualitative findings that one remains aware of the influences on the way in which the analysis is performed. The continuing bonds work could be seen as merely the latest in a series of paradigms in the grief field, and the researcher cannot completely divorce
themselves from those influences.

CONCLUSIONS

Given these caveats however, the conclusions to be draw from this study are relatively clear. The impact of ageing in the physical, social, and developmental senses, was established. Not only did these factors appear to influence the manifestations and subjective experience of grief, but the interviewees themselves clearly identified age and its related difficulties as central to the task of dealing with their loss.

In addition to age, the other two central areas discussed above should be stressed. The nature of the grief experience was found to be complex and diverse in this sample, and the reports given by the interviewees of the experiences of others dealing with bereavement only served to reinforce this impression. The importance of placing the death in the context of its circumstances and the person's life history clearly emerged, as did the way in which people integrated the relationship into their daily lives following the loss.

As outlined above, different factors which are active in old age could have both positive and negative consequences for the experience of grief. The overall grief reaction may as a result be no better or worse than that of a younger person. Instead, we may expect a different pattern of impact across different facets of grief. The continuing relationship which shows no signs of diminishing, for example, may be characteristic of the way that older adults experience and respond to grief.

FUTURE RESEARCH

The research outlined above was always intended to be exploratory in
nature, and although a number of interesting areas have emerged it is likely that they would have to be established through more traditional quantitative designs if they are to be considered valid on a wider level. A particular area of interest could be the ways in which continued relationships are established and function, with specific reference to their prevalence in older age as compared with other age groupings. A more thorough investigation of the nature of social support could also be valuable, looking at the five dimensions outlined above.

On a more qualitative front, a number of more discursive themes emerged during the analysis which were not included due to practical and conceptual issues. These included; the way in which the person portrayed their partner, their relationship, and themselves; the use of metaphors when discussing the nature of grief; the use of memories in accounts; and stylistic elements such as the use of dialogue and anecdotes. A discourse analysis of these factors could prove productive.

**Clinical Implications**

The implications of the above points with regard to clinical intervention are great. It has been argued that the combined effects of physical age, position in the life-cycle, and cohort membership can combine to create a situation which is almost cross-cultural. Values, norms, expectations, and priorities may differ for people of different ages, and interventions informed by research conducted within one age group may not be appropriate when applied to another.

The tendency for interventions based upon traditional process models to concentrate on the here-and-now may also be seen as inappropriate for older people. Certainly within this sample people were proud of their histories and the duration of their relationships, and interventions may need to
consciously attend to the past and the nature of what has been lost if they are to be accepted and effective.

More specifically, the widespread tendency to maintain a relationship with the deceased, often in a very active way, would be seen under a number of grief paradigms as 'unresolved grief'. If we accept that a continuing bond may be both functional and common amongst older adults, interventions targeted at relinquishing the bond could at best be ineffective and at worst be actively resisted and even insulting to the client. Instead, it is possible that interventions could be usefully targeted at finding appropriate ways of maintaining the relationship, and using it as a resource for dealing with some of the practical and emotional difficulties that clients face.

In general, the research tentatively suggests that multiple models of grief may be required to cater for different subsections of the population. At the very least it seems that professionals should maintain an awareness of the potential differences from the established 'norm', and remain flexible in formulation and intervention.
Bibliography


http://www.socresonline.org.uk/socresonline/3/3/2.html


*American Journal of Psychotherapy, 28* (2).


*Death Studies*, 17 (1) 1-26


*Omega Journal of Death and Dying*, 26 (1).


Appendices
Appendix One

Ethics Application
INSTRUCTIONS: Please complete in typescript. Please select Yes/No options as appropriate. A version of this form is also available on disc in Word for Windows from the Ethics Committee Secretary or the Regional Research and Development Directorate.

It is essential that this form is completed fully and the relevant enclosures are received if the study is to receive proper scrutiny by the Ethics Committee. Please refer to the accompanying Guidance Notes when completing the form. Please complete the checklist before sending the form.

CHECKLIST

Please indicate if the following have been enclosed by selecting Yes/No/Not applicable options below. For details of the numbers of copies of the form and relevant enclosures required, please contact the relevant LREC secretary. (See Appendix 5 in the Guidance Notes for details.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>copies of application form (double-sided if possible)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>copy/ies of protocol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>patient consent form(s)</td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>patient information sheet(s)</td>
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<td></td>
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<tr>
<td>GP/consultant information sheet(s)</td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>copy/ies of lead applicant’s CV on 2 sides A4</td>
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<td></td>
<td></td>
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<tr>
<td>Questionnaire*</td>
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<td></td>
<td></td>
</tr>
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<td>Copy of manufacturers data sheet for all drugs (one copy only)</td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Copy of investigators brochure (one copy only)</td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>Copy of manufacturers indemnity (2 copies only)</td>
<td></td>
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<tr>
<td>Copy of CTX/CTL/DDX (one copy only)</td>
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<td>Annexe A**</td>
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<tr>
<td>Annexe B***</td>
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<tr>
<td>Annexe C†</td>
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</tbody>
</table>

* Please indicate if not yet finalised.

** If the study involves the use of a new medicinal product or medical device, or the use of an existing product outside the terms of its product licence.

*** If the study includes the use of ionising or non-ionising radiation, radioactive substances or X Rays.

† For research in general practice.

Please indicate below to which LREC this application is to be submitted:

Southmead

March 1998
1. **Short title of project (in not more than 6 words)**  
Bereavement in Older Adults  

**Full title**  
The Experience of Partner Loss in Older Adults: A Qualitative Study  

**Summary of practical benefits/improvements in patient care which are envisaged**  
A greater understanding of the specific challenges facing older adults when dealing with the loss of a partner would enhance the application of existing psychological interventions and potentially reveal new approaches to addressing these issues.  

2. **Applicant (All correspondence will be sent to this address unless indicated otherwise.)**  

<table>
<thead>
<tr>
<th>Surname: Bird</th>
<th>Forename: Simon</th>
<th>Title: Mr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present appointment of applicant: Clinical Psychologist in Training, studying at the University of Plymouth. Clinical placements within Southmead (NHS) Trust.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualifications: BSc (Hons) Psychology with Sociology (First Class)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: 2a Mogg Street, St Werburghs, Bristol BS2 9TZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel: 0117 - 9412757</td>
<td>Fax: N/A</td>
<td>Out of hours tel: 0117 - 9412757</td>
</tr>
</tbody>
</table>

3. **Other workers and departments/institutions involved**  
Marion Dixon, Clinical Psychologist in the Southmead Services for Older Adults  
Psychology Services for Older Adults, Southmead (NHS) Trust  
University of Plymouth Clinical Teaching Unit  

4. **Signature of relevant bodies**  

I undertake to carry out the work in accordance with the principles of the Declaration of Helsinki (copy available from the LREC secretary) and its amendments.  

Signature of applicant:  
Date:  

Signature of Head of Department/Supervisor/Principal in General Practice with overall responsibility for the project:  
Date:  
NAME AND TITLE IN CAPITALS:  

I am fully aware of the details of this project and happy for it to continue as outlined here.  

Signature(s) of relevant Clinical Director(s) where study is being conducted/Medical Director(s) signing on behalf of Trust(s) involved (where appropriate):  
Date:  
NAME AND TITLE IN CAPITALS:  


5. Aims and objectives of project (i.e., what is the intention of the project?)

Due to its exploratory nature the research is not founded on hypotheses. Instead, it aims to identify the individual bereavement experiences of people aged over 65 who have lost a partner and, through an analysis of their accounts, develop our understanding of the particular challenges they face. These findings would then be placed in the context of existing models of bereavement.

It is hoped that the findings of the study will enhance existing clinical practice and aid the development of new approaches.

Study endpoints: To further understand the nature and impact of the grief process in relation to the client group described above.
To interpret and evaluate existing theoretical models in the light of this information.

6. Scientific background of study

Psychological conceptions of bereavement have long been dominated by stage models, whereby people work through different phases of grief to an eventual state of resolution (Shuchter and Zisook, 1993). Grieving which departs from this pattern is defined as 'abnormal', and psychological interventions concentrate on restoring the expected progression (Worden, 1991).

Evidence suggests however that the process of grieving is highly individualistic, and influenced by a multitude of situational and personal factors (Lendrum and Syme, 1992). In the case of older adults, attitudes towards marriage, religion, ageing, retirement, and grieving rituals have all altered markedly over the past century (Parkes, Languani and Young, 1997).

Existing models of bereavement, which are based on contemporary cultural norms, fail to incorporate these factors. In addition, issues of mortality and life-review are more immediate to older adults (Martin, 1998), and wartime experiences may affect their conception of death and the extent of their past bereavement experiences (Eyre 1998). Social support networks are typically small, and traditional gender roles often mean that certain essential tasks are unfamiliar to the bereaved. Consideration of these factors would enhance the applicability of existing models to older adults.

7. Brief outline of project (i.e., what do you intend to do?)

Subjects will be recruited through mental health professionals working in the older adults specialty (see item 14). Once subjects have been contacted and given consent to participate, a detailed, semi-structured interview will be conducted looking at their experiences and perceptions of the bereavement process. Interviews will be transcribed fully, with identifying features removed to preserve anonymity. Clients will be provided with a copy of the transcript for checking. Interview transcripts will then be analysed according to the principles of Grounded Theory (Strauss and Corbin, 1991). A theoretical model will be generated from the client's accounts.

Established questionnaires which have been regularly used in bereavement research will also be included to provide additional information.
Exploratory, interview-based qualitative design

9. i) How was the size of the study determined?
A minimum sample size of seven / eight is recommended for exploratory qualitative studies (Orford 1995).

ii) Was there formal statistical input into the overall study design?

   □ Yes  □ No

   If Yes, please give name of adviser:

iii) What method of analysis will be used?
Grounded Theory (Strauss and Corbin 1991)

10. Does the study fall into any of the following categories?

   Pilot  □ Yes  □ No
   Multi-centre study  □ Yes  □ No
   Student project  □ Yes  □ No

   (part of course requirement)

If student project, what course is being undertaken, in which institution?
Doctorate in Clinical Psychology, University of Plymouth

If this is a multi-centre study, please complete the details below, otherwise go to Question 11.

i) Which centres are involved?

ii) Which ethics committees have been approached, and what is the outcome to date?

iii) Who will have overall responsibility for the study?

iv) Who has control of the data generated?
11. Where will the study take place and in what setting?
Centres throughout the Southmead Trust: home visits.

12. Is any payment being made, or actively being sought by the investigator or department/unit in respect of this study (include research grants)?

*If Yes, complete the section below; if No, go to Question 13.*

i) Is the payment:
   a) A block grant
      If Yes, give details, including amount and source of funding
      Name of funding body:
   b) Based on the number of subjects recruited
      If payment is based on number of subjects recruited (per capita/payment), state total sum payable for each subject completing the study.
      State number of subjects agreed.
      Will patients have their travel costs paid?
      If multi-centre study, state total number of subjects to be recruited.

   ii) Is the payment made in order to:
      a) Pay a salary(ies)
         □ Yes □ No
      b) Fund equipment
         □ Yes □ No
      c) To support further departmental research
         □ Yes □ No
      d) Other (state)
         □ Yes □ No

   iii) Who will have control of the funds? eg Charitable Trust etc.

   iv) Does the investigator(s) have any direct personal involvement (eg financial, share-holding etc.) in the sponsoring organisation? (If Yes, give details.)

   □ Yes □ No

   v) Will all the costs incurred by the institution be covered by the grant?

   □ Yes □ No

   vi) If the project is to be carried out in a Trust has the R&D lead in the Trust been notified of the project?
   If no/NA give reasons:

   □ Yes □ No □ NA

13. Schedule

   Proposed starting date: November 1998
   Proposed duration: Six Months
14. How will the patients or subjects in the study be selected, approached and recruited; what inclusion and exclusion criteria will be used? STATE IF THEY ARE THE SUBJECT OF THERAPEUTIC OR NON-THERAPEUTIC RESEARCH

Potential participants will be identified and initially contacted by mental health professionals working in the older adults specialty. The researcher will contact them, once permission has been obtained, to explain the research and confirm willingness to participate. These initial participants will be asked if they know of other potential participants and, if so, whether they would be prepared to introduce the research to them.

Respondents will be over sixty-five and have lost a partner between one and five years prior to interview. The research is non-therapeutic.

15. How many subjects will be recruited and of what age group?

Seven or eight subjects will be recruited, all over 65 years of age.

16. How will the control group (if used) be selected, approached and recruited; what inclusion and exclusion criteria will be used? Type NA if no controls.

NA

17. How many controls will be recruited and of what age group?

NA

18. Are the subjects or controls included in this study involved in any other research investigation at the present time?

☐ Yes ☐ No ☒Not known

If Yes, please give details.

19. Will healthy volunteers be used?

☐ Yes ☒ No

If Yes, complete details below. If No, go to Question 20.

i) What is their relationship to the investigator?

ii) Will they receive any payment, and if so, what is the source of that funding?  ☐ Yes ☐ No

If Yes, give details of payment per subject.

Applicants should undertake to explain to volunteers that the researcher will contact their GP to ask about any drug therapy and that they must inform the researcher if they consult another doctor during the study, and that this doctor will be informed of this study.
SECTION 4

**Consent**

20. **Is written consent to be obtained?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Postal questionnaire</td>
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<tr>
<td>Interview</td>
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<tr>
<td>Other</td>
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</table>

If Yes, please attach a copy of the consent form to be used.

*(Guidance on consent is given in Appendices 2, 3, 4 in the Guidance Notes.)*

If no written consent is to be obtained is it because one of the following methods of research is employed?

<table>
<thead>
<tr>
<th>Method</th>
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<tr>
<td>Interview</td>
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<tr>
<td>Other</td>
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</table>

If Other, please justify.

21. **Does the study include subjects for whom English is not a first language?**

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
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</table>

If Yes give details of arrangement made; if No please justify.

*Interviews will rely on a high level of verbal ability. In the event of such a subject volunteering, language levels will be informally assessed.*

22. **Are the subjects or controls in one of the following vulnerable groups?**

<table>
<thead>
<tr>
<th>Group</th>
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</thead>
<tbody>
<tr>
<td>Children under 16</td>
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<tr>
<td>People with learning difficulties</td>
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<td></td>
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<tr>
<td>Other vulnerable groups e.g. mental illness, dementia</td>
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</tbody>
</table>

*If Yes, please complete the details below, otherwise go to Question 23.*

i) What special arrangements have been made to deal with the issues of consent and assent, e.g. is parental or guardian agreement to be obtained, and if so in what form?

ii) In what way, if any, can the proposed study be expected to benefit the individual patient/subject on whom it is performed?

23. **Will the patient/subject be given a written information sheet or letter?**

*For suggested format see Appendix 1 in Guidance Notes.*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

If Yes, please attach copy to this application form.

If No, please justify.
24. Does the study involve the use of a new medicinal product or medical device, or the use of an existing product outside the terms of its product licence?

☐ Yes  ☒ No

*If Yes, please complete Annexe A in the Guidance Notes, otherwise go to Question 25.*

25. Will any ionising or non-ionising radiation, or radioactive substances or X-Rays be administered to a patient or volunteer?

☐ Yes  ☒ No

Please ensure information in Q14 includes exclusion criteria with regard to ionising radiation if appropriate.

*If Yes, please complete Annexe B in the Guidance Notes, otherwise go to Question 26.*

26. What investigations and/or interventions will subjects and/or controls have over and above routine care?

*(Please complete the table below by selecting YES/NO options as appropriate. If YES, please give details.)*

<table>
<thead>
<tr>
<th>Investigation</th>
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<td>Video/audio tape recording</td>
<td>☒</td>
<td>☐</td>
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<tr>
<td>Physical examination</td>
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<td>☐</td>
</tr>
<tr>
<td>Other tissue/body sample*</td>
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<td>☐</td>
</tr>
<tr>
<td>Imaging investigations (not radiation)</td>
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<td>☐</td>
</tr>
<tr>
<td>Other investigations not part of normal care</td>
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<td>☐</td>
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<tr>
<td>Additional outpatients attendances</td>
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<tr>
<td>Other</td>
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</tr>
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</table>

Details:

* Please see guidance notes.

If additional investigations or tests are involved with revenue consequences for the NHS the relevant head(s) of department(s) must be contacted.

Signature of Head of Department .......................................................... Date .....................................................

NAME IN CAPITALS .......................................................... Position ..........................................................
27. Are there any ethical problems or considerations that the investigators consider to be important or difficult with the proposed study?

☐ Yes  ☒ No

If Yes, please give details:

27a. Is it possible that the trial medication will not be available at the end of the trial?

☐ Yes  ☐ No  ☒ N/A

27b. If yes, is this made clear in the patient information sheet?

☐ Yes  ☐ No

If No, give reasons

28. Are there any potential hazards to subjects or patients?

☐ Yes  ☒ No

If Yes, please give details, and give the likelihood and details of precautions taken to meet them, and arrangements to deal with adverse events and overdoses, including reporting to the relevant authorities.

29. Is this study likely to cause discomfort or distress to subjects/patients?

☐ Yes  ☒ No

If Yes, estimate the degree and likelihood of discomfort or distress entailed.

Talking about bereavement would necessarily involve recalling traumatic experiences. However, the extent of distress is expected to be contained, and studies suggest that long-term benefit often results from recounting experiences in a safe environment (Worden 1991).
30. Will information be given to the patient's General Practitioner (especially if a drug is to be given or an invasive procedure is undertaken)? □ Yes  ☒ No

If Yes, please enclose an information sheet for the GP.
If No, please justify.

All information emerging from interviews will remain completely anonymous. The client will be encouraged to contact their GP should issues emerge from interview which appear to necessitate additional medical / psychological intervention.

If the study is on hospital patients, has the consent of all consultants whose patients are involved in this research been obtained? □ Yes  ☒ No

If the study is in general practice, has the consent of all the partners been obtained? □ Yes  ☒ No

Where available, please enclose an information sheet for consultants or GPs.
### SECTION 7  
**Indemnity and confidentiality**

Product liability and consumer protection legislation make the supplier and producer (manufacturer) or any person changing the nature of a substance, e.g. by dilution, strictly liable for any harm resulting from a consumer's (subject or patient) use of a product.

---

#### 31.  
**i) What arrangements have been made to provide indemnification and/or compensation in the event of a claim by, or on behalf of, a subject for negligent harm?**

- Researcher covered by professional liability insurance

**ii) What arrangements been made to provide indemnification and/or compensation in the event of a claim by, or on behalf of, a subject for non-negligent harm?**

- N/A

If applicable, the arrangements involving a drug supplied by a company should conform to the most recent ABPI guidelines on patient indemnity or individual Trust documents.

**iii) Will a medical student be involved directly in the project?**

- Yes [ ]
- No [X]

---

#### 32.  
**In cases of equipment or medical devices, have appropriate arrangements been made with the manufacturer?**

(Please indicate NA if not applicable.)

- Yes [ ]
- No [ ]
- NA [X]

If Yes, give details.

---

#### 33.  
**i) Will the study data be held on a computer?**

- Yes [X]
- No [ ]

**ii) If Yes, has the relevant Data Protection Officer been notified?**

- Yes [X]
- No [ ]

Give name of Data Protection Officer: Catherine Dickens

**iii) If No, give reasons**
34. Will the patient's medical records be examined?

Yes ☒ No ☐

If Yes, will information relevant to this study only be extracted?

Yes ☒ No ☐

If extra information is extracted, please justify.

What, if any, additional steps have been taken to safeguard confidentiality of personal records?

All identifying details will be removed from transcripts at the transcription phase.
Computer files will be protected by a password system
All raw data / records to be destroyed following project-completion

35. Will the study include the use of any of the following?

Audio/video tape recording ☒ Yes ☐ No
Observation of patients ☐ Yes ☒ No

If Yes to either,

a) How are confidentiality and anonymity to be ensured?

Audio tapes to be kept in locked cabinet when not in use. Transcriptions will be made with identifying features such as names and locations removed.

b) What arrangements have been made to obtain consent?

An item addressing audio-taping is included in the attached consent form. Further information and reassurance regarding security measures and anonymity will be provided at interview as part of a structured introduction.

c) What will happen to the tapes at the end of the study?

All tapes will be erased once the study is completed.

36. Will medical records be examined by research worker(s) outside the employment of the NHS?

☐ Yes ☒ No

If Yes, it is the responsibility of the principal investigator to ensure that research workers understand that they must:

i) undertake never to divulge information about patients or research subjects, recorded or otherwise, to anyone without the authority of the Consultant/GP under whose care the patient is;

ii) also understand that the names, addresses and places of work of patients or research subjects are confidential and must not be divulged.

Please ensure that you complete the check list on the front cover of the application form and enclose all relevant enclosures.
Appendix Two

Newspaper Advertisement
Dear Sir / Madam,

I am sending the attached information in the hope that you may be able to publish it in the 'Letters to the Editor' section of your newspaper.

As you can see, I am undertaking psychological research to fill a gap in our knowledge about the way in which older people experience grief following the loss of their life-partner. For the research to succeed I need to recruit seven people who would be willing to be interviewed about their experiences, and I feel confident that many of your readers would either meet the required criteria themselves or know people who do. ALTHOUGH BASED IN BRISTOL, I AM PREPARED TO TRAVEL THROUGHOUT THE SOUTH WEST TO INTERVIEW PEOPLE.

I would be extremely grateful if you could include the information outlined below in some form within your publication. I will of course be more than happy to supply any further information you may require. I will follow this letter up with a phone call within the next ten days.

Yours sincerely,

Simon Bird
Clinical Psychologist in Training

E-Mail: simon.bird@starmail.com
Losing a Partner in Later Life

Losing a long-term partner is one of the most painful things that can happen to us. Life can be turned upside down, and people can be overwhelmed by feelings of grief and sadness.

Much is known about how younger people feel after such a loss, but OLDER ADULTS have rarely been asked about their experiences.

I am a postgraduate psychologist studying for a doctorate in Clinical Psychology, and am undertaking a project which aims to improve our understanding and care of older people experiencing grief.

To achieve this, the research requires volunteers throughout the South West who:

• Are over 65
• Have lost a long-term partner between two and six years ago

Volunteers would be interviewed at their own home or other convenient location. The confidential interviews take about two hours, and include questions about how you felt when your partner died, how you coped, the help you received, and how you feel now.

If you live anywhere in the South West and feel able to help with this important research, or would just like to know more before you decide, please phone SIMON BIRD on 0117-9412757 or write to me at:

CLINICAL TEACHING UNIT, 4-5 ROWE STREET, UNIVERSITY OF PLYMOUTH, DRAKE'S CIRCUS, PLYMOUTH, DEVON.
Information Sheet

The Experience of Partner Loss in Older Adults: A Qualitative Study

What is the study about?
I am a third year clinical psychology trainee studying at the University of Plymouth, currently on placement with Southmead (NHS) Trust. I am researching the experiences of people over the age of 65 who have lost their partner. Research on bereavement typically looks at the experiences of younger adults: my clinical experience has suggested that older people may face different challenges and cope in different ways. Studying these factors should improve our understanding and enable us to help people more effectively.

What does the research involve?
If you agree to take part, you will be asked to give a detailed interview lasting for between one and two hours. The interview, which would be audio-taped, would include questions about how you felt when you lost your partner, the ways that you went about dealing with it, the support you received from others, and how you feel about things now. You would also be asked to complete some short questionnaires.

Are there any risks?
Obviously, talking about your bereavement may upset you, and you will be free to halt the interview at any time. However, many people find that talking can help to put things into focus, and there will be an opportunity to discuss the interview and how you feel at the end of the session.

What about confidentiality?
Tapes of the interview will be held in a locked filing cabinet and will be destroyed once the study is completed. The only people with access to the original interview will be a secretary and myself. No other health professional (e.g. GP, consultant) will be contacted about anything you say without
your permission. The only exception to this may be if you reveal something which causes serious concern about your or somebody else's safety. You will be fully consulted should this be the case.

My study report will use extracts from the accounts that you give. However, all features that identify you as the person in the extracts will be removed. You will be given a copy of the interview to make sure you are happy with how this has been done.

What if I don't want to take part?
The study is completely voluntary - even after agreeing to take part you are free to change your mind at any point, including after the interview. Your decision will have no effect whatsoever on future treatment within the NHS.

What do I do now?
If you are willing to take part, please complete and sign the attached consent form and return it to me on the address shown on the front page. I will then contact you to arrange a time and place for the interview.

Please feel free to contact me via my secretary at Southmead Hospital on 0117 - 9595808 if you require any further information.

Simon Bird
Clinical Psychologist in Training
University of Plymouth
Appendix Four

Consent Form
Consent Form

THE EXPERIENCE OF PARTNER LOSS IN OLDER ADULTS: A QUALITATIVE STUDY.

Please complete the following:

• Have you read the information given to you? Yes / No

• Have you had the opportunity to ask questions and discuss the study if you wanted to? Yes / No

• Have you received enough information about the study? Yes / No

• Do you understand that the interview will be taped, and that anonymous sections may be used within the study? Yes / No

• Do you understand that you are free to withdraw from the study:
  • At any time
  • Without having to give a reason for withdrawing
  • Without affecting your future treatment? Yes / No

I hereby consent to participate in the study named above, about which I have received written information

Signed: ___________________________ Date ______________
Appendix Five

Eligibility Criteria
Research into Bereavement Experiences of Elderly Widows / Widowers

Dear

I am looking for both current and past clients of the service who may be willing to take part in this interview-based research. To be eligible for the study, people must fulfil the following criteria:

• Aged over 65
• Male or female
• Bereavement of partner between one and five years ago
• No acute or debilitating effects of bereavement at time of interview (i.e. acute distress)
• No significant psychopathology (e.g. clinical depression, psychotic illness) that may impede interview progress
• Bereavement preferably NOT result of dementia process

If you know if someone who may be suitable and willing to take part, the following procedure is suggested:

1. The client should be contacted by the health professional responsible for their past / current care and provided with one of the information sheets provided with this letter
2. If the person indicates willingness to take part, permission should be obtained for the researcher to contact them directly
3. If permission is obtained, a note to this effect should be left in my drop in Gloucester House along with details of how to contact the client. The drop will be checked every Friday for responses.
4. The researcher will contact the person by phone to discuss the research further. If they are still willing to take part, arrangements will be made to conduct an interview at a convenient location.

Interviews will be taped and transcribed, but ALL identifying features will be removed from the transcription. The client will have his or her own copy of the interview. The information sheet provides more information about the procedure, but please contact me if anything is unclear or you would like to know more. Additional information sheets will also be available if you run out (!)

Thanks for your help!

Simon Bird
Clinical Psychologist in Training
Appendix Six

Interview Schedule
INTERVIEW SCHEDULE

DEMOGRAPHIC DATA

Name
Age
Sex
Approximate date of bereavement
Relationship to deceased
Employment and retirement
Years of Marriage

BACKGROUND TO THE BEREAVEMENT

Type of loss (i.e. sudden, illness related, dementia)
Nature of the relationship (including roles)
Loss history and Previous bereavement experiences

INITIAL REACTION TO THE LOSS

funeral
Pain description
Thoughts and feelings
Anger and guilt
physicality

EMOTIONAL PAIN

Description of Feelings
Anniversary

FEELINGS AND EMOTIONS

ANNIVERSARY

CHANGES IN FUNCTIONING

Adjusting to environment without the person
Social identity - impact on self-image etc.
Social opportunities following bereavement
Changes in lifestyle (linked to roles)
Practical changes in lifestyle
loneliness
### Coping Strategies

- Hardest things to cope with
- Easier things to cope with

### Advice, Help and Support

- Social support - family and social
- Reaction of others to the bereavement and grieving process
- Professional and informal advice etc.
- Best and worst advice, most and least helpful measures etc.

### Family and Friends

- Reaction of others to the bereavement and grieving process
- Effect of bereavement on others

### Identity

- Positive effects of the bereavement
- Belongings

### Resolution

### Metaphors and Images

- The bereavement experience in own words
- Metaphors that characterise experiences and emotions

### Perception of Process

- Perception of change over time in feelings and reactions
- First Year?

### Metaphysical Aspects

- Attitudes towards death
- Religious beliefs
- Feelings regarding their own mortality

### Emotional and Cognitive Responses
Appendix Seven

Examples of Coded Data - Mid-Analysis
Intervieee One - Len

Wherever she went, I went. If she went up those stairs, I went up behind her. When she came down, I came down in front of her [SHARING THE BURDEN OF DISABILITY, ASSUMING A CARING ROLE]. When she had her hip done, we had a portable loo which she had in the back bedroom. And then I used to wash and clean it up in the morning, bring it down here, and she'd have it over there. And she had this attendance allowance... I notified them, within a matter of hours of Alice dying, and the pension, the attendance allowance... Gone. So I'm right down [FINANCE]. But I watch my pennies, I've got a car [DRIVING AND MOBILITY], this is the thing you see... I'm stuck with a bereavement of one as I love dearly [LOCUS OF CONTROL, NATURE OF RELATIONSHIP], like most of us are, I've got a car, I've got a little bit in the bank. I've got pretty good health [OWN HEALTH], I've got a nice little comfortable home [SIGNIFICANCE OF HOME], and yet I'm as unhappy as can be. And I wouldn't do the dirty on my son in Norway [ACTIVE AND PASSIVE SUICIDE]. If I'm going to go, if I go natural there's nothing he can say. But I'm not going to force it. And I'll suffer, but I don't want to suffer too long [OWN MORTALITY]. I've been in these nursing homes, they smell from top to bottom, they have people sat in chairs, and all sorts, urining all over the bloody floor... [PROSPECT OF INSTITUTIONALISATION]. They can't help it, the poor souls... I don't want to be like that. And I'm very pleased, or happy, or glad, I don't know what word to use really, that Alice went like she did [MANNER OF THE DEATH, DEATH BETTER THAN ALTERNATIVES]. But I would have nursed her, and till the bitter end, if she'd be the other way [DEMONSTRATING COMMITTMENT]. And I even sit on her side of the bed some mornings... [OCCUPYING THE DECEASED'S SPACE]. She always used to have a shower as I say... She was the first out, then I would get in the shower, and I'd come back, get myself dried off, and swill the bath round, tidy all up, go in the bedroom, and she's sat on the bed, putting her stockings on or getting dressed [MEMORIES OF ROUTINE]. And now on a Sunday, when I have a shower, when I've dried myself off, I go and sit on her side of the bed [CONTINUING THEIR HALF OF RELATIONSHIP]. And I talk to her [TALKING TO DECEASED]. When I go on a Sunday I say to the picture [PHOTOGRAPHS] "I'm coming down to see you darling". And I'll take something from the garden [FLOWERS AS COMMEMORATION, SUITABLE COMMEMORATION]. And the gardeners they say... John said "I haven't seen you for a month, but I know you're about because the groundsmen have told me you've change your flower" [USE OF DIALOGUE]. It's either a carnation.
or a rose, or something. Now Eileen's growing sweet peas and corn flowers this year, she said "there will always be a little bunch for you to take down to Alice". I feel I want to go [VISITING THE GRAVE]. As I said earlier on, that all I've got left, of a beautiful person, with her thoughts, mind, voice, advice, chatting, loving, nursing...[FEELING THEIR ABSENCE] You name it, all I've got left is some ashes under some turf [FUNNEL EFFECT]. So it's nothing for me to go down there and spend half an hour. And I'm in that vicinity. A lot of people have said to me that it's morbid [ATTITUDE OF OTHERS]. I've shown people a book, and they said to me "Where's this beautiful garden". I said "it's the cemetery at Seatown". "Get out!". I said "it is, but not all of it. It's where Alice is".

INTERVIEWEE TWO - ETHEL

My first reaction was oh, I always hoped I'd be there [DESIRE FOR CLOSURE]. You see, I've lived with the fact that he could have had another heart attack [PREPAREDNESS], it could happen anywhere at anytime, and of course I didn't stay following him around all the time, but one just hopes that one would get the warning and be there, and when he had the cancer diagnosed which meant that he did have to have chemotherapy, um...[GETTING THE DIAGNOSIS, DEVELOPMENT OF MULTIPLE ILLNESS] I just thought "well, OK, I'm here, let's just hope that we get through it". But I must admit that my next reaction was "he had his wish" [DECEASED'S EXPRESSED WISHES], because he'd always said "I hope that I have a massive attack when it comes to the end because I don't think I could face having a stroke, being a cabbage..." [DISCUSSIONS ABOUT DEATH, DIALOGUE, SPECTRE OF INSTITUTIONALISATION]. His father had had several strokes, heart attacks, and had lost his ability to communicate although mentally he was alert, and he was a bright man, been in the army all his life... And he said "I don't think I could face that" and he said "I don't want to face lingering with cancer and having to... So, all right, he had his wish but, somehow, it enabled me to accept it. And, all right, I've been in contact with death [PREVIOUS EXPERIENCES OF LOSS], but that wasn't frightening or anything, so um... Then I've got wonderful next door neighbours [NEIGHBOURS], there are good friends, the husband was good friends with my husband, and... I rang them up the because my son had rung in the morning to say "is everything all right? I'm going up to the hospital". I said "all right". He said "we're taking the wife's parents dog out, he needs a good run". So he said "we'll contact you when we get back". So I knew I couldn't contact him, and... My other son is up in the Cotswolds,
my daughter is down in Devon, so... They came immediately, and er... They all turned up, and this was the... We're not a family who have ever lived in each other's pockets, we've never been... You know, I've never tried to dictate how they should live their lives, and they don't tell me, but we all accept each other's points of view, and er... They're just there, and it happens, there's no fuss or anything, we just get on with things, so my son, as I say, he lives in the Cotswolds, he came, he stayed the week, and I think... His way of dealing with the it was obviously to clean the house from top to bottom! Nothing had ever had this amount of polishing... And he's not a domestic type at all! So that was his way, my local son, who lives in midsummer, he came each day to help, and my daughter came, and as I say... They took over and... I was quite happy to let them takeover, you know, I cooked and burnt their sausages, things like that, but... That's all part of it... And, living in a village, everyone... They're just there, it's amazing. I was completely overwhelmed because although I've got on with people, I just didn't realise the response, so that, I'd think, living in a village, was a bonus.

INTERVIEWEE THREE - MABEL

Oh my God! Oh... He's missed terribly. For one thing, you can't talk to your sons the same you could to your husband. You go out, and you come back, and you're full of saying what you were doing, but he's not there. You see? And there are so many things that you'd like to discuss, and you can't. Like over the tap, wants a washer. He could do all that. So what do you do? We had the wall put back, that was only £50. But then my Ray Byrne went, and care and repair for the elderly, they had to do the roof, and we've been fighting for years for that roof. [SPECIFIC SUPPORT FOR ELDERLY], and we've been fighting for years for that roof. [tape unclear for two seconds]... But we got somewhere in the end. And the head one at care and repair, he said "we will decorate that room, to compensate for all you been through". Ah because I was in and out of hospital while they were doing it [OWN HEALTH]. And then they left me for a fortnight with the place in a muddle, they took the Rayburn out... Mr Livingstone rang through to the houses of Parliament, and spoke to [name of MP]'s secretary [PRACTICAL SUPPORT]. £250 went through the Philips trust for me to help to pay for a replacement second-hand Rayburn. He said "well, I haven't been paid for the decorating", I said "what are you talking about? What happened to the £250? And I haven't had my Rayburn, have I?" [tape unclear
for two seconds]... I don’t know what happened to it, I never had it. So it was all those sort of things, your phone in and you’re doing things, you got to do it on your own [ADDITIONAL RESPONSIBILITY]. Whereas if you have your husband still with you, you’re discussing it with him, and he is helping you [FEELING THEIR ABSENCE]. Whereas you see... I’ve got to do it, I’ve got to do it somehow. But there’s a lot of people that couldn’t, a lot of people that can’t do it like I can perhaps [COMPARATIVE GRIEF REACTIONS]. It’s like the first time I went out in the car after Doug died and I went so far, and I said “oh, I’m in a state. There’s no way I’m driving like this”. And I’m going through the village, and I thought “oh, I’ll have to go to the doctor to sit down and have a talk with the doctor”. My stomach was going over, and I was shaking, in a terrible state. That suddenly I stopped myself and I said to myself "Mabel, you’ve got to do it, now do it! Stop it!” [HOLDING YOURSELF TOGETHER]. And do you know, I sailed past the doctors and I thought “no, come on, you’re got to do it, do it!”. That I went round the lake, and I stopped, and I breathed in, and I breathed out, like they told us at St John’s, and when I came back I could go anywhere. You see?

**INTERVIEWEE FOUR - JEREMY**

Well, that’s a bit difficult because what happened was she was diagnosed as having breast cancer [RECEIVING THE DIAGNOSIS], and they whipped her into hospital pretty quickly actually. We were very surprised. And that operation was successful, and there appeared to be no after effects, and she had no further medication. Then, about... Oh, I suppose about eight to 10 years later, she developed... We went to a play, we had a picnic before the play in the grounds of the school, and she squatted down on the grass and something went ‘crack’, she was in considerable pain [PAIN AND DISCOMFORT], and she went to the doctor, and the X-ray showed that she had cracked her pelvis. They wanted her to have a bone scan, but she wouldn’t. And then it developed into bone cancer [DEVELOPMENT OF MULTIPLE ILLNESSES]. She was in a certain amount of pain, and she had a lot off radiotherapy which caused stomach upsets [ESTABLISHING A MEDICAL BALANCE]. Then in the last year she was sort of in and out of hospital, and... Then she was at home, and she got out of bed one morning, and her hip broke. It was a Sunday morning, and our local GP wasn’t around, but we had a very nice young locum, and he got her into hospital. And they gave her a new hip. That went reasonably well considering how the cancer had got into the bone, but... [WATCHING PHYSICAL DECLINE]. I forget how long she was in hospital, not all that...
long, 10 days perhaps, and they thought she might go out into a nursing home [SPECTRE OF INSTITUTIONALISATION]. She was in a nursing home for a fortnight, and seem to be making progress [EYE OF THE STORM], and she came home, and the district nurse had been a Macmillan nurse, and had a friend who was at the Sue Ryder Home in Lake Hampton. She thought it might be a good idea if she went in there for a fortnight. Well, she was beginning to have fairly massive doses of morphine to keep the pain at bay [ESTABLISHING A MEDICAL BALANCE], and it was quite obvious that she was going downhill quite fast [ASSESSING QUALITY OF LIFE]. I think probably the nurse knew more than we realised. And within a week she died.

INTERVIEWEE FIVE - PHILIP

I mean, I knew that Denise was likely to go very soon [PREPARING FOR DEATH]. So I was prepared for it [PREPAREDNESS FOR DEATH], I mean, what was there to do? We discussed how she wanted to be dealt with when she died [DISCUSSIONS ABOUT DEATH], and we talked about the service. I prepared everything, and put things down in the notice, and everything [PRACTICALITIES OF BEREAVEMENT]. She wanted a particular few words put in the funeral notice [DECEASED’S EXPRESSED WISHES], which we’re always known. It’s quite simple really. What is it? [looks at funeral notice]... "When it is night, the sun still shines, but in another clime". In other words, there’s another world there [POSITIVE BELIEFS RE AFTERLIFE]. It’s all very interesting. But as I say, if you believe in an afterlife you are all right, you think nothing about it. I’m just looking forward to meeting Denise again. As soon as a Denise had gone, I knew that I would have to wait until I was called, until my time came. And in the meantime I try and help everybody [HELPING OTHER PEOPLE].
Appendix Eight

Sample Coding Memos
PARANORMAL CONTACT

Form of metaphysical contact with the dead person. At this stage it is difficult to know whether this will be separated from other signs of continued phenomenological contact such as sightings, smells etc., which are also indicative of the presence of the other but not necessarily associated with 'paranormal' aspects such as visitations, contact through mediums etc.

SHARED DISABILITY

Idea that a couple in older age can come to compensate for each others' physical frailties. In Interview One there is a clearly identified person with the disability, but even in a couple where both are suffering from some form of disability, illness, or frailty, there could be some form of compensation and a degree of co-operation in order to overcome it. This seems to be an extension of the general co-dependency idea, that people come to take roles in life that complement each other and compensate for weaknesses. This may be in many areas, and could be more a cohort effect than a sign of late life in general due to role specificity and expectation.

SOCIAL SUPPORT

This category will probably have to be subdivided into different types of support, e.g. practical support, emotional support, financial support etc. Will probably have to think about the way in which the support is viewed as well, in the light of literature suggesting that support per se may not be the most important factors, but the way that it is perceived against expectations. If there is no evidence for this however...

COHORT EFFECTS

The attitudes towards marriage expressed by interviewee one appear to represent a perception that values have changed since his youth, and that today's young people do not understand the ways of older people. Although this is expressed about relationships, there will in all likelihood be other things that are factors attached to the social fabric of the time in which the interviewees values were formulated. Impact on grief not yet clear - could be a general stress that people do not understand needs of age group, or a more specific issue about the prevailing social attitudes towards things such as mourning rituals.

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OBJECTS AND POSSESSIONS

This emerges very much from the sense of embodied identity and history expressed by interviewee one. The objects he refers to are not only reminders, they are a form of historical document, complete with memories, anecdotes, and in some cases even a shared role with the partner in making them. It remains to be seen however whether this will become a theme for other people, and whilst it is quite a nice category it should stand and fall on its presence in subsequent accounts. Having said that, it may be that its importance to interviewee one is sufficient for it to be included anyway. Will depend on the final criteria developed for inclusion, i.e. based on numbers or subjectively perceived importance.

NATURE OF RELATIONSHIP

It seems from the account that the way in which the relationship worked prior to the death, e.g. degrees of interdependence, nature of bond, amount of shared time and activities, interests etc. Also the duration of the relationship may be a factor in itself - the repetition of the length of time married evident in interview 1 suggests that this could be an individual category.

ASSOCIATIONAL MEMORIES

The nature of interviewee one's account suggests that there are echoes of memory that are prompted by certain events etc. The memories of interviewee one have a web-like interconnectedness, with one thing sparking another and taking him back to previous instances and analogies. This may be a natural and accepted part of the reminiscence process, but may also be more to do with the individual or a manifestation of the grief experience itself. This may be quite difficult to identify, as it is a structural thing rather than an explicit aspect of the account itself, i.e. actually referred to by the person.

GRIEF TRIGGERS

This will inevitably be subdivided I am sure. At present it refers to anything that is identified by the person as something that produces a grief response - a memory, an object, something people said to them etc.
NATURE OF ACCOUNTS
Will need to make a few decisions about this! Refers to factors that are aspects of the account rather than explicit content, i.e. things like use of dialogue etc. Could be that these factors will have a bearing on the eventual results, or maybe not! Will continue to use this large category for a while and try and subdivide should it appear relevant later on.

BEREAVEMENT HISTORY
The past experience of the person with relation to loss and death, as referred to in interview one, may well be important in either modifying the bereavement reaction, or giving people an idea about different levels of grief reactions by comparing how they felt about other types of loss.

COHORT BEREA VEMENT CULTURE
differentiated from general cohort issues in that this involves a perception that there are others in the same boat who are in that situation due to the their similar age to the interviewee. People in same cohort and reaching the same ages at roughly the same times could be expected to experience grief at the same time. In the case of interviewee one, the bereaved group at the garden of rest is a manifestation of this, and he is able to use those people as support and a source of validation and normalisation. Need to establish in other interviews whether there is a wider effect in operation.

INITIAL REACTIONS
Initial catch-all code for any kind of grief response reported by interviewees to be associated with the immediate period after the death. Will code aspects such as shock and numbness etc. Need to be wary that the reports coded here are explicitly referring to the initial phenomena, and not pulling together reported symptoms known in the literature to be characteristic of initial reactions to grief.

COURSE OF GRIEF
Refers to aspects of the accounts that refer to a sense of progression through a process of grief, and any comments about that process. Example from interviewee one - talks about the way that the grief reaction began with shock and numbness but moved in nature. Also sense of having a
conception of where he thinks the grief process will go in the future, e.g. comment about it fading into the mist, not forgetting but being stronger and more able to deal with the grief reactions etc. Again, question of whether these coded portions have to be explicitly referred to by the person or whether it is OK to make inferences from the nature of the account and incidentally reported factors. Refer to literature for this.

**DURATION OF RELATIONSHIP**

Subset of the nature of relationship category? More to do explicitly with the duration of the relationship and the impact that it appears to have on the way in which the loss is experienced and understood. Seems that this may be a central issue, and certainly on that would be important in relation to older adults. Intuitively it feels that someone with 50 or more years of married life would be more interdependent than those with less time in relationship, and the importance of this to interviewee one is clear.

**PROFESSIONAL SUPPORT**

Aspects of the accounts that pertain to support received from professionals. Difficulty in knowing how to define professional - interviewee one refers to the psychologist and the GP that he has seen, but professional could equally refer to people that the deceased was involved with prior to death, e.g. doctors, or those attached to organisations such as Help the Aged etc. Need to firm this up!

**PORTRAYAL OF DECEASED**

Aspects of the account that appear designed to establish the worth and character of the deceased. Need to be careful that these elements are real and not imagined. Also difficult at this stage to see where these comments could fit in the analysis. Can I make inferences about the meaning of something that is stylistic rather than explicit?

**MEDICATION AND MED MODEL**

Interviewee one refers to a belief that he wishes that there were tablets that could take away his grief, and laments the fact that they don't exist. This suggests that he might have a belief about the 'cure' for his grief lying in the hands of medicine, i.e. an external locus of control with the medical model at its centre. Need to watch for this - may be that this age
cohort (and indeed others!) has a residual and over-arching belief in the power of medicine, with potential implications for theoretical approaches such as the grief work model.

**Role Issues**

Role issues - about changes etc. in role after death, e.g. women having to look after money, men having to do domestic chores etc. that they are unused to. This will probably be linked to cohort issues, in that traditional roles are more likely to be evident in the older age group, with implications for the impact of having to assume aspects of an unfamiliar role.
Appendix Nine

Project Development Code Lists
### Coding List 21st June 1999

| (F 186) | 'location' of deceased | (F 262) | characterisation of deceased |
| (F 46) | Absence | (F 353) | characterisation of self |
| (F 103) | Acceptance | (F 91) | Chronic Pain |
| (F 87) | Accommodation | (F 395) | churchgoing |
| (F 337) | accommodation | (F 326) | closer through illness |
| (F 29) | Active Suicide | (F 48) | Closure |
| (F 95) | Acute discomfort | (F 6) | Co-Dependency |
| (F 456) | additional responsibility | (F 43) | Cognitive Decline (Other) |
| (F 270) | advice | (F 41) | Cognitive Decline (Own) |
| (F 199) | advice (bad) | (F 15) | Cohort Bereavement Culture |
| (F 435) | advice (good) | (F 8) | Cohort Issues |
| (F 253) | advice (unhelpful) | (F 230) | commemoration at grave |
| (F 294) | afterlife | (F 243) | company |
| (F 268) | age | (F 210) | comparative grief reaction (others) |
| (F 142) | Age of Others | (F 157) | comparative grief reactions |
| (F 389) | alone | (F 439) | comparative grief reactions (family) |
| (F 316) | alone in a crowd | (F 194) | compensatory influence |
| (F 339) | alone with grief | (F 165) | compensatory measures |
| (F 188) | alone with thoughts | (F 286) | complementary roles |
| (F 213) | amazement at death | (F 280) | composition of grief |
| (F 355) | amazement that life continues | (F 459) | compound grief |
| (F 450) | ambivalence | (F 419) | concentration on family |
| (F 405) | anger | (F 481) | confounding factors |
| (F 436) | answering own doubts | (F 323) | continuation of routines |
| (F 304) | anticipated triggers | (F 399) | continuing customs |
| (F 82) | Anticipatory Grief | (F 261) | continuing half of relationship |
| (F 427) | appearance of coping | (F 50) | Continuing Relationship |
| (F 398) | asserting self re support | (F 109) | Continuity of Support |
| (F 11) | Associational Memories | (F 260) | continuity through objects |
| (F 133) | Attitude of others | (F 258) | contrast in situation |
| (F 488) | attitude towards death | (F 482) | contrast with youth |
| (F 201) | attitude towards marriage | (F 259) | contrasts |
| (F 53) | Attitude Towards Relationship | (F 282) | coping |
| (F 127) | Avoidance | (F 415) | coping breeds coping |
| (F 407) | avoidance (emotional) | (F 329) | coping strategies |
| (F 122) | Awareness of Family | (F 456) | coping with crises |
| (F 101) | Awareness of Process | (F 458) | counselling |
| (F 156) | Balancing factors | (F 169) | couple to single |
| (F 144) | Behavioural Compulsion | (F 17) | Course of Grief |
| (F 211) | behavioural continuity | (F 132) | Crying |
| (F 392) | behavioural coping | (F 31) | Daily Life |
| (F 207) | behavioural response | (F 59) | Death Narrative |
| (F 380) | being a burden | (F 371) | death providing resolution |
| (F 269) | beliefs about recovery | (F 424) | deceased had enough |
| (F 443) | beliefs as coping strategy | (F 130) | Deceased's Expressed Wishes |
| (F 219) | belonging | (F 332) | decisions |
| (F 349) | bereavement as main problem | (F 84) | Decline as Preparation |
| (F 14) | Bereavement History | (F 134) | demonstrating commitment |
| (F 105) | Bereavement Network | (F 198) | demonstration of commitment |
| (F 480) | boredom | (F 76) | Dependence |
| (F 145) | Breakdown | (F 296) | description of grief |
| (F 1) | Broader Categories? | (F 200) | description of relationship |
| (F 94) | Cabbage | (F 244) | descriptions of feelings |
| (F 149) | Calm before storm | (F 342) | deserted |
| (F 74) | Caring Role | (F 174) | desire for closure |
| (F 97) | Celebration of Life | (F 479) | developing new lifestyle |
| (F 97 2) | Celebration of Life/Compelled | (F 325) | development of relationship |
| (F 97 1) | Celebration of Life/Real | (F 36) | Dialogue |
| (F 111) | Changed attitude of Acquaintances | (F 403) | different types of support |
| | | (F 75) | Dignity |
| | | (F 128) | Discussions about death |
| | | (F 228) | disposal method |
(F 336) /lay bereavement theory
(F 273) /learning to live with it
(F 376) /legacy of deceased
(F 77) /Letting Go
(F 287) /life as journey
(F 66) /Life Cycle
(F 409) /life has changed
(F 189) /life review
(F 135) /Life support
(F 178) /life support - decision
(F 150) /lighthouse readiness
(F 437) /listening
(F 391) /little things
(F 314) /living for others
(F 255) /locus of control
(F 67) /Locus of Control
(Intrapsychic)
(F 80) /Loneliness
(F 311) /loss of companionship
(F 168) /loss of control
(F 54) /Loyalty
(F 89) /Manner of Deceased
(F 388) /meaning well
(F 148) /medical balance
(F 21) /Medication and Med Model
(F 203) /memories
(F 191) /memories of couple
(F 35) /Memories of deceased
(F 212) /memories of routine
(F 451) /mental health history
(F 279) /metaphors
(F 147) /mind over body
(F 461) /missed communication
(F 318) /missing banter
(F 317) /missing intimacy
(F 462) /missing the deceased
(F 484) /mobility
(F 384) /moving home
(F 387) /moving on
(F 151) /Multiple Illness
(F 236) /multiple losses
(F 170) /mundane v extraordinary
(F 432) /music
(F 241) /mutual support
(F 13) /Nature of Accounts
(F 58) /Nature of Death
(F 367) /nature of location
(F 331) /nature of own death
(F 10) /Nature of relationship
(F 478) /need for noise
(F 486) /need for perspective
(F 242) /need for purpose
(F 416) /negative thoughts
(F 363) /neighbours
(F 26) /New Relationships
(F 136) /news of death
(F 65) /Numbness
(F 185) /object as reminder
(F 9) /Objects and Possessions
(F 335) /occupation
(F 284) /occupying deceased's space
(F 303) /old and young
(F 177) /opaque medicine
(F 83) /Opposite Sex Company
(F 143) /Other Bereaved
(F 406) /others not appreciating partner
(F 385) /overwhelmed
(F 452) /own health
(F 28) /Own Mortality
(F 187) /pain of grief
(F 69) /Pair of Gloves
(F 471) /palliative care
(F 100) /Palliative Social Support
(F 57) /Paradox of Contact
(F 4) /Paranormal Contact
(F 333) /passing objects on
(F 375) /passing possessions on
(F 30) /Passive Suicide
(F 158) /Passive support
(F 362) /past contact with death
(F 414) /past experience as resource
(F 251) /pattern of memories
(F 240) /paying your way
(F 434) /personal history
(F 467) /personal qualities
(F 171) /personal responsibility for death
(F 265) /personal strength
(F 354) /personality characteristics
(F 86) /Pets
(F 138) /photographs
(F 291) /physical decline
(F 386) /physical decline (future)
(F 44) /Physical Decline (Other)
(F 42) /Physical Decline (Own)
(F 202) /physical evidence of deceased
(F 278) /physical manifestations of grief
(F 116) /Pity
(F 232) /poignancy
(F 20) /Portrayal of Deceased
(F 453) /portrayal of self
(F 85) /Positive Effects
(F 338) /possessions of deceased
(F 374) /possessions of deceased (differential)
(F 184) /post funeral withdrawal
(F 55) /Post-Bereavement Fragmentation
(F 468) /practical challenges
(F 159) /Practical support
(F 107) /Practicalities of Bereavement
(F 218) /pragmatism
(F 358) /precipitating factors
(F 93) /Preparedness
(F 412) /presence of deceased
(F 472) /previous experience of loss
(F 123) /Previous Relationships
(F 283) /pride
(F 378) /pride in ability to cope
(F 274) /pride in deceased
(F 19) /Professional Support
(F 368) /professional support (personal)
(F 72) /Progressive Loss
(F 120) /Project
(F 79) /Psychological Sequelae
(F 290) /putting affairs in order
(F 328) /words of deceased
(F 319) /words of the deceased

(F 426) /working through grief
(F 302) /worsening of grief
First Hierarchical Coding List, 23rd June 1999

Q.S.R. NUD.IST Power version, revision 4.0.
Licensee: University of Plymouth.


(38)/Discursive Elements
(38 1)/Discursive Elements/Nature of Accounts
(38 1 262)/Discursive Elements/Nature of Accounts/characterisation of deceased
(38 1 353)/Discursive Elements/Nature of Accounts/characterisation of self
(38 1 59)/Discursive Elements/Nature of Accounts/Death Narrative
(38 1 134)/Discursive Elements/Nature of Accounts/demonstrating commitment
(38 1 198)/Discursive Elements/Nature of Accounts/demonstration of commitment
(38 1 36)/Discursive Elements/Nature of Accounts/Dialogue
(38 1 60)/Discursive Elements/Nature of Accounts/Establishing Credentials
(38 1 322)/Discursive Elements/Nature of Accounts/expression of love
(38 1 279)/Discursive Elements/Nature of Accounts/metaphors
(38 1 13)/Discursive Elements/Nature of Accounts/Nature of Accounts
(38 1 20)/Discursive Elements/Nature of Accounts/Portrayal of Deceased
(38 1 453)/Discursive Elements/Nature of Accounts/portrayal of self
(38 1 319)/Discursive Elements/Nature of Accounts/words of the deceased

(5)/Experience of Grief
(5 20)/Experience of Grief/Behavioural Responses
(5 20 127)/Experience of Grief/Behavioural Responses/Avoidance
(5 20 207)/Experience of Grief/Behavioural Responses/behavioural response
(5 20 132)/Experience of Grief/Behavioural Responses/Crying
(5 20 307)/Experience of Grief/Behavioural Responses/hurting self
(5 20 208)/Experience of Grief/Behavioural Responses/sitting alone
(5 2)/Experience of Grief/Daily Life
(5 2 455)/Experience of Grief/Daily Life/additional responsibility
(5 2 31)/Experience of Grief/Daily Life/Daily Life
(5 2 475)/Experience of Grief/Daily Life/domestic chores
(5 2 281)/Experience of Grief/Daily Life/domestic work
(5 2 422)/Experience of Grief/Daily Life/everyday functioning
(5 2 457)/Experience of Grief/Daily Life/everyday stresses
(5 13)/Experience of Grief/Impact On Life
(5 13 169)/Experience of Grief/Impact On Life/couple to single
(5 13 31)/Experience of Grief/Impact On Life/Daily Life
(5 13 196)/Experience of Grief/Impact On Life/finance
(5 13 209)/Experience of Grief/Impact On Life/funnel effect
(5 13 124)/Experience of Grief/Impact On Life/Quality of Life
(5 31)/Experience of Grief/Intrapsychic Effects
(5 31 480)/Experience of Grief/Intrapsychic Effects/boredom
(5 31 345)/Experience of Grief/Intrapsychic Effects/dissociation
(5 31 249)/Experience of Grief/Intrapsychic Effects/intrusive memories
(5 31 416)/Experience of Grief/Intrapsychic Effects/negative thoughts
(5 11)/Experience of Grief/Memories
(5 11 1)/Experience of Grief/Memories/Associational Memories
(5 11 325)/Experience of Grief/Memories/development of relationship
(5 11 327)/Experience of Grief/Memories/everyday memories
(5 11 277)/Experience of Grief/Memories/expressions of love
(5 11 98)/Experience of Grief/Memories/Formation of Relationship
(5 11 428)/Experience of Grief/Memories/holidays
(5 11 287)/Experience of Grief/Memories/life as journey
(5 11 203)/Experience of Grief/Memories/memories
(5 11 191)/Experience of Grief/Memories/memories of couple
(5 11 35)/Experience of Grief/Memories/Memories of deceased
(5 11 212)/Experience of Grief/Memories/memories of routine
(5 11 251)/Experience of Grief/Memories/pattern of memories
(5 11 34)/Experience of Grief/Memories/Temporal Echoes
(5 11 319)/Experience of Grief/Memories/words of the deceased
(5 9)/Experience of Grief/Social Dislocation
Experience of Grief

Social Dislocation

alone in a crowd
feeling of separateness
Post- Bereavement Fragmentation
social situation of elderly
Subjective Experiences of Grief
Absence
alone with thoughts
amazement at death
Behavioural contrasts
descriptions
deserted
empty house
overwhelmed
post funeral
time distortion
wallowing
wanting to be alone
subjective loss
company
loss of companionship
missing banter
missing intimacy
Opposite Sex Company
sexual contact
someone to talk to
Symptomatology
anger
Breakdown
composition of grief
effects of shock
emotional impact
emptiness
Guilt?
Loneliness
need for noise
Numbness
pain of grief
physical manifestations of grief
Psychological Sequalae
regret
Grief Process
Continued presence of deceased
Accommodation
Continuing Relationship
(2 22 260) /Grief Process/Continued presence of deceased/continuity through objects
(2 22 332) /Grief Process/Continued presence of deceased/decisions
(2 22 25) /Grief Process/Continued presence of deceased/Enduring Orientation to Deceased
(2 22 56) /Grief Process/Continued presence of deceased/Erasing of Deceased
(2 22 300) /Grief Process/Continued presence of deceased/getting close
(2 22 115) /Grief Process/Continued presence of deceased/Guilt Over Other Commitment
(2 22 359) /Grief Process/Continued presence of deceased/hobbies of deceased
(2 22 411) /Grief Process/Continued presence of deceased/internalisation of deceased
characteristics
(2 22 376) /Grief Process/Continued presence of deceased/legacy of deceased
(2 22 54) /Grief Process/Continued presence of deceased/Loyalty
(2 22 462) /Grief Process/Continued presence of deceased/missing the deceased
(2 22 26) /Grief Process/Continued presence of deceased/New Relationships
(2 22 284) /Grief Process/Continued presence of deceased/occupying deceased's space
(2 22 4) /Grief Process/Continued presence of deceased/Paranormal Contact
(2 22 333) /Grief Process/Continued presence of deceased/passing objects on
(2 22 375) /Grief Process/Continued presence of deceased/passing possessions on
(2 22 138) /Grief Process/Continued presence of deceased/photographs
(2 22 338) /Grief Process/Continued presence of deceased/possessions of deceased
(2 22 412) /Grief Process/Continued presence of deceased/presence of deceased
(2 22 140) /Grief Process/Continued presence of deceased/Recreation of the Deceased
(2 22 298) /Grief Process/Continued presence of deceased/significance of home
(2 22 430) /Grief Process/Continued presence of deceased/someone looking out for you
(2 22 442) /Grief Process/Continued presence of deceased/spiritual guardian
(2 22 139) /Grief Process/Continued presence of deceased/Talking to deceased
(2 22 370) /Grief Process/Continued presence of deceased/tapes
(2 22 382) /Grief Process/Continued presence of deceased/transgenerational characteristics
(2 22 121) /Grief Process/Continued presence of deceased/Unfaithfulness
(2 22 217) /Grief Process/Continued presence of deceased/visiting grave
(2 22 402) /Grief Process/Continued presence of deceased/watching over me
(2 22 328) /Grief Process/Continued presence of deceased/words of deceased
(2 17) /Grief Process/Existential Reflection
(2 17 355) /Grief Process/Existential Reflection/amazement that life continues
(2 17 39) /Grief Process/Existential Reflection/Existential Searching
(2 17 38) /Grief Process/Existential Reflection/Fragility of Life
(2 27) /Grief Process/Grief Course
(2 27 103) /Grief Process/Grief Course/Acceptance
(2 27 17) /Grief Process/Grief Course/Course of Grief
(2 27 131) /Grief Process/Grief Course/Emotional Fluctuation
(2 27 305) /Grief Process/Grief Course/expectations of recovery
(2 27 401) /Grief Process/Grief Course/finding your feet
(2 27 250) /Grief Process/Grief Course/forgetting
(2 27 408) /Grief Process/Grief Course/forging new life
(2 27 267) /Grief Process/Grief Course/getting better
(2 27 429) /Grief Process/Grief Course/humour
(2 27 16) /Grief Process/Grief Course/Initial Reactions
(2 27 77) /Grief Process/Grief Course/Letting Go
(2 27 387) /Grief Process/Grief Course/moving on
(2 27 184) /Grief Process/Grief Course/post funeral withdrawal
(2 27 215) /Grief Process/Grief Course/reality of 'disposal'
(2 27 214) /Grief Process/Grief Course/reality of death
(2 27 246) /Grief Process/Grief Course/reality of loss
(2 27 104) /Grief Process/Grief Course/Resolution
(2 27 469) /Grief Process/Grief Course/searching for meaning
(2 27 114) /Grief Process/Grief Course/Temporal Fluctuation
(2 27 347) /Grief Process/Grief Course/then it hits you
(2 27 413) /Grief Process/Grief Course/time as healer
(2 27 110) /Grief Process/Grief Course/Transfer of Emotion
(2 27 301) /Grief Process/Grief Course/unpredictability of grief reaction
(2 27 302) /Grief Process/Grief Course/worsening of grief
(2 3) /Grief Process/Keeping Up Appearances
(1 29 392) / Influences on Grief/Coping Behaviours/behavioural coping
(1 29 395) / Influences on Grief/Coping Behaviours/churchgoing
(1 29 419) / Influences on Grief/Coping Behaviours/concentration on family
(1 29 323) / Influences on Grief/Coping Behaviours/continuation of routines
(1 29 282) / Influences on Grief/Coping Behaviours/coping
(1 29 329) / Influences on Grief/Coping Behaviours/coping strategies
(1 29 252) / Influences on Grief/Coping Behaviours/distraction
(1 29 81) / Influences on Grief/Coping Behaviours/Each day as it comes
(1 29 310) / Influences on Grief/Coping Behaviours/finding company
(1 29 483) / Influences on Grief/Coping Behaviours/getting on with it
(1 29 292) / Influences on Grief/Coping Behaviours/helping others
(1 29 379) / Influences on Grief/Coping Behaviours/hobbies and interests
(1 29 449) / Influences on Grief/Coping Behaviours/holding self together
(1 29 433) / Influences on Grief/Coping Behaviours/individuality of coping strategies
(1 29 446) / Influences on Grief/Coping Behaviours/keeping busy
(1 29 477) / Influences on Grief/Coping Behaviours/keeping mentally active
(1 29 285) / Influences on Grief/Coping Behaviours/knowing limits
(1 29 147) / Influences on Grief/Coping Behaviours/mind over body
(1 29 496) / Influences on Grief/Coping Behaviours/need for perspective
(1 29 218) / Influences on Grief/Coping Behaviours/pragmatism
(1 29 283) / Influences on Grief/Coping Behaviours/pride
(1 29 444) / Influences on Grief/Coping Behaviours/ranking of coping measures
(1 29 340) / Influences on Grief/Coping Behaviours/reduced expectations of life
(1 29 47) / Influences on Grief/Coping Behaviours/Routine (Positive)
(1 29 463) / Influences on Grief/Coping Behaviours/self talk
(1 29 195) / Influences on Grief/Coping Behaviours/substance use
(1 29 295) / Influences on Grief/Coping Behaviours/talking about grief
(1 29 266) / Influences on Grief/Coping Behaviours/talking about the deceased
(1 29 117) / Influences on Grief/Coping Behaviours/Talking as coping
(1 29 372) / Influences on Grief/Coping Behaviours/telephone
(1 29 393) / Influences on Grief/Coping Behaviours/TV and radio
(1 29 464) / Influences on Grief/Coping Behaviours/visiting friends
(1 29 426) / Influences on Grief/Coping Behaviours/working through grief
(1 7) / Influences on Grief/Family
(1 7 450) / Influences on Grief/Family/ambivalence
(1 7 441) / Influences on Grief/Family/expressed emotion
(1 7 45) / Influences on Grief/Family/Family
(1 7 417) / Influences on Grief/Family/family as motivation
(1 7 364) / Influences on Grief/Family/family being there
(1 7 365) / Influences on Grief/Family/family style
(1 7 315) / Influences on Grief/Family/family's commitment
(1 7 366) / Influences on Grief/Family/ranking of need
(1 7 438) / Influences on Grief/Family/regularity of contact
(1 5) / Influences on Grief/Locus of Control
(1 21) / Influences on Grief/Mediators
(1 21 23) / Influences on Grief/Mediators/Gender Issues
(1 21 357) / Influences on Grief/Mediators/nature of location
(1 21 85) / Influences on Grief/Mediators/Pets
(1 21 348) / Influences on Grief/Mediators/transport
(1 30) / Influences on Grief/Personal Attributes
(1 30 14) / Influences on Grief/Personal Attributes/Bereavement History
(1 30 476) / Influences on Grief/Personal Attributes/emotional style
(1 30 361) / Influences on Grief/Personal Attributes/family health history
(1 30 141) / Influences on Grief/Personal Attributes/Family History
(1 30 451) / Influences on Grief/Personal Attributes/mental health history
(1 30 335) / Influences on Grief/Personal Attributes/occupation
(1 30 362) / Influences on Grief/Personal Attributes/past contact with death
(1 30 414) / Influences on Grief/Personal Attributes/past experience as resource
(1 30 434) / Influences on Grief/Personal Attributes/personal history
(1 30 467) / Influences on Grief/Personal Attributes/personal qualities
(1 30 265) / Influences on Grief/Personal Attributes/personal strength
(1 30 354) / Influences on Grief/Personal Attributes/personality characteristics
(1 30 472) / Influences on Grief/Personal Attributes/previous experience of loss
(1 30 123) / Influences on Grief/Personal Attributes/Previous Relationships
(130, 410) /Influences on Grief/Personal Attributes/qualities of the person
(132) /Influences on Grief/Pre-Death Period
(132, 95) /Influences on Grief/Pre-Death Period/Acute discomfort
(132, 82) /Influences on Grief/Pre-Death Period/Anticipatory Grief
(132, 149) /Influences on Grief/Pre-Death Period/Calm before storm
(132, 74) /Influences on Grief/Pre-Death Period/Caring Role
(132, 91) /Influences on Grief/Pre-Death Period/Chronic Pain
(132, 326) /Influences on Grief/Pre-Death Period/closer through illness
(132, 43) /Influences on Grief/Pre-Death Period/Cognitive Decline (Other)
(132, 165) /Influences on Grief/Pre-Death Period/compensatory measures
(132, 424) /Influences on Grief/Pre-Death Period/deceased had enough
(132, 130) /Influences on Grief/Pre-Death Period/Deceased’s Expressed Wishes
(132, 84) /Influences on Grief/Pre-Death Period/Decline as Preparation
(132, 76) /Influences on Grief/Pre-Death Period/Dependency
(132, 174) /Influences on Grief/Pre-Death Period/desire for closure
(132, 75) /Influences on Grief/Pre-Death Period/Dignity
(132, 128) /Influences on Grief/Pre-Death Period/Discussions about death
(132, 154) /Influences on Grief/Pre-Death Period/Expectations of future illness
(132, 113) /Influences on Grief/Pre-Death Period/Growth Through Caring
(132, 425) /Influences on Grief/Pre-Death Period/helplessness (illness)
(132, 356) /Influences on Grief/Pre-Death Period/history of illness
(132, 759) /Influences on Grief/Pre-Death Period/illness
(132, 161) /Influences on Grief/Pre-Death Period/Impact of Diagnosis
(132, 90) /Influences on Grief/Pre-Death Period/importance of Diagnosis
(132, 89) /Influences on Grief/Pre-Death Period/Manner of Deceased
(132, 148) /Influences on Grief/Pre-Death Period/medical balance
(132, 151) /Influences on Grief/Pre-Death Period/multiple illness
(132, 471) /Influences on Grief/Pre-Death Period/palliative care
(132, 44) /Influences on Grief/Pre-Death Period/Physical Decline (Other)
(132, 93) /Influences on Grief/Pre-Death Period/Preparedness
(132, 72) /Influences on Grief/Pre-Death Period/Progressive Loss
(132, 124) /Influences on Grief/Pre-Death Period/Quality of Life
(132, 470) /Influences on Grief/Pre-Death Period/reprise
(132, 357) /Influences on Grief/Pre-Death Period/relapse
(132, 373) /Influences on Grief/Pre-Death Period/validation of relationship through last act
(132, 163) /Influences on Grief/Pre-Death Period/who goes first
(14) /Influences on Grief/Professionals
(14, 458) /Influences on Grief/Professionals/counselling
(14, 492) /Influences on Grief/Professionals/Institutional Management (Positive)
(14, 71) /Influences on Grief/Professionals/Institutional Management - Negative
(14, 21) /Influences on Grief/Professionals/Medication and Med Model
(14, 368) /Influences on Grief/Professionals/professional support (personal)
(14, 216) /Influences on Grief/Professionals/service support
(14, 257) /Influences on Grief/Professionals/validation through professional contact
(19) /Influences on Grief/Relationship
(19, 53) /Influences on Grief/Relationship/Attitude Towards Relationship
(19, 6) /Influences on Grief/Relationship/Co-Dependency
(19, 194) /Influences on Grief/Relationship/compensatory influence
(19, 286) /Influences on Grief/Relationship/complementary roles
(19, 200) /Influences on Grief/Relationship/description of relationship
(19, 49) /Influences on Grief/Relationship/History of Couple
(19, 324) /Influences on Grief/Relationship/intimacy
(19, 321) /Influences on Grief/Relationship/knowing each other
(19, 10) /Influences on Grief/Relationship/Nature of relationship
(19, 69) /Influences on Grief/Relationship/Pair of Gloves
(19, 274) /Influences on Grief/Relationship/pride in deceased
(19, 102) /Influences on Grief/Relationship/Relational Maturity
(19, 176) /Influences on Grief/Relationship/relationship as journey
(19, 264) /Influences on Grief/Relationship/respect
(19, 5) /Influences on Grief/Relationship/Shared Disability
(19, 360) /Influences on Grief/Relationship/shared interests
(19, 167) /Influences on Grief/Relationship/sharing
(19, 175) /Influences on Grief/Relationship/togetherness

180
(1 19288) /influences on grief/relationship/volume of experiences
(1 35) /influences on grief/role issues and identity
(1 35286) /influences on grief/role issues and identity/complementary roles
(1 35169) /influences on grief/role issues and identity/couple to single
(1 3523) /influences on grief/role issues and identity/gender issues
(1 3578) /influences on grief/role issues and identity/identity
(1 35384) /influences on grief/role issues and identity/moving home
(1 359) /influences on grief/role issues and identity/objects and possessions
(1 35468) /influences on grief/role issues and identity/practical challenges
(1 35418) /influences on grief/role issues and identity/retirement
(1 3552) /influences on grief/role issues and identity/role changes
(1 3522) /influences on grief/role issues and identity/role issues
(1 35383) /influences on grief/role issues and identity/role within family
(1 3537) /influences on grief/role issues and identity/symbolism of 'home'
(1 36) /influences on grief/support
(1 36270) /influences on grief/support/advice
(1 36199) /influences on grief/support/advice (bad)
(1 36435) /influences on grief/support/advice (good)
(1 36253) /influences on grief/support/advice (unhelpful)
(1 36398) /influences on grief/support/asserting self re support
(1 36219) /influences on grief/support/belonging
(1 36105) /influences on grief/support/bereavement network
(1 36109) /influences on grief/support/continuity of support
(1 36403) /influences on grief/support/different types of support
(1 36239) /influences on grief/support/emotional support
(1 36312) /influences on grief/support/everyday contact
(1 36254) /influences on grief/support/expectations of others
(1 36276) /influences on grief/support/external feedback re grief
(1 36137) /influences on grief/support/family support
(1 36231) /influences on grief/support/fellowship of bereaved
(1 36238) /influences on grief/support/financial support (family)
(1 36245) /influences on grief/support/geographical proximity of support
(1 36272) /influences on grief/support/honesty of others
(1 36437) /influences on grief/support/listening
(1 36388) /influences on grief/support/meaning well
(1 36241) /influences on grief/support/mutual support
(1 36363) /influences on grief/support/neighbours
(1 36227) /influences on grief/support/normalisation
(1 36143) /influences on grief/support/other bereaved
(1 36100) /influences on grief/support/palliative social support
(1 36158) /influences on grief/support/passive support
(1 36116) /influences on grief/support/pity
(1 36159) /influences on grief/support/practical support
(1 3619) /influences on grief/support/professional support
(1 3624) /influences on grief/support/qualifications for talking
(1 36465) /influences on grief/support/reciprocity
(1 36306) /influences on grief/support/respect from others
(1 367) /influences on grief/support/social support
(1 36396) /influences on grief/support/structured social support
(1 36397) /influences on grief/support/support at key times
(1 36448) /influences on grief/support/support at time of death
(1 36160) /influences on grief/support/support progression
(1 36112) /influences on grief/support/symbiotic nature of support
(1 36271) /influences on grief/support/sympathy
(1 36266) /influences on grief/support/talking about the deceased
(1 36372) /influences on grief/support/telephone
(1 36431) /influences on grief/support/unexpected support
(1 36394) /influences on grief/support/unreliability of support
(1 36197) /influences on grief/support/validation of deceased
(1 36225) /influences on grief/support/validation of grief reaction
(1 36460) /influences on grief/support/volunteered support
(1 15) /influences on grief/the death
(1 1548) /influences on grief/the death/closure
(1 1559) /influences on grief/the death/death narrative

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181
(6 23 296) /Outcomes/Reflections on Grief/description of grief
(6 23 343) /Outcomes/Reflections on Grief/doing things properly
(6 23 420) /Outcomes/Reflections on Grief/doing too much
(6 23 275) /Outcomes/Reflections on Grief/hopes re grief course
(6 23 381) /Outcomes/Reflections on Grief/individuality of need
(6 23 336) /Outcomes/Reflections on Grief/lay bereavement theory
(6 23 409) /Outcomes/Reflections on Grief/life has changed
(6 23 170) /Outcomes/Reflections on Grief/mundane v extraordinary
(6 23 57) /Outcomes/Reflections on Grief/Paradox of Contact
(6 23 423) /Outcomes/Reflections on Grief/surprise at coping
(6 23 320) /Outcomes/Reflections on Grief/universality of bereavement
(3) /Tasks
(3 37) /Tasks/Commemoration
(3 37 97) /Tasks/Commemoration/Celebration of Life
(3 37 230) /Tasks/Commemoration/comemoration at grave
(3 37 350) /Tasks/Commemoration/flowers as commemoration
(3 37 229) /Tasks/Commemoration/Institutional practices
(3 37 233) /Tasks/Commemoration/respect from agencies
(3 37 351) /Tasks/Commemoration/suitable commemoration
(3 37 221) /Tasks/Commemoration/suitable memorial
(3 37 108) /Tasks/Commemoration/Validation Through Funeral
(3 33) /Tasks/Practicalities
(3 33 228) /Tasks/Practicalities/disposal method
(3 33 183) /Tasks/Practicalities/funeral
(3 33 308) /Tasks/Practicalities/funeral management
(3 33 107) /Tasks/Practicalities/Practicalities of Bereavement
(3 33 222) /Tasks/Practicalities/suitable disposal
(3 33 125) /Tasks/Practicalities/Treatment of Body
(3 33 204) /Tasks/Practicalities/will
Hierarchical node list showing number of documents coded, 6/7/99

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******************************************************************************
(D) //Document Annotations
This node codes 0 documents.
******************************************************************************
(C) //Node Clipboard - 'Existential Reflection'
This node codes 3 documents.
******************************************************************************
(F) //Free Nodes
This node codes 0 documents.
******************************************************************************
(F 59) //Free Nodes/Death Narrative ?
This node codes 6 documents.
******************************************************************************
(F 17) //Free Nodes/Existential Reflection
This node codes 3 documents.
******************************************************************************
(F 7) //Free Nodes/Family
This node codes 5 documents.
******************************************************************************
(F 63) //Free Nodes/Redefinition of Situation ?
This node codes 4 documents.
******************************************************************************
(F 40) //Free Nodes/Routine (Negative)
This node codes 1 document.
******************************************************************************
(F 62) //Free Nodes/Violation of Expectation ?
This node codes 2 documents.
******************************************************************************
(I) //Index Searches
This node codes 0 documents.
******************************************************************************
(T) //Text Searches
This node codes 0 documents.
******************************************************************************
(38) //Discursive Elements
This node codes 0 documents.
******************************************************************************
(38 1) //Discursive Elements/Nature of Accounts
This node codes 0 documents.
******************************************************************************
(38 1 262) //Discursive Elements/Nature of Accounts/characterisation of deceased
This node codes 5 documents.
******************************************************************************
(38 1 353) //Discursive Elements/Nature of Accounts/characterisation of self
This node codes 2 documents.
******************************************************************************
(38 1 59) //Discursive Elements/Nature of Accounts/Death Narrative
This node codes 6 documents.
******************************************************************************
(38 1 134) /Discursive Elements/Nature of Accounts/demonstrating commitment
This node codes 1 document.
********************************************************************************************************
(38 1 198) /Discursive Elements/Nature of Accounts/demonstrating of commitment
This node codes 1 document.
******************************************************************************
(38 1 36) /Discursive Elements/Nature of Accounts/Discourse
This node codes 5 documents.
******************************************************************************
(38 1 60) /Discursive Elements/Nature of Accounts/Establishing Credentials
This node codes 2 documents.
******************************************************************************
(38 1 322) /Discursive Elements/Nature of Accounts/expression of love
This node codes 1 document.
******************************************************************************
(38 1 279) /Discursive Elements/Nature of Accounts/metaphors
This node codes 3 documents.
******************************************************************************
(38 1 13) /Discursive Elements/Nature of Accounts/Nature of Accounts
This node codes 0 documents.
******************************************************************************
(38 1 453) /Discursive Elements/Nature of Accounts/portrayal of self
This node codes 2 documents.
******************************************************************************
(38 1 319) /Discursive Elements/Nature of Accounts/words of the deceased
This node codes 2 documents.
******************************************************************************
(5) /Experience of Grief
This node codes 0 documents.
******************************************************************************
(5 20) /Experience of Grief/Behavioural Responses
This node codes 0 documents.
******************************************************************************
(5 20 127) /Experience of Grief/Behavioural Responses/Avoidance
This node codes 3 documents.
******************************************************************************
(5 20 207) /Experience of Grief/Behavioural Responses/behavioural response
This node codes 1 document.
******************************************************************************
(5 20 132) /Experience of Grief/Behavioural Responses/Crying
This node codes 4 documents.
******************************************************************************
(5 20 307) /Experience of Grief/Behavioural Responses/hurting self
This node codes 1 document.
******************************************************************************
(5 20 208) /Experience of Grief/Behavioural Responses/sitting alone
This node codes 1 document.
******************************************************************************
(5 13) /Experience of Grief/Impact On Life
This node codes 0 documents.
******************************************************************************
(5 13 455) /Experience of Grief/Impact On Life/additional responsibility
This node codes 1 document.
******************************************************************************
(5 13 31) /Experience of Grief/Impact On Life/Daily Life
This node codes 3 documents.
******************************************************************************
(5 13 281) /Experience of Grief/Impact On Life/domestic work
This node codes 4 documents.
******************************************************************************
(5 13 457) /Experience of Grief/Impact On Life/everyday stresses
This node codes 2 documents.
******************************************************************************
(5 13 196) /Experience of Grief/Impact On Life/finance
This node codes 5 documents.
******************************************************************************
(5 13 209) /Experience of Grief/Impact On Life/funnel effect
This node codes 1 document.
******************************************************************************
(5 13 124) /Experience of Grief/Impact On Life/Quality of Life
This node codes 2 documents.
******************************************************************************
(5 31) /Experience of Grief/Intrapsychic Effects
This node codes 0 documents.
******************************************************************************
(5 31 480) /Experience of Grief/Intrapsychic Effects/boredom
This node codes 1 document.
******************************************************************************
(5 31 345) /Experience of Grief/Intrapsychic Effects/dissociation
This node codes 2 documents.
******************************************************************************
(5 31 249) /Experience of Grief/Intrapsychic Effects/intrusive memories
This node codes 1 document.
******************************************************************************
(5 31 416) /Experience of Grief/Intrapsychic Effects/negative thoughts
This node codes 1 document.
******************************************************************************
(5 11) /Experience of Grief/Memories
This node codes 0 documents.
******************************************************************************
(5 11 9) /Experience of Grief/Memories/How we met
This node codes 3 documents.
******************************************************************************
(5 11 2) /Experience of Grief/Memories/Memories all I have left
This node codes 1 document.
******************************************************************************
(5 11 10) /Experience of Grief/Memories/Memories of Bad Times
This node codes 1 document.
******************************************************************************
This node codes 2 documents.

(5 6) /Experience of Grief/Subjective Experiences of Grief
This node codes 0 documents.

(5 6 46) /Experience of Grief/Subjective Experiences of Grief/Absence
This node codes 3 documents.

(5 6 389) /Experience of Grief/Subjective Experiences of Grief/alone
This node codes 3 documents.

(5 6 316) /Experience of Grief/Subjective Experiences of Grief/alone in a crowd
This node codes 1 document.

(5 6 339) /Experience of Grief/Subjective Experiences of Grief/alone with grief
This node codes 1 document.

(5 6 213) /Experience of Grief/Subjective Experiences of Grief/amazement at death
This node codes 2 documents.

(5 6 259) /Experience of Grief/Subjective Experiences of Grief/contrasts
This node codes 1 document.

(5 6 244) /Experience of Grief/Subjective Experiences of Grief/descriptions of feelings
This node codes 1 document.

(5 6 342) /Experience of Grief/Subjective Experiences of Grief/deserted
This node codes 1 document.

(5 6 182) /Experience of Grief/Subjective Experiences of Grief/Disconnection
This node codes 1 document.

(5 6 390) /Experience of Grief/Subjective Experiences of Grief/empty house
This node codes 3 documents.
Experience of Grief: Subjective Experiences of Grief

- Feeling of separateness
- Moving from Couple to Single
- Post-Bereavement Fragmentation
- Wanting to be alone

Symptomatology

- Anger
- Breakdown
- Composition of grief
- Effects of shock
- Emotional impact
- Emptiness
- Loneliness
- Need for noise
- Pain of grief
- Physical manifestations of grief
- Psychological Sequelae
This node codes 2 documents.
************************************************************
(5 28 162) /Experience of Grief/Symptomatology/regret
This node codes 2 documents.
************************************************************
(5 28 224) /Experience of Grief/Symptomatology/shock
This node codes 4 documents.
************************************************************
(5 28 330) /Experience of Grief/Symptomatology/somatisation
This node codes 1 document.
************************************************************
(5 28 297) /Experience of Grief/Symptomatology/thinking about deceased
This node codes 1 document.
************************************************************
(5 12) /Experience of Grief/What have I lost?
This node codes 0 documents.
************************************************************
(5 12 243) /Experience of Grief/What have I lost?/company
This node codes 5 documents.
************************************************************
(5 12 312) /Experience of Grief/What have I lost?/Everyday Contact
This node codes 4 documents.
************************************************************
(5 12 317) /Experience of Grief/What have I lost?/Intimacy
This node codes 3 documents.
************************************************************
(5 12 83) /Experience of Grief/What have I lost?/Opposite Sex Company
This node codes 3 documents.
************************************************************
(5 12 313) /Experience of Grief/What have I lost?/Someone to Talk to
This node codes 3 documents.
************************************************************
(2) /Grief Process
This node codes 0 documents.
************************************************************
(2 22) /Grief Process/Continued presence of deceased
This node codes 0 documents.
************************************************************
(2 22 50) /Grief Process/Continued presence of deceased/Continuing Relationship
This node codes 5 documents.
************************************************************
(2 22 3) /Grief Process/Continued presence of deceased/Effect of Continuing Presence
This node codes 0 documents.
************************************************************
(2 22 3 332) /Grief Process/Continued presence of deceased/Effect of Continuing Presence/decisions
This node codes 4 documents.
************************************************************
(2 22 3 115) /Grief Process/Continued presence of deceased/Effect of Continuing Presence/Guilt Over Other Commitment

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This node codes 0 documents.

************************************************************
(2 22 3 26) /Grief Process/Continued presence of deceased/Effect of Continuing Presence/New Relationships
This node codes 3 documents.

************************************************************
(2 22 3 298) /Grief Process/Continued presence of deceased/Effect of Continuing Presence/significance of home
This node codes 2 documents.

************************************************************
(2 22 2) /Grief Process/Continued presence of deceased/Establishing Continuity
This node codes 0 documents.

************************************************************
(2 22 2 211) /Grief Process/Continued presence of deceased/Establishing Continuity/behavioural continuity
This node codes 1 document.

************************************************************
(2 22 2 399) /Grief Process/Continued presence of deceased/Establishing Continuity/continuing customs
This node codes 1 document.

************************************************************
(2 22 2 261) /Grief Process/Continued presence of deceased/Establishing Continuity/continuing half of relationship
This node codes 2 documents.

************************************************************
(2 22 2 25) /Grief Process/Continued presence of deceased/Establishing Continuity/Enduring Orientation to Deceased
This node codes 5 documents.

************************************************************
(2 22 2 300) /Grief Process/Continued presence of deceased/Establishing Continuity/getting close
This node codes 1 document.

************************************************************
(2 22 2 411) /Grief Process/Continued presence of deceased/Establishing Continuity/internalisation of deceased
This node codes 1 document.

************************************************************
(2 22 2 284) /Grief Process/Continued presence of deceased/Establishing Continuity/occupying deceased's space
This node codes 2 documents.

************************************************************
(2 22 2 140) /Grief Process/Continued presence of deceased/Establishing Continuity/Recreation of the Deceased
This node codes 2 documents.

************************************************************
(2 22 2 139) /Grief Process/Continued presence of deceased/Establishing Continuity/Talking to deceased
This node codes 3 documents.

************************************************************
(2 22 2 217) /Grief Process/Continued presence of deceased/Establishing Continuity/Visting the Grave
This node codes 1 document.

************************************************************
(2 22 2 328) /Grief Process/Continued presence of deceased/Establishing Continuity/words of deceased
This node codes 3 documents.

************************************************************
(2 22 5) /Grief Process/Continued presence of
deceased/Experienced Form of Continuing Presence
This node codes 0 documents.

(2 22 5 462) /Grief Process/Continued presence of
deceased/Experienced Form of Continuing Presence/missing the deceased
This node codes 2 documents.

(2 22 5 4) /Grief Process/Continued presence of
deceased/Experienced Form of Continuing Presence/Paranormal Contact
This node codes 4 documents.

(2 22 5 412) /Grief Process/Continued presence of
deceased/Experienced Form of Continuing Presence/presence of deceased
This node codes 1 document.

(2 22 5 274) /Grief Process/Continued presence of
deceased/Experienced Form of Continuing Presence/pride in deceased
This node codes 1 document.

(2 22 5 402) /Grief Process/Continued presence of
deceased/Experienced Form of Continuing Presence/watching over me
This node codes 1 document.

(2 22 359) /Grief Process/Continued presence of
deceased/hobbies of deceased
This node codes 1 document.

(2 22 376) /Grief Process/Continued presence of
deceased/legacy of deceased
This node codes 2 documents.

(2 22 1) /Grief Process/Continued presence of
deceased/Objects etc
This node codes 0 documents.

(2 22 1 260) /Grief Process/Continued presence of
deceased/Objects etc/continuity through objects
This node codes 4 documents.

(2 22 1 333) /Grief Process/Continued presence of
deceased/Objects etc/passing objects on
This node codes 4 documents.

(2 22 1 138) /Grief Process/Continued presence of
deceased/Objects etc/photographs
This node codes 3 documents.

(2 22 1 370) /Grief Process/Continued presence of
deceased/Objects etc/tapes
This node codes 1 document.

(2 22 20) /Grief Process/Continued presence of
deceased/Portrayal of Deceased
This node codes 5 documents.

(2 22 382) /Grief Process/Continued presence of
deceased/transgenerational characteristics
This node codes 2 documents.
(2 27) /Grief Process/Grief Course
This node codes 0 documents.
*****************************************************************************
(2 27 17) /Grief Process/Grief Course/Course of Grief
This node codes 0 documents.
*****************************************************************************
(2 27 1) /Grief Process/Grief Course/Early Period
This node codes 0 documents.
*****************************************************************************
(2 27 1 16) /Grief Process/Grief Course/Early Period/Initial Reactions
This node codes 5 documents.
*****************************************************************************
(2 27 1 65) /Grief Process/Grief Course/Early Period/Numbness
This node codes 1 document.
*****************************************************************************
(2 27 1 184) /Grief Process/Grief Course/Early Period/post funeral withdrawal
This node codes 1 document.
*****************************************************************************
(2 27 1 215) /Grief Process/Grief Course/Early Period/reality of 'disposal'
This node codes 1 document.
*****************************************************************************
(2 27 1 224) /Grief Process/Grief Course/Early Period/shock
This node codes 4 documents.
*****************************************************************************
(2 27 1 347) /Grief Process/Grief Course/Early Period/then it hits you
This node codes 1 document.
*****************************************************************************
(2 27 305) /Grief Process/Grief Course/expectations of recovery
This node codes 1 document.
*****************************************************************************
(2 27 250) /Grief Process/Grief Course/forgetting
This node codes 2 documents.
*****************************************************************************
(2 27 429) /Grief Process/Grief Course/humour
This node codes 1 document.
*****************************************************************************
(2 27 3) /Grief Process/Grief Course/Late Period
This node codes 0 documents.
*****************************************************************************
(2 27 3 408) /Grief Process/Grief Course/Late Period/forge new life
This node codes 1 document.
*****************************************************************************
(2 27 3 387) /Grief Process/Grief Course/Late Period/moving on
This node codes 2 documents.
*****************************************************************************
(2 27 3 104) /Grief Process/Grief Course/Late Period/Resolution
This node codes 0 documents.
*****************************************************************************
(2 27 2) /Grief Process/Grief Course/Middle Period
This node codes 0 documents.
*****************************************************************************
(2 27 2 103) /Grief Process/Grief Course/Middle Period/Acceptance

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This node codes 2 documents.

(2 27 2 131) /Grief Process/Grief Course/Middle Period/Emotional Fluctuation
This node codes 1 document.

(2 27 2 401) /Grief Process/Grief Course/Middle Period/finding your feet
This node codes 1 document.

(2 27 2 267) /Grief Process/Grief Course/Middle Period/getting better
This node codes 2 documents.

(2 27 2 214) /Grief Process/Grief Course/Middle Period/reality of death
This node codes 1 document.

(2 27 2 246) /Grief Process/Grief Course/Middle Period/reality of loss
This node codes 1 document.

(2 27 2 469) /Grief Process/Grief Course/Middle Period/searching for meaning
This node codes 1 document.

(2 27 2 302) /Grief Process/Grief Course/Middle Period/worsening of grief
This node codes 1 document.

(2 27 114) /Grief Process/Grief Course/Temporal Fluctuation
This node codes 2 documents.

(2 27 413) /Grief Process/Grief Course/time as healer
This node codes 1 document.

(2 27 301) /Grief Process/Grief Course/unpredictability of grief reaction
This node codes 1 document.

(2 16) /Grief Process/Tasks
This node codes 0 documents.

(2 16 1) /Grief Process/Tasks/Life Tasks
This node codes 0 documents.

(2 16 1 479) /Grief Process/Tasks/Life Tasks/Dealing with things
This node codes 3 documents.

(2 16 1 290) /Grief Process/Tasks/Life Tasks/Putting Own Affairs in Order
This node codes 3 documents.

(2 16 33) /Grief Process/Tasks/Practical Arrangements
This node codes 0 documents.

(2 16 33 228) /Grief Process/Tasks/Practical Arrangements
?/Arrangements for the Body
This node codes 3 documents.
Functioning/own health
This node codes 2 documents.

(INFLUENCES ON GRIEF EXPERIENCE/AGE/PHYSICAL FUNCTIONING/PROSPECT OF INSTITUTIONALISATION)
This node codes 3 documents.

(INFLUENCES ON GRIEF EXPERIENCE/AGE/PHYSICAL FUNCTIONING/THOUGHTS ON FUTURE FUNCTIONAL DECLINE)
This node codes 3 documents.

(INFLUENCES ON GRIEF EXPERIENCE/AGE/SOCIAL FUNCTIONING)
This node codes 0 documents.

(INFLUENCES ON GRIEF EXPERIENCE/AGE/SOCIAL FUNCTIONING/AGE REDUCING OPTIONS)
This node codes 5 documents.

(INFLUENCES ON GRIEF EXPERIENCE/AGE/SOCIAL FUNCTIONING/REDUCTION OF SUPPORT NETWORK)
This node codes 3 documents.

(INFLUENCES ON GRIEF EXPERIENCE/AGE/SOCIAL FUNCTIONING/SOCIAL SITUATION OF ELDERLY)
This node codes 1 document.

(INFLUENCES ON GRIEF EXPERIENCE/BELIEFS)
This node codes 0 documents.

(INFLUENCES ON GRIEF EXPERIENCE/BELIEFS/BELIEFS ABOUT THE 'LOCATION' OF DECEASED)
This node codes 3 documents.

(INFLUENCES ON GRIEF EXPERIENCE/BELIEFS/BELIEFS REGARDING AFTERLIFE)
This node codes 5 documents.

(INFLUENCES ON GRIEF EXPERIENCE/BELIEFS/BEREAVED'S SPIRITUAL BELIEFS ?)
This node codes 5 documents.

(INFLUENCES ON GRIEF EXPERIENCE/BELIEFS/CONCEPTIONS OF GRIEF)
This node codes 1 document.

(INFLUENCES ON GRIEF EXPERIENCE/COHORT ISSUES)
This node codes 0 documents.

(INFLUENCES ON GRIEF EXPERIENCE/COHORT ISSUES/ATTITUDES TO MARRIAGE AND RELATIONSHIPS)
This node codes 1 document.

(INFLUENCES ON GRIEF EXPERIENCE/COHORT ISSUES/AWARENESS OF SOCIAL CHANGE)
This node codes 4 documents.

(INFLUENCES ON GRIEF EXPERIENCE/COHORT ISSUES/INFLUENCE OF THE WAR)
This node codes 4 documents.

(1 8 7) /Influences on Grief Experience/Cohort Issues/nature of family relationship
This node codes 2 documents.

(1 8 8) /Influences on Grief Experience/Cohort Issues/Perceived Fellowship within Cohort
This node codes 4 documents.

(1 29) /Influences on Grief Experience/Coping Strategies
This node codes 0 documents.

(1 29 3) /Influences on Grief Experience/Coping Strategies/Behavioural
This node codes 0 documents.

(1 29 3 127) /Influences on Grief Experience/Coping Strategies/Behavioural/Avoidance
This node codes 3 documents.

(1 29 3 395) /Influences on Grief Experience/Coping Strategies/Behavioural/churchgoing
This node codes 2 documents.

(1 29 3 379) /Influences on Grief Experience/Coping Strategies/Behavioural/hobbies and interests
This node codes 4 documents.

(1 29 3 446) /Influences on Grief Experience/Coping Strategies/Behavioural/keeping busy
This node codes 3 documents.

(1 29 3 47) /Influences on Grief Experience/Coping Strategies/Behavioural/Maintaining Routines
This node codes 3 documents.

(1 29 3 1) /Influences on Grief Experience/Coping Strategies/Behavioural/Self-Expression
This node codes 1 document.

(1 29 3 195) /Influences on Grief Experience/Coping Strategies/Behavioural/substance use
This node codes 2 documents.

(1 29 3 393) /Influences on Grief Experience/Coping Strategies/Behavioural/TV, Radio and Music
This node codes 3 documents.

(1 29 3 392) /Influences on Grief Experience/Coping Strategies/Behavioural/Unwinding
This node codes 1 document.

(1 29 4) /Influences on Grief Experience/Coping Strategies/Cognitive
This node codes 0 documents.

(1 29 4 252) /Influences on Grief Experience/Coping Strategies/Cognitive/distraction

196
This node codes 5 documents.

(1 29 4 2) /Influences on Grief Experience/Coping Strategies/Cognitive/Faith in Beliefs
This node codes 1 document.

(1 29 4 449) /Influences on Grief Experience/Coping Strategies/Cognitive/holding self together
This node codes 3 documents.

(1 29 4 477) /Influences on Grief Experience/Coping Strategies/Cognitive/keeping mentally active
This node codes 2 documents.

(1 29 4 218) /Influences on Grief Experience/Coping Strategies/Cognitive/Maintaining Perspective
This node codes 2 documents.

(1 29 4 463) /Influences on Grief Experience/Coping Strategies/Cognitive/Positive Self Talk
This node codes 3 documents.

(1 29 4 282) /Influences on Grief Experience/Coping Strategies/Cognitive/Self-Reinforcement
This node codes 5 documents.

(1 29 5) /Influences on Grief Experience/Coping Strategies/Social
This node codes 0 documents.

(1 29 5 398) /Influences on Grief Experience/Coping Strategies/Social/asserting self re support
This node codes 1 document.

(1 29 5 419) /Influences on Grief Experience/Coping Strategies/Social/concentrating on family
This node codes 2 documents.

(1 29 5 310) /Influences on Grief Experience/Coping Strategies/Social/finding company
This node codes 3 documents.

(1 29 5 292) /Influences on Grief Experience/Coping Strategies/Social/helping others
This node codes 4 documents.

(1 29 5 117) /Influences on Grief Experience/Coping Strategies/Social/Talking
This node codes 4 documents.

(1 25) /Influences on Grief Experience/Life Cycle
This node codes 0 documents.

(1 25 142) /Influences on Grief Experience/Life Cycle/Awareness of Age of Others
This node codes 5 documents.

(1 25 122) /Influences on Grief Experience/Life Cycle/Awareness of Family Role Change

197
This node codes 5 documents.

************************************************************

(1 25 341) /Influences on Grief Experience/Life Cycle/If younger when Bereaved
This node codes 4 documents.

************************************************************

(1 25 68) /Influences on Grief Experience/Life Cycle/Reduced Social Opportunity in Old Age
This node codes 3 documents.

************************************************************

(1 25 51) /Influences on Grief Experience/Life Cycle/Reminiscence
This node codes 3 documents.

************************************************************

(1 21) /Influences on Grief Experience/Mediators ?
This node codes 0 documents.

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(1 21 133) /Influences on Grief Experience/Mediators ?/Attitude of others
This node codes 4 documents.

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(1 21 210) /Influences on Grief Experience/Mediators ?/comparative grief reactions
This node codes 3 documents.

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(1 21 367) /Influences on Grief Experience/Mediators ?/nature of location ?
This node codes 4 documents.

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(1 21 86) /Influences on Grief Experience/Mediators ?/Pets ?
This node codes 2 documents.

************************************************************

(1 19) /Influences on Grief Experience/Nature of Relationship
This node codes 0 documents.

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(1 19 69) /Influences on Grief Experience/Nature of Relationship/'Pair of Gloves' ?
This node codes 1 document.

************************************************************

(1 19 264) /Influences on Grief Experience/Nature of Relationship/Characterisation of Relationship
This node codes 5 documents.

************************************************************

(1 19 18) /Influences on Grief Experience/Nature of Relationship/Duration of Relationship
This node codes 3 documents.

************************************************************

(1 19 123) /Influences on Grief Experience/Nature of Relationship/Previous Relationships
This node codes 2 documents.

************************************************************

(1 19 6) /Influences on Grief Experience/Nature of Relationship/Relationship Balance
This node codes 4 documents.

************************************************************

(1 19 5) /Influences on Grief Experience/Nature of Relationship/Shared Disability
This node codes 4 documents.
(1 19 49) /Influences on Grief Experience/Nature of Relationship/Shared Experiences
This node codes 4 documents.

(1 19 360) /Influences on Grief Experience/Nature of Relationship/shared interests
This node codes 2 documents.

(1 32) /Influences on Grief Experience/Pre-Death Period
This node codes 0 documents.

(1 32 124) /Influences on Grief Experience/Pre-Death Period/Assessing Quality of Life
This node codes 3 documents.

(1 32 326) /Influences on Grief Experience/Pre-Death Period/Becoming closer through illness
This node codes 2 documents.

(1 32 130) /Influences on Grief Experience/Pre-Death Period/Deceased's Expressed Wishes
This node codes 4 documents.

(1 32 151) /Influences on Grief Experience/Pre-Death Period/Development of Multiple Illness
This node codes 3 documents.

(1 32 148) /Influences on Grief Experience/Pre-Death Period/Establishing a medical balance
This node codes 4 documents.

(1 32 149) /Influences on Grief Experience/Pre-Death Period/Eye of the Storm
This node codes 2 documents.

(1 32 43) /Influences on Grief Experience/Pre-Death Period/Fear of Institutionalisation
This node codes 2 documents.

(1 32 90) /Influences on Grief Experience/Pre-Death Period/Getting the Diagnosis
This node codes 2 documents.

(1 32 128) /Influences on Grief Experience/Pre-Death Period/Having Discussions about death
This node codes 4 documents.

(1 32 356) /Influences on Grief Experience/Pre-Death Period/Illness History
This node codes 4 documents.

(1 32 89) /Influences on Grief Experience/Pre-Death Period/Manner of Deceased
This node codes 3 documents.

(1 32 91) /Influences on Grief Experience/Pre-Death Period/Pain and Discomfort
This node codes 3 documents.
/Influences on Grief Experience/Pre-Death Period/Preparedness for Death
This node codes 4 documents.

/Influences on Grief Experience/Pre-Death Period/Seeing the physical decline of deceased
This node codes 6 documents.

/Influences on Grief Experience/Pre-Death Period/Taking a Caring Role
This node codes 2 documents.

/Influences on Grief Experience/Properties of the Person
This node codes 0 documents.

/Influences on Grief Experience/Properties of the Person/Bereavement History
This node codes 5 documents.

/Influences on Grief Experience/Properties of the Person/compound grief
This node codes 2 documents.

/Influences on Grief Experience/Properties of the Person/Locus of Control
This node codes 3 documents.

/Influences on Grief Experience/Properties of the Person/mental health history
This node codes 1 document.

/Influences on Grief Experience/Properties of the Person/occupation
This node codes 3 documents.

/Influences on Grief Experience/Properties of the Person/past experience as resource
This node codes 3 documents.

/Influences on Grief Experience/Properties of the Person/personal history
This node codes 1 document.

/Influences on Grief Experience/Properties of the Person/personal strength
This node codes 2 documents.

/Influences on Grief Experience/Properties of the Person/personality characteristics
This node codes 4 documents.

/Influences on Grief Experience/Properties of the Person/previous experience of loss
This node codes 2 documents.

/Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)
This node codes 1 document.

(1 36 1 394) /Influences on Grief Experience/Support/Expectations of Support/unreliability of support
This node codes 1 document.

(1 36 5) /Influences on Grief Experience/Support/Function of Support
This node codes 0 documents.

(1 36 5 270) /Influences on Grief Experience/Support/Function of Support/advice
This node codes 3 documents.

(1 36 5 219) /Influences on Grief Experience/Support/Function of Support/belonging
This node codes 1 document.

(1 36 5 276) /Influences on Grief Experience/Support/Function of Support/external feedback re grief
This node codes 1 document.

(1 36 5 231) /Influences on Grief Experience/Support/Function of Support/fellowship of bereaved
This node codes 1 document.

(1 36 5 437) /Influences on Grief Experience/Support/Function of Support/listening
This node codes 1 document.

(1 36 5 227) /Influences on Grief Experience/Support/Function of Support/normalisation
This node codes 1 document.

(1 36 5 271) /Influences on Grief Experience/Support/Function of Support/sympathy
This node codes 2 documents.

(1 36 5 266) /Influences on Grief Experience/Support/Function of Support/talking about the deceased
This node codes 3 documents.

(1 36 4) /Influences on Grief Experience/Support/Outcome of Support
This node codes 0 documents.

(1 36 4 197) /Influences on Grief Experience/Support/Outcome of Support/validation of deceased
This node codes 2 documents.

(1 36 4 226) /Influences on Grief Experience/Support/Outcome of Support/validation of grief reaction
This node codes 2 documents.

(1 36 2) /Influences on Grief Experience/Support/Reflections on Support
This node codes 0 documents.

(1 36 2 254) /Influences on Grief Experience/Support/Reflections
on Support/expectations of others
This node codes 2 documents.

(1 36 2 245) /Influences on Grief Experience/Support/Reflections
on Support/geographical proximity of support
This node codes 3 documents.

(1 36 2 24) /Influences on Grief Experience/Support/Reflections
on Support/Qualifications for talking
This node codes 4 documents.

(1 36 2 112) /Influences on Grief Experience/Support/Reflections
on Support/Symbiotic Nature of Support
This node codes 3 documents.

(1 36 7) /Influences on Grief Experience/Support/Social Support
This node codes 5 documents.

(1 36 6) /Influences on Grief Experience/Support/Source of Support
This node codes 0 documents.

(1 36 6 137) /Influences on Grief Experience/Support/Source of Support/Family support
This node codes 5 documents.

(1 36 6 363) /Influences on Grief Experience/Support/Source of Support/neighbours
This node codes 3 documents.

(1 36 6 143) /Influences on Grief Experience/Support/Source of Support/Other Bereaved
This node codes 4 documents.

(1 36 6 19) /Influences on Grief Experience/Support/Source of Support/Professional Support
This node codes 6 documents.

(1 36 6 216) /Influences on Grief Experience/Support/Source of Support/service support
This node codes 1 document.

(1 36 3) /Influences on Grief Experience/Support/Types of Support
This node codes 0 documents.

(1 36 3 158) /Influences on Grief Experience/Support/Types of Support/Being there
This node codes 2 documents.

(1 36 3 403) /Influences on Grief Experience/Support/Types of Support/different types of support
This node codes 1 document.

(1 36 3 445) /Influences on Grief Experience/Support/Types of Support/elderly facilities
This node codes 4 documents.
(1 36 3 239) /Influences on Grief Experience/Support/Types of Support/emotional support
This node codes 2 documents.
*******************************************************************************
(1 36 3 312) /Influences on Grief Experience/Support/Types of Support/everyday contact
This node codes 4 documents.
*******************************************************************************
(1 36 3 238) /Influences on Grief Experience/Support/Types of Support/financial help
This node codes 2 documents.
*******************************************************************************
(1 36 3 272) /Influences on Grief Experience/Support/Types of Support/honesty of others
This node codes 1 document.
*******************************************************************************
(1 36 3 241) /Influences on Grief Experience/Support/Types of Support/mutual support
This node codes 1 document.
*******************************************************************************
(1 36 3 159) /Influences on Grief Experience/Support/Types of Support/Practical help
This node codes 4 documents.
*******************************************************************************
(1 36 3 306) /Influences on Grief Experience/Support/Types of Support/respect from others
This node codes 1 document.
*******************************************************************************
(1 36 3 396) /Influences on Grief Experience/Support/Types of Support/structured social support
This node codes 1 document.
*******************************************************************************
(1 36 3 397) /Influences on Grief Experience/Support/Types of Support/support at key times
This node codes 2 documents.
*******************************************************************************
(1 36 3 372) /Influences on Grief Experience/Support/Types of Support/telephone
This node codes 2 documents.
*******************************************************************************
(1 36 3 431) /Influences on Grief Experience/Support/Types of Support/unexpected support
This node codes 3 documents.
*******************************************************************************
(1 36 3 460) /Influences on Grief Experience/Support/Types of Support/volunteered support
This node codes 1 document.
*******************************************************************************
(1 15) /Influences on Grief Experience/The Death
This node codes 0 documents.
*******************************************************************************
(1 15 174) /Influences on Grief Experience/The Death/desire for closure
This node codes 3 documents.
*******************************************************************************
(1 15 48) /Influences on Grief Experience/The Death/Establishing Closure
This node codes 4 documents.
Outcomes/Meaning and Purpose

need for purpose
This node codes 1 document.
Outcomes/Meaning and Purpose/Passive Suicide
This node codes 1 document.
Outcomes/Meaning and Purpose/Project
This node codes 1 document.
Outcomes/Meaning and Purpose/reduced expectations of life
This node codes 1 document.
Outcomes/Meaning and Purpose/sense of purpose
This node codes 4 documents.
Outcomes/Meaning and Purpose/the future
This node codes 1 document.
Outcomes/Meaning and Purpose/unfinished business
This node codes 2 documents.
Outcomes/Meaning and Purpose/What Now?
This node codes 2 documents.
Outcomes/Positives
Outcomes/Positives/Death a release
This node codes 3 documents.
Outcomes/Positives/death providing resolution
This node codes 1 document.
Outcomes/Positives/Freedom from Caring Responsibility
This node codes 1 document.
Outcomes/Positives/grief bringing family closer
This node codes 1 document.
Outcomes/Positives/Growth Through Caring
This node codes 1 document.
Outcomes/Positives/Opportunity for New Activities
This node codes 2 documents.
Outcomes/Positives/Positive Effects
This node codes 2 documents.
Outcomes/Positives/pride in ability to cope
This node codes 2 documents.
Outcomes/Reflections on Grief
Outcomes/Reflections on Grief/Awareness of Process
This node codes 3 documents.
(6 23 157) /Outcomes/Reflections on Grief/comparative grief reactions
This node codes 5 documents.

(6 23 481) /Outcomes/Reflections on Grief/confounding factors
This node codes 1 document.

(6 23 415) /Outcomes/Reflections on Grief/coping breeds coping
This node codes 1 document.

(6 23 296) /Outcomes/Reflections on Grief/description of grief
This node codes 1 document.

(6 23 343) /Outcomes/Reflections on Grief/doing things properly
This node codes 1 document.

(6 23 420) /Outcomes/Reflections on Grief/doing too much
This node codes 1 document.

(6 23 349) /Outcomes/Reflections on Grief/Impact of Grief
This node codes 2 documents.

(6 23 381) /Outcomes/Reflections on Grief/individuality of need
This node codes 2 documents.

(6 23 170) /Outcomes/Reflections on Grief/mundane v extraordinary
This node codes 3 documents.

(6 23 57) /Outcomes/Reflections on Grief/Paradox of Contact
This node codes 1 document.

(6 23 423) /Outcomes/Reflections on Grief/surprise at coping
This node codes 1 document.

(6 23 336) /Outcomes/Reflections on Grief/Theories about bereavement
This node codes 4 documents.

(6 23 320) /Outcomes/Reflections on Grief/universality of bereavement
This node codes 1 document.
Hierarchical Coding List 14th July 1999

Q.S.R. NUO.IST Power version, revision 4.0.
Licensee: University of Plymouth.


(D)   //Document Annotations
(F)   //Free Nodes
(F 59) //Free Nodes/Death Narrative?
(F 7) //Free Nodes/Family
(F 78) //Free Nodes/Identity
(F 3) //Free Nodes/Juicy Quotes
(F 22) //Free Nodes/Role Issues
(F 40) //Free Nodes/Routine (Negative)
(I)   //Index Searches
(T)   //Text Searches
(T 1) //Text Searches/TextSearch
(C)   //Node Clipboard - 'visualisation'
(38) //Discursive Elements
(38 3) //Discursive Elements/'Rhetorical' Elements
(38 3 262) //Discursive Elements/'Rhetorical' Elements/characterisation of deceased
(38 3 262 60) //Discursive Elements/'Rhetorical' Elements/characterisation of deceased/Establishing Credentials of Deceased
(38 3 262 319) //Discursive Elements/'Rhetorical' Elements/characterisation of deceased/words of the deceased
(38 3 353) //Discursive Elements/'Rhetorical' Elements/Portrayal of self
(38 3 353 134) //Discursive Elements/'Rhetorical' Elements/Portrayal of self/demonstrating commitment
(38 2) //Discursive Elements/Stylistic Elements
(38 2 36) //Discursive Elements/Stylistic Elements/Dialogue
(38 2 279) //Discursive Elements/Stylistic Elements/metaphors
(5) //Experience of Grief
(5 13) //Experience of Grief/Impact on Life
(5 13 455) //Experience of Grief/Impact on Life/additional responsibility
(5 13 31) //Experience of Grief/Impact on Life/Daily Life
(5 13 281) //Experience of Grief/Impact on Life/domestic work
(5 13 457) //Experience of Grief/Impact on Life/everyday stresses
(5 13 196) //Experience of Grief/Impact on Life/finance
(5 13 209) //Experience of Grief/Impact on Life/funnel effect
(5 13 124) //Experience of Grief/Impact on Life/Quality of Life
(5 35) //Experience of Grief/Impact on Role and Identity
(5 35 2) //Experience of Grief/Impact on Role and Identity/Impact on Identity
(5 35 2 9) //Experience of Grief/Impact on Role and Identity/Impact on Identity/identity/identity-Conferring Objects
(5 35 2 37) //Experience of Grief/Impact on Role and Identity/Impact on Identity/Symbolism of 'Home'
(5 35 2 37 384) //Experience of Grief/Impact on Role and Identity/Impact on Identity/Symbolism of 'Home'/moving home
(5 35 3) //Experience of Grief/Impact on Role and Identity/Impact on Role
to single
(5 35 3 1) //Experience of Grief/Impact on Role and Identity/Impact on Role/couple
of Gender Issues
(5 34) //Experience of Grief/meaning and Purpose in Life
(5 34 29) //Experience of Grief/meaning and Purpose in Life/Active and Passive Suicide
(5 34 340) //Experience of Grief/meaning and Purpose in Life/reduced expectations of life
(5 34 293) //Experience of Grief/meaning and Purpose in Life/sense of purpose
(5 34 306) //Experience of Grief/meaning and Purpose in Life/unfinished business
(5 34 37) //Experience of Grief/meaning and Purpose in Life/What Now?
(5 3) //Experience of Grief/Modalities of Experience
(5 3 20) //Experience of Grief/Modalities of Experience/Behavioural Responses
(5 3 20 127) //Experience of Grief/Modalities of Experience/Behavioural Responses/Responses/Avoidance
(5 3 20 208) //Experience of Grief/Modalities of Experience/Behavioural Responses/Responses/sitting alone
(5 3 20 400) //Experience of Grief/Modalities of Experience/Behavioural Responses/Responses/wanting to be alone
(5 3 31) //Experience of Grief/Modalities of Experience/Cognitive Responses
(5 3 31 480) //Experience of Grief/Modalities of Experience/Cognitive Responses/Responses/boredom
(5 3 31 345) //Experience of Grief/Modalities of Experience/Cognitive
Experience of Grief/Modal Responses

Responses/dissociation
(5 3 31 11)

Responses/Memories
(5 3 31 11 249)

Responses/Memories/intrusive memories
(5 3 31 11 8)

Responses/Memories/Memories of the Death
(5 3 31 416)

Responses/negative thoughts
(5 3 31 163)

Responses/regret
(5 3 31 297)

Responses/thinking about deceased
(5 3 31 190)

Responses/visualisation
(5 3 3)

Responses/Breakdown
(5 3 1 132)

Responses/Crying
(5 3 1 404)

Responses/emptiness
(5 3 1 307)

Responses/hurting self
(5 3 1 187)

Responses/wallowing
(5 3 2 278)

Responses/physical manifestations of grief
(5 3 3)

Responses/Perception of Personal Isolation
(5 3 3 2 389)

Responses of Personal Isolation/alone
(5 3 3 2 316)

Responses of Personal Isolation/alone in a crowd
(5 3 3 2 339)

Responses of Personal Isolation/alone with grief
(5 3 3 2 342)

Responses of Personal Isolation/deserted
(5 3 3 2 390)

Responses of Personal Isolation/empty house
(5 3 3 2 309)

Responses of Personal Isolation/feeling of separateness
(5 3 3 2 46)

Responses of Personal Isolation/Feeling Their Absence
(5 3 3 2 80)

Responses of Personal Isolation/Loneliness
(5 3 3 2 169)

Responses of Personal Isolation/Moving from Couple to Single
(5 12)

Responses/what is lost
(5 12 243)

Responses/what is lost/company
(5 12 312)

Responses/what is lost/intimacy
(5 12 317)

Responses/what is lost/opposite sex company
(5 12 83)

Responses/what is lost/someone to talk to
(5 79)

(2)

Grief Process

(2 22)

Grief Process/Continued presence of deceased
(2 22 2)

Grief Process/Continued presence of deceased/Establishing Continuity
(Process)

(2 22 2 2)

Grief Process/Continued presence of deceased/Establishing Continuity (Process)'

Getting Close' to the Deceased
(2 22 2 2 284)

Grief Process/Continued presence of deceased/Establishing Continuity
(2 22 2 2 1)

Grief Process/Continued presence of deceased/Establishing Continuity
(Process)'

Getting Close' to the Deceased/Occupying the Deceased's Space
(2 22 2 2 1)

Grief Process/Continued presence of deceased/Establishing Continuity
(Process)'

Behavioural Continuity
(2 22 2 1 261)

Grief Process/Continued presence of deceased/Establishing Continuity
(Process)'

Behavioural Continuity/Continuing Their Half of the Relationship
(2 22 2 1 261 399)

Grief Process/Continued presence of deceased/Establishing Continuity

209
(Process)/Behavioural Continuity/Continuing Their Half of the Relationship/continuing customs
(2 2 2 1 261 211) /Grief Process/Continued presence of deceased/Establishing Continuity
(£1) Process)/Behavioural Continuity/Continuing Their Half of the Relationship/Maintaining
Behavioural Continuity
(2 2 2 1 139) /Grief Process/Continued presence of deceased/Establishing Continuity
(£1) Process)/Behavioural Continuity/Talking to deceased
(2 2 2 3) /Grief Process/Continued presence of deceased/Establishing Continuity
(£1) Process)/Keeping Values and Principles Alive
(2 2 2 3 25) /Grief Process/Continued presence of deceased/Establishing Continuity
(£1) Process)/Keeping Values and Principles Alive/Maintaining Enduring Orientation to Deceased
(2 2 2 3 328) /Grief Process/Continued presence of deceased/Establishing Continuity
(£1) Process)/Keeping Values and Principles Alive/Recalling and Using Words of Deceased
(2 2 2 4) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)
(2 2 4 4) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Family Characteristics
(2 2 4 4 382) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Family Characteristics/transgenerational characteristics
(2 2 4 3) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations
(2 2 4 3 411) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations/internalisation of deceased
(2 2 4 3 461) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations/missing the deceased
(2 2 4 3 20) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations/Portrayal of Deceased
(2 2 4 3 274) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations/pride in deceased
(2 2 4 1 11) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories
(2 2 4 1 11 1) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Echoes
(2 2 4 1 11 9) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/How we met
(2 2 4 1 11 2) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Memories all i have left
(2 2 4 1 11 6) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Memories of Routine
(2 2 4 1 11 5) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Memories of Shared Experience
(2 2 4 1 11 3) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Recreation of Deceased
(2 2 4 2) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Paranormal Representation
(2 2 4 2 4) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Paranormal Representation/Paranormal Contact
(2 2 4 2 4 12) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Paranormal Representation/presence of deceased
(2 2 4 2 402) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Paranormal Representation/watching over me
(2 2 4 1 260) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations
(2 2 4 1 333) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations/continuity through objects
(2 2 4 1 138) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations/passing objects on
(2 2 4 1 298) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations/significance of home
(2 2 4 1 370) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations/tapes
(2 2 3) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)
(2 2 3 2) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Facilitative
(2 2 3 2 332) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Facilitative/decisions
(2 2 3 2 21) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Facilitative/Support
(2 2 3) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Inhibitory
(2 2 3 1 26) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Inhibitory/New Relationships
the Death/Nature of the Death
(1 32 15 1 58) /Influences on Grief Experience/Pre-Death and Death Period/Experiencing the Death/Nature of the Death/Manner of the Death
(1 32 15 1 171) /Influences on Grief Experience/Pre-Death and Death Period/Experiencing the Death/Nature of the Death/Role of the Bereaved in Death
(1 32 19) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship
(1 32 19 1) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Balance and Complementarity
(1 32 19 1 171) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Balance and Complementarity/'Pair of Gloves'?
(1 32 19 1 286) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Balance and Complementarity/Complementary roles
(1 32 19 1 6) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Balance and Complementarity/Relationship Balance
(1 32 19 264) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Characterisation of Relationship
(1 32 19 3) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Historical Background
(1 32 19 3 18) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Historical Background/Duration of Relationship
(1 32 19 3 123) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Historical Background/Influence of Previous Relationships
(1 32 19 2) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Sharing
(1 32 19 2 360) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Sharing/Couple's Shared Interests
(1 32 19 2 49) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Sharing/Shared Experiences
(1 32 1 1) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline
(1 32 1 2) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship
(1 32 1 2 2) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Empirical Impact
(1 32 1 2 2 326) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Empirical Impact/Becoming closer through illness
(1 32 1 2 2 91) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Empirical Impact/Pain and Discomfort
(1 32 1 2 2 43) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Empirical Impact/Spectre of Institutionalisation
(1 32 1 2 2 44) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Empirical Impact/Preparation for Possibility of Death
(1 32 1 2 1) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Practical Impact
(1 32 1 2 1 74) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Practical Impact/Assuming a Caring Role
(1 32 1 2 1 5) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Practical Impact/Preparation for Possibility of Death/Deseased's Expressed Wishes
(1 32 1 2 1 28) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Preparation for Possibility of Death/Having Discussed about death
(1 32 1 2 1 89) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Preparation for Possibility of Death/Preparedness for Death
(1 32 1 1) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Process of Decline
(1 32 1 1 124) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Process of Decline/Assessing Quality of Life
(1 32 1 1 151) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Process of Decline/Development of Multiple Illness
(1 32 1 1 148) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Process of Decline/Establishing a Medical Balance
(1 32 1 1 149) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Process of Decline/Eye of the Storm

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213
Influences on Grief Experience/Support from Reflexive Support

Influences on Grief Experience/Support from Availability to Call Upon

Influences on Grief Experience/Support from Everyday Company of Others

Influences on Grief Experience/Support from Mutual Support

Influences on Grief Experience/Support from Specific Support for Elderly

Influences on Grief Experience/Support from Structured social support

Influences on Grief Experience/Support at Key Times

Influences on Grief Experience/Support from Mutual Friends

Influences on Grief Experience/Support from Unexpected Quarters

Influences on Grief Experience/Support from Telephone Support

Influences on Grief Experience/Support from Instrumental Support

Influences on Grief Experience/Support from Reinforcement and Validation

Influences on Grief Experience/SUPPORT from talking about the deceased

Influences on Grief Experience/SUPPORT from Togetherness

Influences on Grief Experience/SUPPORT from Togetherness/belonging

Influences on Grief Experience/SUPPORT from Togetherness/Company

Influences on Grief Experience/SUPPORT from Togetherness/fellowship of bereaved

Influences on Grief Experience/SUPPORT from Impact of Geographical Proximity

Influences on Grief Experience/SUPPORT from Own Role in Social Support

Influences on Grief Experience/SUPPORT from Own Role in Social Support/asserting self re support

Influences on Grief Experience/SUPPORT from Perceptions of Others' Perceptions

Influences on Grief Experience/SUPPORT from Qualification for Providing Respected Support

Influences on Grief Experience/SUPPORT from volunteered support

Influences on Grief Experience/SUPPORT from Family support

Influences on Grief Experience/SUPPORT from Friends

Influences on Grief Experience/SUPPORT from neighbours

Influences on Grief Experience/SUPPORT from Other Bereaved

Influences on Grief Experience/SUPPORT from Professional Support

Influences on Grief Experience/SUPPORT from service support

Influences on Grief Experience/SUPPORT from Spirit World
Influences on Grief Experience: Triggers and Reminders

- No Obvious Trigger
- Poignant Reminders
- Tangible Reminders
  - Absence Triggers (enduring evidence of deceased)
  - Everyday Reminders
  - Innocent comments and Actions of Others
  - Objects as Reminders
  - representational reminders
  - Revisiting Familiar Places

- Time Reminders
  - Significant Dates

Positive Outcomes
- Death as Release
- Death Better than Alternatives
- Freedom from Caring Responsibility
- Other Positives
- Family getting closer
- Personal Freedom
- Opportunity for New Activities

Reflective Aspects of Grief: Reflections on the Process
- coping
- doing things properly
- doing too much
- Paradox of
  - surprise at
  - Redefinition of
  - Violation of

Reflection: What did the death do?
- What did the death do?/Amazement at death
- Existential

What is this thing called grief?
- comparative grief reactions
- Conceptions of Grief
- confounding factors
- description of grief
Grief
(23 4 381)  /Reflective Aspects of Grief/What is this thing called
individuality of need
(23 4 478)  /Reflective Aspects of Grief/What is this thing called grief?/need for
noise
(23 4 336)  /Reflective Aspects of Grief/What is this thing called grief?/Theories
about bereavement
(23 4 320)  /Reflective Aspects of Grief/What is this thing called
universality of bereavement
Appendix Ten

Inter-rater Reliability Excerpts
Extracts used for interrater consistency evaluation


(32 of 33) Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Balance and Complementarity

+++ Document Header:  

+++ Retrieval for this document: 84 units out of 2452, 3.4%  
1991 * SUBJECT  
++ Text units 474-482:
474 snake, and Alice never complained. We were  
475 going up to Birnfnghan in the car, wherever.  
476 Lends end, Cornwall you name it, I'd  
477 probably have about three fags on route, and  
478 I would reach for another cigarette or if we  
479 were in heavy traffic or speeding along a  
480 would say "get me another cigarette out  
481 'cause. She'd say "don't have another  
482 cigarette, have a sweet". She'd got these  
483 love". She'd say "don't have another  
484 'cause you? Could you? Would you like?". It was  
485 beautiful nature. There was nothing clawing  
486 or vicious about her. One look, and she'd  
487 keep me under control.

1992 * SUBJECT  
++ Text units 1985-1994:
1985 Road. And I'm pleased to do it. I have  
1986 thought it over... Alice was the type who  
1987 would say "it's time you did more for  
1988 yourself love, and less for other people".  
1989 She was that way. But now I feel sure she  
1990 understands that I do it for company, it  
1991 breaks my life up. I've got a job to do. And  
1992 I'll go and do it, and I'll feel chuffed that  
1993 I've done it. I'm never short of a cup of  
1994 tea, or a biscuit, or a cake. Now Fay's  
1995 beautiful nature. There was nothing clawing  
1996 or vicious about her. One look, and she'd  
1997 keep me under control.

++ Document Header:  
INTERVIEW 2 - Ethel. 22nd March 1999 - Interview Duration  
++ Retrieval for this document: 94 units out of 2301, 4.1%  
224 * SUBJECT  
++ Text units 234-242:
234 but... He encouraged me in everything I did. I  
235 went back  
236 to nursing after I was married, I had my  
237 children and  
238 went back really after they were going to  
239 school, so  
240 did extra training then, I did district nurse  
241 training,  
242 health visitor training, I went into nursing  
243 and did management courses and all sorts... And  
244 the  
245 time, it was his encouragement and his  
246 support... I  
247 couldn't have done it otherwise, I couldn't have  
248 done it  
249 without my kids when I first was doing health  
250 visiting.

251 * SUBJECT  
++ Text units 355-378:
355 would want that, he would feel happy about that.
356 honest. I must say that I tended to... I was  
357 would want that, he would feel happy about that.
358 everyone, and it was his encouragement and his  
359 support... I  
360 couldn't have done it otherwise, I couldn't have  
361 done it  
362 without my kids when I first was doing health  
363 visiting.

267 * SUBJECT  
++ Text units 1705-1725:
1705 you know how a smoker enjoys it? And Alice.,  
1706 she was always wise counsel. I noticed in  
1707 Tesco's they were doing a NAAFI tea. Now,  
1708 when I went in the army, no matter what camp,  
1709 Leicester, the Midlands, the  
1710 NAAFI tea always the same, you'd swear blind  
1711 they'd fetched it from the last bloody camp.
one that kept the peace. He was of the
temperament that
if he was angry, anything had upset him, he
wouldn't say a word. Now, this could go on for nearly a week.
And he was so strong... I couldn't keep quiet that long! And I
would sometimes never know what really had upset him,
but rather than go on in this way I would be the one
who would say "look, I'm sorry, whatever I've done I
don't know, but I'm sorry, let's go on from there". And
eventually that would happen. But I didn't... I don't
feel that I was oppressed in any way! It was a happy
arrangement, because he supported me and went out of
his way if I was doing... I'd do machine knitting, I have
all sorts of other hobbies, and he would
produce something and say "here is this any
good?". If there was an exhibition somewhere, "well, we can
go. We'll do that". And he would come with me. And he
would wander around and say "here, I've seen something over
here, do you reckon you could make use of this?". And he
was genuinely interested. I mean, I trundled round
the shows, and I enjoyed them, you see? If we went...
we often used to go to places like museums, or
industrial centres, but he brought it alive to me. And now I can
think "I wish you were here to share it", because
again,
"here, what would that be?". Because he would have
filled in the gaps. But now, as I say, I can enjoy it
because of what I had, and because of what we shared.
So although as I say it seemed as though sometimes I was
the one, if you like, 'giving in', or if there was a
misunderstanding... But it didn't feel like that, and
so what did it matter? We were extremely happy.

... Like I say, he didn't have a laid out garden, it was plants and things.
and there were three greenhouses. It's quite a long
garden, it goes right back to the churchyard. It was
always full of chrysanthemums, and I liked
working in the garden. I'd usually say "right, what to be done
round here?". In latter years I'd do most of the lifting
and carrying, because as it happens I can
manage to lift, having learnt how to do it, and I can
still do quite a lot of lifting. Shifting plants out
and all sorts around, and moving things, and laying
paving slabs, not in cement... he supervised the level,
as I can't cut a loaf of bread straight, let alone...
But at least I can move things around. So we did share, but
I...

Something that struck me when you were talking about
your husband being very quiet, and that there was a
sense of balance there as well... Is that right?
That there was a sense that your personality and his
personality complemented each other? You cancelled
each other's...

Oh I think so. I do think so, yes. And listening to
my husband, I use to say "well, Ishan't get any
more. I could put more shelves up!".
So I need constantly just put shelves up. Again, if that's
what I wanted, he shared it, and he... So in looking
because I wanted that company. So that
progression, and
that's the difference, I found. Not having, as I say,
my partner when I go out. and again, I have to make
myself go and you for clothes now whereas he used to
say "that looks nice, go and try it on". And that's how I used
to have things, and invariably it was a case of
was.

he

was extremely pleased when I got back into district nursing, he suggests that he is sorry that he perhaps could have helped me more, but he could not actually.

because he encouraged me and helped me through everything, so... You know, that, all those things, and

as I say he repeats it, there never was anybody else.

that he still loved me to the end sort of thing, so I can't feel that I should have regrets, I feel that he's trying to say all the things that he felt perhaps he should have said.

+++ ON-LINE DOCUMENT: Interview 3
+++ Document Header:
+ No Header

+++ Retrieval for this document: 60 units out of 3146, = 1.9%
592 * subject
++ Text units 595-608:
595 anywhere I wanted to. And I mean he would help me get ready and that. I mean, he was never... And he never worried about money. I used to say to him "you should". And he was the person that, if he saw somebody, he'd take his boots off and give them and go barefoot. He used to say "oh well, money does burn holes in my pocket". And I said to him one day, you know, "we could do with some new curtains". "Well, you can have them". I said "yes, but we can't afford them". "Well, there will be another pay-day on Friday", I said "ah, just a minute". I said, "how do you know there will be another pay-day on Friday?". I said "yes. but we can't afford them". I said "why do you know there will be another pay-day on Friday?"
++ Text units 622-637:
622 Office. So if I haven't had... I mean, he was home ill for six weeks look... So the sick pension came through? See what I mean? And so you've got a pound beside of you". You my motto always was "well you always make... And he never worried about money. I

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Well, I have my memories.

I have the television on, perhaps the night news; I'll go into the kitchen and make a cup of tea, or coffee or something.

I often call in from the kitchen if I'm doing a cheese on toast, "would you like one?"

I go into the kitchen and if there's a chicken in the oven, she would say "I'm staying at home". Albeit I'm on my own, but that's how I want it... we always had a quiet Christmas.

I'm always reckoned to do our own thing at Christmas, and I couldn't cope with it. And my friend was most put out!

I've lent Fay our kitchen table love. And I speak to her. When I go on a Sunday myself off, I go and sit on her side of the bed. And I talk to her. When I go on a Sunday night to that photograph every day.

I got everything you wanted love. But no response, because there's nobody there. And it bloody hurts. Through all my life there's always been "oh, good!" Or "they've got so and so, I bought a couple". I'll say "I know we bought washing powder last week, but I bought another one. I'll pay for it. And they give you another one, so you're well stocked now". And she used to love Countdown.

I don't like to hear her darling. And I'll take something from the cupboard.

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I need to be. I mean, other than that... I'm not spooky, or anything like that! But that's my way of putting it!

--- ON-LINE DOCUMENT: Interview 4
+++ Document Header:
* No Header
+++ Retrieval for this document: 14 units out of 1907.
\(\approx 0.73\%\)
** Text units 1652-1665:

1652 * interviewer
1653 That sort of leads on to pretty much the last thing I want to ask, which is about the way in which you may or may not have some form of relationship still with her, whether it be through memory, or through... A number of people have said that they talk to their wives or husbands that have died, maybe as they are walking round the house, and they almost have mock conversations with them. Do you have...?

1663 * subject

--- ON-LINE DOCUMENT: Interview 5
+++ Document Header:
* No Header
+++ Retrieval for this document: 3 units out of 1305, \(\approx 0.23\%\)
** Text units 130-137:

130 I go round the shops, I go round Seatown. And I see some terrible sights. I see these little buses coming up with people from rest homes, nursing homes and residential homes, and getting them out on the chair lifts. I look at them and I think "oh you poor soul". And I ought to be thankful that Alice...

137 Because that would not have suited Alice. Now

196 * subject
The most important thing. And I will do my
appreciate that, don't you? Will stop. No,
when Julia died I was glad, at least she was
in pain, and that she hadn't suffered too
much for the last week or two, although she
told you, take you, show you've a lot
of the new places that are roundabout, the
different worlds you are living in, different
people living there. It's a vast experi-
ment, and you can learn their, there are schools
for learning. All sorts of things.
Universities, anything you like, it's all
there to teach you. And you just go on, you
go on learning, you go on living.
Happy. Happy to be there. You didn't realise
how wonderful it was to be there. And the
further away you get from the earth, and the
darkness that surrounds this planet, the
happier and the better you are. But people
can get drawn back to it. There are various
paths around actually, there's the astral
plane, then there's this plane, there's that
plane, different ones according to a state of
consciousness. It depends on how you are
spiritually progressed, what you know, the
awareness of the truth of the universe, if
you like. And mean, time is only man-made,
you do realise that?
 EVENTS 792-804:
Events, yes. But time is man-made, and in any
case if those that you love who love you
have gone on and they see you grieving here,
that upsets them, that tends to make them
unhappy. Because they look down and see
somebody crying, missing them, sorrowing,
and that's wrong. You're not there, life completely
changed, nothing matters--well, this is the most important
thing. It draws people back, they are sorry
for you, you know, that you can't understand
that they are happy where they are, and that
you are going to be there before too long.
This is the most important thing.

 EVENTS 898-904:
I was helping her all the time. And of
course, I found that after the first year
you have gone on and they see you grieving here,
that upsets them, that tends to make them
unhappy. Because they look down and see
somebody crying, missing them, sorrowing,
and that's wrong. You're not there, life completely
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This is the most important thing.

 EVENTS 945-947:
Well, the loss was expected. And it's not my
loss, it's Julia's gain. I just have to
support her, if you like.

Total number of text units retrieved = 110
Retrievals in 3 out of 5 documents, = 60%.
The documents with retrievals have a total of 6058
text units.
so text units retrieved in these documents = 1.8%.
All documents have a total of 11111 text units.
I went... I left here about 11 o'clock, and the sister was running, the staff were rushing along the corridor... They said they'd been trying to telephone me, but I've had to leave home to get to the hospital, and er... He evidently had had a massive coronary, at 11 o'clock that morning... My first reaction was oh, I always hoped I'd be there. You see, I've lived with the fact that he could have had another heart attack, it could happen anywhere at anytime, and of course I didn't stay following him around all the time, but one just hopes that one would get the warning and be there.

and when he had the cancer diagnosed which meant that he did have to have chemotherapy, urn... I just thought “well, OK, I'm here, let's just hope that we get through it.”

that tape... The first time I listened to it... I mean, my son was absolutely choked... It said on the front “please play”, I think it must have been in the dark room, and he said “I think this is yours”. And, yes, he was extremely upset but, as I say, I find it a great comfort. So I feel I'm very fortunate, because I don't think many people... That happens to. I knew most of what he felt, but I think he just wanted to make sure that I had that message. That's the only way I can think of it. As I say, he was a great thinker, a

... And he said that my husband had at least another two years, so my husband said “oh, so I'll have time to finish my boat” [model boat that he was building in the workshop]. And of course, and was something that really stuck, because every time I looked at it I thought “yes, he thought he was going to have time to finish his boat”. And, as I say, whether the person was able to
So does that mean that in some way you feel that it fills some of the gap that there may have been because you perhaps there when he died, the fact that you had this thing from him that...

Yes, yes, I think you're right. I would suggest that does, because perhaps. I don't suppose he sensed, but... There could have been the chop-off, but that links it... I would think that does...

What was similar to the death of your husband, and what was different? Half expected anyway. The sadness then was that I wasn't able to be there, and that was because the communication systems... I'd left exactly where I was, but they didn't get me, I was interviewing... And I was sad, because I didn't get to her in time. Yes, it was... I think we'd made part of what said "I've been happy" and that sort of thing...

She left a message with one of the other residents who she was friendly with, to tell me that she'd always been very happy and to have no regrets about it. Because my father had been difficult, he was not very old when he died, but still... So that in a sense I could handle, you know, as far as grief... I got through that, I was busy as well, and I had my husband, he was supporting me. And the family were nearer around, they weren't so spread out. So that was different in that way, I was able to handle that much... More quickly, shall I say...

It was quite different. Half expected anyway. The sadness then was that I wasn't able to be there, and that was because the communication systems... I'd left exactly where I was, but they didn't get me. I was interviewing... And I was sad, because I didn't get to her in time. Yes, it was... I think we'd made part of what said "I've been happy" and that sort of thing...

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I mean, he was 25 when she died, so he was more or less established then. He's got a doctorate in particle physics when he was 24, and he was very sensitive to his mother's condition. He'd been to Durham University and got to know a girl in his first year, and was still with her at the end of six years, and they decide to get married. They were going to put it off until the spring, and then... They were both working in London, and living together, and they decided that they get married and they brought it forward and they were married in the October before my wife died in the March. She was able to see them married, which was great for her. I don't know, they didn't say, but I'm sure that in the back of my son's mind was that his mother was on the way out.

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You didn't feel that there was anything... Not that I'm suggesting for a moment that you should, but there wasn't anything you felt you wanted to tell her, or you felt she might wish you could have had that?

Just able to recognise us. And later on in the day, about six o'clock, she passed away. I wasn't with her when she passed away, my daughter was with her. And I was down the corridor, spending a penny, I was down the corridor, and they came to fetch me. And I went back, and Julia had gone. So that was...
+++ The documents with retrievals have a total of 7965 text units, so text units retrieved in these documents = 2.5X.
+++ All documents have a total of 11111 text units, so text units found in these documents = 1.8X.

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(1361) /Influences on Grief Experience/Support from Others/Expectations of Support/No Definition

++ Document Header:
+++ ON-LINE DOCUMENT: Interview 2
Duration
+++ Retrieval for this document: 21 units out of 2301.
= 0.91%

1233 • SUBJECT
++ Text units 1262-1267:
1262 which is a progression, because a while back I would
1263 have been as much as anything, pleased to think
1264 that somebody was coming with me, even if I ended up
1265 not doing any of the things that I really went out
to do! Because I wanted that company. So that
1266 progression,
1267 and that’s the difference. I found. Not having, as I say,

++ Document Header:
+++ ON-LINE DOCUMENT: Interview 3
++ Text units 338-347:
338 one still had a certain amount to do... I don’t remember feeling particularly bereft.
340 and... I got a lot of very good neighbours,
341 but over the years their concern, quite
342 naturally, has dropped off. Except that I have one very good friend who, I don’t
343 know... I’ve got about nine acres, and he
344 keeps a few sheep. I see him most days, and I
346 very much appreciate... He comes in two or
347 three evenings a week, and sits and chats.

++ Document Header:
+++ ON-LINE DOCUMENT: Interview 4
++ Text units 550-563:
550 • SUBJECT
551 Yes. And as I say. everybody was very
552 sympathetic to start with, and they invited
553 me out for meals, but... One or two still do.

++ Document Header:
+++ Retrieval for this document: 8 units out of 3146.
= 0.25X

333 • SUBJECT
++ Text units 388-395:
388 Given that, how often would you say that you
395 saw... How often would you say that you see
399 family In general, maybe any member of the
310 family?

++ Document Header:
+++ Retrieval for this document: 52 units out of 1907.
= 2.7X

333 • SUBJECT
++ Text units 954-966:
954 • interviewer
956 so, family have, certainly around the time of
957 the funeral, they were supportive, but in a
958 similar way to the neighbours a little bit.
959 you found that the times that you see these
960 have diminished?

++ Document Header:
+++ No Header
++ Text units 3161-1668:
1662 well I thought, how horrible can people be?
1664 on yes, Mabel can take them to Bath, she
1665 could buy the material, she could make the
1666 curtains. See what I mean? You see? You can
1666 do a lot for other people, but when you want
1667 some help you don't get it, there's only a
1668 certain few.

++++

227
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**Q.S.R. HUD.1ST Power version, revision 4.0.**
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**PROJECT:** Data Analysis, User Sean Bird, 12:38, 24 Jul, 1999.

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+++ ON-LINE DOCUMENT: Interview 1
**Document Header:**

+++ Retrieval for this document: 98 units out of 2452,
= 4.0%

**SUBJECT**
++ Text units 1606-1615:
1606 *rest*. We are all the same. Every night I go
1607 to bed I hope I don’t wake up in the morning.
1608 Because ‘I’ve had enough of it now. Oh, I’ve
1609 got my son and grandchildren out in Norway. But
1610 they are all those miles away, they’re not
1611 here. I haven’t got anything to look forward
1612 to. I haven’t got any body to chat to. And I
1613 get to bed at night, and I lie there and I
1614 think of Alice, and I think “I hope I don’t
1615 wake up in the morning”. And that also is a
++ Text units 1626-1637:
1626 As Stan says, “it’s what we hold on
1627 to”. If we think that there’s nothing there,
1628 we might put it that way. What drives us on, why
1629 is hanging on to a glimmer of life If you
1630 would say. But I’m not going to force it. And I’ll
1631 go to the pharmacy with a prescription. You
1632 get a prescription for yourself or for Don,
1633 that was. I got through the day
1634 lie in bed, and I think to myself “that was a
1635 Alice. No matter how hard I try. and how... I
1636 used to living with a lovely person for 58
1637 years, then all of a sudden you’ve to get
1638 used to living on your own. It is not an easy
1639 thing to do. I’ve had enough of It now. OK. I’ve
1640 breaks my life up. I’ve got a Job to do. And
1641 1642 used to it. But it still there that you
1643 1644 * SUBJECT
++ Text units 1663-1897:
1663 off-we can’t have another Lockerbie”. You
1664 know, I’ve tried to do everything to make
1665 every day easier. I couldn’t save up... I
1666 wouldn’t have to save up, I could go into a
1667 chemist, different chemists, keep buying
1668 paracetamol til I think I’ve got enough then
1669 sit here and swallow the lot. But knowing me,
1670 an unlucky type, I should come round finding
1671 somebody pumping me out. It wouldn’t do the
1672 trick. but I’d get that low some days. If I
1673 could have a tablet that the SAS have to put
1674 under the tongue, and you’re gone in two
1675 seconds, and there’s many a day I’d bloody
1676 take it. I feel so depressed. All I’ve got to
1677 live for is one hundred day of washing,
1678 polishing, dusting, vacuuming, washing up,
1679 going to bed, getting up. What for? What for?
++ Text units 1887-1891:
1887 be. There was so much to live for. And now
1888 I’ve got to get used to... How do you get
1889 used to living with a lonely person for 58
1890 years, then all of a sudden you’ve to get
1891 used to living on your own. It is not an easy
1892 1893 * SUBJECT
++ Text units 1986-1991:
1986 So I feel proud (to be able to run
1987 errands for neighbours), I’m doing a job. And
1988 I was saying to Sylvia, I mean... She has to
1989 go to the pharmacy with a prescription. You
1990 see, she can walk out of here and literally
1991 walk on to the bus if she times it right
1992 which will drop her at the Medical Centre.
1993 But she has to wait for three-quarters
1994 of an hour to get back. And she’s only taking
1995 a prescription in. So I said “any time you’ve
1996 got a prescription for yourself or for Don
1997 let me have it”. Now I get up there about
1998 quarter past 12, the pharmacy closes at one.
1999 That doctors have virtually finished their
2000 shift and they all close at one. So there’s
2001 only what you might call the odd hangers on
2002 knocking about around half 12. You’ve got
2003 room to park. Get in the car park, drop off
2004 the prescription in the box. about three days
2005 later I go up at half 12, ask for the
2006 prescriptions, go in the pharmacy and get
2007 them and I’m back. Otherwise you Find
2008 yourself parking somewhere up Old Church
2009 Road. And I’m pleased to do it. I have
2010 thought it out... Alice was the type who
++ Text units 2063-2071:
2063 within an hour something’ll have happened. Or
2064 * SUBJECT
++ Text units 2089-2216:
2089 2090The grieving was quite deep. “I don’t know if I
2091 go on like this”. And not seriously, in a sense,
2092 but... As Stan says, “it’s what we hold on
2093 to”. If we think that there’s nothing there,
2094 what... As Stan says, “it’s what we hold on
2095 to”. If we think that there’s nothing there,
2096 we might put it that way. What drives us on, why
2097 is hanging on to a glimmer of life If you
2098 would say. But I’m not going to force it. And I’ll
2099 go to the pharmacy with a prescription. You
2100 get a prescription for yourself or for Don,
2101 that was. I got through the day
2102 lie in bed, and I think to myself “that was a
2103 Alice. No matter how hard I try. and how... I
2104 used to living with a lovely person for 58
2105 years, then all of a sudden you’ve to get
2106 used to living on your own. It is not an easy
2107 thing to do. I’ve had enough of It now. OK. I’ve
2108 breaks my life up. I’ve got a Job to do. And
2109 2110 used to it. But it still there that you
2111 2112 * SUBJECT
++ Text units 2247-2252:
2247 say. But I’m not going to force it. And I’ll
2248 suffer, but I don’t want to suffer too long.
++ Text units 2343-2347:
2343 drinking”. So we don’t know. All we’re doing
2344 is hanging on to a glimmer of life If you
2345 might put it that way. What drives us on, why
2346 are we so... I mean. I lie there and I
2347 any pain worse in my mind than grief. Because

---
me, is
1168 there's still the family, and my daughter I know
would
1169 be, well... If she felt that I'd reached that
sort of
1170 level, I think she would recognise it in our
1171 conversation, but... I can stop myself and say
"no, it's
1172 important that you're there".
**Text units 1174-1178:**

1174 * INTERVIEWER

1175 So, is that about what life is about now? In a
sense.

1176 what am I doing? What is the future about?

1177

1178 * SUBJECT

1178 * SUBJECT
**Text units 1200-1210:**

1200 houseworking... So, future-wise I think I
want...

1201 That's the only thing I feel... I want to feel
that

1202 I can be useful. One of the reasons that I wanted
to be

1203 near so my daughter as much as anything is
because I

1204 might be able to be helpful. She works very
hard, she

1205 works long hours... And I feel I could perhaps
do

1206 of the chores, gets some of the meals, if I was
near

1207 enough. But... That was, in a way, trying to
show that I

1208 was still useful... But now, all right, I help
at

1209 functions like at the horticultural group, I help at
the

1210 Dos there, I'll go and help, and I enjoy being
involved.

**Text units 1222-1223:**

1222 progression, and hopefully there is still
something

1223 in the future.

173 * SUBJECT
**Text units 1793-1805:**

1793 way I've found things. One person has a family
still

1794 living at home that she sort of looking after, so in
a

1795 sense she's got someone there, and in as much as it

1796 can be a tie, if you think you've got to be there for
their

1797 meals... On the of a hand, it is a purpose. This is
the

1798 thing, when you said what do you miss more... In a
way,

1799 it's a purpose. Your partner command what he was
doing,

1800 and what you were doing together, that was all the
purpose of life. And one of the things I used say to
me

1801 was "well, what it's all about, what the
purpose. I

1802 might just as well fold up" sort of thing, but then
you
tell yourself "yes, there's lots of the things
up".

1805 Is still going on around you. So, that's... But, yes... I

**ON-LINE DOCUMENT: Interview 4**

**Document Header:**

* No Header

**Total number of text units retrieved = 163**

**Revisions in 4 out of 5 documents, = 801.**

The documents with retrievals have a total of 7965
text units,
so text units retrieved in these documents = 2,0X.

**All documents have a total of 11111 text units,**
so text units found in these documents = 1.5X.
I was on holiday in Norway, and I was in this room with a funny light fitting in it. I was screwing to the ceiling, about a foot diameter. And I was lying there one night, and this... Like smoke comes in through the window... this is the gospel truth. And its diameter. And I was lying there one night. It could be anything. And I tried once or twice, and it was still there. And in the finish, I asked "Is that you Alice?". It was there, definite, and there's nothing gone. A trick of light, trick of the optic, I can sense something, yet there's nothing wrong with me. But it was there, and it settled around the light, and I was so mesmerised in the finish I asked "is that you, Alice?". And it's perfectly true, that is. Stan's had things, he said "somebody's nudged me, but you turn round and there's nothing there". I said "it's a reaction of the muscles or something like that" and he said "no, I've had that. It's different to that, entirely different". And George has said he's noticed in his bungalow occasionally, not entirely different'. And George has said he's disappeared. And I told George this, and there for about a minute, and then it just disappeared. And I told George this, and Stan. They said "we had similar, not exactly the same, but similar". And George said "it was you, she'd come. You want to fetch her back when you want to see her, but she'll come when she wants to. But to me", he said, "that's proof that she has visited you". I said "I've never seen anything like it, and it hasn't reproduced itself again, not in my own house or down in Norway". But I said "It was there, definite, and there's nothing wrong with me". But it was there, and it settled around the light, and I was so mesmerised in the finish I asked "is that you, Alice?". And it's perfectly true, that is. Stan's had things, he said "somebody's nudged me, but you turn round and there's nothing there". I said "It's a reaction of the muscles or something like that" and he said "no, I've had that. It's different to that, entirely different". And George has said he's noticed in his bungalow occasionally, not often, about once a year perhaps, he said "there seems to be a presence in the room. I can sense something, yet there's nothing there. It is weird, and I haven't been drinking". So we don't know. All we're doing is hanging on to a glimmer of life if you might put it that way. What drives us on, why is hanging on to a glimmer of life if you might put it that way. What drives us on, why is hanging on to a glimmer of life if you might put it that way. What drives us on, why is hanging on to a glimmer of life if you might put it that way. What drives us on, why is hanging on to a glimmer of life if you might put it that way. What drives us on, why is hanging on to a glimmer of life if you might put it that way. What drives us on, why is hanging on to a glimmer of life if you might put it that way. What drives us on, why
I'm not going to get a message”, then I
had it lately, but I did have it
Grief/Perception of What is Lost
I said “well, perhaps.
I got a husband in the spirit world?”. I
thought “oh ah, which is it?”. Well you
would, you said. She said “well, this person
has had to come an awful long way to get to
you”, and she said “and it's something about
a bouquet”. ‘Oh”, I said, "I know”. And there
was a message. ‘He's had a hard job to come
to Fay. ‘I've got to go and post a letter, is
that all the same... That's my only company, that thing,
mean. Saturday night is utter... That's my only company, that thing,
and that... That's my only company, that thing,
and there... That's my only company, that thing,
and what has been unhelpful In terms of
things that you have tried to do?

Well, company. I've been to Seaton-I lived
here... That's my only company, that thing,
and that... That's my only company, that thing,
and that... That's my only company, that thing,
and that... That's my only company, that thing,
and that... That's my only company, that thing,
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and that... That's my only company, that thing,
and that... That's my only company, that thing,
and that... That's my only company, that thing,
and that... That's my only company, that thing,
and that... That's my only company, that thing,
and that... That's my only company, that thing,
and that... That's my only company, that thing,
my life, and all those women! I suppose I've never followed the norm. I've never been a person who because everybody else it's the in thing to do... That where both my husband and I were quite it, we just did our own thing and that was it. So as I say, I do find that a whole crowd of... You don't get a balance line, and I do find pettiness, cattiness... And, all right, what can might talk about amongst themselves, is a whole different thing, but... Usually you get a more balanced conversation, and the pettiness seems to go out of it, maybe just because it's a mixed group I wouldn't know.

which is a progression, because a while back I would have been as much as anything, pleased to think that somebody was coming with me, even if I ended up not doing any of the things that I really went out to do! Because I wanted that company. So that progression, and that's the difference, I found. Not having, as I say, my

Isn't somebody to share it with. And the other thing that I've already mentioned is the conversation, the discussion, of a member of the opposite sex. A different point of view. Those are the main differences of being on your own, routine-wise you make up your own as you go

one compensates for another, you think "well, yes, I can do my own thing", please myself, I haven't got to ask anybody else, but on the other hand you often want to ask somebody, so that's...

Hell, one of the things I found very difficult was that if I went out somewhere, I was fine while I was at a party, but when I've got home to an empty house, nobody there to discuss it with, that when it sort of hits you.

be lovely. But to set up life with, I don't think I would quite happily enjoyed an adult man's company, for interest and someone to go out for a meal with, it would

another man's company. Because as I've said, to me, it's quite important to have a different outlook.

So was that something that you increasingly valued, or that you found yourself valuing after your wife died, the company?

So is that something that's a significant component of the change?

Yes, yes. I mean, what I do miss is female company. I've always got on better with women! I find them more interesting. And of course, there's another aspect of it to, the sexual side of it. Because as women get older they are not so interested in sex, but men don't lose the urge!

So is that something that's a significant component of the change?
It's all up here [points to head], how the mind goes.

** Interview 2 - Ethel, 22nd March 1999 - Interview 2 **

** Document Header:**
- **INTERVIEWER:** 
- **ETHEL:**

- **INTERVIEWER:** So, obviously you feel that there has been a change.
- **ETHEL:** I feel now that some of the things, I am getting reassurance, "you are OK, just keep going". If this is true.

- **INTERVIEWER:**
- **ETHEL:** 1085 I've achieved something quite reasonably, I don't lend much to... So the reassurance, it's important.
- **INTERVIEWER:** And I feel now that some of the things, I am getting reassurance, "you are OK, just keep going". If this is true.

- **INTERVIEWER:**
- **ETHEL:** 1086 happen to be somebody too who... I haven't got an awful lot of confidence in myself, what I do, I don't believe that I do anything particularly good, even perhaps when...
1126
1127  * SUBJECT
1128  Yes, definitely.
1129  * INTERVIEWER
1130  What do you think has been driving that, what do you think has changed? Is it just time, or...
1131  * SUBJECT
1132  I think it's time as much as anything. I think partly it is my own personality, um... I can recall when I was a district nurse in London, something I was going to do, and the superintendent looked, and she said "well, Smith" she said, "if that's what you want to do, I'm pretty sure that's what you will do, because if you make up your mind, you'll do it". And mostly that's how I go about things. I don't give up very easily.

+++ ON-LINE DOCUMENT: Interview 3
+++ Document Header:
* No Header
+++ Retrieval for this document: 27 units out of 3146,
= 0.86X.
1196  * SUBJECT
1197  ** Text units 1464-1465:
1198  1464  ... They know down the garage, they won't use my hands... I mean, what I used to do.
1199  1465  * subject
1200  ** Text units 1537-1541:
1201  1537  him, and he is helping you. Whereas you see... I've got to do it, I've got to do it somehow. But there's a lot of people that couldn't, a lot of people that can't do it like I can perhaps. It's like the first time
1202  1541  like I can perhaps. It's like the first time
1203  ** Text units 1734-1744:
1204  1734  Well, I could have been the same when Stan died, I could have said "look, I can't dress myself", I can't go out nowhere. And you would get in that rut. But I'm not made like that. See what I mean? If I say "well, look, I'm going"... I mean, I had a phone call, my niece rang me, she said "Auntie Mabel, I've got you booked to go out to New York". I said "what? No one asked if I could afford to go". And that's worrying me. The money side of it, see what I mean?
1207  ** Text units 2097-2108:
1208  2097  use my hands... I mean, what I used to do, was this (demonstrates hand manipulation)
1209  2100  exercise) you know, on a hardboard, all on a window sill, or have a ball and keep doing that. It's no good saying "well, I can't do this".

+++ ON-LINE DOCUMENT: Interview 4
+++ Document Header:
* No Header
+++ Retrieval for this document: 5 units out of 1907.

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******************************************************************************
(1.21.2.30)  /Influences on Grief
Experience/Pre-Death and Death Period/Physical Decline/Decline within Context of Relationship/Practical Impact
*** No Definition

+++ ON-LINE DOCUMENT: Interview 1
+++ Document Header:
* INTERVIEW "L'LEN", 29TH JANUARY 1999.

+++ Retrieval for this document: 63 units out of 2452,
= 2.6X.
121  * SUBJECT
122  ** Text units 145-152:
123  145  found out. So they lengthened it. So I went down where I usually go. I went down there to the garage, and they've got a big Rover in there. Part exchange, I could meet the price with two or £300 extra. So I bought it.
124  146  because having the length I could have the seat right back. Alice could get in with her legs, and people could still sit at the back.
125  147  * SUBJECT
126  ** Text units 335-342:
127  335  the aisles where I used to walk with her, and the size of the crowd in Tesco's when she first came out of hospital-she wouldn't go near the place, she was terrified of getting knocked. And eventually we got in there, and I used to pick a nice trolley, and walk along with her on the side where she had her new hips, and it took me about a month to get into
128  342  * SUBJECT
129  ** Text units 1748-1765:
130  1748  ... You see, this is the intimacy of being bonded together by
131  1749  shower before me... You see, this is the
1750 marriage. When I first met her, it was about
1751 two or three weeks before I even held her
1752 hand. Now, a few days before she died, and of
1753 course, years before that, she was standing
1754 in the shower and a I would sponge all her
1755 back and her backside and all down the back
1756 of her legs and everything because she
1757 couldn't have with this artificial hip. And I
gave her a good sponge-down all down her
1758 back. Whereas, years ago when we first met,
you're nervous, dare I hold her hand? And
now, you're washing her backside. There was a
love and an intimacy and a trust between each
other. Which thousands have still got. But
now, they get carried the one week and get
divorced the bloody next. There doesn't seem
to be any appreciation or love. The
2096 * SUBJECT
2229 Alice was on the attendance allowance.
2230 Wherever she went, I went. If she went up
2231 those stairs, I came up behind her. When she
came down, I came down in front of her. When
2232 she had her hip done, we had a portable too
2233 which she had in the back bedroom. And then I
2234 used to wash and clean it up in the morning.
2235 bring it down here, and she'd have it over
2236 there [in the corner of the living room]. And
2237 there was a marvellous woman. And we used to keep each
2238 other going and were very sensible. And what
can't I say. But I'm not going to force it, and I'll
2252 suffer, but I don't want to suffer too long.
2253 I've been in these nursing homes, they smell
2254 from top to bottom, they have people sat in
2255 chairs, and all sorts, urinating all over the
2256 bloody floor... They can't help it, the poor
2257 souls... I don't want to be like that. And
2258 I'm very pleased, or happy, or glad, I don't
2259 know what word to use really, that Alice went
2258 to be any appreciation or love. The
2260 * SUBJECT
2297 Alice was on the attendance allowance.
2300 Wherever she went, I went. If she went up
2301 those stairs, I went up behind her. When she
came down, I came down in front of her. When
2302 she had her hip done, we had a portable too
2303 which she had in the back bedroom. And then I
2304 used to wash and clean it up in the morning.
2305 bring it down here, and she'd have it over
2306 there [in the corner of the living room]. And
2307 a shower as I say... She was the first out.
2321 but I'm not going to force it, and I'll
2322 suffer, but I don't want to suffer too long.
2323 I've been in these nursing homes, they smell
2324 from top to bottom, they have people sat in
2325 chairs, and all sorts, urinating all over the
2326 bloody floor... They can't help it, the poor
2327 souls... I don't want to be like that. And
2328 I'm very pleased, or happy, or glad, I don't
2329 know what word to use really, that Alice went
2330 to be any appreciation or love. The
2350 marriage. When I first met her, it was about
2351 two or three weeks before I even held her
2352 hand. Now, a few days before she died, and of
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2354 in the shower and a I would sponge all her
2355 back and her backside and all down the back
2356 of her legs and everything because she
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you're nervous, dare I hold her hand? And
now, you're washing her backside. There was a
love and an intimacy and a trust between each
other. Which thousands have still got. But
now, they get carried the one week and get
divorced the bloody next. There doesn't seem
to be any appreciation or love. The
2096 * SUBJECT
2229 Alice was on the attendance allowance.
2230 Wherever she went, I went. If she went up
2231 those stairs, I came up behind her. When she
came down, I came down in front of her. When
2232 she had her hip done, we had a portable too
2233 which she had in the back bedroom. And then I
2234 used to wash and clean it up in the morning.
2235 bring it down here, and she'd have it over
2236 there [in the corner of the living room]. And
2237 Alice was on the attendance allowance.
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2231 those stairs, I came up behind her. When she
came down, I came down in front of her. When
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2234 used to wash and clean it up in the morning.
2235 bring it down here, and she'd have it over
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2233 which she had in the back bedroom. And then I
2234 used to wash and clean it up in the morning.
2235 bring it down here, and she'd have it over
2236 there [in the corner of the living room]. And
2237 Alice was on the attendance allowance.
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came down, I came down in front of her. When
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2233 which she had in the back bedroom. And then I
2234 used to wash and clean it up in the morning.
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2236 there [in the corner of the living room]. And
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2235 bring it down here, and she'd have it over
2236 there [in the corner of the living room]. And
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2231 those stairs, I came up behind her. When she
came down, I came down in front of her. When
2232 she had her hip done, we had a portable too
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2235 bring it down here, and she'd have it over
2236 there [in the corner of the living room]. And
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2231 those stairs, I came up behind her. When she
came down, I came down in front of her. When
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2234 used to wash and clean it up in the morning.
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2236 there [in the corner of the living room]. And
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2230 Wherever she went, I went. If she went up
2231 those stairs, I came up behind her. When she
came down, I came down in front of her. When
2232 she had her hip done, we had a portable too
2233 which she had in the back bedroom. And then I
2234 used to wash and clean it up in the morning.
2235 bring it down here, and she'd have it over
2236 there [in the corner of the living room]. And
2237 Alice was on the attendance allowance.
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2231 those stairs, I came up behind her. When she
came down, I came down in front of her. When
2232 she had her hip done, we had a portable too
2233 which she had in the back bedroom. And then I
2234 used to wash and clean it up in the morning.
2235 bring it down here, and she'd have it over
2236 there [in the corner of the living room]. And

The difference in life is that I was working all the time, looking after Julia personally. I was always on the go, I was doing everything. Apart from dusting, we had a lady in, but I was looking after a Julia, I was helping her all the time. And of course, I found that after the first year particularly that... The rest, I had a rest, you see. I wasn't so absolutely dead tired at

+++ Total number of text units retrieved = 122
+++ Retrievals in 4 out of 5 documents, = 80%.
+++ The documents with retrievals have a total of 9204 text units,
so text units retrieved in these documents = 1.3X.

O.S.R. NUDIST Power version, revision 4.0.
Licensee: University of Plymouth.

+++ ON-LINE DOCUMENT: Interview 2
+++ Document Header:
Interview 2-Ethel, 22nd March 1999-Interview Duration
+++ Retrieval for this document: 42 units out of 2301, = 1.8X
2061 Yes, yes... Well, I haven't been to the OAP club, 2062 there's probably a mixed group there, but... 2132 But take me! That's the trouble! But no, I think the main 2133 difference is that it isn't so easy...

Q.S.R. NUDIST Power version, revision 4.0.
Licensee: University of Plymouth.

+++ ON-LINE DOCUMENT: Interview 3
+++ Document Header:
* No Header
+++ Retrieval for this document: 7 units out of 3146, = 0.22X
1788 The fellowship. But it was usually me that 1799 was going. Yes, I've missed... Through St 1800 John's, I've missed meeting the people. So by going to the meetings, you are meeting old 1801 friends, perhaps you got something 1802 interesting you had a talk about. Keep you up to date with what's going on.

---

2101 So, there's something about the social thing which is 2133 different from when you were younger? 2134
2135
2136 Yes, yes... Well. I haven't been to the OAP club, 2137 there's probably a mixed group there, but...

2124 OAP groups and that, but they're all local people and
costly have got all their ties... I suppose they
do, 2126 they go off to... I mean, I wouldn't particularly
want
to
take me! That's the trouble! But no, I think the main
difference is that it isn't so easy...

2127 to go off and go to dancing again! I'd want somebody to
2128 take me! That's the trouble! But no, I think the main
2129 difference is that it isn't so easy...

2130 * INTERVIEWER
2132 So, there's something about the social thing which is 2133 different from when you were younger? 2134
2135
2136 Yes, yes... Well. I haven't been to the OAP club, 2137 there's probably a mixed group there, but...

2138 it's the sort of group that I would particularly...

2139 If you were a younger person, yes, you would maybe
still
2140 be driving, or live somewhere where transport is easier,
2141 you can get off and go, as I say, having said, as long
2142 as if you've got a family you'd got support, because
2143 there's no way you could do without. Young people
might
2144 have a particularly... Who have been in that situation,
2145 might find a different circumstances altogether. But
2146 that's how I see it.

+++ ON-LINE DOCUMENT: Interview 3
+++ Document Header:
* No Header
+++ Retrieval for this document: 7 units out of 3146, = 0.22X
1788 * subject
1798 * subject
1800 * subject
1802 * subject
1803 * subject
1804 * subject
1806 * subject
2147 that's how I see it.

+++ ON-LINE DOCUMENT: Interview 4
+++ Document Header:
...opportunity to get to know people in more depth than just sort of a casual meeting at a drinks party, or something.

1504 * interviewer
1505 What sort of social occasions... What does your social life consist of in the village?
1507 You mentioned the drama club.
1508

1509 * subject
1510 Yes, well, I went to a ninetieth birthday party yesterday, but that was only a drinks party. There's a good lady who has a guest house, and she has occasionally asked me to dinner up there. I mean, she is a very good friend of mine, we get on. She's a widow, she's been a widow since she was about 46. I mean, she's 70 now, but we do get on very well together. Occasionally during the summer we go and visit gardens, and we've been to Stratford together, that sort of thing. But I mean, I think she's quite fond of me, but our lifestyles are so different. I mean, there's another person in the village, she's a divorcee, and she is about the same age. We did get on very well together, but she... I think partly because she's a divorcee... She got elected to the county council, and now she is so on about 24 more committee's, and she's chairman or President of about half of them. She's just too busy. She's so busy, she can't do any of the things properly. I get very mad with her sometimes, I keep saying you ought to do less. We... We're not as close together as we used to be. Actually, I'm godfather to one of her grandchildren.
1525 Well actually, this is rather funny, those two [subject's two female friends in the village]. Elizabeth's daughter married Mavis' son. And I and godfather to their eldest child, I've taken a great interest in his education. And I get on very well with both of them. But whereas, I know Mavis a lot better. I now feel more friendly with Elizabeth than I do with Mavis! Although I've known Mavis longer.
In London, in wartide, for a year, I wanted to get back

**Text units 1652-1655:**

1652 Ttme: I say, my district nursing was in East London,
1653 we cycled all through the docks, and you could be helped
1654 in the black of night and if you were in a nurses uniform you were as safe as houses, you were!
1655 The Times
1656 my chain broke on my bike, and somebody ["Here, it's rate,
1657 do you want a hand there?"] And that was it. In uniform you were as safe as anything.
1658
1659 1660 * INTERVIEWER
1661 I wonder if that would be the case now?
1662
1663 ' INTERVIEWER
1664 No. No. It certainly wouldn't. I wouldn't go there,
1665 and I used to go over to the docks, you know. But, so OK,
1666 when you... Through your life you fat changes, from the
1667 point that you are actually evacuated from home and went
1668 from mine head to Newton Abbey, and various... That
1669 must have some effect on how you cope with things, because
1670 you were on
1671 **ON-LINE DOCUMENT: Interview 3**
1672 *** Document Header: ***
1673 * No Header
1674
1675 *** Retrieval for this document: 69 units out of 3146, = 2.2%***
1676 144 * subject
1677 **Text units 194-198:**
1678 194 but. You see now, going back to my first
1679 husband and that, there was no social
1680 security, and I had to wait until Harry was
1681 born before they applied for my widow's
1682 pension. See? Well, how was I going to live?
1683 592 * subject
1684 **Text units 610-622:**
1685 610 experience, when my first husband died. We didn't have a bank account, we had a Post Office book. Now, we each had our own. And
1686 611 didn't have a bank account, we had a Post
1687 612 Office book. Now, we each had our own. And
1688 613 well, it took a long time, because I don't know if you know, but back in those days, a
1689 614 form from the Post Office had to go to his brothers. Well, one was killed in the July
1690 615 after his, but he had a brother in the air
1691 616 force, but his parents, my first husband's
1692 617 parents, his sister and his brother, they had
1693 618 to sign papers to say that they were willing
1694 619 for me to have his money from the Post
1695 620 Office. So if I hadn't had... I mean, he was
1696 1042 * subject
1697 **Text units 1055-1057:**
1698 1055 mother to go to work, I don't know what I
1699 1056 would have done, because you didn't get the
1700 1057 help in those days.
1701 1632 * subject
1702 **Text units 1633-1659:**
1703 1633 Yes, but it's like I said, there's a lot of
1704 1634 people in the village that we don't know.
1705 238
When I was going to Evergreens, and this person caught me up, and I said "I'm going to Evergreens", well, she said "I am as well, because I want to ask you a few questions about the history of the village". Well, she said "I want to know is, how did you manage to see before you had electric?".

Well, I said "what do you think we did? Candles". I said, "and an oil lamp". Well, I said "what do you mean, an oil lamp?". So I tried to explain an oil lamp, and she said "what do you do, you lit the oil?". I said "I'll show you an oil lamp". So I managed to see before you had electric?". She gave me a plan of the plot where Alice is. For an hour, and sat with me on a bench. And she gave me a plan of the plot where Alice is. She said "you putting roses in? If so, can I buy something from the garden?". Julia said "well, let's go and see what's going down. When she was about... Well, until he started to go to school. Then she got a part-time job.

++ Total number of text units retrieved = 221
++ Retrievals in 4 out of 5 documents, = 98X.
++ The documents with retrievals have a total of 980X text units.
++ All documents have a total of 11111 text units, = 4.0X.
++ Document Header: * Subject
++ Retrieval for this document: 98 units out of 2452. = 4.0%.
"all right". They said "we're preserving all
the cinders on the benches". They said "when
we've finished, we'll put you one by your
tulip tree. And then, last September John,
754 Alice Is". He said "you see that patch of
soil, where you put your odd rose from the
garden, can we have permission to put a
tulip tree in there?". I said "with the greatest
pleasure". So they put a fuchsia in. Now,
1527
++ Text units 1957-1564:
1559 "subject you don't sign the licence. And
1558 also when I registered to the death at
1559 Chingley to the Registrar, I mentioned it to
1560 Karl. He said "Gertrude Lilian Jones". In
1561 brackets 'Alice'. He said "did you tell them
1562 that?" and I said "no", they asked me-or she
1563 known by any other name, and I said yes,
1564 Alice". And that's on her death certificate.
1565 Alice. And that's on her death certificate.
1566
2096 * subject
++ Text units 2274-2295:
2274 you darling". And I'll take something from
2275 the garden. And the gardeners they say...
2276 John said "I haven't seen you for a month,
2277 but I know you're about because the
2278 groundsmen have told me you've change your
2279 flower". It's either a carnation, or a rose.
2280 Now Eileen's growing sweet peas
2281 and corn flowers this year, she said 'there
2282 will always be a little bunch for you to take
down to Alice'. I feel I want to go. As I
2283 down to Alice'. I feel I want to go. As I
2284 said earlier on, that all I've got left, of a
2285 beautiful person, with her thoughts, mind,
2286 voice, advice, chatting, loving, nursing...
2287 You never, all I've got left is some ashes
2288 under some turf. So it's nothing for me to go
go down there and spend half an hour. And I'm
2289 in that vicinity. A lot of people have said to
2290 me that it's morbid. I've shown people a
2291 thing, to be honest, but because he's not the
2292 president, and they don't stay on my door,
2293 enormous exception I felt. and... It's things like
2294 that, that
2295 something that did amaze me, he was actually at
2296 the vicar, and I'd never met the vicar before he
came to see
2297 me to arrange the funeral... I actually think he
was
2298 very good. And I said 'look, all I can say is
that
2299 that
2300 2013 about them, and they don't stay on my door,
2301 but... So
+++ Retrieval for this document: 26 units out of 2301,
= 1.15
23 * subject
++ Text units 162-178:
162 The initial shock, as I say... The fact that my
own
163 GP... Because he had got on very well... My
husband
164 was a very quiet person, he wouldn't belong to all
sorts of
165 things, other than... He belonged to the
Auricula
166 society, but they couldn't believe it, that he
had
167 an interest, because he never... he used to help at
the
168 show, but he never opened up and er... Having to
attend
169 the G P who is known to be very quiet and
people
170 say "he doesn't take any notice"-he doesn't miss a
171 thing, to be honest, but because he's not the
chatty
172 sort... But when he talked to my husband, they
had
173 common interests and, yes, he came to see us
but...
174 something that did amaze me, he was actually at the
175 funeral in the Church and that, you know, was
176 exceptional I felt, and... It's things like
that.
177 that
178 somehow you strengthen because... However
much you
179 think you're prepared, you're not [laughs]. and...
1795
+++ SUBJECT
++ Text units 2005-2013:
2005 has convinced me yet". And I actually said this to
the
2006 vicar, and I'd never met the vicar before he came to see
2007 me to arrange the funeral... I actually think he
was
2008 very good. And I said 'look, all I can say is
that
2009 was what his comment was". Because I daren't let
my
2010 husband go to the door when somebody like
2011 witnesses were there because he absolutely wipe the
2012 floor with them, you know... Alright, I've got my
views
2013 about them, and they don't stay on my door,
2014 but... So
+++ Retrieval for this document: 77 units out of 3146,
= 2.48
+ + Text units 252-252:
252 * interviewer
256 * subject
++ Text units 288-309:
288 training and everything as well, and er...
289 this one boy that was a Scout with him, he
290 went on to become the assistant scout master.
291 and he still comes to me, and still misses
292 Skip (husband's scout nickname), see? So you
293 know, we were very involved with that. So of
294 course it was Scouts... Although they are
295 grown up now, we had the Scouts that carried
296 him, the British Legion flag was in front
297 with the chairman, there was also the St
298 John's Ambulance, you see, which the
299 superintendent gave a little address as well.
300 and... Mr Smallbone, the chairman of the
301 British Legion, he read out a piece that we
302 found of Stan's in his box, and... The vicar
303 spoke very highly of him, and he was also
304 President of the beekeepers Association, so
305 they were there. So it was a pack of the Church,
306 you see. And as he was a bugler, he was a
307 bugler for general Skoroski's funeral, the
308 Polish general, which we've got set of 309
310 photographs of it, and... At one time, you
++ Text units 333-343:
333 couldn't do it because of his heart, you see.
334 And so, that's how it came about that my
335 niece then, she got hold of this 14 year old
boy, and he actually did the bugling at the
336 funeral. It was wonderful. That was the only
337 thing we didn't get, because there's a tape-
338 recorder my nephew had going in the Church.
339 so we got the full service, but we didn't get
the bugling, you see? Which was nice, It was
340 nice, and he did a really good job, that lad.
341 see?
352 * subject
++ Text units 353-362:
353 Well, you've got a job to keep the tears
354 back. But... It was a very moving sort of a
355 Service, you know. But going back to my first

240
356 Husband, I didn’t do as I was... I did on the
357 first husband, but not with my second. 359 said to me, “carry a photograph of him, and
360 just keep looking at that, because he is
361 still there alive with you, he’s not dead”. 362 See what I mean?
374 • subject
++ Text units 375-378:
377 You know. You try to keep up, you bite
378 your lips and that, because there are so many
people around you. And I think they are
379 helping as well.
893 • subject
++ Text units 905-919:
905 ... Because of all the things he belonged to.
906 Well the Church was full up, wasn’t it? See
907 what I mean? And of course, the St John
908 Ambulance, they came to the grave, and just
909 caught hold of me and took me away from the
910 grave. Didn’t worry about Harry and Barry,
911 they just caught hold of me and said “come on
to over to the car, and we’ll take you down the
912 hall”. And one was saying “here’s a sandwich
913 for you”, the other one went off and got a
914 drink, and... I was in Gentleman’s service,
915 “well, you see Mabel, you’re the last link
916 with the family”. And that was nice. And his
917 with the family”. And that was nice. And his
918 -well, you see Mabel, you’re the last link
919 with the family”. And that was nice. And his

920 -well, you see Mabel, you’re the last link
921 with the family”. And that was nice. And his
922 -well, you see Mabel, you’re the last link
923 with the family”. And that was nice. And his
924 -well, you see Mabel, you’re the last link
925 with the family”. And that was nice. And his

926 his own. dad”.
927 especially that week. “It’s too much for you
928 tell you. But Neil says “I think we should
929 all be together for Christmas Day”, and he’s
930 coming over in August, he’s coming to
931 booked a cottage in Devon. You see. Julie
died the 5th August, 18 months ago. She was
311 disappointed that one or two off her
312 there were about 40 of us. I was a bit
313 and thank one for it! But funny things happen,
314 over here. Any particular reason?”. So he
315 couldn’t contain himself any longer, could
316 George, he said “Lily and I have been
317 talking, we were at the funeral, we couldn’t
318 understand why you were looking so happy”. So
319 I had to explain why, you know, I greeted
320 every body, you know, I was quite pleased, 319
321 sang away, and enjoyed It, and it was all
322 very nice as far as I was concerned. It was
323 what Julia wanted. Of course, afterwards

324 * SUBJECT
++ Text units 720-741:
720 had suffered over many many years. And I was
721 glad that I had arranged the funeral, and the
722 funeral service as she would have wanted it.
723 Everybody was to be bright and cheerful, and
724 I was bright and cheerful, and was very happy
725 that all was well. She did come back later on
726 and thank me for it! But funny things happen,
727 you see. I’d been home a couple of weeks, and
728 a couple of neighbours from just a couple of
729 bungalows up there, they asked me home for a
730 cup of coffee one morning, and I said “well,
731 now, that’s very kind of you to invite me
732 over here. Any particular reason?”. So he
733 couldn’t contain himself any longer, could
734 George, he said “Lily and I have been
735 talking, we were at the funeral, we couldn’t
736 understand why you were looking so happy”. So
737 I had to explain why, you know, I greeted
738 every body, you know, I was quite pleased, 738
739 sang away, and enjoyed It, and it was all
740 very nice as far as I was concerned. It was
741 what Julia wanted. Of course, afterwards

742 * SUBJECT
++ Text units 875-891:
875 Christmas. And she said “we had a beautiful
876 buffet” and I said “the last buffet that was
877 on that table was at Alice’s funeral”. Well
878 we’d had as many as 15 here at Christmas
879 night, buffet here, sitting room there.
880 drinking, not getting drunk but a good time.
881
Friends and neighbours had cose from
882
Birmingham, t h e y ' v e been here from Norway.
883
and I was very pleased t h a t Fay oade use o f
8S4
the t a b l e . Plus the f a c t t h a t anybody up t o
885
any skulduggery, seeing people coning
886
backwards and f o r w a r d s . . . You see what I
887
mean? So I was q u i t e happy and I t o l d A l i c e
888
T v e l e n t fay our k i t c h e n t a b l e l o v e " . And I
889
was q u i t e pleased t o do I t , and I l e f t the
890
r a d i a t o r s on Just low, t o keep the place
891
warm. K a r l popped i n . And b a s i c a l l y I t r i e d
1176 * SUBJECT
++ Text u n i t s 1403-1414:
1403 i t ' s a good l i t t l e r o a d . Now I was going I n t o
1404 f l a t s , as I say. I n t h e c l o s e near t h e
1405 c a t h e d r a l . Janet w r o t e from L i c h f i e l d . . . When
1406 I c a n c e l l e d the sale and had t h e board taken
1407 down. She s a i d " I t ' s a good j o b you d i d n ' t
1408 come. The f l a t you were g o i n g t o have, number
1409 t h r e e , weather p e r m i t t i n g , Christmas Eve the
1410 c h o i r would have come out o f t h e c a t h e d r a l
1411 and sung c a r o l s under your window " . She said
1412 " y o u ' d have gone round t h e r e l i k e a headless
1413 c h i c k e n , because A l i c e w a s n ' t w i t h y o u . I t ' s
1414 a good Job you d i d n ' t come". And er . . . I t
++ Text u n i t s 1463-1476:
1463 C h r l s t a a s , New Year's Eve o u t I n N o r w a y . . .
1464 This y e a r , he wanted me t o stop f o r Christmas
1465 and New y e a r . I w o u l d n ' t the year b e f o r e
1466 because I s a i d ' n o . 1 want t o be I n my own
1467 house to say goodbye t o t h e y e a r t h a t I s a i d
1468 goodbye to your mother". Now, t h i s time I was
1469 out t h e r e . And t h e r e was q u i t e a crowd o f u s ,
1470 a l l l i n k i n g arms, s i n g i n g Auld Lang Syne.
1471 When I t ' s f i n i s h e d . I went o u t s i d e and c r i e d .
1472 N e l l ' s s a i d " a r e you a l l r i g h t , d a d ? " . I said
1473 " y e s " . I s a i d "what you c a n ' t imagine, son,
1474 f o r 57 years your mother and I have l i n k e d
1475 arms and h e l d hands w i t h a l o a d o f people and
1476 sung t h a t . Now she's not here [ t e a r s ] " . And

my
908
Day,

husband w o u l d n ' t go anywhere e l s e on Christmas

no
909
matter how many I n v i t a t i o n s we had. we stayed a t
hone
910
Christmas Day. I t was Just something we always
done.
So
911
I f e e l i t ' s more n a t u r a l f o r ne to be h e r e , and
to a
912
c e r t a i n e x t e n t I suppose I have some b e l i e f o f
spiritual
913
presence, and I t h i n k t h a t somehow t h a t ' s where
I
need
914
t o be. I mean, o t h e r than t h a t . . . I ' d not
spooky, or
915
anything l i k e t h a t ! But t h a t ' s my way o f p u t t i n g
+++
I t ! ON-LINE DOCUMENT: I n t e r v i e w 3
Document Header:
* No Header

+++ R e t r i e v a l f o r t h i s document: 29 u n i t s out o f 3146,
= 0.92X
52
* Subject
++ Text u n i t s 101-108:
101
c a l l e d I n t o him and he came up. a n d . . . Well
102
o f c o u r s e , we s t i l l had a l l the Christmas
103
s t u f f , because Barry had a c r i b i n the h a l l
104
you see. Well a l l t h a t was s t i l l t h e r e , you
105
see, because he d'say ' o h , y o u ' v e got t o
106
leave i t , t h a t t h r e e wise men d o n ' t go u n t i l
107
so many days a f t e r w a r d s ' . So t h a t was a l l
108
t h e r e . So they set t o and c l e a r e d e v e r y t h i n g
2559 * s u b j e c t
Text u n i t s 2605-2615:
2605 the t h r o a t " . That was h i s own mother. She
2606 d i e d on h i s t h i r d b i r t h d a y . 1 mean, I know
2607 when a l l t h i s happened, you t h i n k " w e l l , can
^-M• ON-LINE DOCUMENT: I n t e r v i e w 2
2608 t h e r e be a God? Can there be any body up
•*-M- Document Header:
2609 there? Why should I t happen t o me?'. I mean.
• I n t e r v i e w 2 - E t h e l . 22nd March 1 9 9 9 - I n t e r v i e w
2610 Raymond d i e d , Harry was b o r n , I was up day
Duration
2611 and n i g h t w i t h h i s s i s t e r , she n e a r l y l o s t
^
R e t r i e v a l f o r t h i s document: 21 u n i t s out o f 2301. 2612 her l i f e having her baby. Then mum was
2613 k i l l e d . So we had two deaths and two b i r t h s
= 0.91X
2614 a l l w i t h i n three months. And you t h i n k " w e l l ,
698
• SUBJECT
2615 h e ' s never going t o see the c h i l d " . And I t
Text u n i t s 753-755:
2787 * subject
753
I s h a l f l i s t e n i n g t o t h a t and t h e r e ' s people
Text u n i t s 2788-2797:
ringing.
2788 Oh, I ' v e s t i l l got a drawer f u l l of h i s s t u f f
I
2789 what he had t h a t Christmas.
754
rang i n on Christmas Eve. and I rang i n on
2790
year's
Eve I
2791 * i n t e r v i e w e r
755
t h i n k , only to say happy C h r i s t m a s , best
wishes... I
2792 The Christmas t h a t he died?
787
* SUBJECT
2793
•*-*• Text u n i t s 827-830:
827
whatever. Yes, the worst time f o r me I s the 10
2794 * s u b j e c t
days.
2795 Yes. Because t h a t was January 1 3 t h . . . Like I
828
f o r t n i g h t b e f o r e C h r i s t m a s , because my husband
2796 s a i d , we s t i l l had the c r i b , t h e r e was s t i l l
died
2797 a l l h i s s t u f f about. I am going to g i v e a
on
829
the 11th December, my b i r t h d a y I s the 1 5 t h , my
mother
+++ Total number of t e x t u n i t s r e t r i e v e d = 109
830
d i e d on the 17th December... she l i v e d here w i t h
+++ R e t r i e v a l s in 3 out o f 5 documents, = 60X.
us
•MH- The documents w i t h r e t r i e v a l s have a t o t a l o f 7899
for
text units,
899
* SUBJECT
so t e x t u n i t s r e t r i e v e d i n these documents = 1 . 4 1 .
++ Text u n i t s 902-915:
•M-f A l l documents have a t o t a l o f 11111 t e x t u n i t s ,
902
From when we were f i r s t m a r r i e d , we agreed t h a t
so t e x t u n i t s found i n these documents = 0.98X.
903
Christmas Day was our day a t home. When the
kiddies
were
904
young, of course, they were a t home, but as they
grew
up
Q.S.R. NUD.IST Power v e r s i o n , r e v i s i o n 4 . 0 .
905
they went o f f to f r i e n d s , we d i d n ' t say " y o u ' v e
Licensee: U n i v e r s i t y o f Plymouth.
got
to
PROJECT: Data A n a l y s i s , User Simon B i r d . 1:24. 24 J u l
906
be here f o r C h r i s t m a s ' , and i know people who do
1999.
say
907
t h a t , but t h a t was t h e i r c h o i c e . But, i t 242
was...


Interview 1

1325 just shuffles, he's really bad. Now I take a packet of toilet rolls and four pints of milk, how you going to carry anything else? They haven't got a car, she's back on the road, she's lost her dad, and her sister, last year, both of them. And she said only the other day she said "I've been talking to Sheila. Why do we do it? Why do we hurt ourselves?". I said, "I don't know". It's a packet of toilet rolls and four pints of milk, how you going to carry anything else? They haven't got a car, she's back on the road, she's lost her dad, and her sister, last year, both of them. And she said only the other day she said "I've been talking to Sheila. Why do we do it? Why do we hurt ourselves?". I said, "I don't know". It's.
1788 she's still having to carry... Because others are not
1789 quite coping so well, but, yes, I've been able to
talk to somebody else who [unclear for one second] very
well.
1791 And another one again that has been in a similar
1792 situation. And most of what we've said has been...
The way I've found things. One person has a family
still...
1793 + Text units 1805-1816:
1805 Is still going on around you. So, that's... But, yes...
1806 I think what's been helpful, most helpful, is people
that
1807 have been able to listen, because all right, I can
talk on about my husband now, it gives me pleasure to
talk about him, and I used to find that I needed to go
on
1810 talking away about it, and they'd, the people
that
1811 listened, I realised afterwards "oh my goodness, they
must have felt dreadful, me going on like that".
But
1813 they didn't, and they still spoke again, you
know, they
1814 didn't avoid me! And then... I couldn't have blamed
them
1815 if they did avoid me, because you know, it's my
way
of
1816 handling things.
1817 + Subject
++ Text units 1902-1903:
1902 me. My daughter, if any one, we talk more, so she
was
1903 quite close to her father. She went through a
difficult
1905 + Subject
++ Text units 2039-2045:
2039... Part of this from the individual's point of view
is
2040 the fact that talking about it all is all part of
their
2041 handling it, their coping with it. That is important,
2042 albeit that I'm sure a great deal of it is all round
and
2043 round, the still quite important, and I think you
could
2044 have a very distorted piece of research at the end of
it
2045 if you stuck rigidly to questionnaires.
++++++++++++++++++++++++++++++++++++
++ ON-LINE DOCUMENT: Interview 3
+++ Document Header: * No Header
++ Retrieval for this document: 39 units out of 3146.
= 1.2%
577 * Subject
++ Text units 578-599:
578 I mean, I don't un burden myself. The nearest
579 I came to it, there's... Well, I call her a
girl, she's 55 I think, she lost her husband
to lung cancer, oh, 25 years ago, and she
580 married again. She had... She farms, she had
581 an open day and I was on the gate, and she
582 gave me lunch because I was there over lunch
time, and we were talking on our own hands
583 she's had a very tough life, and we were
584 discussing... Actually, what happened when
585 her husband died, she thought of coming to
586 the road. And then, she was going to sell
587 farm, and I didn't think it was a very good
idea, that chap who wanted to buy it wanted
588 to [tape unclear for one second]... And
589 eventually she decided to keep it on and she
590 met this other chap, and they were married
591 with a year. And I'm not sure that it really
592 worked out! Well, we have a sort of common
bond. I feel, I don't know whether she feels
593 that!
++++++++++++++++++++++++++++++++++++
++ ON-LINE DOCUMENT: Interview 5
+++ Document Header: * No Header
++ Retrieval for this document: 22 units out of 1907.
= 1.2%
533 * Subject
++ Text units 554-556:
554 I devote my time and my life to helping my family, and anybody else who wants
555 it, who ask or are ready for it. A lot of
556 + Subject
++ Text units 568-589:
568 just managing to live, gradually. And one of
569 them particularly, I say to her "look forward
to what you've got coming dear, you are going to meet your husband and all your friends, and things like that. And she's got to the state now where she looks forward to this. You know, "I don't know what I'd do without you", sort of thing. And another person, one or two people I have managed to help very much, because some people are ready for the knowledge, the awareness if you like of the power of the Godhead, call it what you will.
Appendix Eleven

Inter-rater Agreement Table
**Table showing breakdown of inter-rater agreement on sample coding sections**

<table>
<thead>
<tr>
<th>Name of Code</th>
<th>Percentage Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influences on Grief experience \ Death and Pre-Death Period \ Nature of Relationship \ Balance and Complementarity</td>
<td>98%</td>
</tr>
<tr>
<td>Grief Process \ Continued Presence of Deceased \ Establishing Continuity \ Behavioural Continuity</td>
<td>92%</td>
</tr>
<tr>
<td>Positive Outcomes \</td>
<td>95.5%</td>
</tr>
<tr>
<td>Influences on Grief \ Death and Pre-Death Period \ Experiencing the Death \ Establishing Closure</td>
<td>94%</td>
</tr>
<tr>
<td>Influences on Grief Experience \ Support from Others \ Expectations of Support</td>
<td>92.8%</td>
</tr>
<tr>
<td>Experience of Grief \ Meaning and Purpose in Life</td>
<td>100%</td>
</tr>
<tr>
<td>Grief Process \ Continued Presence of the Deceased \ Experienced form of Continuity \ Paranormal Representations</td>
<td>100%</td>
</tr>
<tr>
<td>Experience of Grief \ Perception of What is Lost</td>
<td>95%</td>
</tr>
<tr>
<td>Influences on Grief Experience \ Personal Influences \ Properties of the Person \ Personal Qualities</td>
<td>91.6%</td>
</tr>
<tr>
<td>Influences on Grief Experience \ Death and Pre-Death Period \ Physical Decline \ Decline Within Context of Relationship \ Practical Impact</td>
<td>94%</td>
</tr>
<tr>
<td>Influences on Grief Experience \ Specific Older Adult Influences \ Cohort Issues \ Reflections on Cohort Membership</td>
<td>100%</td>
</tr>
<tr>
<td>Grief Process \ Legal and Cultural Factors \ Rituals and Commemoration</td>
<td>100%</td>
</tr>
<tr>
<td>Influences on Grief Experience \ Triggers and Reminders \ Time Reminders</td>
<td>90.9%</td>
</tr>
<tr>
<td>Influences on Grief Experience \ Personal Influences \ Coping Responses to Grief \ Social</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total Agreement Level:</strong></td>
<td><strong>96%</strong></td>
</tr>
</tbody>
</table>
Appendix Twelve

Hierarchical Coding Trees
Influences on the Grief Experience

- Fabric of Life
  - Significant Times
  - Process of Decline
  - Practical Impact
  - Emotional Impact
  - Preparation for Possibility of Death
  - Balance and Complementarity

- Historical Background
  - Tangible Reminders
  - Sharing
  - Decline Within Context of Relationship

- Context
  - No Obvious Trigger
  - Emotional Impact
  - Nature of the Death

- Personal Beliefs
  - Primarily Social
  - Primarily Cognitive

- Coping Measures
  - Experienced the Death
  - Nature of the Death

- Properties of the Person
  - Primarily Behavioural

- Personal Qualities
  - Primarily Structural

- Acquired Experience
  - Nature of Support

- Expectations of Support
  - Source of Support

- Function of Support
  - Reflections on Support

- Chronological Age and Physical Functioning
  - Cohort Issues

- The Life Cycle
  - Preparations for Possibility of Death
  - Establishing Closure
  - Spiritual Beliefs
INFLUENCES ON THE GRIEF EXPERIENCE

Triggers and Reminders

Tangible Reminders

No Obvious Trigger

Fabric of Life

Significant Times
INFLUENCES ON THE GRIEF EXPERIENCE

Death and Pre-Death Period (1)

Nature of the Relationship

Sharing
Balance and Complementarity
Historical Background
INFLUENCES ON THE GRIEF EXPERIENCE

Death and Pre-Death Period (2)

Physical Decline

- Process of Decline
- Decline Within Context of Relationship
  - Practical Impact
  - Emotional Impact
  - Preparation for Possibility of Death
INFLUENCES ON THE GRIEF EXPERIENCE

Death and Pre-Death Period (3)

Experiencing the Death

Nature of the Death

Establishing Closure
INFLUENCES ON THE GRIEF EXPERIENCE

Personal Influences

- Properties of the Person
  - Personal Qualities
  - Acquired Experience
  - Personal Spiritual Beliefs

- Coping Responses to Grief
  - Primarily Behavioural
  - Primarily Cognitive
  - Primarily Social
INFLUENCES ON THE GRIEF EXPERIENCE

Support from Others

- Source of Support
- Form of Support
- Function of Support
- Expectations of Support
- Reflections on Support
INFLUENCES ON THE GRIEF EXPERIENCE

Specific Older Adults Influences

Chronological Age and Physical Functioning

Position in the Life Cycle

Role and Occupation Issues
Impact on Social Functioning

Cohort Issues

Reminiscence and Life Review
Reflections on Cohort Membership

Sense of Common Experience
The Grief Process

- Practical Arrangements
- Rituals and Commemoration
- Early Period
  - Reflections
    - Middle Period
    - Late Period
- Establishing Continuity
  - Behavioural Continuity
    - Keeping Values and Principles Alive
      - 'Getting Close'
  - Physical Representations
    - Memories
      - Family Resemblance
      - Emotional Representations
    - Paranormal Representations
- Experienced Form of Continuity
- Impact of Continuing Presence

Continuing Presence of the Dead
THE GRIEF PROCESS

Cultural and Legal Factors

Practical Arrangements

Rituals and Commemoration
Establishing Continuity

- Behavioural Continuity
- 'Getting Close' to the deceased
- Keeping Values and Principles Alive

Experienced Form of Continuity

- Physical Representations
- Paranormal Representations
- Memories
- Emotional Representations
- Family Resemblance
- Internalised Representations

Impact of Continuing Presence
The Experience of Grief

- Emotional
  - Physical
    - Social
      - Behavioural
  - Cognitive

- Everyday Life
  - Finance

- Opposite Sex
  - Company
    - Someone to Talk to
      - Company
        - Intimacy
          - Everyday Contact

- Identity Issues
  - Role Issues
THE EXPERIENCE OF GRIEF

Symptomatology

- Emotional
- Social
- Behavioural
- Cognitive
- Physical
THE EXPERIENCE OF GRIEF

Impact on Life
  Everyday Life
  Finance

Perception of What is Lost
THE EXPERIENCE OF GRIEF

Impact on Role and Identity

Impact on Identity

Impact on Role

Meaning and Purpose in Life

Psychological sequelae
POSITIVE OUTCOMES OF BEREAVEMENT

- Personal Growth
- Death as a Release
- Personal Freedom
- Other Positives
REFLECTIVE ASPECTS OF GRIEF

What did the Death Do?

Reflections on the Process

What is this thing called Grief?