

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

by

Simon Bird

A thesis submitted to the University
of Plymouth in partial fulfilment of
the requirements for the degree of

Doctor of Clinical Psychology
(D.Clin.Psy)

Department of Psychology
Faculty of Human Sciences

July 1999

900432635 7



UNIVERSITY OF PLYMOUTH	
Item No.	900432635 7
Date	11 SEP 2000 Z
Class No.	T 155-937 B1R
Contl. No.	X7D 42119X
LIBRARY SERVICES	

REFERENCE ONLY

LIBRARY STORE

Abstract

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

by Simon Bird

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.

TABLE OF CONTENTS

Literature Review	1
<i>Introduction</i>	1
<i>Impact of Bereavement</i>	1
<i>Proposed Mediators</i>	6
<i>Process Models</i>	17
<i>Implications of Process Models</i>	19
<i>Complicated Grief</i>	20
<i>New Theories</i>	21
<i>Specific Older Adults Issues</i>	26
<i>Life Cycle</i>	28
<i>Cohort Issues</i>	31
<i>Rationale</i>	33
Methodology	37
<i>Overview Of Design</i>	37
<i>Ethical Approval</i>	37
<i>Description Of Participants</i>	37
<i>Measures</i>	43
<i>Settings</i>	43
<i>Procedure</i>	43
Results	48
<i>Area One - The Experience of Grief</i>	48
<i>Area Two The Grief Process</i>	54
<i>Area Three - Influences on the Grief Experience</i>	61

<i>Area Four - Positive Outcomes</i>	87
<i>Area Five - Reflective Aspects of Grief</i>	88
Discussion	92
<i>Overall Organisation of Data</i>	92
<i>Specific Older Adult Issues</i>	92
<i>Diversity, complexity, individuality of experienced grief</i>	97
<i>Continuity rather than dislocation</i>	100
<i>Other Influences on the Grief Experience</i>	106
<i>Reflection on Grief</i>	109
<i>Qualitative Approach</i>	110
<i>Conclusions</i>	111
Bibliography	114
Appendices	129
<i>Appendix One - Ethics Application</i>	130
<i>Appendix Two - Newspaper Advertisement</i>	144
<i>Appendix Three - Information Sheet</i>	147
<i>Appendix Four - Consent Form</i>	150
<i>Appendix Five - Eligibility Criteria</i>	152
<i>Appendix Six - Examples of Coded Data (Mid Analysis)</i>	157
<i>Appendix Eight - Sample Coding Memos</i>	163
<i>Appendix Nine - Project Development Code Lists</i>	169
<i>Appendix Ten - Inter-rater Reliability Excerpts</i>	218
<i>Appendix Eleven - Inter-rater Agreement Table</i>	246
<i>Appendix Twelve - Hierarchical Coding Trees</i>	248

LIST OF TABLES

<i>Table 1 - Demographic Characteristics of Interview Sample</i>	39
--	----

ACKNOWLEDGMENTS

I would like to thank the people who agreed to take part in this study, without whom there would be no data and no project. I would also like to thank Katie and Paul for their support in all matters qualitative, Natty for her timely support and advice, and Tony for agreeing to supervise the thing in the first place. Thanks are also extended to Lisa for moral support and her selfless coffee-making, and Mila for helping me with the first draft of my discussion.

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.

Simon Bird 29th August 1999.

GLOSSARY

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 Nunley, 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, pvii).

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 from 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

& Fleming, 1998).

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 (Talbot, 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 (Talbot, 1998). In general however, it appears that younger people find entering new relationships easier than the elderly, often perhaps due 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.

GROUNDING 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.

SPECIFIC OLDER ADULTS ISSUES

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 (Talbot, 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 widow/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 it's rigorous procedures and established role within

social inquiry. Further details of the methodology are provided below.

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.

	Age	Gender	Years of Marriage	Time from Bereavement	Location
Len	77	M	58 yrs	18 Months	Town
Ethel	74	F	45 yrs	3 Yrs	Village
Mabel	80	F	49 yrs	4 Yrs	Village
Jeremy	82	M	31 yrs	3 yrs	Village
Philip	81	M	56 yrs	3 yrs	Town
Catherine	79	F	53 yrs	4½ yrs	Town
Beryl	85	F	58 yrs	2 Yrs	Village
Mean	79.7		50 yrs	3 yrs	

Table 1 - Demographic Characteristics of Interview Sample

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 their 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.

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-rode 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.

K... ..

*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 its 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 than 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, urining 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

R. A. A. A.

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 believe 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".

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.

K. J. J. J. J.

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 and 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 1/2 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 conjectured 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

- 10 -

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 on 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 drawn 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

Antaki, C. (Ed) (1988) *Analysing Everyday Explanation*. Sage: London.

Attig, T. (1991) The Importance of Conceiving Grief as an Active Process. *Death Studies*, 15, 385-393.

Averill, J.R., & Nunley, E.P. (1993) Grief as an Emotion and as a Disease: A Social Constructionist Perspective. In Stroebe, Stroebe, & Hansson (Eds) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge University Press: Cambridge.

Bierhals, A.J., Prigerson, H.G., Fasiczka, B.A., Frank, E., Miller, M., & Reynolds III, C.F (1996) Gender Differences in Complicated Grief Among the Elderly. *Omega-Journal of Death and Dying*, 32 (4), 303-317.

Billington, R., Hockey, J., & Strawbridge, S. (1998) *Exploring Self and Society*. Macmillan: London.

Bosse, R., Spiro III, A., & Kressin, N.R. (1996) The Psychology of Retirement. In Woods (Ed) *Handbook of the Clinical Psychology of Ageing*. Wiley: Chichester.

Bibliography

Bowlby, J. (1981) *Attachment and Loss. Vol.3. Loss: Sadness and Depression.* Hogarth: London.

Burke, M.L., Hainsworth, M.A., Eakes, G.G., & Lindgren, C.L. (1992) Current Knowledge and Research on Chronic Sorrow: A Foundation for Enquiry. *Death Studies*, **16**, 231-245.

Buston, K. (1997) Nud*lst in Action: Its Use and its Usefulness in a Study of Chronic Illness in Young People. *Sociological Research Online*, **2** (3), <http://www.socresonline.org.uk/socresonline/2/3/6.html>

Byrne, G.J.A., & Raphael, N. (1994) A Longitudinal Study of Bereavement Phenomena in Recently Widowed Elderly Men. *Psychological Medicine*, **24**, 411-421.

Byrne, G.J.A., & Raphael, B. (1997) The Psychological Symptoms of Conjugal Bereavement in Elderly Men Over the First 13 Months. *International Journal of Geriatric Psychiatry*, **12**, 241-251

Catterall, M. & Maclaran, P. (1997) Focus Group Data and Qualitative Analysis Programs: Coding the Moving Picture as Well as the Snapshots'. *Sociological Research Online*, **2** (1), <http://www.socresonline.org.uk/socresonline/2/1/6.html>

Charmaz, K (1995) Grounded Theory. In Smith, Harre, & Langerhae (Eds) *Rethinking Methods in Psychology.* Sage: London.

Chenail, R.J. (1992) A Case for Clinical Qualitative Research. *The Qualitative Report*, 1 (4), <http://www.nova.edu/ssss/qr/qr1-4/clinqual.html>

Barry, C.A. (1998) Choosing Qualitative Data Analysis Software: Atlas/TI and Nudist Compared'. *Sociological Research Online*, 3 (3),
<http://www.socresonline.org.uk/socresonline/3/3/4.html>

Coffey, A., B. Holbrook & P. Atkinson (1996) Qualitative Data Analysis: Technologies and Representations', *Sociological Research Online*, 1 (1),
<http://www.socresonline.org.uk/socresonline/1/1/4.html>.

Coleman, P.G. (1989) *Ageing and Reminiscence Processes: Social and Clinical Implications*. Wiley: Chichester.

Coleman, P.G., Ivani-Chalian, C., & Robinson, M (1998) The Story Continues: Persistence of Life Themes in Old Age. *Ageing and Society*, 18, 389-419.

Collins, P (1998) 'Negotiating Selves: Reflections on 'Unstructured' Interviewing'. *Sociological Research Online*, 3 (3),
<http://www.socresonline.org.uk/socresonline/3/3/2.html>

Coomber, R. (1997) 'Using the Internet for Survey Research' . *Sociological Research Online*, 2 (2), <http://www.socresonline.org.uk/socresonline/2/2/2.html>

- Cooper, D.E.** (1984) Group Therapy with the Elderly: Dealing with Loss and Death. *American Journal of Psychotherapy*, **28** (2).
- Corrie, M., & Zaklukiewicz, S** (1978) Qualitative Research and Case-Study Approaches: An Introduction. In Bynner & Stribley (Eds) *Social Research: Principles and Procedures*. Longman: London.
- Corti, L., Foster, J., & Thompson, P** (1995) Archiving Qualitative Research Data. *Social Research Update*, <http://www.soc.surrey.ac.uk/sru/sru10.html>
- Degarmo, D.S., & Kitson, G.C.** (1996) Identity Relevance and Disruption as Predictors of Psychological Distress for Widowed and Divorced Women. *Journal of Marriage and the Family*, **58**, 983-997.
- Dicks, B., & Mason, B.** (1998) Hypermedia and Ethnography: Reflections on the Construction of a Research Approach'. *Sociological Research Online*, **3** (3), <http://www.socresonline.org.uk/socresonline/3/3/3.html>
- Edmonds, S., & Hooker, K** (1992) Perceived Changes in Life Meaning Following Bereavement. *Omega-Journal of Death and Dying*, **25** (4), 307-318.
- Eisenhandler, S.A.** (1992) Lifelong Roles and Cameo Appearances - Elderly Parents and Relationships with Adult Children. *Journal of Ageing Studies*, **6** (3), 243-257

Erlandson, D.A., Harris, E.L., Skipper, B.L. & Allen, S.D.(1993). *Doing Naturalistic Enquiry*. London: Sage.

Eyre, A. (1998) Mass Disaster. In Weston, Martin & Anderson (Eds) *Loss and Bereavement: Managing Change*. Blackwell: London.

Faschingbauer, T.R., Zisook, S., & Devaul, R (1987) The Texas Revised Inventory of Grief. In S Zisook (Ed) *Biopsychosocial Aspects of Bereavement..* American Psychological Press: Washington Dc.

Fielding, N. (1993) Analysing Qualitative Data By Computer. *Social Research Update*, <http://www.soc.surrey.ac.uk/sru/sru1.html>

Gallagher-Thompson, D., Futterman, A., Farberow, N., Thompson, L.L., & Peterson, J. (1993). The Impact of Spousal Bereavement on Older Widows and Widowers. In Stroebe, Stroebe, & Hansson (Eds) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge University Press: Cambridge.

Gentry, J., Baker, S.M., & Kraft, F.B. (1995) The Role of Possessions in Creating, Maintaining and Preserving One's Identity - Variation Over the Life Course. *Advances in Consumer Research*, **22**, 413-418

Gilbert, K. (1996) "We've Had the Same Loss, Why Don't we Have the Same Grief?" Loss and Differential Grief in Families. *Death Studies*, **20**, 269-283.

- Gililand, G., & Fleming, S (1998)** A Comparison of Spousal Anticipatory Grief and Conventional Grief. *Death Studies*, **22** (6), 541-569
- Goldberg, D (1978)** *General Health Questionnaire*. NFER Nelson: Windsor.
- Grief Recovery Institute (1998)** Is it Ever Too Soon to Recover? *Grief Recovery Institute*, <http://www.grief-recovery.com/articles/article1.html>
- Gubrium, J.F. (1992)** Qualitative Research Comes of Age in Gerontology. *The Gerontologist*, **32** (5), 580-589.
- Heaton, J. (1998)** Secondary Analysis of Qualitative Data. *Social Research Update*, Issue 22. <http://www.soc.surrey.ac.uk/sru/sru22.html>
- Hogan, N., Morse, J.M., & Tason, M.C. (1996)** Toward An Experiential Theory of Bereavement.. *Omega- Journal of Death and Dying*, **33** (1) 43-65
- Horacek, B.J. (1991)** Toward A More Viable Model of Grieving and Consequences for Older Persons. *Death Studies*, **15**, 459-472.
- Hoyer, W.J. (1998)** Positive Contributions of the Elderly to Society: A Multidisciplinary Perspective.. *Australian Journal of Ageing*, **17** (1), 39-41
- Jacobs, S.C (1987)** Measures of the Psychological Distress of Bereavement. In S. Zisook

(Ed) *Biopsychosocial Aspects of Bereavement*. American Psychiatric Association: Washington DC.

Kanacki, L.S., Jones, P.S., & Galbraith, M.E. (1996) Social Support and Depression in Widows and Widowers.. *Journal of Gerontological Nursing*, **22** (2), 39-45

Kelle, U (1997) 'Theory Building in Qualitative Research and Computer Programs for the Management of Textual Data'. *Sociological Research Online*, **2** (2),
<http://www.socresonline.org.uk/socresonline /2/2/1.html>

Knight, B.G. (1995) Psychodynamic Therapy with Older Adults - Lessons From Scientific Gerontology. In R.T. Woods (Ed) *Handbook of the Clinical Psychology of Ageing*. Wiley: Chichester.

Kuhn, T. (1970) *The Structure of Scientific Revolutions*. University of Chicago Press: Chicago.

Lendrum, S., & Syme, G. (1992) *Gift of Tears: A Practical Approach to Loss and Bereavement Counselling*. Routledge: London.

Levy, L.H., Martinkowski, K.S., & Derby, J.F (1994) Differences in Patterns of Adaptation in Conjugal Bereavement: Their Sources and Potential Significance. *Omega-Journal of Death and Dying*, **29** (1), 71-87

Lieberman, M.A. (1993) Bereavement Self-Help Groups: A Review of Conceptual and

Methodological Issues. In Stroebe, Stroebe, and Hansson (Eds) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge University Press: Cambridge.

Lindemann, E. (1944) Symptomatology and Management of Acute Grief. *American Journal of Psychiatry*, 101, 141-148.

London Bereavement Network (1998) Some Notes on Attachment Theory. *London Bereavement Network*, <http://www.bereavement.demon.co.uk/lbn/attachment/notes.html>

Lowenstein, A., & Rosen, A. (1995) The Relation of Locus of Control and Social Support to Life-Cycle Related Needs of Widows.. *International Journal of Ageing An Human Development*, 40 (2), 103-123

Lund, D.A., Caserta, M.S., & Dimond, M.F. (1993) The Course of Spousal Bereavement in Later Life. In Stroebe, Stroebe, and Hansson (Eds) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge University Press: Cambridge.

Maercker, A., Bonanno, G.A., Znoj, H., & Horowitz, M.J. (1998) Prediction of Complicated Grief By Positive and Negative Themes in Narratives. *Journal of Clinical Psychology*, 54 (8), 1117-1136.

Manning, G.F. (1993) Loss and Renewal in Old Age: Some Literary Models. *Canadian Journal on Ageing*, 12 (4), 469-484.

Maples, M (1998) Mental Ghosts and the Process of Grief. *Journal of Personal and Interpersonal Loss*, **3**, 217-231

Martin, T. (1998) Personal Mortality. In Weston, Martin & Anderson (Eds) *Loss and Bereavement: Managing Change*. Blackwell: London.

Marwit, S.J., & Klass, D. (1995) Grief and the Role of the Inner Representation of the Deceased. *Omega-Journal of Death and Dying*, **30** (4), 283-298.

Mcloed, J (1996) Qualitative Research Methods in Counselling Psychology. In Woolfe, R., & Dryden, Ed (1996) *Handbook of Counselling Psychology*. Sage: London.

Mendes De Leon, C.F., Kasl, S.V., & Jacobs, S (1994) A Prospective Study of Widowhood and Changes in Symptoms of Depression in A Community Sample of the Elderly. *Psychological Medicine*, **24**, 613-624.

Meuser, T.M., Davies, R.M., & Marwit, S.J. (1995) Personality and Conjugal Bereavement in Older Widow(Er)S.. *Omega- Journal of Death and Dying*, **30** (3) 223-235

Middleton, W., Raphael, B., Martinek, N., Misso, V. (1993) Pathological Grief Reactions. In Stroebe, Stroebe, & Hansson (Eds) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge University Press: Cambridge.

Middleton, W., Raphael, B., Burnett, P., & Martinek, N. (1997) Psychological Distress and Bereavement. *The Journal of Nervous and Mental Disease*, **185** (7), 447-453.

Nerken, I.R. (1993) Grief and the Reflective Self - Towards A Clearer Model of Loss. *Death Studies*, 17 (1) 1-26

Orford, J (1995) Qualitative Research for Applied Psychologists. *Clinical Psychology Forum*, January 1995.

Parkes, C.M. (1972) *Bereavement: Studies in Grief in Adult Life*. Tavistock: London

Parkes, C.M., Laungani, P., & Young, B. (1997) *Death and Bereavement Across Cultures*. Routledge: London.

Parry, J.K. (1994) Death Review: An Important Component of Grief Resolution. *Social Work in Health Care*, 20 (2), 97-107

Pfost, K.S., Stevens, M.J., & Wessels, A.B. (1989) Relationship of Purpose in Life to Grief Experiences in Response to the Death of A Significant Other. *Death Studies*, 13, 371-378

Pilcher, J. (1998) 'Gender Matters? Three Cohorts of Women Talking About Role Reversal'. *Sociological Research Online*, 3 (1),
<http://www.socresonline.org.uk/socresonline/3/1/10.html>

Porter, E J. (1994) Older Widows Experience of Living At Home. *The Journal of Nursing Scholarship*, 26 (1), 19-24

Powers, L.E., & Wampold, B.E. (1994) Cognitive Behavioural Factors in Adjustment to Adult Bereavement.. *Death Studies* **18**, 1-24

Prigerson, H.G., Shear, K., Newsom, J.T., Frank, E., Reynolds Iii, C.F., Maciejewski, P.K., Houck, P.R., Bierhals, A.J., & Kupfer, D.J. (1996) Anxiety Among Widowed Elders: is it Distinct From Depression and Grief? *Anxiety* **2**, 1-12

Raphael, B (1996) *The Anatomy of Bereavement*. Routledge: London.

Reason, P., & Rowan, J (Eds) (1981) *Human Inquiry: A Sourcebook of New Paradigm Methods*. Wiley: Chichester.

Remondet, J.H, & Hansson, R.O. (1987) Assessing A Widow's Grief: A Short Index. *Journal of Gerontological Nursing*, **13**, 31-34.

Robbins, I. (1997) Understanding and Treating the Long-Term Consequences of War Trauma. In Hunt et al (Eds) *Past Trauma in Late Life*. Jessica Kingsley: London.

Rodgers, B.L., & Cowles, K.V. (1991) The Concept of Grief: and Analysis of Classical and Contemporary Thought. *Death Studies*, **15**, 443-458

Rosenblatt, P.C. (1993) Grief: the Social Context of Private Feelings. In Stroebe, Stroebe, & Hansson (Eds) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge University Press: Cambridge.

Rosenweig, A., Prigerson, H., Miller, M., Reynolds III, C.F. (1997) Bereavement and Late-Life Depression - Grief and its Complications in the Elderly. *Annual Review of Medicine*, 48, 421-428.

Sanders, C.M. (1988) Risk Factors in Bereavement Outcome. *Journal of Social Issues*, 44, 97-112.

Sanders, C.M., Mauger, P.A., & Strong, P.N. (1985) *The Grief Experience Inventory*. Consulting Psychologists Press: Palo Alto, California.

Selwyn, N., & Robson, K. (1998) Using Email as A Research Tool. *Social Research Update*, 21, <http://www.soc.surrey.ac.uk/sru/sru21.html>

Shuchter, S.R., & Zisook, S. (1993) The Course of Normal Grief. In Stroebe, Stroebe, & Hansson (Eds) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge University Press: Cambridge.

Silver, I. (1996) Role Transitions, Objects, and Identity. *Symbolic Interaction*, 19 (1), 1-20

Somerville, P (1997) The Social Construction of Home. *Journal of Architectural and Planning Research*, 14 (3), 226-245.

Strauss, A., & Corbin, J. (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Sage: New York.

Stroebe, M.S. (1992) Coping with Bereavement: A Review of the Grief Work Hypothesis. *Omega Journal of Death and Dying*, **26** (1).

Stroebe, M.S (1998) New Directions in Bereavement Research: Exploration of Gender Differences. *Palliative Medicine*, **12**, 5-12.

Stroebe, M.S., Stroebe, W., and Hansson, R.O. (1993) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge University Press: Cambridge.

Stroebe, M.S., Hansson, R.O., & Stroebe, W. (1993) Contemporary Themes and Controversies in Bereavement Research. In Stroebe, Stroebe, & Hansson (Eds) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge University Press: Cambridge.

Stroebe, M.S., Abakoumkin, G., & Schut, H (1996) The Role of Loneliness and Social Support in Adjustment to Loss: A Test of Attachment Versus Stress Theory. *Journal of Personality and Social Psychology*, **70** (6), 1241-1249.

Talbott, M.M. (1998) Older Widow's Attitudes Towards Remarriage. *Journal of Ageing Studies*, **12** (4), 429-449.

Thomas, L.K. (1998) Multicultural Aspects of Attachments. *London Bereavement Network*, <http://www.bereavement.demon.co.uk/lbn/attachment/lennox.html#i>

Thompson, S.C. (1996) Barriers to Maintaining A Sense of Meaning and Control in the Face of Loss. *Journal of Personal and Interpersonal Loss*, 1, 333-357.

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J., & Walsh, S. (1997) Standards for research projects and theses involving qualitative methods: suggested guidelines for trainees and courses. *Clinical Psychology Forum*, 108, October 1997.

Weber, R.P. (1990). *Basic Content Analysis*. 2nd Edition. London: Sage Publications.

Weinstein, J. (1998) "A Proper Haunting": The Need in Mourning to Maintain A Continuing Relationship with the Dead. *Journal of Social Work Practice*, 12 (1), 93-101.

Wells, Y.D., & Kendig, H.L. (1997) Health and Well-Being of Spouse Caregivers and the Widowed.. *Gerontologist*, 37 (5), 666-674

Whitbourne, S.K. (1996) Psychological Perspectives on the Normal Ageing Process. In *The Practical Handbook of Clinical Gerontology*, Carstensen, Edelstein, & Dornbrand (Eds). Sage: London.

White, M. (1988) Saying Hullo Again: The Incorporation of the Lost Relationship in the Resolution of Grief. *Dulwich Centre Newsletter*, Spring 1988.

Williams, A.M., Gamino, L.A., Sewell, K.W., Easterling, L.W., & Stirman, L.S (1998) A Content and Comparative Analysis of Loss in Adaptive and Maladaptive Griefers.

Journal of Personal and Interpersonal Loss, 3 (4), 349-368

Worden, J.W. (1991) *Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner*. Routledge: London.

Zisook, S., & Shuchter, S.R. (1991) Early Psychological Reactions to the Stress of Widowhood. *Psychiatry*, 54 (4), 320-333.

Zisook, S., Shuchter, S.R., Sledge, P. & Mulvihill, M (1993) Ageing and Bereavement -. *Journal of Geriatric Psychiatry and Neurology*, 6.

Appendices

Appendix One

Ethics Application

SOUTH AND WEST LOCAL RESEARCH ETHICS COMMITTEE APPLICATION FORM

<i>For Ethics Committee use only</i>	Number:	Date received:
	Outcome:	Applicant informed:

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.)

	Yes	No	Not applicable
..... copies of application form (double-sided if possible)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..... copy/ies of protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
..... patient consent form(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..... patient information sheet(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..... GP/consultant information sheet(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
..... copy/ies of lead applicant's CV on 2 sides A4 <i>(Do not submit if already submitted in last 12 months.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questionnaire* <input checked="" type="checkbox"/> Finalised <input type="checkbox"/> Not yet finalised	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of manufacturers data sheet for all drugs (one copy only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of investigators brochure (one copy only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of manufacturers indemnity (2 copies only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of CTX/CTL/DDX (one copy only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annexe A**	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annexe B***	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annexe C†	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* 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

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.)

Surname: Bird

Forename: Simon

Title: Mr

Present appointment of applicant: Clinical Psychologist in Training, studying at the University of Plymouth. Clinical placements within Southmead (NHS) Trust.

Qualifications: BSc (Hons) Psychology with Sociology (First Class)

Address: 2a Mogg Street, St Werburghs, Bristol BS2 9TZ

Tel: 0117 - 9412757

Fax: N/A

Out of hours tel: 0117 - 9412757

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

This section must be completed. A copy of the protocol should be enclosed with the application form, but it is not sufficient to complete questions by referring to the protocol.

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.

8. **Study design (e.g. cohort, case control)**

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
(part of course requirement) Yes No

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)?

Yes No

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

i) Is the payment:

a) A block grant

Yes No

If Yes, give details, including amount and source of funding

£

Name of funding body:

b) Based on the number of subjects recruited

Yes No

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?

Yes No

If multi-centre study, state total number of subjects to be recruited.

ii) Is the payment made in order to:

If Yes state sum

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?

Yes No NA

If no/NA give reasons:

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.

N/A

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

N/A

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.

20. Is *written* consent to be obtained?

Yes No

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?

Postal questionnaire Yes No

Interview Yes No

Other Yes No

If *Other*, please justify.

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

Yes No NA

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?

Children under 16 Yes No

People with learning difficulties Yes No

Other vulnerable groups e.g. mental illness, dementia Yes No

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.*)

Yes No

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 Annex 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 Annex 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.)

Investigation

Self completion questionnaires	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Interviews/interview administered questionnaires	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Video/audio tape recording	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Physical examination	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Internal physical examination	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Venepuncture*	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Arterial puncture*	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Biopsy material*	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other tissue/body sample*	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Imaging investigations (<u>not radiation</u>)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other investigations not part of normal care	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Additional outpatients attendances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Longer inpatient stays	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Local anaesthetic	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
General anaesthesia	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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.

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

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

If Yes, give details.

33. i) Will the study data be held on a computer? Yes No

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

Appendix Two

Newspaper Advertisement

Simon Bird, BSc (Hons)

2a Mogg Street, St Werburghs, Bristol, BS2 9TZ.

0117 - 9412757

25/09/99

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.

Appendix Three

Information Sheet

Clinical Psychology
Gloucester House
Southmead Hospital,

0117 - 9595808

Date: 23/03/99

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

Appendix

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

✓

RESOLUTION

Positive effects of the bereavement
Belongings

✓

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

INTERVIEWEE 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 COMMITMENT]. 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... [FAMILY] 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 [JUST BEING 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! [COMPARATIVE GRIEF REACTIONS]. 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, [SUPPORT AT KEY TIMES] I cooked and burnt their sausages, things like that, but... That's all part of it... And, living in a village [NATURE OF LOCATION], 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 [UNEXPECTED SUPPORT], 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 [SOMEONE TO TALK TO]. You go out, and you come back, and you're full of saying what you were doing, but he's not there [FEELING THEIR ABSENCE]. 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? [ROLE ISSUES] 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 [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've 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

1-7-8-11-11

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've 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.

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 BEREAVEMENT 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 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 46) /Absence
(F 103) /Acceptance
(F 87) /Accommodation
(F 337) /accomodation
(F 29) /Active Suicide
(F 95) /Acute discomfort
(F 455) /additional responsibility
(F 270) /advice
(F 199) /advice (bad)
(F 435) /advice (good)
(F 253) /advice (unhelpful)
(F 294) /afterlife
(F 268) /age
(F 142) /Age of Others
(F 389) /alone
(F 316) /alone in a crowd
(F 339) /alone with grief
(F 188) /alone with thoughts
(F 213) /amazement at death
(F 355) /amazement that life continues
(F 450) /ambivalence
(F 405) /anger
(F 436) /answering own doubts
(F 304) /anticipated triggers
(F 82) /Anticipatory Grief
(F 427) /appearance of coping
(F 398) /asserting self re support
(F 11) /Associational Memories
(F 133) /Attitude of others
(F 488) /attitude towards death
(F 201) /attitude towards marriage
(F 53) /Attitude Towards Relationship
(F 127) /Avoidance
(F 407) /avoidance (emotional)
(F 122) /Awareness of Family
(F 101) /Awareness of Process
(F 156) /Balancing factors
(F 144) /Behavioural Compulsion
(F 211) /behavioural continuity
(F 392) /behavioural coping
(F 207) /behavioural response
(F 380) /being a burden
(F 269) /beliefs about recovery
(F 443) /beliefs as coping strategy
(F 219) /belonging
(F 349) /bereavement as main problem
(F 14) /Bereavement History
(F 105) /Bereavement Network
(F 480) /boredom
(F 145) /Breakdown
(F 1) /Broader Categories?
(F 94) /Cabbage
(F 149) /Calm before storm
(F 74) /Caring Role
(F 97) /Celebration of Life
(F 97 2) /Celebration of Life/Compelled

(F 97 1) /Celebration of Life/Real
(F 111) /Changed attitude of Acquaintances

(F 262) /characterisation of deceased
(F 353) /characterisation of self
(F 91) /Chronic Pain
(F 395) /churchgoing
(F 326) /closer through illness
(F 48) /Closure
(F 6) /Co-Dependency
(F 43) /Cognitive Decline (Other)
(F 41) /Cognitive Decline (Own)
(F 15) /Cohort Bereavement Culture
(F 8) /Cohort Issues
(F 230) /comemoration at grave
(F 243) /company
(F 210) /comparative grief reaction (others)
(F 157) /comparative grief reactions
(F 439) /comparative grief reactions (family)
(F 194) /compensatory influence
(F 165) /compensatory measures
(F 286) /complementary roles
(F 280) /composition of grief
(F 459) /compound grief
(F 419) /concentration on family
(F 481) /confounding factors
(F 323) /continuation of routines
(F 399) /continuing customs
(F 261) /continuing half of relationship
(F 50) /Continuing Relationship
(F 109) /Continuity of Support
(F 260) /continuity through objects
(F 258) /contrast in situation
(F 482) /contrast with youth
(F 259) /contrasts
(F 282) /coping
(F 415) /coping breeds coping
(F 329) /coping strategies
(F 456) /coping with crises
(F 458) /counselling
(F 169) /couple to single
(F 17) /Course of Grief
(F 132) /Crying
(F 31) /Daily Life
(F 59) /Death Narrative
(F 371) /death providing resolution
(F 424) /deceased had enough
(F 130) /Deceased's Expressed Wishes
(F 332) /decisions
(F 84) /Decline as Preparation
(F 134) /demonstrating commitment
(F 198) /demonstration of commitment
(F 76) /Dependence
(F 296) /description of grief
(F 200) /description of relationship
(F 244) /descriptions of feelings
(F 342) /deserted
(F 174) /desire for closure
(F 479) /developing new lifestyle
(F 325) /development of relationship
(F 36) /Dialogue
(F 403) /different types of support
(F 75) /Dignity
(F 128) /Discussions about death
(F 228) /disposal method

1-2-2-0-1-1-1-1

(F 377) /disposing of possessions
(F 345) /dissociation
(F 252) /distraction
(F 343) /doing things properly
(F 420) /doing too much
(F 475) /domestic chores
(F 281) /domestic work
(F 247) /driving
(F 18) /Duration of Relationship
(F 81) /Each day as it comes
(F 225) /effects of shock
(F 445) /elderly facilities
(F 180) /emotional contrast
(F 131) /Emotional Fluctuation
(F 473) /emotional impact
(F 476) /emotional style
(F 239) /emotional support
(F 404) /emptiness
(F 390) /empty house
(F 25) /Enduring Orientation to Deceased
(F 299) /enduring signs of deceased
(F 56) /Erasing of Deceased
(F 60) /Establishing Credentials
(F 312) /everyday contact
(F 422) /everyday functioning
(F 327) /everyday memories
(F 32) /Everyday Reminders
(F 457) /everyday stresses
(F 39) /Existential Searching
(F 154) /Expectations of future illness
(F 254) /expectations of others
(F 305) /expectations of recovery
(F 153) /Expectations re death
(F 441) /expressed emotion
(F 322) /expression of love
(F 277) /expressions of love
(F 276) /external feedback re grief
(F 334) /familiar places
(F 45) /Family
(F 417) /family as motivation
(F 364) /family being there
(F 361) /family health history
(F 141) /Family History
(F 365) /family style
(F 137) /Family support
(F 179) /family validation re death
(F 315) /family's commitment
(F 309) /feeling of separateness
(F 231) /fellowship of bereaved
(F 119) /Finality
(F 196) /finance
(F 238) /financial support (Family)
(F 310) /finding company
(F 401) /finding your feet
(F 350) /flowers as commemoration
(F 250) /forgetting
(F 408) /forging new life
(F 98) /Formation of Relationship
(F 38) /Fragility of Life
(F 205) /fragmentation of life (possessions)
(F 96) /Fragmentation of life (social)

(F 88) /Freedom
(F 99) /Full Circle
(F 183) /funeral
(F 308) /funeral management
(F 209) /funnel effect
(F 23) /Gender Issues
(F 192) /generational continuity
(F 245) /geographical proximity of support
(F 267) /getting better
(F 300) /getting close
(F 483) /getting on with it
(F 440) /grief bringing family closer
(F 12) /Grief Triggers
(F 113) /Growth Through Caring
(F 115) /Guilt Over Other Commitment
(F 64) /Guilt?
(F 454) /health aids
(F 292) /helping others
(F 61) /Helplessness (death)
(F 172) /helplessness (feelings)
(F 425) /helplessness (illness)
(F 49) /History of Couple
(F 356) /history of illness
(F 379) /hobbies and interests
(F 359) /hobbies of deceased
(F 449) /holding self together
(F 428) /holidays
(F 485) /home help
(F 272) /honesty of others
(F 275) /hopes re grief course
(F 429) /humour
(F 307) /hurting self
(F 33) /Idealisation
(F 78) /Identity
(F 341) /if younger
(F 289) /illness
(F 352) /images of life
(F 161) /Impact of Diagnosis
(F 146) /impact of illness
(F 155) /importance of communication
(F 90) /Importance of Diagnosis
(F 433) /individuality of coping strategies
(F 381) /individuality of need
(F 2) /Initial Literature
(F 16) /Initial Reactions
(F 3) /Initial Thoughts
(F 346) /innocent comments
(F 173) /institutional management (general)
(F 92) /Institutional Management (Positive)
(F 71) /Institutional Management - Negative
(F 229) /institutional practices
(F 73) /institutionalisation
(F 411) /internalisation of deceased
(F 324) /intimacy
(F 249) /intrusive memories
(F 446) /keeping busy
(F 477) /keeping mentally active
(F 321) /knowing each other
(F 285) /knowing limits
(F 152) /Last words

(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) /lightheartedness
(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 227) /normalisation
(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 24) /Qualifications for talking
- (F 410) /qualities of the person
- (F 124) /Quality of Life
- (F 444) /ranking of coping measures
- (F 366) /ranking of need
- (F 215) /reality of 'disposal'
- (F 214) /reality of death
- (F 246) /reality of loss
- (F 465) /reciprocity
- (F 140) /Recreation of the Deceased
- (F 63) /Redefinition of Situation
- (F 340) /reduced expectations of life
- (F 248) /reduction of support network
- (F 162) /regret
- (F 438) /regularity of contact
- (F 470) /relapse
- (F 102) /Relational Maturity
- (F 176) /relationship as journey
- (F 237) /relationship of significant dates
- (F 166) /reminders
- (F 51) /Reminiscence
- (F 369) /representational reminders
- (F 357) /reprieve
- (F 104) /Resolution
- (F 264) /respect
- (F 233) /respect from agencies
- (F 306) /respect from others
- (F 418) /retirement
- (F 52) /Role Changes
- (F 22) /Role Issues
- (F 383) /role within family
- (F 40) /Routine (Negative)
- (F 47) /Routine (Positive)
- (F 469) /searching for meaning
- (F 463) /self talk
- (F 293) /sense of purpose
- (F 216) /service support
- (F 474) /sexual contact
- (F 5) /Shared Disability
- (F 193) /shared experience
- (F 360) /shared interests
- (F 167) /sharing
- (F 224) /shock
- (F 298) /significance of home
- (F 235) /significant times
- (F 447) /signs of problem
- (F 208) /sitting alone
- (F 182) /situational dislocation
- (F 263) /small things
- (F 106) /Social Comparison (bereavement)
- (F 256) /social comparison (grief reaction)
- (F 223) /social comparison (post-bereavement)
- (F 164) /social comparison (pre-bereavement)
- (F 68) /Social Opportunity
- (F 126) /Social Perception of Elderly
- (F 487) /social situation of elderly
- (F 7) /Social Support
- (F 330) /somatisation
- (F 430) /someone looking out for you
- (F 313) /someone to talk to
- (F 442) /spiritual guardian
- (F 118) /Spirituality
- (F 396) /structured social support
- (F 195) /substance use
- (F 351) /suitable commemoration
- (F 222) /suitable disposal
- (F 221) /suitable memorial
- (F 397) /support at key times
- (F 448) /support at time of death
- (F 160) /Support Progression
- (F 423) /surprise at coping
- (F 112) /Symbiotic Nature of Support
- (F 37) /Symbolism of 'Home'
- (F 220) /Symbolism of life
- (F 271) /sympathy
- (F 295) /talking about grief
- (F 266) /talking about the deceased
- (F 117) /Talking as coping
- (F 139) /Talking to deceased
- (F 370) /tapes
- (F 372) /telephone
- (F 34) /Temporal Echoes
- (F 114) /Temporal Fluctuation
- (F 421) /the future
- (F 347) /then it hits you
- (F 297) /thinking about deceased
- (F 413) /time as healer
- (F 181) /time distortion
- (F 70) /Timing of Loss
- (F 175) /togetherness
- (F 110) /Transfer of Emotion
- (F 382) /transgenerational characteristics
- (F 348) /transport
- (F 125) /Treatment of Body
- (F 393) /TV and radio
- (F 431) /unexpected support
- (F 344) /unexpectedness of death
- (F 121) /Unfaithfulness
- (F 206) /unfinished business
- (F 320) /universality of bereavement
- (F 301) /unpredictability of grief reaction
- (F 394) /unreliability of support
- (F 197) /validation of deceased
- (F 226) /validation of grief reaction
- (F 373) /validation of relationship through last act
- (F 108) /Validation Through Funeral
- (F 257) /validation through professional contact
- (F 234) /views of others re grief
- (F 62) /Violation of Expectation
- (F 464) /visiting friends
- (F 217) /visiting grave
- (F 190) /visualisation
- (F 288) /volume of experiences
- (F 460) /volunteered support
- (F 466) /wallowing
- (F 400) /wanting to be alone
- (F 129) /Wartime
- (F 402) /watching over me
- (F 27) /What Now?
- (F 163) /who goes first
- (F 204) /will

(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.

PROJECT: Data Analysis, User Simon Bird, 22:47, 23 Jun, 1999.

- (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 11) /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

- (5 9 316) /Experience of Grief/Social Dislocation/alone in a crowd
(5 9 309) /Experience of Grief/Social Dislocation/feeling of separateness
(5 9 96) /Experience of Grief/Social Dislocation/Fragmentation of life (social)
(5 9 55) /Experience of Grief/Social Dislocation/Post- Bereavement Fragmentation
(5 9 487) /Experience of Grief/Social Dislocation/social situation of elderly
(5 6) /Experience of Grief/Subjective Experiences of Grief
(5 6 46) /Experience of Grief/Subjective Experiences of Grief/Absence
(5 6 389) /Experience of Grief/Subjective Experiences of Grief/alone
(5 6 339) /Experience of Grief/Subjective Experiences of Grief/alone with grief
(5 6 188) /Experience of Grief/Subjective Experiences of Grief/alone with thoughts
(5 6 213) /Experience of Grief/Subjective Experiences of Grief/amazement at death
(5 6 144) /Experience of Grief/Subjective Experiences of Grief/Behavioural
Compulsion
(5 6 259) /Experience of Grief/Subjective Experiences of Grief/contrasts
(5 6 244) /Experience of Grief/Subjective Experiences of Grief/descriptions of
feelings
(5 6 342) /Experience of Grief/Subjective Experiences of Grief/deserted
(5 6 390) /Experience of Grief/Subjective Experiences of Grief/empty house
(5 6 385) /Experience of Grief/Subjective Experiences of Grief/overwhelmed
(5 6 184) /Experience of Grief/Subjective Experiences of Grief/post funeral
withdrawal
(5 6 182) /Experience of Grief/Subjective Experiences of Grief/situational
dislocation
(5 6 181) /Experience of Grief/Subjective Experiences of Grief/time distortion
(5 6 466) /Experience of Grief/Subjective Experiences of Grief/wallowing
(5 6 400) /Experience of Grief/Subjective Experiences of Grief/wanting to be alone
(5 12) /Experience of Grief/subjective loss
(5 12 243) /Experience of Grief/subjective loss/company
(5 12 312) /Experience of Grief/subjective loss/everyday contact
(5 12 311) /Experience of Grief/subjective loss/loss of companionship
(5 12 461) /Experience of Grief/subjective loss/missed communication
(5 12 318) /Experience of Grief/subjective loss/missing banter
(5 12 317) /Experience of Grief/subjective loss/missing intimacy
(5 12 83) /Experience of Grief/subjective loss/Opposite Sex Company
(5 12 474) /Experience of Grief/subjective loss/sexual contact
(5 12 313) /Experience of Grief/subjective loss/someone to talk to
(5 28) /Experience of Grief/Symptomatology
(5 28 405) /Experience of Grief/Symptomatology/anger
(5 28 145) /Experience of Grief/Symptomatology/Breakdown
(5 28 280) /Experience of Grief/Symptomatology/composition of grief
(5 28 225) /Experience of Grief/Symptomatology/effects of shock
(5 28 473) /Experience of Grief/Symptomatology/emotional impact
(5 28 404) /Experience of Grief/Symptomatology/emptiness
(5 28 64) /Experience of Grief/Symptomatology/Guilt?
(5 28 80) /Experience of Grief/Symptomatology/Loneliness
(5 28 478) /Experience of Grief/Symptomatology/need for noise
(5 28 65) /Experience of Grief/Symptomatology/Numbness
(5 28 187) /Experience of Grief/Symptomatology/pain of grief
(5 28 278) /Experience of Grief/Symptomatology/physical manifestations of grief
(5 28 79) /Experience of Grief/Symptomatology/Psychological Sequelae
(5 28 162) /Experience of Grief/Symptomatology/regret
(5 28 2) /Experience of Grief/Symptomatology/regret195
(5 28 224) /Experience of Grief/Symptomatology/shock
(5 28 1) /Experience of Grief/Symptomatology/shock193
(5 28 330) /Experience of Grief/Symptomatology/somatisation
(5 28 297) /Experience of Grief/Symptomatology/thinking about deceased
(5 28 190) /Experience of Grief/Symptomatology/visualisation
(2) /Grief Process
(2 22) /Grief Process/Continued presence of deceased
(2 22 87) /Grief Process/Continued presence of deceased/Accommodation
(2 22 211) /Grief Process/Continued presence of deceased/behavioural continuity
(2 22 399) /Grief Process/Continued presence of deceased/continuing customs
(2 22 261) /Grief Process/Continued presence of deceased/continuing half of
relationship
(2 22 50) /Grief Process/Continued presence of deceased/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
- (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

(2 3 427) /Grief Process/Keeping Up Appearances/appearance of coping
 (2 10) /Grief Process/Social Reflection
 (2 10 210) /Grief Process/Social Reflection/comparative grief reaction (others)
 (2 10 106) /Grief Process/Social Reflection/Social Comparison (bereavement)
 (2 10 256) /Grief Process/Social Reflection/social comparison (grief reaction)
 (2 10 223) /Grief Process/Social Reflection/social comparison (post-bereavement)
 (2 16) /Grief Process/Tasks
 (2 16 456) /Grief Process/Tasks/coping with crises
 (2 16 479) /Grief Process/Tasks/developing new lifestyle
 (2 16 205) /Grief Process/Tasks/Disposing of possessions
 (2 16 377) /Grief Process/Tasks/disposing of possessions193
 (2 16 273) /Grief Process/Tasks/learning to live with it
 (2 16 375) /Grief Process/Tasks/passing possessions on
 (2 16 374) /Grief Process/Tasks/possessions of deceased (differential)
 (2 16 290) /Grief Process/Tasks/putting affairs in order
 (1) /Influences on Grief
 (1 25) /Influences on Grief/Age and Life Cycle
 (1 25 87) /Influences on Grief/Age and Life Cycle/Accommodation
 (1 25 268) /Influences on Grief/Age and Life Cycle/age
 (1 25 142) /Influences on Grief/Age and Life Cycle/Age of Others
 (1 25 122) /Influences on Grief/Age and Life Cycle/Awareness of Family
 (1 25 380) /Influences on Grief/Age and Life Cycle/being a burden
 (1 25 41) /Influences on Grief/Age and Life Cycle/Cognitive Decline (Own)
 (1 25 459) /Influences on Grief/Age and Life Cycle/compound grief
 (1 25 247) /Influences on Grief/Age and Life Cycle/driving
 (1 25 18) /Influences on Grief/Age and Life Cycle/Duration of Relationship
 (1 25 445) /Influences on Grief/Age and Life Cycle/elderly facilities
 (1 25 99) /Influences on Grief/Age and Life Cycle/Full Circle
 (1 25 192) /Influences on Grief/Age and Life Cycle/generational continuity
 (1 25 454) /Influences on Grief/Age and Life Cycle/health aids
 (1 25 485) /Influences on Grief/Age and Life Cycle/home help
 (1 25 341) /Influences on Grief/Age and Life Cycle/if younger
 (1 25 73) /Influences on Grief/Age and Life Cycle/institutionalisation
 (1 25 66) /Influences on Grief/Age and Life Cycle/Life Cycle
 (1 25 189) /Influences on Grief/Age and Life Cycle/life review
 (1 25 484) /Influences on Grief/Age and Life Cycle/mobility
 (1 25 236) /Influences on Grief/Age and Life Cycle/multiple losses
 (1 25 331) /Influences on Grief/Age and Life Cycle/nature of own death
 (1 25 303) /Influences on Grief/Age and Life Cycle/old and young
 (1 25 452) /Influences on Grief/Age and Life Cycle/own health
 (1 25 28) /Influences on Grief/Age and Life Cycle/Own Mortality
 (1 25 291) /Influences on Grief/Age and Life Cycle/physical decline
 (1 25 386) /Influences on Grief/Age and Life Cycle/physical decline (future)
 (1 25 42) /Influences on Grief/Age and Life Cycle/Physical Decline (Own)
 (1 25 248) /Influences on Grief/Age and Life Cycle/reduction of support network
 (1 25 102) /Influences on Grief/Age and Life Cycle/Relational Maturity
 (1 25 51) /Influences on Grief/Age and Life Cycle/Reminiscence
 (1 25 68) /Influences on Grief/Age and Life Cycle/Social Opportunity
 (1 18) /Influences on Grief/Attitudes
 (1 24) /Influences on Grief/Beliefs
 (1 24 186) /Influences on Grief/Beliefs/'location' of deceased
 (1 24 294) /Influences on Grief/Beliefs/afterlife
 (1 24 488) /Influences on Grief/Beliefs/attitude towards death
 (1 24 201) /Influences on Grief/Beliefs/attitude towards marriage
 (1 24 443) /Influences on Grief/Beliefs/beliefs as coping strategy
 (1 24 118) /Influences on Grief/Beliefs/Spirituality
 (1 8) /Influences on Grief/Cohort Issues
 (1 8 15) /Influences on Grief/Cohort Issues/Cohort Bereavement Culture
 (1 8 8) /Influences on Grief/Cohort Issues/Cohort Issues
 (1 8 245) /Influences on Grief/Cohort Issues/geographical proximity of support
 (1 8 129) /Influences on Grief/Cohort Issues/Wartime
 (1 29) /Influences on Grief/Coping Behaviours
 (1 29 436) /Influences on Grief/Coping Behaviours/answering own doubts
 (1 29 127) /Influences on Grief/Coping Behaviours/Avoidance
 (1 29 407) /Influences on Grief/Coping Behaviours/avoidance (emotional)

179

(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/known limits
(1 29 147) /Influences on Grief/Coping Behaviours/mind over body
(1 29 486) /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 21 367) /Influences on Grief/Mediators/nature of location
(1 21 86) /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

(1 30 410) /Influences on Grief/Personal Attributes/qualities of the person
 (1 32) /Influences on Grief/Pre-Death Period
 (1 32 95) /Influences on Grief/Pre-Death Period/Acute discomfort
 (1 32 82) /Influences on Grief/Pre-Death Period/Anticipatory Grief
 (1 32 149) /Influences on Grief/Pre-Death Period/Calm before storm
 (1 32 74) /Influences on Grief/Pre-Death Period/Caring Role
 (1 32 91) /Influences on Grief/Pre-Death Period/Chronic Pain
 (1 32 326) /Influences on Grief/Pre-Death Period/closer through illness
 (1 32 43) /Influences on Grief/Pre-Death Period/Cognitive Decline (Other)
 (1 32 165) /Influences on Grief/Pre-Death Period/compensatory measures
 (1 32 424) /Influences on Grief/Pre-Death Period/deceased had enough
 (1 32 130) /Influences on Grief/Pre-Death Period/Deceased's Expressed Wishes
 (1 32 84) /Influences on Grief/Pre-Death Period/Decline as Preparation
 (1 32 76) /Influences on Grief/Pre-Death Period/Dependence
 (1 32 174) /Influences on Grief/Pre-Death Period/desire for closure
 (1 32 75) /Influences on Grief/Pre-Death Period/Dignity
 (1 32 128) /Influences on Grief/Pre-Death Period/Discussions about death
 (1 32 154) /Influences on Grief/Pre-Death Period/Expectations of future illness
 (1 32 113) /Influences on Grief/Pre-Death Period/Growth Through Caring
 (1 32 425) /Influences on Grief/Pre-Death Period/helplessness (illness)
 (1 32 356) /Influences on Grief/Pre-Death Period/history of illness
 (1 32 289) /Influences on Grief/Pre-Death Period/illness
 (1 32 161) /Influences on Grief/Pre-Death Period/Impact of Diagnosis
 (1 32 90) /Influences on Grief/Pre-Death Period/Importance of Diagnosis
 (1 32 89) /Influences on Grief/Pre-Death Period/Manner of Deceased
 (1 32 148) /Influences on Grief/Pre-Death Period/medical balance
 (1 32 151) /Influences on Grief/Pre-Death Period/Multiple Illness
 (1 32 471) /Influences on Grief/Pre-Death Period/palliative care
 (1 32 44) /Influences on Grief/Pre-Death Period/Physical Decline (Other)
 (1 32 93) /Influences on Grief/Pre-Death Period/Preparedness
 (1 32 72) /Influences on Grief/Pre-Death Period/Progressive Loss
 (1 32 124) /Influences on Grief/Pre-Death Period/Quality of Life
 (1 32 470) /Influences on Grief/Pre-Death Period/relapse
 (1 32 357) /Influences on Grief/Pre-Death Period/reprieve
 (1 32 373) /Influences on Grief/Pre-Death Period/validation of relationship through
 last act
 (1 32 163) /Influences on Grief/Pre-Death Period/who goes first
 (1 14) /Influences on Grief/Professionals
 (1 14 458) /Influences on Grief/Professionals/counselling
 (1 14 92) /Influences on Grief/Professionals/Institutional Management (Positive)
 (1 14 71) /Influences on Grief/Professionals/Institutional Management - Negative
 (1 14 21) /Influences on Grief/Professionals/Medication and Med Model
 (1 14 368) /Influences on Grief/Professionals/professional support (personal)
 (1 14 216) /Influences on Grief/Professionals/service support
 (1 14 257) /Influences on Grief/Professionals/validation through professional
 contact
 (1 19) /Influences on Grief/Relationship
 (1 19 53) /Influences on Grief/Relationship/Attitude Towards Relationship
 (1 19 6) /Influences on Grief/Relationship/Co-Dependency
 (1 19 194) /Influences on Grief/Relationship/compensatory influence
 (1 19 286) /Influences on Grief/Relationship/complementary roles
 (1 19 200) /Influences on Grief/Relationship/description of relationship
 (1 19 49) /Influences on Grief/Relationship/History of Couple
 (1 19 324) /Influences on Grief/Relationship/intimacy
 (1 19 321) /Influences on Grief/Relationship/knowning each other
 (1 19 10) /Influences on Grief/Relationship/Nature of relationship
 (1 19 69) /Influences on Grief/Relationship/Pair of Gloves
 (1 19 274) /Influences on Grief/Relationship/pride in deceased
 (1 19 102) /Influences on Grief/Relationship/Relational Maturity
 (1 19 176) /Influences on Grief/Relationship/relationship as journey
 (1 19 264) /Influences on Grief/Relationship/respect
 (1 19 5) /Influences on Grief/Relationship/Shared Disability
 (1 19 360) /Influences on Grief/Relationship/shared interests
 (1 19 167) /Influences on Grief/Relationship/sharing
 (1 19 175) /Influences on Grief/Relationship/togetherness

L. P. C. I. I. I.

(1 19 288) /Influences on Grief/Relationship/volume of experiences
(1 35) /Influences on Grief/Role Issues and Identity
(1 35 286) /Influences on Grief/Role Issues and Identity/complementary roles
(1 35 169) /Influences on Grief/Role Issues and Identity/couple to single
(1 35 23) /Influences on Grief/Role Issues and Identity/Gender Issues
(1 35 78) /Influences on Grief/Role Issues and Identity/Identity
(1 35 384) /Influences on Grief/Role Issues and Identity/moving home
(1 35 9) /Influences on Grief/Role Issues and Identity/Objects and Possessions
(1 35 468) /Influences on Grief/Role Issues and Identity/practical challenges
(1 35 418) /Influences on Grief/Role Issues and Identity/retirement
(1 35 52) /Influences on Grief/Role Issues and Identity/Role Changes
(1 35 22) /Influences on Grief/Role Issues and Identity/Role Issues
(1 35 383) /Influences on Grief/Role Issues and Identity/role within family
(1 35 37) /Influences on Grief/Role Issues and Identity/Symbolism of 'Home'
(1 36) /Influences on Grief/Support
(1 36 270) /Influences on Grief/Support/advice
(1 36 199) /Influences on Grief/Support/advice (bad)
(1 36 435) /Influences on Grief/Support/advice (good)
(1 36 253) /Influences on Grief/Support/advice (unhelpful)
(1 36 398) /Influences on Grief/Support/asserting self re support
(1 36 133) /Influences on Grief/Support/Attitude of others
(1 36 219) /Influences on Grief/Support/belonging
(1 36 105) /Influences on Grief/Support/Bereavement Network
(1 36 109) /Influences on Grief/Support/Continuity of Support
(1 36 403) /Influences on Grief/Support/different types of support
(1 36 239) /Influences on Grief/Support/emotional support
(1 36 312) /Influences on Grief/Support/everyday contact
(1 36 254) /Influences on Grief/Support/expectations of others
(1 36 276) /Influences on Grief/Support/external feedback re grief
(1 36 137) /Influences on Grief/Support/Family support
(1 36 231) /Influences on Grief/Support/fellowship of bereaved
(1 36 238) /Influences on Grief/Support/financial support (Family)
(1 36 245) /Influences on Grief/Support/geographical proximity of support
(1 36 272) /Influences on Grief/Support/honesty of others
(1 36 437) /Influences on Grief/Support/listening
(1 36 388) /Influences on Grief/Support/meaning well
(1 36 241) /Influences on Grief/Support/mutual support
(1 36 363) /Influences on Grief/Support/neighbours
(1 36 227) /Influences on Grief/Support/normalisation
(1 36 143) /Influences on Grief/Support/Other Bereaved
(1 36 100) /Influences on Grief/Support/Palliative Social Support
(1 36 158) /Influences on Grief/Support/Passive support
(1 36 116) /Influences on Grief/Support/Pity
(1 36 159) /Influences on Grief/Support/Practical support
(1 36 19) /Influences on Grief/Support/Professional Support
(1 36 24) /Influences on Grief/Support/Qualifications for talking
(1 36 465) /Influences on Grief/Support/reciprocity
(1 36 306) /Influences on Grief/Support/respect from others
(1 36 7) /Influences on Grief/Support/Social Support
(1 36 396) /Influences on Grief/Support/structured social support
(1 36 397) /Influences on Grief/Support/support at key times
(1 36 448) /Influences on Grief/Support/support at time of death
(1 36 160) /Influences on Grief/Support/Support Progression
(1 36 112) /Influences on Grief/Support/Symbiotic Nature of Support
(1 36 271) /Influences on Grief/Support/sympathy
(1 36 266) /Influences on Grief/Support/talking about the deceased
(1 36 372) /Influences on Grief/Support/telephone
(1 36 431) /Influences on Grief/Support/unexpected support
(1 36 394) /Influences on Grief/Support/unreliability of support
(1 36 197) /Influences on Grief/Support/validation of deceased
(1 36 226) /Influences on Grief/Support/validation of grief reaction
(1 36 460) /Influences on Grief/Support/volunteered support
(1 15) /Influences on Grief/The Death
(1 15 48) /Influences on Grief/The Death/Closure
(1 15 59) /Influences on Grief/The Death/Death Narrative

L. A. P. H. 1-1-1

(1 15 179) /Influences on Grief/The Death/family validation re death
(1 15 61) /Influences on Grief/The Death/Helplessness (death)
(1 15 152) /Influences on Grief/The Death/Last words
(1 15 135) /Influences on Grief/The Death/Life support
(1 15 58) /Influences on Grief/The Death/Nature of Death
(1 15 136) /Influences on Grief/The Death/news of death
(1 15 171) /Influences on Grief/The Death/personal role in death
(1 15 63) /Influences on Grief/The Death/Redefinition of Situation
(1 15 447) /Influences on Grief/The Death/signs of problem
(1 15 344) /Influences on Grief/The Death/unexpectedness of death
(1 15 62) /Influences on Grief/The Death/Violation of Expectation
(1 26) /Influences on Grief/Triggers and Reminders
(1 26 304) /Influences on Grief/Triggers and Reminders/anticipated triggers
(1 26 299) /Influences on Grief/Triggers and Reminders/enduring signs of deceased
(1 26 32) /Influences on Grief/Triggers and Reminders/Everyday Reminders
(1 26 334) /Influences on Grief/Triggers and Reminders/familiar places
(1 26 12) /Influences on Grief/Triggers and Reminders/Grief Triggers
(1 26 346) /Influences on Grief/Triggers and Reminders/innocent comments
(1 26 391) /Influences on Grief/Triggers and Reminders/little things
(1 26 432) /Influences on Grief/Triggers and Reminders/music
(1 26 185) /Influences on Grief/Triggers and Reminders/object as reminder
(1 26 406) /Influences on Grief/Triggers and Reminders/others not appreciating partner
(1 26 202) /Influences on Grief/Triggers and Reminders/physical evidence of deceased
(1 26 232) /Influences on Grief/Triggers and Reminders/poignancy
(1 26 358) /Influences on Grief/Triggers and Reminders/precipitating factors
(1 26 237) /Influences on Grief/Triggers and Reminders/relationship of significant dates
(1 26 166) /Influences on Grief/Triggers and Reminders/reminders
(1 26 369) /Influences on Grief/Triggers and Reminders/representational reminders
(1 26 40) /Influences on Grief/Triggers and Reminders/Routine (Negative)
(1 26 235) /Influences on Grief/Triggers and Reminders/significant times
(1 26 263) /Influences on Grief/Triggers and Reminders/small things
(1 26 70) /Influences on Grief/Triggers and Reminders/Timing of Loss
(6) /Outcomes
(6 34) /Outcomes/Meaning and Purpose
(6 34 29) /Outcomes/Meaning and Purpose/Active Suicide
(6 34 314) /Outcomes/Meaning and Purpose/living for others
(6 34 242) /Outcomes/Meaning and Purpose/need for purpose
(6 34 30) /Outcomes/Meaning and Purpose/Passive Suicide
(6 34 120) /Outcomes/Meaning and Purpose/Project
(6 34 340) /Outcomes/Meaning and Purpose/reduced expectations of life
(6 34 293) /Outcomes/Meaning and Purpose/sense of purpose
(6 34 421) /Outcomes/Meaning and Purpose/the future
(6 34 206) /Outcomes/Meaning and Purpose/unfinished business
(6 34 27) /Outcomes/Meaning and Purpose/What Now?
(6 4) /Outcomes/Positives
(6 4 94) /Outcomes/Positives/Cabbage
(6 4 371) /Outcomes/Positives/death providing resolution
(6 4 88) /Outcomes/Positives/Freedom
(6 4 440) /Outcomes/Positives/grief bringing family closer
(6 4 113) /Outcomes/Positives/Growth Through Caring
(6 4 85) /Outcomes/Positives/Positive Effects
(6 4 378) /Outcomes/Positives/pride in ability to cope
(6 23) /Outcomes/Reflections on Grief
(6 23 337) /Outcomes/Reflections on Grief/accomodation
(6 23 101) /Outcomes/Reflections on Grief/Awareness of Process
(6 23 269) /Outcomes/Reflections on Grief/beliefs about recovery
(6 23 349) /Outcomes/Reflections on Grief/bereavement as main problem
(6 23 157) /Outcomes/Reflections on Grief/comparative grief reactions
(6 23 439) /Outcomes/Reflections on Grief/comparative grief reactions (family)
(6 23 481) /Outcomes/Reflections on Grief/confounding factors
(6 23 482) /Outcomes/Reflections on Grief/contrast with youth
(6 23 415) /Outcomes/Reflections on Grief/coping breeds coping

- (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

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

PROJECT: Data Analysis, User Simon Bird, 21:22, 6 Jul, 1999.

```

*****
(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/demonstration of commitment
This node codes 1 document.

(38 1 36) /Discursive Elements/Nature of Accounts/Dialogue
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 1) /Experience of Grief/Memories/Echoes
This node codes 2 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.

(5 11 6) /Experience of Grief/Memories/Memories of Routine
This node codes 2 documents.

(5 11 5) /Experience of Grief/Memories/Memories of Shared
Experience
This node codes 5 documents.

(5 11 8) /Experience of Grief/Memories/Memories of the Death
This node codes 2 documents.

(5 11 3) /Experience of Grief/Memories/Recreation of
Deceased
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.

(5 6 309) /Experience of Grief/Subjective Experiences of Grief ???/feeling of separateness
This node codes 2 documents.

(5 6 169) /Experience of Grief/Subjective Experiences of Grief ???/Moving from Couple to Single
This node codes 3 documents.

(5 6 55) /Experience of Grief/Subjective Experiences of Grief ???/Post- Bereavement Fragmentation
This node codes 1 document.

(5 6 466) /Experience of Grief/Subjective Experiences of Grief ???/wallowing
This node codes 1 document.

(5 6 400) /Experience of Grief/Subjective Experiences of Grief ???/wanting to be alone
This node codes 1 document.

(5 28) /Experience of Grief/Symptomatology
This node codes 0 documents.

(5 28 405) /Experience of Grief/Symptomatology/anger
This node codes 1 document.

(5 28 145) /Experience of Grief/Symptomatology/Breakdown
This node codes 1 document.

(5 28 280) /Experience of Grief/Symptomatology/composition of grief
This node codes 1 document.

(5 28 225) /Experience of Grief/Symptomatology/effects of shock
This node codes 1 document.

(5 28 473) /Experience of Grief/Symptomatology/emotional impact
This node codes 1 document.

(5 28 404) /Experience of Grief/Symptomatology/emptiness
This node codes 2 documents.

(5 28 80) /Experience of Grief/Symptomatology/Loneliness
This node codes 4 documents.

(5 28 478) /Experience of Grief/Symptomatology/need for noise
This node codes 1 document.

(5 28 187) /Experience of Grief/Symptomatology/pain of grief
This node codes 1 document.

(5 28 278) /Experience of Grief/Symptomatology/physical manifestations of grief
This node codes 2 documents.

(5 28 79) /Experience of Grief/Symptomatology/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 28 190) /Experience of Grief/Symptomatology/visualisation

This node codes 2 documents.

(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

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/forging 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

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.

(2 16 33 205) /Grief Process/Tasks/Practical Arrangements
?/Dealing with Possessions
This node codes 4 documents.

(2 16 33 183) /Grief Process/Tasks/Practical Arrangements
?/Experience of the Funeral
This node codes 5 documents.

(2 16 33 107) /Grief Process/Tasks/Practical Arrangements
?/Practicalities of Bereavement
This node codes 3 documents.

(2 16 37) /Grief Process/Tasks/Rituals and Commemoration ?
This node codes 0 documents.

(2 16 37 97) /Grief Process/Tasks/Rituals and Commemoration
?/Celebrating Life of Deceased
This node codes 2 documents.

(2 16 37 350) /Grief Process/Tasks/Rituals and Commemoration
?/flowers as commemoration
This node codes 1 document.

(2 16 37 229) /Grief Process/Tasks/Rituals and Commemoration
?/institutional practices
This node codes 1 document.

(2 16 37 221) /Grief Process/Tasks/Rituals and Commemoration
?/suitable Commemoration
This node codes 3 documents.

(2 16 37 108) /Grief Process/Tasks/Rituals and Commemoration
?/Validation of Deceased Through Funeral
This node codes 3 documents.

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

(1 1) /Influences on Grief Experience/Age
This node codes 0 documents.

(1 1 236) /Influences on Grief Experience/Age/multiple losses
?
This node codes 1 document.

(1 1 41) /Influences on Grief Experience/Age/Physical
Functioning
This node codes 4 documents.

(1 1 41 28) /Influences on Grief Experience/Age/Physical
Functioning/Awareness of Own Mortality
This node codes 5 documents.

(1 1 41 247) /Influences on Grief Experience/Age/Physical
Functioning/Driving and Mobility
This node codes 4 documents.

(1 1 41 452) /Influences on Grief Experience/Age/Physical

Functioning/own health

This node codes 2 documents.

(1 1 41 73) /Influences on Grief Experience/Age/Physical
Functioning/Prospect of institutionalisation

This node codes 3 documents.

(1 1 41 386) /Influences on Grief Experience/Age/Physical
Functioning/Thoughts on future Functional Decline

This node codes 3 documents.

(1 1 1) /Influences on Grief Experience/Age/Social
Functioning

This node codes 0 documents.

(1 1 1 268) /Influences on Grief Experience/Age/Social
Functioning/Age reducing Options

This node codes 5 documents.

(1 1 1 248) /Influences on Grief Experience/Age/Social
Functioning/reduction of support network

This node codes 3 documents.

(1 1 1 487) /Influences on Grief Experience/Age/Social
Functioning/social situation of elderly

This node codes 1 document.

(1 24) /Influences on Grief Experience/Beliefs

This node codes 0 documents.

(1 24 186) /Influences on Grief Experience/Beliefs/Beliefs
about the 'location' of deceased

This node codes 3 documents.

(1 24 294) /Influences on Grief Experience/Beliefs/Beliefs
regarding afterlife

This node codes 5 documents.

(1 24 118) /Influences on Grief Experience/Beliefs/Bereaved's
Spiritual Beliefs ?

This node codes 5 documents.

(1 24 2) /Influences on Grief Experience/Beliefs/Conceptions
of Grief

This node codes 1 document.

(1 8) /Influences on Grief Experience/Cohort Issues

This node codes 0 documents.

(1 8 1) /Influences on Grief Experience/Cohort
Issues/Attitudes to Marriage and Relationships

This node codes 1 document.

(1 8 5) /Influences on Grief Experience/Cohort
Issues/Awareness of Social Change

This node codes 4 documents.

(1 8 2) /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

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

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.

(1 21 133) /Influences on Grief Experience/Mediators ?/Attitude of others

This node codes 4 documents.

(1 21 210) /Influences on Grief Experience/Mediators ?/comparative grief reactions

This node codes 3 documents.

(1 21 367) /Influences on Grief Experience/Mediators ?/nature of location ?

This node codes 4 documents.

(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.

(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.

- *****
 (1 32 93) /Influences on Grief Experience/Pre-Death
 Period/Preparedness for Death
 This node codes 4 documents.

- (1 32 44) /Influences on Grief Experience/Pre-Death
 Period/Seeing the physical decline of deceased
 This node codes 6 documents.

- (1 32 74) /Influences on Grief Experience/Pre-Death
 Period/Taking a Caring Role
 This node codes 2 documents.

- (1 30) /Influences on Grief Experience/Properties of the
 Person
 This node codes 0 documents.

- (1 30 14) /Influences on Grief Experience/Properties of the
 Person/Bereavement History
 This node codes 5 documents.

- (1 30 459) /Influences on Grief Experience/Properties of the
 Person/compound grief
 This node codes 2 documents.

- (1 30 5) /Influences on Grief Experience/Properties of the
 Person/Locus of Control
 This node codes 3 documents.

- (1 30 451) /Influences on Grief Experience/Properties of the
 Person/mental health history
 This node codes 1 document.

- (1 30 335) /Influences on Grief Experience/Properties of the
 Person/occupation
 This node codes 3 documents.

- (1 30 414) /Influences on Grief Experience/Properties of the
 Person/past experience as resource
 This node codes 3 documents.

- (1 30 434) /Influences on Grief Experience/Properties of the
 Person/personal history
 This node codes 1 document.

- (1 30 265) /Influences on Grief Experience/Properties of the
 Person/personal strength
 This node codes 2 documents.

- (1 30 354) /Influences on Grief Experience/Properties of the
 Person/personality characteristics
 This node codes 4 documents.

- (1 30 472) /Influences on Grief Experience/Properties of the
 Person/previous experience of loss
 This node codes 2 documents.

- (1 35) /Influences on Grief Experience/Roles and Identity
 ? (could need to distribute elsewhere)

This node codes 0 documents.

(1 35 286) /Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)/complementary roles

This node codes 4 documents.

(1 35 169) /Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)/couple to single

This node codes 3 documents.

(1 35 78) /Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)/Identity

This node codes 3 documents.

(1 35 9) /Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)/Identity-Conferring Objects

This node codes 4 documents.

(1 35 1) /Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)/Impact of Gender Issues

This node codes 3 documents.

(1 35 384) /Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)/moving home

This node codes 2 documents.

(1 35 418) /Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)/retirement

This node codes 3 documents.

(1 35 22) /Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)/Role Issues

This node codes 5 documents.

(1 35 37) /Influences on Grief Experience/Roles and Identity
? (could need to distribute elsewhere)/Symbolism of 'Home'

This node codes 2 documents.

(1 36) /Influences on Grief Experience/Support

This node codes 0 documents.

(1 36 1) /Influences on Grief
Experience/Support/Expectations of Support

This node codes 0 documents.

(1 36 1 109) /Influences on Grief
Experience/Support/Expectations of Support/Continuity of Support

This node codes 2 documents.

(1 36 1 388) /Influences on Grief
Experience/Support/Expectations of Support/meaning well

This node codes 1 document.

(1 36 1 465) /Influences on Grief
Experience/Support/Expectations of Support/reciprocity

This node codes 1 document.

(1 36 1 160) /Influences on Grief
Experience/Support/Expectations of Support/Support Progression

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.

(1 15 136) /Influences on Grief Experience/The Death/Hearing news of death
This node codes 4 documents.

(1 15 58) /Influences on Grief Experience/The Death/Nature of Death
This node codes 3 documents.

(1 15 171) /Influences on Grief Experience/The Death/personal role in death
This node codes 2 documents.

(1 26) /Influences on Grief Experience/Triggers and Reminders
This node codes 0 documents.

(1 26 299) /Influences on Grief Experience/Triggers and Reminders/enduring evidence of deceased
This node codes 2 documents.

(1 26 32) /Influences on Grief Experience/Triggers and Reminders/Everyday Reminders
This node codes 2 documents.

(1 26 334) /Influences on Grief Experience/Triggers and Reminders/familiar places
This node codes 1 document.

(1 26 346) /Influences on Grief Experience/Triggers and Reminders/Innocent comments of Others
This node codes 2 documents.

(1 26 232) /Influences on Grief Experience/Triggers and Reminders/Poignant Reminders
This node codes 2 documents.

(1 26 166) /Influences on Grief Experience/Triggers and Reminders/reminders
This node codes 5 documents.

(1 26 369) /Influences on Grief Experience/Triggers and Reminders/representational reminders
This node codes 1 document.

(1 26 70) /Influences on Grief Experience/Triggers and Reminders/Significant Dates
This node codes 4 documents.

(6) /Outcomes
This node codes 0 documents.

(6 34) /Outcomes/Meaning and Purpose
This node codes 0 documents.

(6 34 29) /Outcomes/Meaning and Purpose/Active Suicide
This node codes 2 documents.

(6 34 314) /Outcomes/Meaning and Purpose/living for others
This node codes 1 document.

(6 34 242) /Outcomes/Meaning and Purpose/need for purpose
This node codes 1 document.

(6 34 30) /Outcomes/Meaning and Purpose/Passive Suicide
This node codes 1 document.

(6 34 120) /Outcomes/Meaning and Purpose/Project
This node codes 1 document.

(6 34 340) /Outcomes/Meaning and Purpose/reduced expectations
of life
This node codes 1 document.

(6 34 293) /Outcomes/Meaning and Purpose/sense of purpose
This node codes 4 documents.

(6 34 421) /Outcomes/Meaning and Purpose/the future
This node codes 1 document.

(6 34 206) /Outcomes/Meaning and Purpose/unfinished business
This node codes 2 documents.

(6 34 27) /Outcomes/Meaning and Purpose/What Now?
This node codes 2 documents.

(6 4) /Outcomes/Positives
This node codes 0 documents.

(6 4 94) /Outcomes/Positives/Death a release
This node codes 3 documents.

(6 4 371) /Outcomes/Positives/death providing resolution
This node codes 1 document.

(6 4 1) /Outcomes/Positives/Freedom from Caring
Responsibility
This node codes 1 document.

(6 4 440) /Outcomes/Positives/grief bringing family closer
This node codes 1 document.

(6 4 113) /Outcomes/Positives/Growth Through Caring
This node codes 1 document.

(6 4 88) /Outcomes/Positives/Opportunity for New Activities
This node codes 2 documents.

(6 4 85) /Outcomes/Positives/Positive Effects
This node codes 2 documents.

(6 4 378) /Outcomes/Positives/pride in ability to cope
This node codes 2 documents.

(6 23) /Outcomes/Reflections on Grief
This node codes 0 documents.

(6 23 101) /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. NUD.IST Power version, revision 4.0.
Licensee: University of Plymouth.

PROJECT: Data Analysis, User Simon Bird, 23:19, 14 Jul, 1999.

```

(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-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
(5 35 3 169) /Experience of Grief/Impact on Role and Identity/Impact on Role/couple
to single
(5 35 3 1) /Experience of Grief/Impact on Role and Identity/Impact on Role/Impact
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 34 206) /Experience of Grief/Meaning and Purpose in Life/unfinished business
(5 34 27) /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/Avoidance
(5 3 20 208) /Experience of Grief/Modalities of Experience/Behavioural
Responses/sitting alone
(5 3 20 400) /Experience of Grief/Modalities of Experience/Behavioural
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/boredom
(5 3 31 345) /Experience of Grief/Modalities of Experience/Cognitive

```

Responses/dissociation
 (5 3 31 11) /Experience of Grief/Modalities of Experience/Cognitive
 Responses/Memories
 (5 3 31 11 249) /Experience of Grief/Modalities of Experience/Cognitive
 Responses/Memories/intrusive memories
 (5 3 31 11 8) /Experience of Grief/Modalities of Experience/Cognitive
 Responses/Memories/Memories of the Death
 (5 3 31 416) /Experience of Grief/Modalities of Experience/Cognitive
 Responses/negative thoughts
 (5 3 31 162) /Experience of Grief/Modalities of Experience/Cognitive
 Responses/regret
 (5 3 31 297) /Experience of Grief/Modalities of Experience/Cognitive
 Responses/thinking about deceased
 (5 3 31 190) /Experience of Grief/Modalities of Experience/Cognitive
 Responses/visualisation
 (5 3 1) /Experience of Grief/Modalities of Experience/Emotional Responses
 (5 3 1 405) /Experience of Grief/Modalities of Experience/Emotional Responses/anger
 (5 3 1 145) /Experience of Grief/Modalities of Experience/Emotional
 Responses/Breakdown
 (5 3 1 132) /Experience of Grief/Modalities of Experience/Emotional
 Responses/Crying
 (5 3 1 404) /Experience of Grief/Modalities of Experience/Emotional
 Responses/emptiness
 (5 3 1 307) /Experience of Grief/Modalities of Experience/Emotional
 Responses/hurting self
 (5 3 1 187) /Experience of Grief/Modalities of Experience/Emotional Responses/pain
 of grief
 (5 3 1 224) /Experience of Grief/Modalities of Experience/Emotional Responses/shock
 (5 3 1 466) /Experience of Grief/Modalities of Experience/Emotional
 Responses/wallowing
 (5 3 2) /Experience of Grief/Modalities of Experience/Physical Responses
 (5 3 2 278) /Experience of Grief/Modalities of Experience/Physical
 Responses/physical manifestations of grief
 (5 3 3) /Experience of Grief/Modalities of Experience/Social Responses
 (5 3 3 2) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation
 (5 3 3 2 389) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation/alone
 (5 3 3 2 316) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation/alone in a crowd
 (5 3 3 2 339) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation/alone with grief
 (5 3 3 2 342) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation/deserted
 (5 3 3 2 390) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation/empty house
 (5 3 3 2 309) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation/feeling of separateness
 (5 3 3 2 46) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation/Feeling Their Absence
 (5 3 3 2 80) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation/Loneliness
 (5 3 3 2 169) /Experience of Grief/Modalities of Experience/Social Responses/Feelings
 of Personal Isolation/Moving from Couple to Single
 (5 12) /Experience of Grief/Perception of What is Lost
 (5 12 243) /Experience of Grief/Perception of What is Lost/company
 (5 12 312) /Experience of Grief/Perception of What is Lost/Everyday Contact
 (5 12 317) /Experience of Grief/Perception of What is Lost/Intimacy
 (5 12 83) /Experience of Grief/Perception of What is Lost/Opposite Sex Company
 (5 12 313) /Experience of Grief/Perception of What is Lost/Someone to Talk to
 (5 79) /Experience of Grief/Psychological Sequelae
 (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
 (Process)/'Getting Close' to the Deceased/Occupying the Deceased's Space
 (2 22 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

(Process)/Behavioural Continuity/Continuing Their Half of the Relationship/continuing customs
(2 22 2 1 261 211) /Grief Process/Continued presence of deceased/Establishing Continuity
(Process)/Behavioural Continuity/Continuing Their Half of the Relationship/Maintaining
Behavioural Continuity
(2 22 2 1 139) /Grief Process/Continued presence of deceased/Establishing Continuity
(Process)/Behavioural Continuity/Talking to deceased
(2 22 2 3) /Grief Process/Continued presence of deceased/Establishing Continuity
(Process)/Keeping Values and Principles Alive
(2 22 2 3 25) /Grief Process/Continued presence of deceased/Establishing Continuity
(Process)/Keeping Values and Principles Alive/Maintaining Enduring Orientation to Deceased
(2 22 2 3 328) /Grief Process/Continued presence of deceased/Establishing Continuity
(Process)/Keeping Values and Principles Alive/Recalling and Using Words of Deceased
(2 22 4) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)
(2 22 4 4) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Family Characteristics
(2 22 4 4 382) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Family Characteristics/transgenerational characteristics
(2 22 4 3) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations
(2 22 4 3 411) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations/internalisation of deceased
(2 22 4 3 462) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations/missing the deceased
(2 22 4 3 20) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations/Portrayal of Deceased
(2 22 4 3 274) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Internal Representations/pride in deceased
(2 22 4 11) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories
(2 22 4 11 1) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Echoes
(2 22 4 11 9) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/How we met
(2 22 4 11 2) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Memories all I have left
(2 22 4 11 6) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Memories of Routine
(2 22 4 11 5) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Memories of Shared Experience
(2 22 4 11 3) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Memories/Recreation of Deceased
(2 22 4 2) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Paranormal Representation
(2 22 4 2 4) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Paranormal Representation/Paranormal Contact
(2 22 4 2 412) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Paranormal Representation/presence of deceased
(2 22 4 2 402) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Paranormal Representation/watching over me
(2 22 4 1) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations
(2 22 4 1 260) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations/continuity through objects
(2 22 4 1 333) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations/passing objects on
(2 22 4 1 138) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations/photographs
(2 22 4 1 298) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations/significance of home
(2 22 4 1 370) /Grief Process/Continued presence of deceased/Experienced Form of
Continuity (Form)/Physical Representations/tapes
(2 22 3) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)
(2 22 3 2) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Facilitative
(2 22 3 2 332) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Facilitative/decisions
(2 22 3 2 1) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Facilitative/Support
(2 22 3 1) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Inhibitory
(2 22 3 1 26) /Grief Process/Continued presence of deceased/Impact of Continuing
Presence (Function)/Inhibitory/New Relationships

(2 27) /Grief Process/Grief Course
 (2 27 1) /Grief Process/Grief Course/Early Period
 (2 27 1 182) /Grief Process/Grief Course/Early Period/Disconnection
 (2 27 1 16) /Grief Process/Grief Course/Early Period/Initial Reactions
 (2 27 1 65) /Grief Process/Grief Course/Early Period/Numbness
 (2 27 1 184) /Grief Process/Grief Course/Early Period/post funeral withdrawal
 (2 27 1 2) /Grief Process/Grief Course/Early Period/Relief
 (2 27 1 224) /Grief Process/Grief Course/Early Period/shock
 (2 27 1 1) /Grief Process/Grief Course/Early Period/Sitting an Crying
 (2 27 1 347) /Grief Process/Grief Course/Early Period/then it hits you
 (2 27 3) /Grief Process/Grief Course/Late Period
 (2 27 3 387) /Grief Process/Grief Course/Late Period/moving on
 (2 27 2) /Grief Process/Grief Course/Middle Period
 (2 27 2 103) /Grief Process/Grief Course/Middle Period/Acceptance
 (2 27 2 131) /Grief Process/Grief Course/Middle Period/Emotional Fluctuation
 (2 27 2 267) /Grief Process/Grief Course/Middle Period/getting better
 (2 27 2 214) /Grief Process/Grief Course/Middle Period/reality of death
 (2 27 2 469) /Grief Process/Grief Course/Middle Period/searching for meaning
 (2 27 4) /Grief Process/Grief Course/Reflections
 (2 16) /Grief Process/Things that Need to be Done
 (2 16 33) /Grief Process/Things that Need to be Done/Practical Arrangements ?
 (2 16 33 228) /Grief Process/Things that Need to be Done/Practical Arrangements
 ?/Arrangements for the Body
 (2 16 33 205) /Grief Process/Things that Need to be Done/Practical Arrangements
 ?/Dealing with Possessions
 (2 16 33 107) /Grief Process/Things that Need to be Done/Practical Arrangements
 ?/Practicalities of Bereavement
 (2 16 33 290) /Grief Process/Things that Need to be Done/Practical Arrangements
 ?/Putting Own Affairs in Order
 (2 16 37) /Grief Process/Things that Need to be Done/Rituals and Commemoration ?
 (2 16 37 97) /Grief Process/Things that Need to be Done/Rituals and Commemoration
 ?/Celebrating Life of Deceased
 (2 16 37 183) /Grief Process/Things that Need to be Done/Rituals and Commemoration
 ?/Experience of the Funeral
 (2 16 37 350) /Grief Process/Things that Need to be Done/Rituals and Commemoration
 ?/flowers as commemoration
 (2 16 37 229) /Grief Process/Things that Need to be Done/Rituals and Commemoration
 ?/institutional practices
 (2 16 37 221) /Grief Process/Things that Need to be Done/Rituals and Commemoration
 ?/suitable Commemoration
 (2 16 37 108) /Grief Process/Things that Need to be Done/Rituals and Commemoration
 ?/Validation of Deceased Through Funeral
 (2 16 37 217) /Grief Process/Things that Need to be Done/Rituals and Commemoration
 ?/Visting the Grave
 (1) /Influences on Grief Experience
 (1 21) /Influences on Grief Experience/External Mediating Factors
 (1 21 133) /Influences on Grief Experience/External Mediating Factors/Attitude of
 others
 (1 21 210) /Influences on Grief Experience/External Mediating Factors/comparative
 grief reactions
 (1 21 367) /Influences on Grief Experience/External Mediating Factors/Nature of
 the Location
 (1 21 86) /Influences on Grief Experience/External Mediating Factors/Pets
 (1 1) /Influences on Grief Experience/Personal Influences
 (1 1 29) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief
 (1 1 29 3) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief/Behavioural
 (1 1 29 3 127) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief/Behavioural/Avoidance
 (1 1 29 3 195) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief/Behavioural/Drinking and Smoking
 (1 1 29 3 1) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief/Behavioural/Expressing Yourself
 (1 1 29 3 395) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief/Behavioural/Going to Church
 (1 1 29 3 446) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief/Behavioural/Keeping Yourself Busy and Useful
 (1 1 29 3 379) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief/Behavioural/Maintaining Hobbies and Interests
 (1 1 29 3 47) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief/Behavioural/Maintaining Routines
 (1 1 29 3 393) /Influences on Grief Experience/Personal Influences/Coping Responses to
 Grief/Behavioural/TV, Radio and Music

(1 1 29 3 392) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Behavioural/Unwinding

(1 1 29 4) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Cognitive

(1 1 29 4 252) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Cognitive/Distracting Yourself

(1 1 29 4 449) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Cognitive/Holding Yourself Together

(1 1 29 4 477) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Cognitive/Keeping Mentally Active

(1 1 29 4 2) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Cognitive/Maintaining Faith in Beliefs

(1 1 29 4 218) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Cognitive/Maintaining Perspective

(1 1 29 4 463) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Cognitive/Positive Self Talk

(1 1 29 4 282) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Cognitive/Self Talk and Self-Reliance ?

(1 1 29 5) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Social

(1 1 29 5 310) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Social/Actively Finding Company

(1 1 29 5 419) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Social/Concentrating on the Family

(1 1 29 5 292) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Social/Helping Other People

(1 1 29 5 117) /Influences on Grief Experience/Personal Influences/Coping Responses to Grief/Social/Talking to Others

(1 1 30) /Influences on Grief Experience/Personal Influences/Properties of the Person

(1 1 30 1) /Influences on Grief Experience/Personal Influences/Properties of the Person/Acquired Experience

(1 1 30 1 459) /Influences on Grief Experience/Personal Influences/Properties of the Person/Acquired Experience/Combined Grief

(1 1 30 1 14) /Influences on Grief Experience/Personal Influences/Properties of the Person/Acquired Experience/Personal Bereavement History

(1 1 30 1 472) /Influences on Grief Experience/Personal Influences/Properties of the Person/Acquired Experience/Previous Experiences of Loss

(1 1 30 1 414) /Influences on Grief Experience/Personal Influences/Properties of the Person/Acquired Experience/Using Past Experience as a Resource

(1 1 30 2) /Influences on Grief Experience/Personal Influences/Properties of the Person/Personal Qualities

(1 1 30 2 5) /Influences on Grief Experience/Personal Influences/Properties of the Person/Personal Qualities/Perceptions of Control (Locus)

(1 1 30 2 354) /Influences on Grief Experience/Personal Influences/Properties of the Person/Personal Qualities/Personality of Bereaved

(1 1 30 2 265) /Influences on Grief Experience/Personal Influences/Properties of the Person/Personal Qualities/Strength of Person

(1 1 30 4) /Influences on Grief Experience/Personal Influences/Properties of the Person/Spiritual Beliefs

(1 1 30 4 1) /Influences on Grief Experience/Personal Influences/Properties of the Person/Spiritual Beliefs/General Spiritual Beliefs

(1 1 30 4 1 118) /Influences on Grief Experience/Personal Influences/Properties of the Person/Spiritual Beliefs/General Spiritual Beliefs/Spiritual Beliefs of Bereaved

(1 1 30 4 294) /Influences on Grief Experience/Personal Influences/Properties of the Person/Spiritual Beliefs/Specific Beliefs regarding afterlife

(1 1 30 4 294 4) /Influences on Grief Experience/Personal Influences/Properties of the Person/Spiritual Beliefs/Specific Beliefs regarding afterlife/Existential Contemplation

(1 1 30 4 294 3) /Influences on Grief Experience/Personal Influences/Properties of the Person/Spiritual Beliefs/Specific Beliefs regarding afterlife/Location of Deceased

(1 1 30 4 294 1) /Influences on Grief Experience/Personal Influences/Properties of the Person/Spiritual Beliefs/Specific Beliefs regarding afterlife/Negative Belief re Afterlife

(1 1 30 4 294 2) /Influences on Grief Experience/Personal Influences/Properties of the Person/Spiritual Beliefs/Specific Beliefs regarding afterlife/Positive Beliefs re Afterlife

(1 32) /Influences on Grief Experience/Pre-Death and Death Period

(1 32 15) /Influences on Grief Experience/Pre-Death and Death Period/Experiencing the Death

(1 32 15 2) /Influences on Grief Experience/Pre-Death and Death Period/Experiencing the Death/Establishing Closure

(1 32 15 2 48) /Influences on Grief Experience/Pre-Death and Death Period/Experiencing the Death/Establishing Closure/Establishing Closure

(1 32 15 2 136) /Influences on Grief Experience/Pre-Death and Death Period/Experiencing the Death/Establishing Closure/Hearing the News of the Death

(1 32 15 1) /Influences on Grief Experience/Pre-Death and Death Period/Experiencing

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 Beereaved 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 69) /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) /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/Emotional Impact
 (1 32 1 2 2 326) /Influences on Grief Experience/Pre-Death and Death Period/Physical
 Decline/Decline within Context of Relationship/Emotional 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/Emotional 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/Emotional 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/Emotional Impact/Watching Physical Decline
 (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/Sharing the Burden of
 Disability
 (1 32 1 2 3) /Influences on Grief Experience/Pre-Death and Death Period/Physical
 Decline/Decline within Context of Relationship/Preparation for Possibility of Death
 (1 32 1 2 3 130) /Influences on Grief Experience/Pre-Death and Death Period/Physical
 Decline/Decline within Context of Relationship/Preparation for Possibility of Death/Deceased's
 Expressed Wishes
 (1 32 1 2 3 128) /Influences on Grief Experience/Pre-Death and Death Period/Physical
 Decline/Decline within Context of Relationship/Preparation for Possibility of Death/Having
 Discussions about death
 (1 32 1 2 3 89) /Influences on Grief Experience/Pre-Death and Death Period/Physical
 Decline/Decline within Context of Relationship/Preparation for Possibility of Death/Manner of
 Deceased
 (1 32 1 2 3 93) /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

- (1 32 1 1 90) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Process of Decline/Getting the Diagnosis
- (1 32 1 1 356) /Influences on Grief Experience/Pre-Death and Death Period/Physical Decline/Process of Decline/Illness History
- (1 2) /Influences on Grief Experience/Specific Older Adult influences
- (1 2 1) /Influences on Grief Experience/Specific Older Adult influences/Chronological Age (may need to merge with life cycle)
- (1 2 1 41) /Influences on Grief Experience/Specific Older Adult influences/Chronological Age (may need to merge with life cycle)/Impact on Physical Functioning
- (1 2 1 41 28) /Influences on Grief Experience/Specific Older Adult influences/Chronological Age (may need to merge with life cycle)/Impact on Physical Functioning/Awareness of Own Mortality
- (1 2 1 41 247) /Influences on Grief Experience/Specific Older Adult influences/Chronological Age (may need to merge with life cycle)/Impact on Physical Functioning/Driving and Mobility
- (1 2 1 41 452) /Influences on Grief Experience/Specific Older Adult influences/Chronological Age (may need to merge with life cycle)/Impact on Physical Functioning/own health
- (1 2 1 41 73) /Influences on Grief Experience/Specific Older Adult influences/Chronological Age (may need to merge with life cycle)/Impact on Physical Functioning/Prospect of institutionalisation
- (1 2 1 41 268) /Influences on Grief Experience/Specific Older Adult influences/Chronological Age (may need to merge with life cycle)/Impact on Physical Functioning/Reduced Options
- (1 2 1 41 386) /Influences on Grief Experience/Specific Older Adult influences/Chronological Age (may need to merge with life cycle)/Impact on Physical Functioning/Thoughts on future Functional Decline
- (1 2 8) /Influences on Grief Experience/Specific Older Adult influences/Cohort Issues
- (1 2 8 2) /Influences on Grief Experience/Specific Older Adult influences/Cohort Issues/Reflections on Cohort Membership
- (1 2 8 2 1) /Influences on Grief Experience/Specific Older Adult influences/Cohort Issues/Reflections on Cohort Membership/Attitudes to Marriage and Relationships
- (1 2 8 2 5) /Influences on Grief Experience/Specific Older Adult influences/Cohort Issues/Reflections on Cohort Membership/Awareness of Social Change
- (1 2 8 2 7) /Influences on Grief Experience/Specific Older Adult influences/Cohort Issues/Reflections on Cohort Membership/Changing Nature of Family Relationships
- (1 2 8 1) /Influences on Grief Experience/Specific Older Adult influences/Cohort Issues/Sense of Common Experience
- (1 2 8 1 2) /Influences on Grief Experience/Specific Older Adult influences/Cohort Issues/Sense of Common Experience/Influence of The War
- (1 2 8 1 8) /Influences on Grief Experience/Specific Older Adult influences/Cohort Issues/Sense of Common Experience/Perceived Fellowship within Cohort
- (1 2 25) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle
- (1 2 25 142) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Awareness of Age of Others
- (1 2 25 341) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/If younger when Bereaved
- (1 2 25 3) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Impact on Social Functioning
- (1 2 25 3 1) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Impact on Social Functioning/Impact on Social Functioning
- (1 2 25 3 68) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Impact on Social Functioning/Reduced Social Opportunity in Old Age
- (1 2 25 248) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Reduced Support Networks
- (1 2 25 2) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Role and Occupation Issues
- (1 2 25 2 122) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Role and Occupation Issues/Awareness of Family Role Change
- (1 2 25 2 418) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Role and Occupation Issues/retirement
- (1 2 25 1) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Tasks
- (1 2 25 1 51) /Influences on Grief Experience/Specific Older Adult influences/Life Cycle/Tasks/Reminiscence
- (1 36) /Influences on Grief Experience/Support from Others
- (1 36 1) /Influences on Grief Experience/Support from Others/Expectations of Support
- (1 36 1 109) /Influences on Grief Experience/Support from Others/Expectations of Support/Continuity of Support
- (1 36 1 465) /Influences on Grief Experience/Support from Others/Expectations of Support/Expectation of Reciprocity

(1 36 1 160) /Influences on Grief Experience/Support from Others/Expectations of Support/Reflexive Support
 (1 36 3) /Influences on Grief Experience/Support from Others/Form of Support
 (1 36 3 1) /Influences on Grief Experience/Support from Others/Form of Support/Availability to Call Upon
 (1 36 3 312) /Influences on Grief Experience/Support from Others/Form of Support/Everyday Company of Others
 (1 36 3 241) /Influences on Grief Experience/Support from Others/Form of Support/Mutual Support
 (1 36 3 306) /Influences on Grief Experience/Support from Others/Form of Support/respect from others
 (1 36 3 445) /Influences on Grief Experience/Support from Others/Form of Support/Specific Support for Elderly
 (1 36 3 396) /Influences on Grief Experience/Support from Others/Form of Support/structured social support
 (1 36 3 397) /Influences on Grief Experience/Support from Others/Form of Support/Support at Key Times
 (1 36 3 2) /Influences on Grief Experience/Support from Others/Form of Support/Support from Mutual Friends
 (1 36 3 431) /Influences on Grief Experience/Support from Others/Form of Support/Support from Unexpected Quarters
 (1 36 3 372) /Influences on Grief Experience/Support from Others/Form of Support/Telephone Support
 (1 36 5) /Influences on Grief Experience/Support from Others/Function of Support
 (1 36 5 270) /Influences on Grief Experience/Support from Others/Function of Support/advice
 (1 36 5 3) /Influences on Grief Experience/Support from Others/Function of Support/Instrumental Support
 (1 36 5 3 159) /Influences on Grief Experience/Support from Others/Function of Support/Instrumental Support/Giving Practical Help
 (1 36 5 3 238) /Influences on Grief Experience/Support from Others/Function of Support/Instrumental Support/Providing Financial Assistance
 (1 36 5 2) /Influences on Grief Experience/Support from Others/Function of Support/Reinforcement and Validation
 (1 36 5 266) /Influences on Grief Experience/Support from Others/Function of Support/talking about the deceased
 (1 36 5 4) /Influences on Grief Experience/Support from Others/Function of Support/Togetherness
 (1 36 5 4 219) /Influences on Grief Experience/Support from Others/Function of Support/Togetherness/belonging
 (1 36 5 4 1) /Influences on Grief Experience/Support from Others/Function of Support/Togetherness/Company
 (1 36 5 4 231) /Influences on Grief Experience/Support from Others/Function of Support/Togetherness/fellowship of bereaved
 (1 36 2) /Influences on Grief Experience/Support from Others/Reflections on Support
 (1 36 2 245) /Influences on Grief Experience/Support from Others/Reflections on Support/Impact of Geographical Proximity
 (1 36 2 112) /Influences on Grief Experience/Support from Others/Reflections on Support/Own Role in Social Support
 (1 36 2 112 398) /Influences on Grief Experience/Support from Others/Reflections on Support/Own Role in Social Support/asserting self re support
 (1 36 2 254) /Influences on Grief Experience/Support from Others/Reflections on Support/Perceptions of Others' Perceptions
 (1 36 2 24) /Influences on Grief Experience/Support from Others/Reflections on Support/Qualification for Providing Respected Support
 (1 36 2 460) /Influences on Grief Experience/Support from Others/Reflections on Support/volunteered support
 (1 36 6) /Influences on Grief Experience/Support from Others/Source of Support
 (1 36 6 137) /Influences on Grief Experience/Support from Others/Source of Support/Family support
 (1 36 6 2) /Influences on Grief Experience/Support from Others/Source of Support/Friends
 (1 36 6 363) /Influences on Grief Experience/Support from Others/Source of Support/neighbors
 (1 36 6 143) /Influences on Grief Experience/Support from Others/Source of Support/Other Bereaved
 (1 36 6 19) /Influences on Grief Experience/Support from Others/Source of Support/Professional Support
 (1 36 6 216) /Influences on Grief Experience/Support from Others/Source of Support/service support
 (1 36 6 1) /Influences on Grief Experience/Support from Others/Source of Support/Support from Spirit World
 (1 26) /Influences on Grief Experience/Triggers and Reminders

1-7-8-1-1

(1 26 4) /Influences on Grief Experience/Triggers and Reminders/No Obvious
Trigger
(1 26 232) /Influences on Grief Experience/Triggers and Reminders/Poignant
Reminders
(1 26 5) /Influences on Grief Experience/Triggers and Reminders/Tangible
Reminders
(1 26 5 3) /Influences on Grief Experience/Triggers and Reminders/Tangible
Reminders/Absence Triggers
(1 26 5 299) /Influences on Grief Experience/Triggers and Reminders/Tangible
Reminders/enduring evidence of deceased
(1 26 5 32) /Influences on Grief Experience/Triggers and Reminders/Tangible
Reminders/Everyday Reminders
(1 26 5 346) /Influences on Grief Experience/Triggers and Reminders/Tangible
Reminders/Innocent comments and Actions of Others
(1 26 5 2) /Influences on Grief Experience/Triggers and Reminders/Tangible
Reminders/Objects as Reminders
(1 26 5 369) /Influences on Grief Experience/Triggers and Reminders/Tangible
Reminders/representational reminders
(1 26 5 334) /Influences on Grief Experience/Triggers and Reminders/Tangible
Reminders/Revisiting Familiar Places
(1 26 2) /Influences on Grief Experience/Triggers and Reminders/Time Reminders
(1 26 2 70) /Influences on Grief Experience/Triggers and Reminders/Time
Reminders/Significant Dates
(4) /Positive Outcomes
(4 2) /Positive Outcomes/Death as Release
(4 2 94) /Positive Outcomes/Death as Release/Death Better than Alternatives
(4 2 371) /Positive Outcomes/Death as Release/death providing resolution
(4 2 1) /Positive Outcomes/Death as Release/Freedom from Caring Responsibility
(4 4) /Positive Outcomes/Other Positives
(4 4 440) /Positive Outcomes/Other Positives/grief bringing family closer
(4 4 85) /Positive Outcomes/Other Positives/Positive Effects
(4 3) /Positive Outcomes/Personal Freedom
(4 3 88) /Positive Outcomes/Personal Freedom/Opportunity for New Activities
(4 1) /Positive Outcomes/Personal Growth
(4 1 113) /Positive Outcomes/Personal Growth/Growth Through Caring
(4 1 378) /Positive Outcomes/Personal Growth/pride in ability to cope
(23) /Reflective Aspects of Grief
(23 2) /Reflective Aspects of Grief/Reflections on the Process
(23 2 259) /Reflective Aspects of Grief/Reflections on the Process/contrasts
(23 2 415) /Reflective Aspects of Grief/Reflections on the Process/coping breeds
coping
(23 2 343) /Reflective Aspects of Grief/Reflections on the Process/doing things
properly
(23 2 420) /Reflective Aspects of Grief/Reflections on the Process/doing too much
(23 2 57) /Reflective Aspects of Grief/Reflections on the Process/Paradox of
Contact
(23 2 423) /Reflective Aspects of Grief/Reflections on the Process/surprise at
coping
(23 1) /Reflective Aspects of Grief/What did the death do?
(23 1 213) /Reflective Aspects of Grief/What did the death do?/amazement at death
(23 1 3) /Reflective Aspects of Grief/What did the death do?/Amazement that
Things Remain the Same
(23 1 17) /Reflective Aspects of Grief/What did the death do?/Existential
Reflection
(23 1 170) /Reflective Aspects of Grief/What did the death do?/mundane v
extraordinary
(23 1 55) /Reflective Aspects of Grief/What did the death do?/Post- Bereavement
Fragmentation
(23 1 63) /Reflective Aspects of Grief/What did the death do?/Redefinition of
Situation ?
(23 1 62) /Reflective Aspects of Grief/What did the death do?/Violation of
Expectation ?
(23 4) /Reflective Aspects of Grief/What is this thing called grief?
(23 4 101) /Reflective Aspects of Grief/What is this thing called grief?/Awareness
of Process
(23 4 157) /Reflective Aspects of Grief/What is this thing called
grief?/comparative grief reactions
(23 4 2) /Reflective Aspects of Grief/What is this thing called
grief?/Conceptions of Grief
(23 4 481) /Reflective Aspects of Grief/What is this thing called
grief?/confounding factors
(23 4 296) /Reflective Aspects of Grief/What is this thing called
grief?/description of grief
(23 4 349) /Reflective Aspects of Grief/What is this thing called grief?/Impact of

Grief
(23 4 381) /Reflective Aspects of Grief/What is this thing called
grief?/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
grief?/universality of bereavement

Appendix Ten

Inter-rater Reliability Excerpts

Extracts used for interrater consistency evaluation

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

PROJECT: Data Analysis, User Simon Bird, 11:54, 24 Jul, 1999.

(1 32 19 1) /Influences on Grief Experience/Pre-Death and Death Period/Nature of Relationship/Balance and Complementarity
*** No Definition

+++ ON-LINE DOCUMENT: Interview 1

+++ Document Header:

* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 84 units out of 2452, = 3.4%

196 * SUBJECT

++ Text units 474-482:

474 smoke, and Alice never complained. We were
475 going up to Birmingham in the car, wherever,
476 Lands 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 I
480 would say "get me another cigarette out
481 love". She'd say "don't have another
482 cigarette, have a sweet". She'd got these

++ Text units 566-569:

566 arms around each other? Now, Mani had only
567 met us twice, and she knew that. So, she
568 could see how close we were, we were like a
569 pair of gloves. And there's the daughter that

++ Text units 580-584:

580 see it fit him [tears]. That's the last thing
581 she knitted on this Earth. And there she is
582 with me [points to a photo of couple
583 together]. 50 years. That's our 50th
584 anniversary. We were like a pair of gloves.

1089 * SUBJECT

++ Text units 1119-1127:

1119 and chips. Perhaps mushy peas. But there's
1120 windows to polish, which I never bothered
1121 with, never did. I never did any washing, I
1122 never did any ironing. I vacuumed
1123 occasionally but... I used to do a lot of
1124 gardening, and she'd look after the house.
1125 She'd wash all the wine glasses, she'd wash
1126 all the ornaments, she'd wash all the
1127 pictures. I go round with a duster, and if
1176 * SUBJECT

++ Text units 1220-1222:

1220 for what we call the bottom drawer. So as I
1221 say, from the first night we met, we seemed
1222 to go together like a jigsaw. The bond was

++ Text units 1292-1295:

1292 Down in the forest. We used to take a spare
1293 set of house keys. And the spare set of car
1294 keys. So if ever I lost my car keys, Alice
1295 had got a set in her handbag. So, while we
1587 * SUBJECT

++ Text units 1672-1676:

1672 me, "shall we go?". I remember Alice saying it
1673 . With Alice, it was always "shall we? Would
1674 you? Could you? Would you like?". It was
1675 always a joint effort. We were like two peas
1676 in a pod.

1685 * 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 Portsmouth, Leicester, the Midlands, the
1710 NAAFI tea always the same, you'd swear blind
1711 they'd fetched it from the last bloody camp

1712 you'd had. Now they were flogging packets off
1713 NAAFI tea and on the front there was a
1714 picture of a soldier and a NAAFI girl. And I
1715 said to Alice "I'll buy a packet of NAAFI tea
1716 for old time's sake". "well, I wouldn't love,
1717 I should save your money". I said "I know
1718 we've got tea at home love, but it's for old
1719 time's sake". "Yes", she says, "but it won't
1720 be the same without a cigarette". She said
1721 "if you have the NAAFI tea, now as you often
1722 said to me, whatever worries or troubles you
1723 had in the army, a pint pot of tea and a
1724 fag...". So it won't be the same. So I never
1725 bought any. But she was always wise counsel.
++ Text units 1735-1744:

1735 got to get the other one the same. And I
1736 struggled and struggled and struggled. About
1737 10 o'clock, we'd had our Horlicks by then,
1738 Alice would say "if I were you love I'd sleep
1739 on it". And she was right. I'd come down the
1740 next morning, we'd go and do our shopping and
1741 I'd come back and have a little dabble at it,
1742 and bingo it worked. Lots of little problems
1743 "I should sleep on it, love". She was such
1744 wise counsel. I loved that girl. She smelt so
1809 * SUBJECT

++ Text units 1925-1928:

1925 She was always so grateful, she had a
1926 beautiful nature. There was nothing clawing
1927 or vicious about her. One look, and she'd
1928 keep me under control.

1944 * SUBJECT

++ Text units 1985-1994:

1985 Road. And I'm pleased to do it. I have
1986 thought it out... 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

+++ ON-LINE DOCUMENT: Interview 2

+++ 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
went

back

235 to nursing after I was married, I had my
children and

I

236 went back really after they were going to
school, so

I

237 did extra training then, I did district nurse
training,

238 health visitor training, I went into nursing
management

239 and did management courses and all sorts... And
all

the

240 time, it was his encouragement and his
support... I

241 couldn't have done it otherwise, I couldn't have
done

it

242 without my kids when I first was doing health
visiting.

329 * SUBJECT

++ Text units 355-378:

355 would want that, he would feel happy about that.
If

I'm

356 honest, I must say that I tended to... I was
usually

the

357 one that kept the peace. He was of the
temperament
that
358 if he was angry, anything had upset him, he
wouldn't
say
359 a word. Now, this could go on for nearly a week.
And
he
360 was so strong... I couldn't keep quiet that
long! And
I
361 would sometimes never know what really had upset
him,
362 but rather than go on in this way I would be the
one
who
363 would say "look, I'm sorry, whatever I've done I
don't
364 know, but I'm sorry, let's go on from there".
And
365 eventually that would happen. But I didn't... I
don't
366 feel that I was oppressed in any way! It was a
happy
367 arrangement, because he supported me and went
out of
his
368 way if I was doing... I'd do machine knitting, I
have
369 all sorts of other hobbies, and he would
suddenly
370 produce something and say "here is this any
good?".
if
371 there was an exhibition somewhere, "well, we can
go.
372 We'll do that". And he would come with me. And
he
would
373 wander around and say "here, I've seen something
over
374 here, do you reckon you could make use of
this?". And
he
375 was genuinely interested. I mean, I trundled
round
the
376 shows, and I enjoyed them, you see? if we
went... We
377 often used to go to places like museums, or
industrial
378 centres, but he brought it alive to me. And now
I can
++ Text units 380-389:
380 history... But I can see it now, and yes,
sometimes I
381 think "I wish you were here to share it",
because
again,
382 if I go to places, even now, I'll turn round to
say
383 "here, what would that be?". Because he would
have
384 filled in the gaps. But now, as I say, I can
enjoy it
385 because of what I had, and because of what we
shared.
So
386 although as I say it seemed as though sometimes
I was
387 the one, if you like, 'giving in', or if there
was a
388 misunderstanding... But it didn't feel like
that, and
so
389 what did it matter? We were extremely happy.
394 * SUBJECT
++ Text units 400-415:
400 say "yes, I think he would have thought of
that". But
401 the part that's now given me quite a lot of
comfort
but
402 was something that was very difficult... Like I

say.
he
403 didn't have a laid out garden, it was plants and
things,
404 and there were three greenhouses. It's quite a
long
405 garden, it goes right back to the churchyard. It
was
406 always full of chrysanthemums, and I liked
working in
407 the garden. I'd usually say "right, what to be
done
408 round here?". In latter years I'd do most of the
lifting
409 and carrying, because as as it happens I can
still
410 manage to lift, having learnt how to do it, and
I can
411 still do quite a lot of lifting. Shifting plants
and
all
412 sorts around, and moving things, and laying
paving
413 slabs, not in cement... he supervised the level,
as I
414 can't cut a loaf of bread straight, let alone...
But
at
415 least I can move things around. So we did share,
but
I
++ Text units 506-515:
506 * INTERVIEWER
507 Something that struck me when you were talking
about
508 your husband being very quiet, and that there
was a
509 sense of balance there as well... Is that right?
That
510 there was a sense that your personality and his
511 personality complemented each other? You
cancelled
out
512 each other's...
513
514 * SUBJECT
515 Oh I think so. I do think so, yes. And listening
to
650 * SUBJECT
++ Text units 652-657:
652 wash then all! But you see, again, I used to
pick up
the
653 odd one because I used to drink tea non-stop.
And my
654 husband, I use to say "well, I shan't get any
more,
655 there's no room". "Oh, I could put more shelves
up!".
So
656 need constantly just put shelves up. Again, if
that's
657 what I wanted, he shared it, and he... So in
looking
1233 * SUBJECT
++ Text units 1266-1273:
1266 Because I wanted that company. So that
progression,
and
1267 that's the difference, I found. Not having, as I
say,
my
1268 partner when I go out, and again, I have to make
myself
1269 go and you for clothes now whereas he used to
say
"that
1270 looks nice, go and try it on". And that's how I
used
to
1271 have things, and invariably it was a case of

"oh, I
1272 can't make up my mind". "Well, both of them look
1273 alright, have them both". That, you see, that
was..

That
1437 * SUBJECT
++ Text units 1468-1478:

1468 aren't there now. And how we used to enjoy a
that...

he
1469 was extremely pleased when I got back into
district
1470 nursing, he suggests that he is sorry that he
perhaps

1471 could have helped me more, but he could not
actually,
1472 because he encouraged me and helped me through
1473 everything, so... You know, that, all those
things,

and
1474 as I say he repeats it, there never was anybody
else,
1475 that he still loved me to the end sort of thing,
so I
1476 can't feel that I should have regrets, I feel
that

he's
1477 trying to say all the things that he felt
perhaps he
1478 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
596 help me get ready and that, I mean, he was
597 never... And he never worried about money. I
598 used to say to him "you should". And he was
599 the person that, if he saw somebody, he'd
600 take his boots off and give them and go
601 barefoot. He used to say "oh well, money does
602 burn holes in my pocket". And I said to him
603 one day, you know, "we could do with some new
604 curtains". "Well, you can have them". I said
605 "yes, but we can't afford them". "Well, there
606 will be another pay-day on Friday". I said
607 "ah, just a minute", I said, "how do you know
608 there will be another pay-day on Friday?".

++ Text units 622-637:
622 Office. So if I haven't had... I mean, he was
623 home ill for six weeks look... So the sick
624 pay was gradually dwindling. So if I hadn't
625 had that little bit in the post office
626 myself, how would I have lived until the
627 pension came through? See what I mean? And so
628 my motto always was "well you always make
629 sure you've got a pound beside of you". You
630 see. I used to say to him "yes, but you want
631 to make sure you got a week's wages in hand",
632 because if something suddenly turned up,
633 where I you going to be? So if I had gone
634 first, I don't know what he would have done.
635 Because he just used to leave everything to
636 me. He'd come home when he was working, and
637 the wage packet would go back on the side.

++ Text units 650-660:
650 Well, I've had to get up out of bed, I
651 perhaps been in bed on a Sunday morning, so
652 therefore I got to get away quick. So he
653 would help me to get a blanket together, and
654 hot water bottles, flasks, hot water in the
655 flasks, hot tea in the flasks, all that, and
656 he would help me get away. But if you didn't
657 have the support of your family, you couldn't
658 do those things, you see what I mean? That
659 then, he was St John's Ambulance as well, so
660 therefore I suppose I was very lucky.

803 * subject
++ Text units 804-810:
804 No, no he wouldn't have done. I mean, he was

805 not a very good letter writer, and if it was
806 foras it was usually me who would sit-down
807 and say to him "look, we've got to fill this
808 out", and I would ask him the questions, you
809 see? Oh yes, he would write me a letter when
810 I was away, but...

++ Text units 1896-1907:

1896 * subject

1897 That's right. There was going to be a rally
1898 at [name of village], and I said "oh you get
1899 hold of Stan because he could be
1900 demonstrating the beekeeping". and by roping
1901 him in, he was taking all that responsibility
1902 off of me, because he used to have to put up
1903 the tent before, and Barry had his camper.
1904 Well now, there was an awning that had to go
1905 up, that it was Stan helping them to do it.
1906 Well now I'm getting too old for that sort of
1907 thing. Now they're coming up to rallying

++++
+++ ON-LINE DOCUMENT: Interview 5
+++ Document Header:
* No Header

+++ Retrieval for this document: 16 units out of 1305,
= 1.2%

18 * subject

++ Text units 57-65:
57 cried almost, I was crying tired. But she was
58 lovely, my wife was perfect actually, she was
59 a marvellous woman. And we used to keep each
60 other going and were very sensible. And what
61 else can I say about that? We got help in, I
62 had a lady... We were having people in them
63 two Hoover and clean, my wife was getting
64 assistance... Oh dear, I can't think of words
65 now, you know...

362 * subjects
++ Text units 463-469:
463 quite willing to go. We knew before we came
464 to the earth plane that we had a contract to
465 work together. I worked for Julia for years
466 and helped her, and so forth and such like,
467 and I know that when I pass over she will be
468 waiting for me, because she's come back to
469 tell me. I learn all these things. Not only

++++
+++ Total number of text units retrieved = 254
+++ 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 = 2.8%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 2.3%.
++++

Q.S.R. NUD.1ST Power version, revision 4.0.
Licensee: University of Plymouth.

PROJECT: Data Analysis, User Simon Bird, 12:12, 24
Jul, 1999.

(2 22 2 1) /Grief Process/Continued
presence of deceased/Establishing Continuity
(Process)/Behavioural Continuity
+++ No Definition

++++
+++ ON-LINE DOCUMENT: Interview 1
+++ Document Header:
* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 66 units out of 2452,
= 2.7%

9 * SUBJECT

++ Text units 112-117:
112 That was five o'clock on the Sunday evening,
113 and 24 hours later, she was dead. Just like
114 that. And, er, I speak to her every day,
115 every day I speak to her, that all I've got

116 left... Well, I have my memories.
 117
 121 * SUBJECT
 ++ Text units 175-184:
 175 came back in a coffin. That was it. So the
 176 Rover had to go, I could not drive around in
 177 that Rover without her being there. So I sold
 178 it and I bought a smaller car, a little
 179 Honda. And I go to Seatown now, maybe twice a
 180 week, and I touch the seat and I say "we're
 181 going down to Seatown love". It's not... You
 182 just can't
 183
 184 [Interruption from outside]...
 196 * SUBJECT
 ++ Text units 322-330:
 322 chair [Alice's chair]. I go in the kitchen
 323 now, I have the television on, perhaps the
 324 evening news, I'll go into the kitchen and
 325 make a cup of tea, or coffee or something,
 326 it's as though she's in here, watching the
 327 news. I often call in from the kitchen if I'm
 328 doing a cheese on toast, "would you like one
 329 or two cheese on toast love?". I speak to
 330 her. I feel that she's in this house. She
 ++ Text units 607-616:
 607 [demonstrates] and I take her with me. Karl
 608 has a grandfather whose been down the
 609 crematorium 22 years. Cremated. He won't go
 610 down. He will not go down. He said "I don't
 611 know why you go, every Sunday Len", and I say
 612 "Sunday was a big day in this house". Every
 613 day was a good day, but Sunday she was
 614 baking, there was a chicken in the oven, she
 615 was making tarts, cheese straws, you name it
 616 she was doing something.
 ++ Text units 887-889:
 887 mean? So I was quite happy and I told Alice
 888 "I've lent Fay our kitchen table love". And I
 889 was quite pleased to do it, and I left the
 ++ Text units 892-906:
 892 not to miss a trick but... You see, she's
 893 with me all the time, and I let her know what
 894 I'm doing. What hurts me Simon, I make my
 895 list when I go shopping, I come back, I open
 896 the back door, come in the kitchen, put the
 897 keys down, open the lounge door and I say
 898 "I've got everything you wanted love". But no
 899 response, because there's nobody there. And
 900 it bloody hurts. Through all my life there's
 901 always been "oh, good!". Or "they've got so
 902 and so, so I bought a couple". I'll say "I
 903 know we bought washing powder last week, but
 904 I bought another one. I'll pay for it. And
 905 they give you another one, so you're well
 906 stocked now". And she used to love Countdown.
 1527 * SUBJECT
 ++ Text units 1530-1536:
 1530 there in full life. But slowly its misting
 1531 over. But I say good morning, and I say good
 1532 night to that photograph every day
 1533 [photograph taken the day before Alice died].
 1534 Don't ask me why. It's only a photograph.
 1535 Well, it isn't ONLY a photograph, it is a
 1536 photograph of my wife. I don't like to hear
 2096 * SUBJECT
 ++ Text units 2269-2274:
 2269 stockings on or getting dressed. And now on a
 2270 Sunday, when I have a shower, when I've dried
 2271 myself off, I go and sit on her side of the
 2272 bed. And I talk to her. When I go on a Sunday
 2273 I say to the picture "I'm coming down to see
 2274 you darling". And I'll take something from
 ++++++
 +++ ON-LINE DOCUMENT: Interview 2
 +++ Document Header:
 * Interview 2-Ethel, 22nd March 1999-Interview
 Duration
 +++ Retrieval for this document: 39 units out of 2301,
 = 1.7%
 329 * SUBJECT
 ++ Text units 349-355:
 349 each year. I still go to Saltford, in fact we
 have a

350 show in April, in about a couple of weeks,
 because I
 351 always help with the catering and I'd go and
 spend
 the
 352 day at the kitchen sink... I always know my
 place!
 But I
 353 enjoy that, and I feel that's what he wanted. A
 lot
 of
 354 the things I do, I think "yes, that's OK",
 because he
 355 would want that, he would feel happy about that.
 If
 I'm
 787 * SUBJECT
 ++ Text units 877-884:
 877 difficult, my eyes couldn't adjust very well.
 So...
 And
 878 yes, she had another friend and, I suppose it
 was
 very
 879 nice, but after that I made up my mind, I said
 two
 880 months before Christmas, I just contacted them
 and
 said
 881 "I'm staying at home". Albeit I'm on my own, but
 that's
 882 how I want it, we always had a quiet Christmas,
 we've
 883 always reckoned to do our own thing at
 Christmas, and
 I
 884 couldn't cope with it. And my friend was most
 put
 out!
 ++ Text units 892-915:
 892 But I didn't want to go out of the house, I
 wanted to
 be
 893 here.
 894
 895 * INTERVIEWER
 896 Can you say why that is? What is it that's
 particularly
 897 important about being here at Christmas?
 898
 899 * SUBJECT
 900 I don't know, I think that... I suppose because,
 901 particularly Christmas Day, that was something
 else...
 902 From when we were first married, we agreed that
 903 Christmas Day was our day at home. When the
 kiddies
 were
 904 young, of course, they were at home, but as they
 grew
 up
 905 they went off to friends, we didn't say "you've
 got
 to
 906 be here for Christmas", and I know people who do
 say
 907 that, but that was their choice. But, it was...
 my
 908 husband wouldn't go anywhere else on Christmas
 Day,
 no
 909 matter how many invitations we had, we stayed at
 home
 910 Christmas Day. It was just something we always
 done.
 So
 911 I feel it's more natural for me to be here, and
 to a
 912 certain extent I suppose I have some belief of
 spiritual
 913 presence, and I think that somehow that's where

I need
914 to be. I mean, other than that... I'm not
spooky, or
915 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,
= 0.73%
++ Text units 1652-1665:

1652 * interviewer

1653 That sort of leads on to pretty much the last
1654 thing I want to ask, which is about the way
1655 in which you may or may not have some form of
1656 relationship still with her, whether it be
1657 through memory, or through... A number of
1658 people have said that they talk to their
1659 wives or husbands that have died, maybe as
1660 they are walking round the house, and they
1661 almost have mock conversations with them. Do
1662 you have...?
1663

1664 * subject

1665 No, I don't!
++++
+++ ON-LINE DOCUMENT: Interview 5
+++ Document Header:
* No Header

+++ Retrieval for this document: 3 units out of 1305,
= 0.23%

843 * subject
++ Text units 844-846:
844 The emotions trips you up sometimes.
845 Sometimes I feel a bit emotional. I talk to
846 Julia a lot, you know.

++++
+++ Total number of text units retrieved = 122
+++ Retrievals in 4 out of 5 documents, = 80%.
+++ The documents with retrievals have a total of 7965
text units,
so text units retrieved in these documents = 1.5%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 1.1%.
++++

Q.S.R. NUD.1ST Power version, revision 4.0.
Licensee: University of Plymouth.

PROJECT: Data Analysis, User Simon Bird, 12:24, 24
Jul, 1999.

.....

(4 2) /Positive Outcomes/Death as
Release
*** No Definition

++++
+++ ON-LINE DOCUMENT: Interview 1
+++ Document Header:
* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 16 units out of 2452,
= 0.65%

121 * SUBJECT
++ Text units 130-137:
130 I go round the shops, I go round Seatown. And
131 I see some terrible sights. I see these
132 little buses coming up with people from rest
133 homes, nursing homes and residential homes,
134 and getting them out on the chair lifts, I
135 look at them and I think "oh you poor soul".
136 And I ought to be thankful that Alice...
137 Because that would not have suited Alice. Now
138 * SUBJECT

++ Text units 251-258:

251 I sat there. About half an hour later they
252 came out and they said "is anyone else in the
253 forest directly connected with your wife?". I
254 said "yes, my son". So they fished him
255 over... He came in, and he had a cup of
256 coffee, and they said "whatever we do, she's
257 not responding. She'll be a cabbage for the
258 rest of her life. We want your permission to

++++
+++ ON-LINE DOCUMENT: Interview 2
+++ Document Header:
* Interview 2-Ethel, 22nd March 1999-Interview
Duration

+++ Retrieval for this document: 24 units out of 2301,
= 1.0%

23 * SUBJECT
++ Text units 110-115:
110 have to have chemotherapy, um... I just thought
"well,
111 OK, I'm here, let's just hope that we get
through
it".

112 But I must admit that my next reaction was "he
had
his
113 wish", because he'd always said "I hope that I
have a
114 massive attack when it comes to the end because
I
don't

115 think I could face having a stroke, being a
cabbage...".

++ Text units 193-198:
193 feel a bit down". And I was always saying that
he
should

194 talk out things, he didn't, he kept them very
much to
195 himself and I was always saying "if only you
could
talk

196 about these things, we can get through it". And
he
197 evidently had said "well, you always said that I
should

198 talk more"... So he then goes on to say a whole
lot
of

1437 * SUBJECT
++ Text units 1479-1490:
1479

1480 * INTERVIEWER

1481 So does that mean that in some way you feel that
it

1482 fills some of the gap that there may have been
because

1483 you perhaps there when he died, the fact that
you had
1484 this thing from him that...
1485

1486 * SUBJECT

1487 Yes, yes, I think you're right. I would suggest
that
1488 that does, because perhaps, I don't suppose he
sensed,

1489 but... There could have been the chop-off, but
that
1490 links it ... I would think that does

++++
+++ ON-LINE DOCUMENT: Interview 5
+++ Document Header:
* No Header

+++ Retrieval for this document: 70 units out of 1305,
= 5.4%

568 * subject
++ Text units 569-571:
569 My feelings after she died was that I was
570 thankful that she had no more pain. That was

571 the most important thing. And I will do my
711 * subject
++ Text units 716-719:
716 appreciate that, don't you? Will stop. No.
717 when Julia died I was glad, a) that she was
718 out of pain, and that she hadn't suffered too
719 much for the last week or two, although she
++ Text units 743-782:
743 thing, as people will have told you. And I
744 missed Julia very much, terribly much. But I
745 wouldn't let it affect me too much, because,
746 you see, what you've got to realise is this.
747 That all the teachings that we always had is
748 that, when people Pass over like that, you've
749 got to be happy for them. They are in a
750 different world, at a most beautiful world.
751 They are happy to be relieved of all their
752 pain. They can run, jump, do everything they
753 could do down here when they were younger
754 over there now, you've got to realise all of
755 this. You see? And you are completely
756 renewed. You've got your mind back, your
757 intellect, your health back, everything. And
758 you've got people that you've known for
759 donkey's years going well back there to help
760 you, guide you, take you, show you've a lot
761 of the new places that are roundabout, the
762 different worlds you are living in, different
763 people living there. It's a vast experience,
764 and you can learn their, there are schools
765 for learning. All sorts of things.
766 Universities, anything you like, it's all
767 there to teach you. And you just go on, you
768 see, you go on learning, you go on living.
769 Happy. Happy to be there. You didn't realise
770 how wonderful it was to be there. And the
771 further away you get from the earth, and the
772 darkness that surrounds this planet, the
773 happier and the better you are. But people
774 can get drawn back to it. There are various
775 spheres around actually, there's the astral
776 plane, then there's this plane, there's that
777 plane, different ones according to a state of
778 consciousness. It depends on how you are
779 spiritually progressed, what you know, the
780 awareness of the truth of the universe, if
781 you like. And I mean, time is only man-made,
782 you do realise that?
787 * subject
++ Text units 792-804:
792 events, yes. But time is man-made, and in any
793 case if those that you love and who love you
794 have gone on and they see you grieving here,
795 that upsets them, that tends to make them
796 unhappy. Because they look down and see
797 somebody crying, missing them, sorrowing,
798 grieving, life completely changed, nothing
799 matters-well, this is the most important
800 thing. It draws people back, they are sorry
801 for you, you know, that you can't understand
802 that they are happy where they are, and that
803 you are going to be there before too long.
804 This is the most important thing.
892 * subject
++ Text units 898-904:
898 I was helping her all the time. And of
899 course, I found that after the first year
900 particularly that... The rest, I had a rest,
901 you see. I wasn't so absolutely dead tired at
902 lunch time. I used to be crying tired, I used
903 to have to go to sleep for an hour after
904 lunch, I still do now actually. But there's a
944 * subject
++ Text units 945-947:
945 Well, the loss was expected. And it's not my
946 loss, its Julia's gain I just have to
947 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.

so text units found in these documents = 0.99%.

++++
++++

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

PROJECT: Data Analysis, User Simon Bird, 11:49, 24
Jul, 1999.

(1 32 15 2) /Influences on Grief
Experience/Pre-Death and Death Period/Experiencing the
Death/Establishing Closure
*** No Definition

++++
+++ ON-LINE DOCUMENT: Interview 1
+++ Document Header:
* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 44 units out of 2452,
= 1.8%
9 * SUBJECT
++ Text units 88-106:
88 on your feet over 36 hours". I said "well,
89 I'd like to stop till the end", because we'd
90 given permission to switch the machine off
91 you see. They'd said "there's nothing we can
92 do. It's a massive heart attack and she's
93 not responding to anything. And er, we went
94 back to the forest. The next morning we got
95 up, we were going back to the hospital, the
96 security on the forest dropped the barriers,
97 I went to get out of the car and they stopped
98 me and said "stay where you are Pop". They
99 fished Neil out to the office... I knew what
100 it was but it was no more to me than me
101 going into an office and asking the time of a
102 train... I was in complete shock, and he came
103 out after a couple of minutes and we drove on
104 for about a mile to a lay by, he pulled in
105 and he says "mum died at half past 11 last
106 night".
196 * SUBJECT
++ Text units 232-234:
232 path down to the ambulance. He says "There's
233 no room here in the back pal", but I said
234 "I'm not leaving her now". [tears]. I said
++ Text units 290-304:
290 And I sat with her all night. I was holding
291 her hand, she was completely unconscious,
292 breathing heavily, she was on her last legs,
293 just hanging on. Neil came back, and I said
294 "Neil's come back to see you love". And the
295 nurse was sat over there, she said "you can
296 speak louder, 'cos the hearing is the last
297 thing to go". I was holding her left hand,
298 her right hand was there. I said "Neil's come
299 back to see you love" and her hand
300 [demonstrates with his own hands] moved
301 across the bed [tears.] I've never seen
302 anything like it. Anyway, about an hour
303 later, the nurse asked me to go home. I said
304 "I'm going to stop here until the end". She
1176 * SUBJECT
++ Text units 1462-1468:
1462 still. You know, you can remember...
1463 Christmas, New Year's Eve out in Norway...
1464 This year, he wanted me to stop for Christmas
1465 and New year. I wouldn't the year before
1466 because I said "no. I want to be in my own
1467 house to say goodbye to the year that I said
1468 goodbye to your mother". Now, this time I was

++++
+++ ON-LINE DOCUMENT: Interview 2
+++ Document Header:
* Interview 2:Ethel, 22nd March 1999-Interview
Duration

+++ Retrieval for this document: 102 units out of
2301, = 4.4%
23 * SUBJECT
++ Text units 98-111:

98 I went... I left here about 11 o'clock, and the
sister
99 was running, the staff were rushing along the
100 corridor... They said they'd been trying to
telephone
101 me, but I've had to leave home to get to the
hospital,
102 and er... He evidently had had a massive
coronary, at
11 o'clock that morning... My first reaction was
oh, I
104 always hoped I'd be there. You see, I've lived
with
the
105 fact that he could have had another heart
attack, it
106 could happen anywhere at anytime, and of course
I
didn't
107 stay following him around all the time, but one
just
108 hopes that one would get the warning and be
there,
and
109 when he had the cancer diagnosed which meant
that he
did
110 have to have chemotherapy, um... I just thought
"well,
111 OK, I'm here, let's just hope that we get
through
it".
++ Text units 213-219:
213 that tape... The first time I listened to it...
I
mean,
214 my son was absolutely choked... It said on the
front
215 "please play", I think it must have been in the
dark
216 room, and he said "I think this is yours". And,
yes,
he
217 was extremely upset but, as I say, I find it a
great
218 comfort. So I feel I'm very fortunate, because I
don't
219 think many people... That happens to.
290 * SUBJECT
++ Text units 291-295:
291 I'd think he wanted to say a lot more than he
felt he
292 could out loud to me, in order that I really
knew...
I
293 knew most of what he felt, but I think he just
wanted
to
294 make sure that I had that message. That's the
only
way I
295 can think of it. As I say, he was a great
thinker, a
974 * SUBJECT
++ Text units 980-986:
980 ... And he said that my husband had at least
another
two
981 years, so my husband said "oh, so I'll have time
to
982 finish my boat" [model boat that he was building
in
the
983 workshop]. And of course, and was something that
really
984 stuck, because every time I looked at it I
thought
"yes,
985 he thought he was going to have time to finish
his
986 boat". And, as I say, whether the person was
able to
1366 * SUBJECT
++ Text units 1367-1370:

1367 I would always think that I would like to have
been
1368 there. Because I was [tape unclear for one
second]...
1369 Where I've felt I was wanted. But I can
definitely
1370 accept it, because he'd actually said what his
wish...
++ Text units 1374-1396:
1374 that was the way I felt about things. So I can
handle
1375 that, and I can still... Yes, it doesn't alter
the
fact
1376 that I would have liked to have been actually
with
1377 him... I was fortunate enough... The person who
was
in
1378 the next bed happen to be a friend of my sons,
and he
1379 actually... He's died since actually, he was
just a
1380 young man, but... He told my son that my
husband had
1381 had his transfusion, he'd got up and went to the
1382 bathroom, got washed and dressed and things,
came
back
1383 and was chatting to him, and he said to him
"right,
I'm
1384 a bit tired, I'm going to have a five minutes".
That
was
1385 his expression, "I'm having five minutes". And
he,
this
1386 chap, said "right, I'll wheel myself off" (he
was in
a
1387 wheelchair), and he said within minutes of him
having
1388 left that room, all hell let loose. Bells went
and
1389 everything. He must have had his, I suppose,
whatever.
1390 And apparently he just shut his eyes, and that
was
it,
1391 so... Again, I had first hand reassurance from
someone
1392 who was there of what happened. Yes, the staff
said
it
1393 was very quick, we weren't able to contact you,
but
he
1394 was actually talking to him within a few minutes
before
1395 he went, so that, in a sense, is reassurance for
me
that
1396 it was perhaps as he wanted it. And I suppose...
I
tend
++ Text units 1406-1408:
1406 to deal with. So in a sense, I didn't want it to
end
1407 then, I was hoping to go on to 50 years of
marriage,
it
1408 would have been 48 this year, but... OK, if that
was
how
1437 * SUBJECT
++ Text units 1476-1490:
1476 can't feel that I should have regrets, I feel
that
he's
1477 trying to say all the things that he felt
perhaps he
1478 should have said.
1479

1480 * INTERVIEWER

1481 So does that mean that in some way you feel that
it
1482 fills some of the gap that there may have been
because
1483 you perhaps there when he died, the fact that
you had
1484 this thing from him that...
1485

1486 * SUBJECT

1487 Yes, yes, I think you're right. I would suggest
that
1488 that does, because perhaps, I don't suppose he
sensed,
1489 but... There could have been the chop-off, but
that
1490 links it ... I would think that does

2258 * INTERVIEWER
++ Text units 2261-2270:

2261 What was similar to the death of your husband,
and
what
2262 was different?
2263

2264 * SUBJECT

2265 It was quite different. Half expected anyway.
The
2266 sadness then was that I wasn't able to be there,
and
2267 that was because the communication systems...
I'd
left
2268 exactly where I was, but they didn't get me, I
was
2269 interviewing... And I was sad, because I didn't
get
to
2270 her in time. Yes, it was... I think we'd made
part of

2264 * SUBJECT
++ Text units 2286-2299:

2286 was going to happen at some time. Again, when
she'd
been
2287 in to see... She'd left me a letter, which I've
kept.
2288 which said "I've been happy" and that sort of
thing.
And
2289 she left a message with one of the other
residents
who
2290 she was friendly with, to tell me that she'd
always
been
2291 very happy and to have no regrets about it.
Because
my
2292 father had been difficult, he was not very old
when
he
2293 died, but still... So that in a sense I could
handle,
2294 you know, as far as grief... I got through that,
I
was
2295 busy as well, and I had my husband, he was
supporting
2296 me. And the family were nearer around, they
weren't
so
2297 spread out. So that was different in that way, I
was
2298 able to handle that much... More quickly, shall
I
say...
2299 it was still pretty deep, but still...

+++++
+++ ON-LINE DOCUMENT: Interview 4
+++ Document Header:

* No Header

+++ Retrieval for this document: 45 units out of 1907.
= 2.4%

163 * subjects
++ Text units 164-181:

164 He will be 28 in June. I mean, he was 25 when
165 she died, so he was more or less established
166 then. He's got a doctorate in particle
167 physics when he was 24, and he was very
168 sensitive to his mother's condition. He'd
169 been to Durham University and got to know a
170 girl in his first year, and was still with
171 her at the end of six years, and they decide
172 to get married. They were going to put it off
173 until the spring, and then... They were both
174 working in London, and living together, and
175 they decided that they get married and they
176 brought it forward and they were married in
177 the October before my wife died in the March.
178 She was able to see them married, which was
179 great for her. I don't know, they didn't say,
180 but I'm sure that in the back of my son's
181 mind was that his mother was on the way out.
1713 * interviewer
++ Text units 1717-1734:

1717 of them is... You said that in the end,
1718 Martha died not suddenly, but without too
1719 much warning or without you having, I suppose
1720 stop.. Perhaps it's a bit of a cinema cliché
1721 anyway, that you have a chance to have a
1722 final conversation. Is there a sense that you
1723 wish you could have had that?
1724

1725 * subject

1726 No.
1727

1728 * interviewer

1729 Right. Why do you feel that way about it?
1730

1731 * subject

1732 Well, there wasn't anything to discuss! I
1733 mean, what could one say, "you are on the way
1734 out!?" Bye!
++ Text units 1736-1744:

1736 * interviewer

1737 You didn't feel that there was anything...
1738 Not that I'm suggesting for a moment that you
1739 should, but there wasn't anything you felt
1740 you wanted to tell her, or you felt she might
1741 want to tell you, off...
1742

1743 * subject

1744 No!
+++++
+++ ON-LINE DOCUMENT: Interview 5
+++ Document Header:
* No Header

+++ Retrieval for this document: 8 units out of 1305.
= 0.61%

70 * subject
++ Text units 118-125:

118 Just able to recognise us. And later on in
119 the day, about six o'clock, she passed away.
120 I wasn't with her when she passed away, my
121 daughter was with her. And I was down the
122 corridor, spending a penny, I was down the
123 corridor, and they came to fetch me, and I
124 went back, and Julia had gone. So that was
125 that. We'd arranged what needed to be done

+++++
+++++
+++ Total number of text units retrieved = 199
+++ Retrievals in 4 out of 5 documents, = 80%.

+++ The documents with retrievals have a total of 7965 text units,
so text units retrieved in these documents = 2.5%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 1.8%.

+++++

O.S.R. NUD.1ST Power version, revision 4.0.
Licensee: University of Plymouth.

PROJECT: Data Analysis, User Simon Bird, 11:59, 24 Jul, 1999.

+++++

(1 36 1) /Influences on Grief
Experience/Support from Others/Expectations of Support
+++ No Definition

+++++

+++ ON-LINE DOCUMENT: Interview 2

+++ Document Header:

* Interview 2-Ethel, 22nd March 1999-Interview 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 that

1264 somebody was coming with me, even if I ended up not

1265 doing any of the things that I really went out to do!

1266 Because I wanted that company. So that progression,

and
1267 that's the difference, I found. Not having, as I say,

my
1258 * SUBJECT

++ Text units 2188-2196:

2188 occasions. That does make a difference. I think the

2189 importance of continuing to keep in touch... The early

2190 bereavement, you do get lots of people keeping in

touch

2191 and then, I drifts. Of course they can't carry on at

2192 that same... But somehow if the certain individuals

2193 were... Instead of pouring it all in on the first

couple

2194 of weeks, and then disappearing into...! It hasn't

2195 really happened that way to me, but... If there's

just a

2196 contact every so often, I mean... I've got friends

that
++ Text units 2199-2204:

2199 they've rung again, "oh, how are things going", you

2200 know. And that's great because you know there's still

2201 someone out there, even some time afterwards, so those

2202 are the things that are important, the continuity,

and

2203 er... What's available being accessible. Not all older

2204 people really want a jolly little tea parties...
+++++

+++ ON-LINE DOCUMENT: Interview 3

+++ Document Header:

* No Header

+++ Retrieval for this document: 8 units out of 3146,
= 0.25%

1632 * subject

++ Text units 1661-1668:

1661 well I thought, how horrible can people be?

1662 But when it comes that they want some help,

1663 oh yes, Mabel can take them to Bath, she

1664 could buy the material, she could make the

1665 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.
+++++

+++ ON-LINE DOCUMENT: Interview 4

+++ Document Header:

* No Header

+++ Retrieval for this document: 52 units out of 1907,
= 2.7%

333 * subject

++ Text units 338-347:

338 One still had a certain amount to do... I

339 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

343 have one very good friend who, I don't

344 know... I've got about nine acres, and he

345 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.
++ 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.

554

555 * interviewer

556 Do you have a feeling that that's the sort of

557 thing that would happen anyway?

558

559 * subject

560 Yes, that would happen anyway. Because, I

561 mean, its commitment for them, they've got

562 their own lives to live, they must think that

563 one's coping, put it that way.
++ Text units 788-795:

788 * interviewer

789 Given that, how often would you say that you

790 saw... How often would you say that you see

791 family in general, maybe any member of the

792 family?

793

794 * subject

795 Oh well, it gradually got extended! My oldest
++ Text units 954-966:

954 * interviewer

955 So, family have, certainly around the time of

956 the funeral, they were supportive, but in a

957 similar way to the neighbours a little bit.

958 you found that the Times that you see them

959 have diminished?
960

961 * subjects

962 Well, it's gradually extended. And I mean,

963 I'm quite happy for it to. I firmly believe

964 they've got their own lives to live. I don't

965 want them to feel that I'm in any way a

966 burden to them.

++ Text units 1757-1763:

1757 * subject

1758 Oh, I can't think of anything absolutely
1759 positive, um... On the negative side, I've
1760 got, you know, I made friends with several of
1761 Martha's friends, and one or two of them seem
1762 to have dropped off! Which, really, is
1763 inevitable, they were her friends, not mine.

++++
+++ Total number of text units retrieved = 81
+++ Retrievals in 3 out of 5 documents, = 60%.
+++ The documents with retrievals have a total of 7354
text units,
so text units retrieved in these documents = 1.1%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 0.73%.
++++

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

PROJECT: Data Analysis, User Simon Bird, 12:38, 24
Jul, 1999.

(5 34) /Experience of Grief/Meaning
and Purpose in Life
*** No Definition
++++
+++ ON-LINE DOCUMENT: Interview 1
+++ Document Header:
* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 98 units out of 2452,
= 4.0%

1587 * 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. OK, I've
1609 got my son and grandsons 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 1628-1637:

1628 April 8th 1947. We'd talk about these things,
1629 as George said "we're all in same boat". I
1630 couldn't do myself in. I wouldn't be so low
1631 as to leave Neil to come over here and clear
1632 up the... Mess. It's bad enough he's got his
1633 two little sons out there. One is three in
1634 April, and one is about six months, so
1635 they've got their hands full. It means he to
1636 have to come over here and tidy all the mess
1637 up and sell this... Well, Karl is the
1809 * SUBJECT

++ Text units 1863-1879:

1863 off-we can't have another Lockerbie". You
1864 know, I've tried to do everything to make
1865 every day easier. I couldn't save up... I
1866 wouldn't have to save up, I could go into a
1867 chemist, different chemists, keep buying
1868 paracetamol til I think I've got enough then
1869 sit here and swallow the lot. But knowing me,
1870 an unlucky type, I should come round finding
1871 somebody pumping me out. It wouldn't do the
1872 trick. but I'd get that low some days, if I
1873 could have a tablet that the SAS have to put
1874 under the tongue, and you're gone in two
1875 seconds, and there's many a day I'd bloody
1876 take it. I feel so depressed. All I've got to
1877 live for is one humdrum day of washing,
1878 polishing, dusting, vacuuming, washing up,
1879 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 lovely 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
1944 * SUBJECT

++ Text units 1962-1986:

1962 ... So I feel proud [to be able to run
1963 errands for neighbours]. I'm doing a job. And
1964 I was saying to Sylvia, I mean... She has to
1965 go to the pharmacy with a prescription. You
1966 see, she can walk out of here and literally
1967 walk on to the bus if she times it right
1968 which will drop her at the Medical Centre.
1969 But she might have to wait for three-quarters
1970 of an hour to get back. And she's only taking
1971 a prescription in. So I said "any time you've
1972 got a prescription for yourself or for Don,
1973 let me have it". Now I get up there about a
1974 quarter past 12, the pharmacy closes at one.
1975 That doctors have virtually finished their
1976 shift and they all close at one. So there's
1977 only what you might call the odd hangers on
1978 knocking about around half 12. You've got
1979 room to park. Get in the car park, drop off
1980 the prescription in the box, about three days
1981 later I go up at half 12, ask for the
1982 prescriptions, go in the pharmacy and get
1983 them and I'm back. Otherwise you find
1984 yourself parking somewhere up old Church
1985 Road. And I'm pleased to do it. I have
1986 thought it out... Alice was the type who

++ Text units 1989-1991:

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
2054 * SUBJECT

++ Text units 2063-2071:

2063 used to it. But it still there that you
2064 haven't got... And that's how it is with
2065 Alice. No matter how hard I try, and how... I
2066 lie in bed, and I think to myself "that was a
2067 great day, that was. I got through the day
2068 beautiful". I get up and do so-and-so in the
2069 morning, and I'll think "I am coming out of
2070 it". I'll come down here and you'll bet
2071 within an hour something'll have happened. Or
2096 * SUBJECT

++ Text units 2209-2216:

2209 night and wonder where she is. Is there a
2210 life ever after? I don't know. But it's
2211 what... As Stan says, "it's what we hold on
2212 to". If we think that there's nothing there,
2213 that is the final, there's nothing left, like
2214 a bit of burnt paper, we might as well pack
2215 it up now. We've got to have something to
2216 live for, something to drive on. Now if I'd

++ Text units 2247-2252:

2247 nice little comfortable home, and yet I'm as
2248 unhappy as can be. And I wouldn't do the
2249 dirty on my son in Norway. If I'm going to
2250 go, if I go natural there's nothing he can
2251 say. But I'm not going to force it. And I'll
2252 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 don't think there's
2347 any pain worse in my mind than grief. Because

+++ ON-LINE DOCUMENT: Interview 2

+++ Document Header:

* Interview 2-Ethel, 22nd March 1999-Interview
Duration

+++ Retrieval for this document: 39 units out of 2301,
= 1.7%

1161 * SUBJECT

++ Text units 1165-1172:

1165 go on like this". And not seriously, in a sense,
but...

1166 The grieving was quite deep. "I don't know if I
want

to

1167 go on". And the thing that really hits, stops

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...
That's
1201 the only thing is that I feel... I want to feel
that
I
1202 can be useful. One of the reasons that I wanted
to
being
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
some
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
in
1223 the future.

1773 * 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
can
1796 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
1801 purpose of life. And one of the things I used
say to
me
1802 was "well, what it's all about, what the
purpose, I
1803 might just as well fold up" sort of thing, but

then
you
1804 tell yourself "yes, there's lots of the things
up".
Life
1805 is still going on around you. So, that's.. But,
yes... I

+++++

+++ ON-LINE DOCUMENT: Interview 4
+++ Document Header:
* No Header

+++ Retrieval for this document: 12 units out of 1907,
= 0.63%

996 * subjects
++ Text units 997-1002:
997 Well, more of a sort of general progression I
998 would say. There again you see, the age comes
999 into it. The fact that I am getting older,
1000 and there's not the same... There's nothing
1001 really to look forward to, in a way. Death
1002 and taxes!
1014 * subjects
++ Text units 1015-1020:
1015 Well, I think that's the thing... What one's
1016 capable of is limited, and therefore there's
1017 less than you can look forward to. I sleet
1018 mean, you've no project that you can work
1019 towards. And I sort of feel that there ought
1020 to be something that I was working towards,

+++++

+++ ON-LINE DOCUMENT: Interview 5
+++ Document Header:
* No Header

+++ Retrieval for this document: 14 units out of 1305,
= 1.1%

533 * subject
++ Text units 547-556:
547 very interesting. But as I say, if you
548 believe in an afterlife you are all right,
549 you think nothing about it. I'm just looking
550 forward to meeting Julia again. As soon as a
551 Julia had gone, I knew that I would have to
552 wait until I was called, until my time came.
553 And in the meantime I try and help
554 everybody.. I devote my time and my life to
555 helping my family, and anybody else who wants
556 it, who ask or are ready for it. A lot of
568 * subject
++ Text units 571-574:
571 the most important thing. And I will do my
572 best to carry on, and you know, helping other
573 people, and waiting until such time as it
574 comes to my time to go to her. And I was also

+++++

+++ Total number of text units retrieved = 163
+++ Retrievals in 4 out of 5 documents, = 80%.
+++ The documents with retrievals have a total of 7965
text units,
so text units retrieved in these documents = 2.0%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 1.5%.

+++++

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

PROJECT: Data Analysis, User Simon Bird, 12:21, 24
Jul, 1999.

(2 22 4 2) /Grief Process/Continued
presence of deceased/Experienced Form of Continuity
(Form)/Paranormal Representation
*** No Definition

+++++

+++ ON-LINE DOCUMENT: Interview 1
+++ Document Header:
* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 46 units out of 2452, = 1.9%

2096 * SUBJECT

++ Text units 2300-2345:

2300 I was on holiday in Norway, and I was in this
2301 room with a funny light fitting in it,
2302 screwed to the ceiling, about a foot
2303 diameter. And I was lying there one night,
2304 and this... Like smoke comes in through the
2305 window... this is the gospel truth. And its
2306 goes all round the light, like a white mist,
2307 and I blinked and I looked away and it was
2308 still there. I thought "nobody would have a
2309 bloody barbecue now". I don't smoke. I
2310 blinked once or twice, it was still there. I
2311 mean, you do see things and you blink and its
2312 gone. A trick of light, trick of the optic,
2313 it could be anything. And I tried once or
2314 twice, and it was still there. And in the
2315 finish, I said "is that you Alice?". It was
2316 there for about a minute, and then it just
2317 disappeared. And I told George this, and
2318 Stan. They said "we had similar, not exactly
2319 the same, but similar". And George said "I
2320 told you, she'd come. You want to fetch her
2321 back when you want to see her, but she'll
2322 come when she wants to. But to me", he said,
2323 "that's proof that she has visited you". I
2324 said "I've never seen anything like it, and
2325 it hasn't reproduced itself again, not in my
2326 own house or down in Norway". But I said "it
2327 was there, definite, and there's nothing
2328 wrong with me". But it was there, and it
2329 settled around the light, and I was so
2330 mesmerised in the finish I said "is that you,
2331 Alice". And it's perfectly true, that is.
2332 Stan's had things, he said "somebody's nudged
2333 me, but you turn round and there's nothing
2334 there". I said "it's a reaction of the
2335 muscles or something like that" and he said
2336 "no, I've had that. It's different to that,
2337 entirely different". And George has said he's
2338 noticed in his bungalow occasionally, not
2339 often, about once a year perhaps, he said
2340 "there seems to be a presence in the room. I
2341 can sense something, yet there's nothing
2342 there. It so weird, and I haven't been
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

+++++

+++ ON-LINE DOCUMENT: Interview 2

+++ Document Header:

* Interview 2-Ethel, 22nd March 1999-Interview Duration

+++ Retrieval for this document: 36 units out of 2301, = 1.6%

++ Text units 917-917:

917 * INTERVIEWER

923 * SUBJECT

++ Text units 924-940:

924 I just... There have been times, a) particularly
when
I
925 made the decision about deciding not to part
with my
bit
926 of garden, and that wasn't because... It was odd
927 because... Before he died, the person who wanted
the
land had talked about buying up a small part of
it,
and
929 what he would like to do, and we both agreed
"yes".
So
930 when I first thought about it, part of it had
already
931 been discussed, because... But what was
happening
later

932 was the fact that what this person had said they
were

933 going to do had changed completely. And in
talking,

yes,

934 I'd more or less agreed to part with quite a lot
more,

935 and then I'd panicked, as I say. But
something... I

feel

936 something, I can't say I heard a voice or
anything,
but

937 something there said "this isn't what you should
be

938 doing". And I felt that he was there in a sense,
guiding

939 me if you put it that way, the only way I can
explain

940 it... But I know after that I really felt quite
++ Text units 1095-1101:

1095 * INTERVIEWER

1096 This that we you mean when you say you are a
little

1097 reassurance, that you are almost hearing his
voice?
1098

1099 * SUBJECT

1100 Yes, it's sort of an echo there.

1101

1975 * SUBJECT

++ Text units 1983-1987:

1983 think, and they firmly... They actually had said
that

1984 there was... I mean, she actually said at some
point

1985 that she felt sure she'd had a message, but...
And I

1986 don't write it off, but I don't get deeply
involved.

So

1987 I believe that there is a spirit. Now, as far as
where

++ Text units 2021-2026:

2021 So that really... Yes, I feel there's somebody,
I

feel

2022 there's someone looking after me, because when I
think

2023 of how things have worked out and what happens.
I'm

sure

2024 that there's someone looking after me, because I
feel

2025 I'm very fortunate.

2026

+++++

+++ ON-LINE DOCUMENT: Interview 3

+++ Document Header:

* No Header

+++ Retrieval for this document: 61 units out of 3146, = 1.9%

2471 * subject

++ Text units 2482-2501:

2482 mother, we went. So I rang up this friend and
2483 I said to her, I said "I don't know whether

2484 you can enlighten me at all, I have never had
2485 this before", I said "in the night, and I'm

2486 not asleep, suddenly I felt something". There
2487 was somebody in the bed. And I put my hand

2488 out, and I thought, like you would, put your
2489 hand over. And I hit something on the side.

2490 There was the weight of the clothes, and
2491 everything. "Oh", she said, "you're not the

2492 only one that felt that", she said, "you know
2493 so and so, she's had the same experience".

2494 But that, I reckon it was Stan. And I had
2495 that... I could even hear the door creak, and

2496 I thought "well that's the door, is that the
2497 wind blowing the door", the door made a

2498 noise. And I thought "well, it couldn't have
 2499 done, because its shut". And I couldn't make
 2500 it out. And that was a weird sensation. I
 2501 haven't had it lately, but I did have it
 2506 * subject
 ++ Text units 2507-2547:
 2507 Yes. It happened several times mind. And it
 2508 was just the same... Vera took me to a
 2509 service at Clevedon, I'd never been before,
 2510 but we went. And we sat at the back, and
 2511 suddenly towards the end, I thought "well,
 2512 I'm not going to get a message", then
 2513 suddenly this lady said "I've got to come to
 2514 the lady there in the blue dress. Have you
 2515 got a husband in the spirit world?". I
 2516 thought "oh ah, which is it?". Well you
 2517 would, you see. She said "well, this person
 2518 has had to come an awful long way to get to
 2519 you", and she said "and it's something about
 2520 a bouquet". "Oh", I said, "I know". And there
 2521 was a message. "He's had a hard job to come
 2522 through there was reasons for it, he's tried
 2523 to help you through the years", and all that.
 2524 And then she said "well I don't know why, but
 2525 I've got to pick up these flowers on the
 2526 table and I've got to bring them and give
 2527 them to you, but I don't know why". So in
 2528 front of everybody... I said "well, perhaps,
 2529 you are right. Perhaps you'd like to know". I
 2530 said "when I got married first, his favourite
 2531 flowers were cream roses. So they were forced
 2532 [tape unclear for one second]... For my
 2533 bouquet. And it's the anniversary of me
 2534 coming here to live in this town". And that
 2535 was what it was, that was what it was about.
 2536 You mean to tell me there ain't nothing in
 2537 it? Now Harry see, he goes for a walk every
 2538 night, and he'd come home to me one day, he'd
 2539 been up the garden, and he said "oh, mum, I
 2540 saw my dad last night. He said hello us". I
 2541 said "did you?". I thought I won't ask any
 2542 questions, I will later on. So a bit later
 2543 on, I said "when you go for a walk, where you
 2544 go then Harry?". Well he said "very often I
 2545 finish up in the churchyard". See? And people
 2546 have seen him up there.
 2547

++++
 +++ Total number of text units retrieved = 143
 +++ Retrievals in 3 out of 5 documents, = 60%.
 +++ The documents with retrievals have a total of 7899
 text units,
 so text units retrieved in these documents = 1.8%.
 +++ All documents have a total of 11111 text units,
 so text units found in these documents = 1.3%.
 +++++

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

PROJECT: Data Analysis, User Simon Bird, 12:31, 24
 Jul, 1999.

 (5 12) /Experience of
 Grief/Perception of What is Lost
 *** No Definition
 +++++
 +++ ON-LINE DOCUMENT: Interview 1
 +++ Document Header:
 * INTERVIEW 1-'LEN', 29TH JANUARY 1999.
 +++ Retrieval for this document: 50 units out of 2452.
 = 2.0%
 196 * SUBJECT
 ++ Text units 799-800:
 799 myself. I do these things and I'm quite
 800 happy, but it's company I lack. See my

1579 * INTERVIEWER
 ++ Text units 1582-1588:
 1582 I wanted to ask really, and one of them was
 1583 about who and what has been helpful, and who
 1584 and what has been unhelpful in terms of
 1585 things that you have tried to do?
 1586

1587 * SUBJECT
 1588 Well, company. I've been to Seatown-I lived
 1587 * SUBJECT
 ++ Text units 1597-1603:
 1597 can be a very cold, heartless world. Fay, one
 1598 of my neighbours, Karl, the doctor, even the
 1599 pharmacist in the medical centre, you,
 1600 Marion, any body that... You see, it's
 1601 company I like, I've always had company all
 1602 my life, then all of a sudden I'm on my own
 1603 in my twilight years. And I'm not afraid to
 ++ Text units 1606-1612:

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. OK, I've
 1609 got my son and grandsons 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
 1944 * SUBJECT

++ Text units 1946-1957:
 1946 a... You need help. You see, Fay is living on
 1947 her own, but she's got a daughter. She's got
 1948 a grandson, she's got a mother there's always
 1949 somebody in Fay's house. I can sit here for
 1950 days. Days on my own. I mean, OK, I've got
 1951 good neighbours in Sylvia and Don, I've got a
 1952 good one in Fay over there, I've got Lynn,
 1953 I've got Eileen, I've got Kim next door. But
 1954 I can't take my life into their houses. I
 1955 mean, I might go over like I did this morning
 1956 to Fay. "I've got to go and post a letter, is
 1957 there anything you want?..."

++ Text units 1989-1991:
 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
 2010 * SUBJECT

++ Text units 2016-2018:
 2016 you see. And I don't mind doing these jobs
 2017 for people, because as I say it's company and
 2018 it gets me through the day. And I let them
 2096 * SUBJECT
 ++ Text units 2216-2224:

2216 live for, something to drive on. Now if I'd
 2217 got my son or my daughter coming in, half
 2218 past five or six o'clock, from work, and
 2219 er... "Thought about going up the crown for a
 2220 couple of pints tonight dad, what do you
 2221 think?". "Yeah, sure thing". But I just sit
 2222 here... That's my only company, that thing,
 2223 the television. But I pick what I want... I
 2224 mean, Saturday night is utter tripe...

++++
 +++ ON-LINE DOCUMENT: Interview 2
 +++ Document Header:
 * Interview 2-Ethel, 22nd March 1999-Interview
 Duration

+++ Retrieval for this document: 49 units out of 2301.
 = 2.1%

452 * SUBJECT
 ++ Text units 476-491:
 476 And I find now the things I enjoy most are
 things
 that
 477 include both sexes. Because what I missed more
 than
 478 anything is having a conversation with a male,
 getting
 479 the male point of view. I suppose if I'm honest,
 I
 can't
 480 stand all women! I have worked in there so I
 suppose
 all

481 my life, and all those women! I suppose I've
never
482 followed the norm. I've never been a person who
because
483 everybody else it's the in thing to do... That
was
where
484 both my husband and I were quite it, we just did
our
own
485 thing and that was it. So as I say, I do find
that a
486 whole crowd of... You don't get a balance line,
and I
do
487 find pettiness, cattiness... And, all right,
what men
488 might talk about amongst themselves, is a whole
489 different thing, but... Usually you get a more
balanced
490 conversation, and the pettiness seems to go out
of
it,
491 maybe just because it's a mixed group I wouldn't
know.

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
that
1264 somebody was coming with me, even if I ended up
not
1265 doing any of the things that I really went out
to do!
1266 Because I wanted that company. So that
progression,
and
1267 that's the difference, I found. Not having, as I
say,
my
++ Text units 1325-1329:
1325 isn't somebody to share it with. And the other
thing
1326 that I've already mentioned is the conversation,
the
1327 discussion, of a member of the opposite sex. A
different
1328 point of view. Those are the main differences of
being
1329 on my own, routine-wise you make up your own as
you
go
++ Text units 1339-1342:
1339 one compensates for another, you think "well,
yes, I
can
1340 do my own thing", please myself, I haven't got
to ask
1341 anybody else, but on the other hand you often
want to
1342 ask somebody, so that's...
2061 * SUBJECT
++ Text units 2098-2101:
2098 but you spent a lifetime with one partner a
perhaps.
I
2099 would quite happily enjoyed an adult man's
company,
for
2100 interest and someone to go out for a meal with,
it
would
2101 be lovely. But to set up life with, I don't
think I
++ Text units 2108-2114:
2108 difference, that as much as you do want to
share... I
2109 mean, I'd love to have someone to share the
evening,
2110 even if it's just sitting and watching the box
and
2111 moaning at the rubbish that on, it's sort of
sharing,
2112 and... For me, as I say, the would-be rather

nice
with
2113 another man's company. Because as I've said, to
me,
it's
2114 quite important to have a different outlook.
++ Text units 2116-2122:
2116 * INTERVIEWER
2117 So you could enjoy the company? You'd still feel
that...
2118
2119 * SUBJECT
2120 Nobody would take my husband's place. We were
together
2121 too long, and enjoyed our life together, so for
me,
2122 personally, but... I can enjoy another person's
company.

+++++
++ ON-LINE DOCUMENT: Interview 3
++ Document Header:
* No Header
++ Retrieval for this document: 7 units out of 3146,
= 0.22%
1501 * subject
++ Text units 1502-1508:
1502 Oh my God! Oh... He's missed terribly. For
1503 one thing, you can't talk to your sons the
1504 same you could to your husband. You go out,
1505 and you come back, and you're full of saying
1506 what you were doing, but he's not there. You
1507 see?. And there are so many things that you'd
1508 like to discuss, and you can't. Like over the
+++++
++ ON-LINE DOCUMENT: Interview 4
++ Document Header:
* No Header
++ Retrieval for this document: 36 units out of 1907,
= 1.9%
++ Text units 358-378:
358 * interviewer
359 So was that something that you increasingly
360 valued, or that you found yourself valuing
361 after your wife died, the company?
362
363 * subject
364 Yes, yes. I mean, what I do miss is Female
365 company. I've always got on better with
366 women! I find them more interesting. And of
367 course, there's another aspect of it to, the
368 sexual side of it. Because as women get older
369 they are not so interested in sex, but men
370 don't lose the urge!
371
372 * interviewer
373 So is that something that's a significant
374 component of the change?
375
376 * subjects
377 Yes, yes. It's getting less!
378
505 * subjects
++ Text units 506-512:
506 Well, one of the things I found very
507 difficult was that if I went out somewhere,
508 went to a party or something, I was fine
509 while I was at a party, but when I've got
510 home to an empty house, nobody there to
511 discuss it with, that when it sort of hits
512 you.
513 * subject

++ Text units 538-545:
538 Well, unless you can share it with someone, I
539 mean... Now, we used to go to the theatre and
540 concerts, but now unless I can find somebody
541 to go with... And my friends tastes aren't
542 always the same as mine. And again, they
543 can't always fit in. They have their own
544 lives to lead, and most of them are at least
545 10 years younger than me.

+++++
+++ ON-LINE DOCUMENT: Interview 5
+++ Document Header:
* No Header

+++ Retrieval for this document: 3 units out of 1305,
= 0.23%

1067 * subject
++ Text units 1076-1078:
1076 it's essential to do that. And... Old people
1077 need company, they need to be able to talk.
1078 And it's essential to do that. I've got

+++++
+++ Total number of text units retrieved = 145
+++ Retrievals in 5 out of 5 documents, = 100%.
+++ The documents with retrievals have a total of
11111 text units,
so text units retrieved in these documents = 1.3%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 1.3%.

+++++
+++++

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

PROJECT: Data Analysis, User Simon Bird, 1:16, 24 Jul.
1999.

(1 1 30 2) /Influences on Grief
Experience/Personal Influences/Properties of the
Person/Personal Qualities
*** No Definition

+++++
+++ ON-LINE DOCUMENT: Interview 1
+++ Document Header:
* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 62 units out of 2452,
= 2.5%

9 * SUBJECT
++ Text units 24-31:
24 died, her husband. So of course then my wife
25 died, and then it was about a month, I walked
26 about as though I owned Seatown. I was in
27 complete shock. I bought a new sports jacket.
28 I bought shirts. I bought shoes, I put this
29 house up for sale, I was going to live in
30 Lichfield in a flat in cathedral close near
31 Lichfield Cathedral. I was very privileged to
196 * SUBJECT

++ Text units 829-834:
829 isn't the end of the world yet". They want to
830 bloody try it. It is not easy. If it was that
831 easy, why have I been to see the doctor, why
832 am I on tablets, why is Stan on tablets, why
833 is George on tablets? They can't do it
834 themselves. And I'll sit and chat... I very
966 * SUBJECT

++ Text units 967-973:
967 Well they've changed in that I'm stronger.
968 When it first happened, how can I put it, I'm
969 taking all the knocks. Now, after 16 months,
970 I'm still taking the knocks, but I'm giving
971 them back. If you can understand what I'm
972 meaning, I can sit here and cry like a baby
973 like any body. That how its changed. When I'm
1054 * SUBJECT

++ Text units 1078-1081:
1078 [mimes stomach twisting]... But I don't know
1079 of any tablets or anything that would do it,

1080 it's all up here [points to head], how the
1081 mind goes.

1176 * SUBJECT

++ Text units 1380-1387:
1380 pull you down". There seems to be an unknown
1381 force, you want to... And that's how I am
1382 when I get really deep thinking about Alice.
1383 I'll go somewhere, or do something... I've
1384 been in the wool shop, I've been down and
1385 stood at the counter where she bought the
1386 wool. All it did was hurt me. But I'm trying
1387 to get with her. I had letters from friends

++ Text units 1414-1419:
1414 a good job you didn't come". And er ... It
1415 depends on how bereavement is going to attack
1416 you, or take you. I've come and go some days
1417 and nothing could cross my mind. Then you
1418 opened a drawer or a cupboard... Bang! It's
1419 like a Jack in the box. You'd think... Oh

++ Text units 1451-1459:
1451 again, try to get close to her. Now another
1452 day, I'd probably go through my drawer and
1453 move the knife aside looking for something
1454 else. Not think about it. It depends how it
1455 strikes you. And Fay does the same. She's
1456 opened little drawers, and thought "good God,
1457 the last one to touch that was Sheila (her
1458 sister)". And she'd start to cry and slam the
1459 door shut. It seems to come out of nowhere.

2054 * SUBJECT
++ Text units 2063-2071:
2063 used to it. But it still there that you
2064 haven't got... And that's how it is with
2065 Alice. No matter how hard I try, and how... I
2066 lie in bed, and I think to myself "that was a
2067 great day, that was. I got through the day
2068 beautiful". I get up and do so-and-so in the
2069 morning, and I'll think "I am coming out of
2070 it". I'll come down here and you'll bet
2071 within an hour something'll have happened. Or
2096 * SUBJECT

++ Text units 2378-2379:
2378 Because, I'm a very emotional person. I'm
2379 riddled with emotion and nostalgia. Now we
++ Text units 2405-2407:
2405 to get me. Riddled with nostalgia and
2406 emotion, I am. I don't look at that photo
2407 album too often. You see, there's a lot in

+++++
+++ ON-LINE DOCUMENT: Interview 2
+++ Document Header:
* Interview 2-Ethel, 22nd March 1999-Interview
Duration

+++ Retrieval for this document: 28 units out of 2301,
= 1.2%

1078 * SUBJECT
++ Text units 1082-1088:
1082 happen to be somebody too who... I haven't got
an

awful
1083 lot of confidence in myself, what I do, I don't
believe
1084 that I do anything particularly good, even
perhaps

when
1085 I've achieved something quite reasonably, I
don't

tend
1086 to accept... So the reassurance, it's important.
And

I
1087 feel now that some of the things, I am getting
1088 reassurance, "you are OK, just keep going". "If
this

is
++ Text units 1122-1142:

1122 * INTERVIEWER

1123 So, obviously you feel that there has been a
change.
1124 that you have been able to come to terms with
things
1125 better over time.

1126
 1127 * SUBJECT
 1128 Yes, definitely.
 1129
 1130 * INTERVIEWER
 1131 What do you think has been driving that, what do
 you
 1132 think has changed? Is it just time, or...
 1133
 1134 * SUBJECT
 1135 I think it's time as much as anything. I think
 partly
 it
 1136 is my own personality, um... I can recall when
 I was
 1137 district nurse in London, something I was going
 to
 do,
 1138 and the superintendent looked, and she said
 "well
 nurse
 1139 Smith" she said, "if that's what you want to do,
 I'm
 1140 pretty sure that's what you will do, because if
 you
 make
 1141 up your mind, you'll do it". And mostly that's
 how I
 go
 1142 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,
 = 0.86%
 1396 * subject
 ++ Text units 1464-1465:
 1464 ... They know down the garage, they won't
 1465 step on Mabel... I had a lot of problems with
 ++ Text units 1491-1493:
 1491 ... If you are left on your own, you have to
 1492 learn to stand on your own two feet. That see
 1493 what I mean?
 1501 * subject
 ++ Text units 1537-1541:
 1537 him, and he is helping you. Whereas you
 1538 see... I've got to do it, I've got to do it
 1539 somehow. But there's a lot of people that
 1540 couldn't, a lot of people that can't do it
 1541 like I can perhaps. It's like the first time
 1709 * subject
 ++ Text units 1734-1744:
 1734 Well, I could have been the same when Stan
 1735 died, I could have said "look, I can't dress
 1736 myself," I can't go out nowhere. And you
 1737 would get in that rut. But I'm not made like
 1738 that. See what I mean? If I say "well, look,
 1739 I'm going"... I mean, I had a phone call, my
 1740 niece rang me, she said "Auntie Mabel, I've
 1741 got you booked to go out to New York". I said
 1742 "what? No one asked if I could afford to go".
 1743 And that's worrying me. The money side of it,
 1744 see what I mean?
 2697 * subject
 ++ Text units 2708-2713:
 2708 use my hands... I mean, what I used to do,
 2709 was this [demonstrates hand manipulation
 2710 exercise] you know, on a hardboard, all on a
 2711 windowsill, or have a ball and keep doing
 2712 that. It's no good saying "well, I can't do
 2713 this".
 ++++++
 +++ ON-LINE DOCUMENT: Interview 4
 +++ Document Header:
 * No Header
 +++ Retrieval for this document: 5 units out of 1907,

= 0.26%
 656 * subjects
 ++ Text units 657-658:
 657 I don't discuss emotional things, no. No,
 658 good old English stiff upper lip!
 666 * subjects
 ++ Text units 668-670:
 668 ways it's an individual quality. I don't ever
 669 remember, if you know, discussing emotional
 670 things much with anybody.
 ++++++
 +++ ON-LINE DOCUMENT: Interview 5
 +++ Document Header:
 * No Header
 +++ Retrieval for this document: 9 units out of 1305,
 = 0.69%
 1184 * subject
 ++ Text units 1185-1193:
 1185 Well people will respond to it according to
 1186 their beliefs. And their beliefs can vary,
 1187 and their own characters can vary. Some
 1188 people like to be permanently miserable! You
 1189 see, if they know the teachings of anything,
 1190 or common sense teachings, they know it
 1191 doesn't help. You've got to be very positive
 1192 about things, and outgoing, and giving, and
 1193 loving, and caring. You see?
 ++++++
 +++ Total number of text units retrieved = 131
 +++ Retrievals in 5 out of 5 documents, = 100%.
 +++ The documents with retrievals have a total of
 1111 text units,
 so text units retrieved in these documents = 1.2%.
 +++ All documents have a total of 1111 text units,
 so text units found in these documents = 1.2%.
 ++++++
 ++++++
 Q.S.R. NUD.IST Power version, revision 4.0.
 Licensee: University of Plymouth.
 PROJECT: Data Analysis, User Simon Bird, 1:37, 24 Jul,
 1999.

 (1 32 1 2 1) /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 1-'LEN', 29TH JANUARY 1999.
 +++ Retrieval for this document: 63 units out of 2452,
 = 2.6%
 121 * SUBJECT
 ++ Text units 145-152:
 145 found out. So they lengthened it. So I went
 146 down where I usually go, I went down there to
 147 the garage, and they've got a big Rover in
 148 there. Part exchange, I could meet the price
 149 with two or £300 extra. So I bought it,
 150 because having the length I could have the
 151 seat right back, Alice could get in with her
 152 legs, and people could still sit at the back.
 196 * SUBJECT
 ++ Text units 335-342:
 335 the aisles where I used to walk with her, and
 336 the size of the crowd in Tesco's when she
 337 first came out of hospital-she wouldn't go
 338 near the place, she was terrified of getting
 339 knocked. And eventually we got in there, and
 340 I used to pick a nice trolley, and walk along
 341 with her on the side where she had her new
 342 hip, and it took me about a month to get into
 1685 * SUBJECT
 ++ Text units 1748-1766:
 1748 shower before me... You see, this is the
 1749 intimacy of being bonded together by

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
1758 gave her a good sponge-down all down her
1759 back. Whereas, years ago when we first met,
1760 you're nervous, dare I hold her hand? And
1761 now, you're washing her backside. There was a
1762 love and an intimacy and a trust between each
1763 other. Which thousands have still got. But
1764 now, they get married the one week and get
1765 divorced the bloody next. There doesn't seem
1766 to be any appreciation or love. The
2096 * SUBJECT
++ Text units 2229-2237:
2229 Alice was on the attendance allowance.
2230 Wherever she went, I went. If she went up
2231 those stairs, I went up behind her. When she
2232 came down, I came down in front of her. When
2233 she had her hip done, we had a portable loo
2234 which she had in the back bedroom. And then I
2235 used to wash and clean it up in the morning,
2236 bring it down here, and she'd have it over
2237 there [in the corner of the living room]. And
++ Text units 2251-2269:
2251 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, urining 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
2260 like she did. But I would have nursed her,
2261 and till the bitter end, if she'd be the
2262 other way. And I even sit on her side of the
2263 bed some mornings... She always used to have
2264 a shower as I say... She was the first out,
2265 then I would get in the shower, and I'd come
2266 back, get myself dried off, and swill the
2267 bath round, tidy all up, go in the bedroom,
2268 and she's sat on the bed, putting her
2269 stockings on or getting dressed. And now on a
++++
+++ ON-LINE DOCUMENT: Interview 2
+++ Document Header:
* Interview 2-Ethel, 22nd March 1999-Interview
Duration
+++ Retrieval for this document: 29 units out of 2301.
= 1.3%
394 * SUBJECT
++ Text units 400-415:
400 say "yes, I think he would have thought of
that". But
401 the part that's now given me quite a lot of
comfort
but
402 was something that was very difficult... Like I
say,
he
403 didn't have a laid out garden, it was plants and
things,
404 and there were three greenhouses. It's quite a
long
405 garden, it goes right back to the churchyard. It
was
406 always full of chrysanthemums, and I liked
working in
407 the garden. I'd usually say "right, what to be
done
408 round here?". In latter years I'd do most of the
lifting
409 and carrying, because as as it happens I can
still
410 manage to lift, having learnt how to do it, and
I can
411 still do quite a lot of lifting. Shifting plants
and
all

412 sorts around, and moving things, and laying
paving
413 slabs, not in cement... he supervised the level,
as I
414 can't cut a loaf of bread straight, let alone...
But
at
415 least I can move things around. So we did share,
but
I
1178 * SUBJECT
++ Text units 1188-1200:
1188 involved in all happenings that I had been used
to.
So,
1189 again, time, and what we were doing together,
and I
1190 think probably the fact that my husband's ill
health...
1191 Needed attention, so OK, it was a field that I
had
1192 worked in, that area in a sense I took over to
the
point
1193 that all his medication, I would have it listed
out,
1194 written out, as though I was working... He was
quite
1195 capable of taking his own, but I just wanted...
And
he
1196 accepted because that was what I'd done! So that
in a
1197 sense took over, and yes, I began to enjoy, and
I
must
1198 admit I had always said "well I'd love now a to
spend
1199 some time at home" so I was able to. I don't
mean
1200 houseworking... So, future-wise I think I
want...
That's
++++
+++ ON-LINE DOCUMENT: Interview 3
+++ Document Header:
* No Header
+++ Retrieval for this document: 3 units out of 3146.
= 0.09%
855 * subject
++ Text units 856-858:
856 I couldn't do all the buttons up... Well, I
857 didn't know. Which my husband had to help me,
858 you see, so I was done when he died. Barry
++++
+++ ON-LINE DOCUMENT: Interview 5
+++ Document Header:
* No Header
+++ Retrieval for this document: 27 units out of 1305.
= 2.1%
18 * subject
++ Text units 27-28:
27 hospital, and died in there. But prior to
28 that I was looking after her. I left work
++ Text units 47-53:
47 and at that time, Julia was getting much
48 more pain. She had osteo-arthritis very, very
49 badly, and consequently with that her heart,
50 a very nasty heart, and so forth. And she got
51 through, and she could hardly walkabout at
52 all, and I use to help as much as I could, I
53 used to do everything, virtually, for her.
++ Text units 57-65:
57 cried almost, I was crying tired. But she was
58 lovely, my wife was perfect actually, she was
59 a marvellous woman. And we used to keep each
60 other going and were very sensible. And what
61 else can I say about that? We got help in, I
62 had a lady... We were having people in them
63 two Hoover and clean, my wife was getting
64 assistance... Oh dear, I can't think of words
65 now, you know...
892 * subject

++ Text units 893-901:
893 The difference in life is that I was working
894 all the time, looking after Julia
895 personally, I was always on the go, I was
896 doing everything. Apart from dusting, we had
897 a lady in, but I was looking after a Julia,
898 I was helping her all the time. And of
899 course, I found that after the first year
900 particularly that... The rest, I had a rest,
901 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 = 1.3%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 1.1%.
++++

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

PROJECT: Data Analysis, User Simon Bird, 1:34, 24 Jul,
1999.

(1 2 25 3 68) /Influences on Grief
Experience/Specific Older Adult influences/Life
Cycle/Impact on Social Functioning/Reduced Social
Opportunity in Old Age
*** No Definition
++++
+++ ON-LINE DOCUMENT: Interview 2
+++ Document Header:
* Interview 2-Ethel, 22nd March 1999-Interview
Duration

+++ Retrieval for this document: 42 units out of 2301,
= 1.8%
2061 * SUBJECT
++ Text units 2087-2105:
2087 partner. Now that, I know, is a straightforward
when
2088 there's a family, but even if you didn't you'd
find
2089 people in that age group that you could relate
to,
and
2090 perhaps be involved in. The very fact that
you're
back
2091 in a working situation, you're involved with
others
even
2092 if at the end of the day you go home. But you
can...
OK,
2093 you need to know you've got support so that you
can
have
2094 a perhaps a social life as well, another
interest,
and
2095 although it must take time, I think there is
time in
the
2096 realms of possibility to make up for that. With
the
2097 older age group, yes you can go to OAP clubs and
things,
2098 but you spent a lifetime with one partner a
perhaps.
I
2099 would quite happily enjoyed an adult man's
company,
for
2100 interest and someone to go out for a meal with,
it
would

2101 be lovely. But to set up life with, I don't
think I
2102 could... I mean, people do, but I wouldn't want
to
take
2103 on... I mean, they've got all their habits and
faults
2104 and whatever the same as you have, and no way am
I
going
2105 to start to alter, I don't think it would be
possible!
2119 * SUBJECT
++ Text units 2123-2129:
2123 And I feel... In the village there are groups
like
the
2124 OAP groups and that, but they're all local
people and
2125 mostly have got all their ties... I suppose they
do,
2126 they go off to... I mean, I wouldn't
particularly
want
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.. .
++ Text units 2131-2146:

2131 * INTERVIEWER
2132 So, there's something about the social thing
which is
2133 different from when you were younger?
2134
2135 * SUBJECT
2136 Yes, yes... Well, I haven't been to the OAP
club,
2137 there's probably a mixed group there, but...
Whether
2138 it's the sort of group that I would
particularly...
And
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,
= 0.22%
1788 * subject
++ Text units 1798-1804:
1798 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
1801 going to the meetings, you are meeting old
1802 friends, perhaps you got something
1803 interesting you had a talk about. Keep you up
1804 to date with what's going on.
++++
+++ ON-LINE DOCUMENT: Interview 4
+++ Document Header:

* No Header

+++ Retrieval for this document: 58 units out of 1907,
= 3.0%

1445 * subject

++ Text units 1446-1456:

1446 Well, I think probably you'd be jolly lucky
1447 to find anybody. Actually, in the first year
1448 or two, that was in my mind. But then there
1449 are also financial considerations. Because
1450 again, it seems to me that the only thing
1451 left to me is to pass on as much as I can to
1452 the children. If I married again, I'd have to
1453 pass something on to the new wife, if she was
1454 there. And there is the other thing, and that
1455 is it's more difficult now to adjust with my
1456 children.

1497 * subject

++ Text units 1498-1502:

1498 Well, one doesn't meet people to the same
1499 extent, and... You don't have the same
1500 opportunity to get to know people in more
1501 depth than just sort of a casual meeting at a
1502 drinks party, or something.

++ Text units 1504-1545:

1504 * interviewer

1505 What sort of social occasions... What does
1506 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
1511 party yesterday, but that was only a drinks
1512 party. There's a good lady who has a guest
1513 house, and she has occasionally asked me to
1514 dinner up there. I mean, she is a very good
1515 friend of mine, we get on. She's a widow,
1516 she's been a widow since she was about 46. I
1517 mean, she's 70 now, but we do get on very
1518 well together. Occasionally during the summer
1519 we go and visit gardens, and we've been to
1520 Stratford together, that sort of thing. But I
1521 mean, I think she's quite fond of me, but our
1522 lifestyles are so different. I mean, there's
1523 another person in the village, she's a
1524 divorcee, and she is about the same age. We
1525 did get on very well together, but she... I
1526 think partly because she's a divorcee... She
1527 got elected on to the county council, and now
1528 she is so on about 24 more committee's, and
1529 she's chairman or President of about half of
1530 them. She's just so busy. She's so busy, she
1531 can't do any of the things properly. I get
1532 very mad with her sometimes, I keep saying
1533 you ought to do less. We... We're not as
1534 close together as we used to be. Actually,
1535 I'm godfather to one of her grandchildren.
1536 Well actually, this is rather funny, these
1537 two [subject's two female friends in the
1538 village], Elizabeth's daughter married Mavis'
1539 son. And I and godfather to their eldest
1540 child. I've taken a great interest in his
1541 education. And I get on very well with both
1542 of them. But whereas, I knew Mavis a lot
1543 better, I now feel more friendly with
1544 Elizabeth than I do with Mavis! Although I've
1545 known Mavis longer.

+++++
+++ Total number of text units retrieved = 107
+++ Retrievals in 3 out of 5 documents, = 60%.
+++ The documents with retrievals have a total of 7354
text units,
so text units retrieved in these documents = 1.5%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 0.96%.
+++++

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

PROJECT: Data Analysis, User Simon Bird, 1:31, 24 Jul.
1999.

(1 2 8 2) /Influences on Grief
Experience/Specific Older Adult Influences/Cohort
Issues/Reflections on Cohort Membership

*** No Definition

+++ ON-LINE DOCUMENT: Interview 1

+++ Document Header:

* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 109 units out of
2452, = 4.4%

9 * SUBJECT

++ Text units 45-47:

45 you people. I know quite a number of men of
46 about the same age, they've all got over 50
47 years under their belt with their wives. the
196 * SUBJECT

++ Text units 521-523:

521 but... The wedding bells, in sickness and in
522 health, till death do us part. And that's
523 exactly what happened. When she died, the
1176 * SUBJECT

++ Text units 1177-1231:

1177 Well, to people in those days... Well, I know
1178 there was trouble in a lot of marriages,
1179 there were probably divorces, but most of
1180 us... It was a sacred bond, we didn't meet
1181 them one night in the pub and get married the
1182 next Saturday, I mean, Alice and I were
1183 together for four years. Plus the fact that
1184 these were the days when you met a young lady
1185 and you took her to the pictures. You were as
1186 proud as a dog with two tails, the fact that
1187 she turned up to the date. And if you sitting
1188 in the cinema... And after about a week, if
1189 you could hold hands, you were a very lucky
1190 feller. There was no bonking in the bus
1191 shelters or up the back alleys, you treated a
1192 young lady with the greatest of respect. And,
1193 I reckon we might have been two or three
1194 weeks, Alice and I, before she held my arm.
1195 You're both unknown quantities. Strangers.
1196 And you had a respect. If we went into a pub,
1197 or a club, or a cafe, we'd always find a
1198 table and sit down, and I'd ask her what
1199 she'd like. There was no question of me going
1200 to the bar and you going to find a table.
1201 There was a great honour and respect among
1202 each other, we didn't ever take each other
1203 for granted. We were satisfied with small
1204 things. I remember we went to Sutton Park,
1205 don't forget there was a war on, and it's a
1206 very big park and it got seven pubs in it,
1207 about five or six miles north of Birmingham.
1208 It's still there. And they'd got a bit of a
1209 fair on. Half-baked, as everything was during
1210 the war as it were, but a bit of a fair. Any
1211 way, we won something, a pint glass jug, but
1212 it was crude, mouldy glass, frosty like,
1213 Gray. Proper cheap. But that was the first
1214 thing we got. And we took it home and she
1215 wrapped it up in a cloth. It was the first
1216 thing we started collecting. I don't think it
1217 was worth a Tanner. You'll probably get anti-
1218 freeze in it to fill the radiators today. No
1219 value to it. And we started collecting things
1220 for what we call the bottom drawer. So as I
1221 say, from the first night we met, we seemed
1222 to go together like a jigsaw. The bond was
1223 formed, and when you got into Church and you
1224 said "in sickness and in health, for better
1225 and what have you, till death do us part",
1226 that was what it was. And I'd have given my
1227 life for her. And I think she'd have done the
1228 same for me. Through thick and thin, through
1229 sickness or illness, ill-health, loss of a
1230 job, worries, despair, we stood by each

1231 other. She was diagnosed as having cancer. Of
 ++ Text units 1318-1323:
 1318 handbag in 58 years. [tears]. What I'm trying
 1319 to imply, Simon, this is the kind of honour
 1320 and respect that we had. And a lot of
 1321 people... I mean, Don and Sylvia have been
 1322 married for about the same number of years,
 1323 they are the same. When we've been
 ++ Text units 1330-1337:
 1330 bus, so I'll take her you see. She'd say "I
 1331 got to get so-and-so for Don. Hey, that
 1332 reminds me Len, he hasn't given me any money,
 1333 he'll give it me when I get back". She says
 1334 "I have never been in his wallet or his
 1335 pocket, and he's never been in my handbag".
 1336 You see, we have a respect for each other
 1337 that I don't think is around today.
 ++ Text units 1339-1353:
 1339 We came to live in this house in about 1982.
 1340 I was pally with one or two of the younger
 1341 fellers, we'd go up the pub and have a beer
 1342 at night, after a bit of laying gardens out.
 1343 But I stopped going in the finish, and I said
 1344 to Alice, I said "it's enough to make you
 1345 sick. Young men and chaps here, who have got
 1346 a wife and perhaps a two-year or one year old
 1347 youngster toddling about, we used to sit up
 1348 the crown and have a beer, some young women
 1349 would come through the door, and they were
 1350 like [mimes panting]". I said "anyone would
 1351 think they'd never seen a woman". It's enough
 1352 to make you sick. They'd got a wife at home.
 1353 There was a bond and a love, a respect.
 1685 * SUBJECT
 ++ Text units 1748-1766:
 1748 shower before me... You see, this is the
 1749 intimacy of being bonded together by
 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
 1758 gave her a good sponge-down all down her
 1759 back. Whereas, years ago when we first met,
 1760 you're nervous, dare I hold her hand? And
 1761 now, you're washing her backside. There was a
 1762 love and an intimacy and a trust between each
 1763 other. Which thousands have still got. But
 1764 now, they get married the one week and get
 1765 divorced the bloody next. There doesn't seem
 1766 to be any appreciation or love. The
 ++++++
 +++ ON-LINE DOCUMENT: Interview 2
 +++ Document Header:
 * Interview 2-Ethel, 22nd March 1999-Interview
 Duration

 +++ Retrieval for this document: 28 units out of 2301.
 = 1.2%
 23 * SUBJECT
 ++ Text units 157-160:
 157 days and nobody even knows they're dead. Where I
 lived,
 158 yes, as a young person, in the East end, the
 street
 was
 159 like a village. You knew everybody-it has
 changed,
 I'm
 160 going back... So, those are the things that
 helped
 me.
 1511 * SUBJECTS
 ++ Text units 1608-1612:
 1608 extremely helpful. I think by nature I was
 brought up
 to
 1609 handle difficult situations, we didn't have an
 easy
 1610 life, and even in... When I think I left school
 at 15
 1611 and-a-half, I did Nursery training in the day

nurseries
 1612 in London, in wartime, for a year, I wanted to
 get
 back
 ++ Text units 1633-1651:
 1633 time. As I say, my district nursing was in East
 London,
 1634 we cycled all through the docks, and you could
 be
 helped
 1635 in the black of night and if you were in a
 nurses
 1636 uniform you were as safe as houses! You were!
 The
 Times
 1637 my chain broke on my bike, and somebody...
 "Here,
 mate,
 1638 do you want a hand there?". And that was it. In
 uniform
 1639 you were as safe as anything.
 1640
 1641 * INTERVIEWER

 1642 I wonder if that would be the case now?
 1643
 1644 * SUBJECTS

 1645 No. No. It certainly wouldn't. I wouldn't go
 there,
 and
 1646 I used to go over to the docks, you know. But,
 so OK.
 1647 when you... Through your life you fat changes,
 from
 the
 1648 point that you are actually evacuated from home
 and
 went
 1649 from mine head to Newton Abbot, and various...
 That
 must
 1650 have some effect on how you cope with things,
 because
 1651 you were on
 ++++++
 +++ ON-LINE DOCUMENT: Interview 3
 +++ Document Header:
 * No Header

 +++ Retrieval for this document: 69 units out of 3146,
 = 2.2%
 144 * subject
 ++ Text units 194-198:
 194 not. But you see now, going back to my first
 195 husband and that, there was no social
 196 security, and I had to wait until Harry was
 197 born before they applied for my widow's
 198 pension. See? Well, how was I going to live?
 592 * subject
 ++ Text units 610-622:
 610 experience, when my first husband died. We
 611 didn't have a bank account, we had a Post
 612 Office book. Now, we each had our own. And
 613 well, it took a long time, because I don't
 614 know if you know, but back in those days, a
 615 form from the Post Office had to go to his
 616 brothers. Well, one was killed in the July
 617 after him, but he had a brother in the air
 618 force, but his parents, my first husband's
 619 parents, his sister and his brother, they had
 620 to sign papers to say that they were willing
 621 for me to have his money from the Post
 622 Office. So if I haven't had... I mean, he was
 1042 * subject
 ++ Text units 1055-1057:
 1055 mother to go to work, I don't know what I
 1056 would have done, because you didn't get the
 1057 help in those days.
 1632 * subject
 ++ Text units 1633-1659:
 1633 Yes, but it's like I said, there's a lot of
 1634 people in the village that we don't know.

1635 When I was going to Evergreens, and this
1636 person caught me up, and I said "I'm going to
1637 Evergreens", well, she said "I am as well,
1638 because I want to ask you a few questions
1639 about the history of the village". Well, she
1640 said "what I want to know is, how did you
1641 manage to see before you had electric?".
1642 Well, I said "what do you think we did?
1643 Candies", I said, "and an oil lamp". Well,
1644 she said "what do you mean, an oil lamp?". So
1645 I tried to explain an oil lamp, and she said
1646 "what do you mean, you lit the oil?". I said
1647 "what are you talking about? We had a wick".
1648 "Well, what's a wick, string?". That so I
1649 said "if you'd like to call in and see me,
1650 I'll show you an oil lamp". So I mean to say,
1651 there's a lot of people that's new in the
1652 village. Because even when I lost my first
1653 husband, she was my teacher years ago, and
1654 she said "of course, you don't need any help,
1655 because he didn't drink" and this, that, and
1656 the other. and then another person that
1657 looked up and said, when Stan broke his leg
1658 in two places, she said "well, you don't need
1659 any help, you got two sons".

2914 * subject

++ Text units 2915-2935:

2915 Well, today you've got more help financially,
2916 whereas back in '44 you didn't. I mean, all I
2917 had was 10 shillings for Harry, 10 shillings
2918 for me. I know things were cheaper, but it
2919 was hard. It was hard. If I couldn't have
2920 gone to work, I don't know... Because
2921 financially then, you are helped more these
2922 days, that's the big difference. Well, things
2923 are so different from '44. I mean, my friend
2924 that's a little bit younger than me, she's
2925 been burgled, her daughter has been burgled
2926 three times. Whereas back in those days, I
2927 mean, I even had an allotment up here, when
2928 Raymond died, and I had to come up one
2929 morning picking out all of the shallots, but
2930 I left Harry asleep as a baby in his cot. But
2931 he wasn't locked in or nothing. I know it was
2932 a thing to do, but I wasn't gone long, I come
2933 up and got them out and then go back up and
2934 pick them up and spread them out when I got
2935 back, you know stop..

+++++

+++ ON-LINE DOCUMENT: Interview 4

+++ Document Header:

* No Header

+++ Retrieval for this document: 15 units out of 1907,
= 0.79%

464 * subject

++ Text units 465-479:

465 Well, there again, you see, it was a gradual
466 process for me, because my wife had been ill.
467 It didn't make it any easier. I mean, I am a
468 reasonable Cook, but it's such a bore! I
469 mean, things are so different for students
470 these days. When I was a student who I lived
471 in college, and everything was laid on-in
472 fact, the whole of my life, because until I
473 first got married I live with my parents, my
474 first wife hadn't got a job and when I
475 married Martha she'd given up teaching, and
476 she took some part time work. Then, when she
477 had Charles, she gave up altogether until he
478 was about... Well, until he started to go to
479 school. Then she got a part-time job.

+++++

+++ Total number of text units retrieved = 221

+++ Retrievals in 4 out of 5 documents, = 80%.

+++ The documents with retrievals have a total of 9806
text units,

so text units retrieved in these documents = 2.3%.

+++ All documents have a total of 11111 text units,
so text units found in these documents = 2.0%.

+++++

+++++

Q.S.R. NUD.1ST Power version, revision 4.0.
Licensee: University of Plymouth.

PROJECT: Data Analysis, User Simon Bird, 12:08, 24
Jul, 1999.

(2 16 37) /Grief Process/Things that
Need to be Done/Rituals and Commemoration ?

*** No Definition

+++++

+++ ON-LINE DOCUMENT: Interview 1

+++ Document Header:

* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 98 units out of 2452,
= 4.0%

196 * SUBJECT

++ Text units 641-649:

641 a cremator. There's a chapel attendant, they
642 all know me, they will all come and wave or
643 shake hands or come and have a chat. I said
644 "I go..." I mean, if I went to Seatown today,
645 and the weather permits, I would call in on
646 the way back. I could spend two hours there.
647 I have 10 minutes round the back where Alice
648 is, then I go round and see the others. And I
649 see John. "Haven't seen you for weeks Len".

++ Text units 665-669:

665 I've gone". So I don't. But I take something
666 from the garden. Always take some lavender,
667 or a rose, or something, I always take
668 something from the garden, some heather from
669 out the rockery out front. I don't buy

++ Text units 671-675:

671 to, so I don't. She used to love the roses,
672 she used to love the garden, and now with the
673 spring coming there will be Lily of the
674 valley going down, and there will be all
675 sorts of little things going down. When she

++ Text units 695-701:

695 and I'll come with you". And she came with me
696 for an hour, and sat with me on a bench. And
697 she gave me a plan of the plot where Alice
698 is. But, there's quite a lot to the plot, I
699 mean they put ashes here, they put ashes
700 there, they don't scatter them, they dig a
701 hole and bury them. But you can get a rough

++ Text units 705-711:

705 it out. They don't allow flowers dumped down
706 any old how, and they ask you to put them in
707 the book of remembrance room. Just at the
708 back of the piece of grass where Alice is,
709 there's a border with a double flowering
710 cherry in. And I take something from the
711 garden and put it in the border. Now, I was

++ Text units 715-735:

715 only goes every three months. And he phoned
716 me over and he said "you want to go down to
717 the crematorium Len?". I said "lovely". He
718 said "I'll pick you up about two o'clock", so
719 down we went. I went with him about three-
720 times. I got there one Sunday, and there's a
721 circle about 6 ft in diameter, nicely dug and
722 heaped with topsoil. I thought "I wonder what
723 they're putting in there". So on the Monday I
724 went back to the office, I went in and I told
725 them and I said "what are you putting in the
726 circle?". Julia said "well, let's go and
727 get the supervisor out, he'll tell us". I
728 said "you putting roses in? If so, can I buy
729 them?". And he said "no. We've taken roses
730 out, they've been in 15 years and the ground
731 gets stale for roses. We're putting in a 12
732 ft tulip tree, which is like a magnolia but a
733 standard. And I'd only ever seen one before,
734 and that was with Alice on holiday on the
735 Isle of Wight [tears]. And when we were there

++ Text units 742-750:

742 Alice and I a, and this was on the Isle of
743 Wight. Now they're planting one. And I was
744 round there one day and the grounds men were
745 working and they said "how go, Len?" I said

746 "all right". They said "we're preserving all
747 the timbers on the benches". They said "when
748 we've finished, we'll put you one by your
749 tree for you". And I gave £20 towards the
750 tulip tree. And then, last September John,
++ Text units 754-758:
754 Alice is". He said "you see that patch of
755 soil, where you put your odd rose from the
756 garden, can we have permission to put a
757 fuchsia in there?". I said "with the greatest
758 of pleasure". So they put a fuchsia in. Now,
1527 * SUBJECT
++ Text units 1557-1564:
1557 register, 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 Lillian 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.
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 groundsman have told me you've change your
2279 flower". It's either a carnation, or a rose,
2280 or something. 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
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 name it, all I've got left is some ashes
2288 under some turf. So it's nothing for me to go
2289 down there and spend half an hour. And I'm in
2290 that vicinity. A lot of people have said to
2291 me that it's morbid. I've shown people a
2292 book, and they said to me "Where's this
2293 beautiful garden". I said "it's the cemetery
2294 at Seatown". "Get out!". I said "it is, but
2295 not all of it. It's where Alice is".
++++
+++ ON-LINE DOCUMENT: Interview 2
+++ Document Header:
* Interview 2-Ethel, 22nd March 1999-Interview
Duration
+++ Retrieval for this document: 26 units out of 2301,
= 1.1%
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
was
164 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
such
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 here 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,
that
177 somehow give you strength because... However
much you
178 think you're prepared, you're not [laughs],
and...
1975 * 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
that
2009 was what his comment was". Because I daren't let
my
2010 husband go to the door when somebody like
Jehovah's
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,
but... So
if
++++
+++ ON-LINE DOCUMENT: Interview 3
+++ Document Header:
* No Header
+++ Retrieval for this document: 77 units out of 3146,
= 2.4%
++ 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 packed Church,
306 you see. And as he was a bugler, he was a
307 bugler for general Sikorski's funeral, the
308 Polish general, which we've got a set of
309 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
336 boy, and he actually did the bugling at the
337 funeral. It was wonderful. That was the only
338 thing we didn't get, because there's a tape-
339 recorder my nephew had going in the Church,
340 so we got the full service, but we didn't get
341 the bugling, you see? Which was nice, it was
342 nice, and he did a really good job, that lad.
343 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

356 husband, I didn't do as I was... I did on the
357 first husband, but not with my second
358 husband, but you think about it... Someone
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:
375 I don't know. You try to keep up, you bite
376 your lips and that, because there are so many
377 people around you. And I think they are
378 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
912 over to the car, and we'll take you down the
913 hall". And one was saying "here's a sandwich
914 for you", the other one went off and got a
915 drink, and... I was in Gentleman's service.
916 you see, in my teens, and the Grand son from
917 Cirencester came to the funeral, and he said
918 "well, you see Mabel, you're the last link
919 with the family". And that was nice. And his
2836 * subject
++ Text units 2876-2889:
2876 Now, he had a Union Jack, a big Union Jack,
2877 and just before he died, Julien, what was a
2878 scout who used to help him with it, he said
2879 could you borrow it, it was for a funeral.
2880 And Stan said yes. The day of the funeral, I
2881 said "Julien, did you ever bring Stan back
2882 that flag?". "No", he said, "but skip knew
2883 all about it, he said well don't worry about
2884 it my son". I said "is that what he said?".
2885 he said yes, I said "right, you keep it,
2886 we'll say Stan bequeathed it to you". And
2887 that was that. But we've got some more
2888 somewhere, but we haven't been able to find
2889 them.
++++
+++ ON-LINE DOCUMENT: Interview 4
+++ Document Header:
* No Header

+++ Retrieval for this document: 8 units out of 1907,
= 0.42%
310 * subjects
++ Text units 311-318:
311 Well, they had it at the crematorium because
312 Martha didn't want any great fuss about it.
313 And then we had a party afterwards. I suppose
314 there were about 40 of us. I was a bit
315 disappointed that one or two off her
316 particular friends, and mine too, weren't
317 able to come. Because they came from all over
318 the place, she had a wide circle of friends.
++++
+++ ON-LINE DOCUMENT: Interview 5
+++ Document Header:
* No Header

+++ Retrieval for this document: 34 units out of 1305,
= 2.6%
533 * subject
++ Text units 536-547:
536 mean, what was there to do? We discussed how
537 she wanted to be dealt with when she died,
538 and we talked about the service. I prepared
539 everything, and put things down in the
540 notice, and everything. She wanted a
541 particular few words put in the funeral
542 notice, which we've always known. It's quite
543 simple really. What is it? [looks at funeral
544 notice]... "When it is night, the sun still
545 shines, but in another clime". In other
546 words, there's another world there. It's all
547 very interesting. But as I say, if you
711 * 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, I
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
++++
+++ Total number of text units retrieved = 243
+++ Retrievals in 5 out of 5 documents, = 100%.
+++ The documents with retrievals have a total of
11111 text units,
so text units retrieved in these documents = 2.2%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 2.2%.
++++

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

PROJECT: Data Analysis, User Simon Bird, 0:57, 24 Jul,
1999.

++++
(1 26 2 70) /Influences on Grief
Experience/Triggers and Reminders/Time
Reminders/Significant Dates
*** Definition:
Significant times of loss, eg at public holidays,
anniversaries etc. Anything perceived by the person
as ironic, poignant, or notable about the ti
++++
+++ ON-LINE DOCUMENT: Interview 1
+++ Document Header:
* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

+++ Retrieval for this document: 59 units out of 2452,
= 2.4%
196 * SUBJECT
++ Text units 769-770:
769 daughters. How I got out to Norway, and
770 especially the first Christmas, I'll never
++ Text units 779-792:
779 tell you. But Neil says "I think we should
780 all be together for Christmas Day", and he's
781 coming over in August, he's coming to
782 Newcastle and he'll motor down here and he's
783 booked a cottage in Devon. You see, Julie
784 died the 12th August, 10 years ago. Alice
785 died the 5th August, 18 months ago. She was
786 cremated on the 13th. Neil's birthday is the
787 14th August. So he insists he pays, you won't
788 have any money off me but I get him back in
789 other ways, that we're all together, out of
790 this area, all together for August,
791 especially that week. "It's too much for you
792 on your own, dad".
++ 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 come from
882 Birmingham, they've been here from Norway,
883 and I was very pleased that Fay made use of
884 the table. Plus the fact that anybody up to
885 any skulduggery, seeing people coming
886 backwards and forwards... You see what I
887 mean? So I was quite happy and I told Alice
888 "I've lent Fay our kitchen table love". And I
889 was quite pleased to do it, and I left the
890 radiators on just low, to keep the place
891 warm. Karl popped in. And basically I tried
1176 * SUBJECT
++ Text units 1403-1414:
1403 It's a good little road. Now I was going into
1404 flats, as I say, in the close near the
1405 cathedral. Janet wrote from Lichfield... When
1406 I cancelled the sale and had the board taken
1407 down. She said "it's a good job you didn't
1408 come. The flat you were going to have, number
1409 three, weather permitting, Christmas Eve the
1410 choir would have come out of the cathedral
1411 and sung carols under your window". She said
1412 "you'd have gone round there like a headless
1413 chicken, because Alice wasn't with you. It's
1414 a good job you didn't come". And er ... It
++ Text units 1463-1476:
1463 Christmas, New Year's Eve out in Norway...
1464 This year, he wanted me to stop for Christmas
1465 and New year. I wouldn't the year before
1466 because I said "no. I want to be in my own
1467 house to say goodbye to the year that I said
1468 goodbye to your mother". Now, this time I was
1469 out there. And there was quite a crowd of us,
1470 all linking arms, singing Auld Lang Syne.
1471 When it's finished, I went outside and cried.
1472 Neil's said "are you all right, dad?". I said
1473 "yes". I said "what you can't imagine, son,
1474 for 57 years your mother and I have linked
1475 arms and held hands with a load of people and
1476 sung that. Now she's not here [tears]". And
++++
+++ ON-LINE DOCUMENT: Interview 2
+++ Document Header:
* Interview 2-Ethel, 22nd March 1999-Interview
Duration
+++ Retrieval for this document: 21 units out of 2301,
= 0.91%
698 * SUBJECT
++ Text units 753-755:
753 is half listening to that and there's people
ringing.
I
754 rang in on Christmas Eve, and I rang in on
year's
Eve I
755 think, only to say happy Christmas, best
wishes... I
787 * SUBJECT
++ Text units 827-830:
827 whatever. Yes, the worst time for me is the 10
days.
828 fortnight before Christmas, because my husband
died
on
829 the 11th December, my birthday is the 15th, my
mother
830 died on the 17th December... she lived here with
us
for
899 * SUBJECT
++ Text units 902-915:
902 From when we were first married, we agreed that
903 Christmas Day was our day at home. When the
kiddies
were
904 young, of course, they were at home, but as they
grew
up
905 they went off to friends, we didn't say "you've
got
to
906 be here for Christmas", and I know people who do
say
907 that, but that was their choice. But, it was...

my
908 husband wouldn't go anywhere else on Christmas
Day,
no
909 matter how many invitations we had, we stayed at
home
910 Christmas Day. It was just something we always
done.
So
911 I feel it's more natural for me to be here, and
to a
912 certain extent I suppose I have some belief of
spiritual
913 presence, and I think that somehow that's where
I
need
914 to be. I mean, other than that... I'm not
spooky, or
915 anything like that! But that's my way of putting
it!
++++
+++ ON-LINE DOCUMENT: Interview 3
+++ Document Header:
* No Header
+++ Retrieval for this document: 29 units out of 3146,
= 0.92%
52 * Subject
++ Text units 101-108:
101 called in to him and he came up, and... Well
102 of course, we still had all the Christmas
103 stuff, because Barry had a crib in the hall
104 you see. Well all that was still there, you
105 see, because he d'say "oh, you've got to
106 leave it, that three wise men don't go until
107 so many days afterwards". So that was all
108 there. So they set to and cleared everything
2559 * subject
++ Text units 2605-2615:
2605 the throat". That was his own mother. She
2606 died on his third birthday. I mean, I know
2607 when all this happened, you think "well, can
2608 there be a God? Can there be any body up
2609 there? Why should it happen to me?". I mean,
2610 Raymond died, Harry was born, I was up day
2611 and night with his sister, she nearly lost
2612 her life having her baby. Then mum was
2613 killed. So we had two deaths and two births
2614 all within three months. And you think "well,
2615 he's never going to see the child". And it
2787 * subject
++ Text units 2788-2797:
2788 Oh, I've still got a drawer full of his stuff
2789 what he had that Christmas.
2790
2791 * interviewer
2792 The Christmas that he died?
2793
2794 * subject
2795 Yes. Because that was January 13th... Like I
2796 said, we still had the crib, there was still
2797 all his stuff about. I am going to give a
++++
+++ Total number of text units retrieved = 109
+++ Retrievals in 3 out of 5 documents, = 60%.
+++ The documents with retrievals have a total of 7899
text units,
so text units retrieved in these documents = 1.4%.
+++ All documents have a total of 11111 text units,
so text units found in these documents = 0.98%.
++++

Q.S.R. NUD.IST Power version, revision 4.0.
Licensee: University of Plymouth.
PROJECT: Data Analysis, User Simon Bird, 1:24, 24 Jul,
1999.

.....

(1 1 29 5) /Influences on Grief
Experience/Personal Influences/Coping Responses to
Grief/Social

*** No Definition

*** ON-LINE DOCUMENT: Interview 1

*** Document Header:

* INTERVIEW 1-'LEN', 29TH JANUARY 1999.

*** Retrieval for this document: 68 units out of 2452.
= 2.8%

1176 * SUBJECT

++ Text units 1325-1330:

1325 just shuffles, he's really bad. Now I take
1326 her shopping, because by the time you've got
1327 a packet of toilet rolls and four pints of
1328 milk, how you going to carry anything else?
1329 They haven't got a car, she's back on the
1330 bus, so I'll take her you see. She'd say "I
++ Text units 1365-1370:

1365 somewhere. There's something". Fay, over the
1366 road, she's lost her dad, and her sister,
1367 last year, both of them. And she said only
1368 the other day she said "I've been talking to
1369 Sheila. Why do we do it? Why do we hurt
1370 ourselves?". I said, "I don't know". It's
1587 * SUBJECT

++ Text units 1597-1603:

1597 can be a very cold, heartless world. Fay, one
1598 of my neighbours, Karl, the doctor, even the
1599 pharmacist in the medical centre, you,
1600 Marion, any body that... You see, it's
1601 company I like, I've always had company all
1602 my life, then all of a sudden I'm on my own
1603 in my twilight years. And I'm not afraid to
1944 * SUBJECT

++ Text units 1955-1957:

1955 mean, I might go over like I did this morning
1956 to Fay. "I've got to go and post a letter, is
1957 there anything you want?..."

++ Text units 1962-1994:

1962 ... So I feel proud [to be able to run
1963 errands for neighbours]. I'm doing a job. And
1964 I was saying to Sylvia, I mean... She has to
1965 go to the pharmacy with a prescription. You
1966 see, she can walk out of here and literally
1967 walk on to the bus if she times it right
1968 which will drop her at the Medical Centre.
1969 But she might have to wait for three-quarters
1970 of an hour to get back. And she's only taking
1971 a prescription in. So I said "any time you've
1972 got a prescription for yourself or for Don,
1973 let me have it". Now I get up there about a
1974 quarter past 12, the pharmacy closes at one.
1975 That doctors have virtually finished their
1976 shift and they all close at one. So there's
1977 only what you might call the odd hangers on
1978 knocking about around half 12. You've got
1979 room to park. Get in the car park, drop off
1980 the prescription in the box, about three days
1981 later I go up at half 12, ask for the
1982 prescriptions, go in the pharmacy and get
1983 them and I'm back. Otherwise you find
1984 yourself parking somewhere up old Church
1985 Road. And I'm pleased to do it. I have
1986 thought it out... 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
2010 * SUBJECT

++ Text units 2016-2028:

2016 you see. And I don't mind doing these jobs
2017 for people, because as I say it's company and
2018 it gets me through the day. And I let them
2019 know where I'm going. I said to Fay "I'm
2020 going down to Seatown tomorrow to the chippy,
2021 is there anything you want?". And she says

2022 "ah, the pound shop. Bring me so and so". And
2023 I'm chuffed to do it. And then, one time Fay
2024 said "are you going anywhere near Dolphin
2025 Square?". "No, why?". She said "Grandma wants
2026 some knitting wool". I said "if Gran wants
2027 knitting wool in Dolphin Square, Gran shall
2028 have knitting wool from Dolphin Square". So

*** ON-LINE DOCUMENT: Interview 2

*** Document Header:

* Interview 2-Ethel, 22nd March 1999-Interview
Duration

*** Retrieval for this document: 53 units out of 2301.
= 2.3%

452 * SUBJECT

++ Text units 492-494:

492 So I find that, as I say, the horticultural
group,

there

493 are interested in their plants, but other things
come

494 into it. And also if I get [tape unclear for two

1178 * SUBJECT

++ Text units 1200-1210:

1200 houseworking... So, future-wise I think I
want...

That's

1201 the only thing is that I feel... I want to feel
that

I

1202 can be useful. One of the reasons that I wanted
to

being

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

some

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.

1664 * subject

++ Text units 1675-1686:

1675 "right, when's a good time to ring?". I ring
often.

I

1676 try to make sure I ring her, and sometimes I
make her

1677 ring up and I ring her back. Because I feel this
is

my

1678 thing, the telephone call, I don't want them to
have

1679 more expenses than... Because that's the other
thing,

my

1680 telephone is my lifeline. And yes, I do natter
on the

1681 phone. But I always say "right. Are you busy?".
Because

1682 I can shut up if I've got to. My son up in the
1683 Cotswolds, yes, I usually ring. He'll every so
often

say

1684 "all right then!". A sort of keep in touch, and
I

think

1685 if one of them, like Michael, knew there was
anything

1686 wrong, he would be in touch with them. As I say,
we've

1773 * SUBJECT

++ Text units 1788-1793:

1788 she's still having to carry... Because others
 are not
 1789 quite coping so well, but, yes, I've been able
 to
 talk
 1790 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
 1793 way I've found things. One person has a family
 still
 ++ Text units 1805-1816:
 1805 is still going on around you. So, that's.. But,
 yes... I
 1806 think what's been helpful, most helpful, is
 people
 that
 1807 have been able to listen, because all right, I
 can
 talk
 1808 on about my husband now, it gives me pleasure to
 talk
 1809 about him, and I used to find that I needed to
 go on
 1810 talking away about it, and and they'd, the
 people
 that
 1811 listened, I realised afterwards "oh my goodness,
 they
 1812 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.
 1897 * 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
 2030 * 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%
 1042 * subject
 ++ Text units 1043-1057:
 1043 I only know what... When I [tape unclear for
 1044 two seconds]... therapy treatment, the nurse
 1045 looked at me and she said "would you like to
 1046 get in touch with these (I can't remember who
 1047 they were) but it was for people who were
 1048 bereaved, you can have counselling. Well I
 1049 never did, because I thought "well, I've got

1050 friends around me I can call on, and I've
 1051 been through it before". Which then, apart
 1052 from Jane and my parents, which you see... I
 1053 had to go to work when Harry was three months
 1054 old, and if I couldn't have dumped him on my
 1055 mother to go to work, I don't know what I
 1056 would have done, because you didn't get the
 1057 help in those days.
 ++ Text units 1338-1346:
 1338 * interviewer
 1339 Have you talked to them about your feelings
 1340 about the death?
 1341
 1342 * subject
 1343 Well, not to the doctor. But the person who
 1344 came about the war pension, well she came,
 1345 and she was very helpful. And naturally we
 1346 did talk, we did talk, yes. And of course I
 1592 * subject
 ++ Text units 1597-1611:
 1597 not very communicative in that way. So if I
 1598 don't see anyone, when I go I get my pension,
 1599 then I will go round and see a [tape unclear
 1600 for one second] and say "well, I'll not stay
 1601 for long", say that I've called, see how you
 1602 are, you know. It usually me that's doing the
 1603 visiting, and he won't leave her, you see? I
 1604 know she's older and all and... Sometimes I
 1605 [tape unclear] have got something, and I'll
 1606 make something to take to him, and she'll say
 1607 [tape unclear]. Then he said to me when I saw
 1608 him a week ago, he said "oh, [tape unclear
 1609 for two seconds] she won't eat this, she
 1610 won't eat that", but I'm one for
 1611 experimenting, and having a go... Brenda's
 ++++++
 +++ ON-LINE DOCUMENT: Interview 4
 +++ Document Header:
 * No Header
 +++ Retrieval for this document: 22 units out of 1907,
 = 1.2%
 577 * subject
 ++ Text units 578-599:
 578 I mean, I don't unburden myself. The nearest
 579 I came to it, there's... Well, I call her a
 580 girl, she's 55 I think, she lost her husband
 581 to lung cancer, oh, 25 years ago, and she
 582 married again. She had... She farms, she had
 583 an open day and I was on the gate, and she
 584 gave me lunch because I was there over lunch
 585 time, and we were talking on our own hands
 586 she's had a very tough life, and we were
 587 discussing... Actually, what happened when
 588 her husband died, she thought of coming to
 589 live in the House that belonged to me down
 590 the road. And then, she was going to sell
 591 farm, and a I didn't think it was a very good
 592 idea, that chap who wanted to buy it wanted
 593 to [tape unclear for one second]... And
 594 eventually she decided to keep it on and she
 595 met this other chap, and they were married
 596 with a year. And I'm not sure that it really
 597 worked out! Well, we have a sort of common
 598 bond, I feel, I don't know whether she feels
 599 that!
 ++++++
 +++ ON-LINE DOCUMENT: Interview 5
 +++ Document Header:
 * No Header
 .
 533 * subject
 ++ Text units 554-556:
 554 everybody.. I devote my time and my life to
 555 helping my family, and anybody else who wants
 556 it, who ask or are ready for it. A lot of
 852 * subject
 ++ Text units 868-879:
 868 just managing to live, gradually. And one of
 869 them particularly, I say to her "look forward

+++ Retrieval

870 to what you've got coming dear, you are going
 871 to meet your husband and all your friends,
 872 and things like that". And she's got to the
 873 state now where she looks forward to this.
 874 You know, "I don't know what I'd do without
 875 you", sort of thing. And another person, one
 876 or two people I have managed to help very
 877 much, because some people are ready for the
 878 knowledge, the awareness if you like of the
 879 power of the Godhead, call it what you will.

+++++

+++++

+++ Total number of text units retrieved = 197
 +++ Retrievals in 5 out of 5 documents, = 100%.
 +++ The documents with retrievals have a total of
 11111 text units,
 so text units retrieved in these documents = 1.8%.
 +++ All documents have a total of 11111 text units,
 so text units found in these documents = 1.8%.

+++++

+++++

Appendix Eleven

*Inter-rater Agreement
Table*

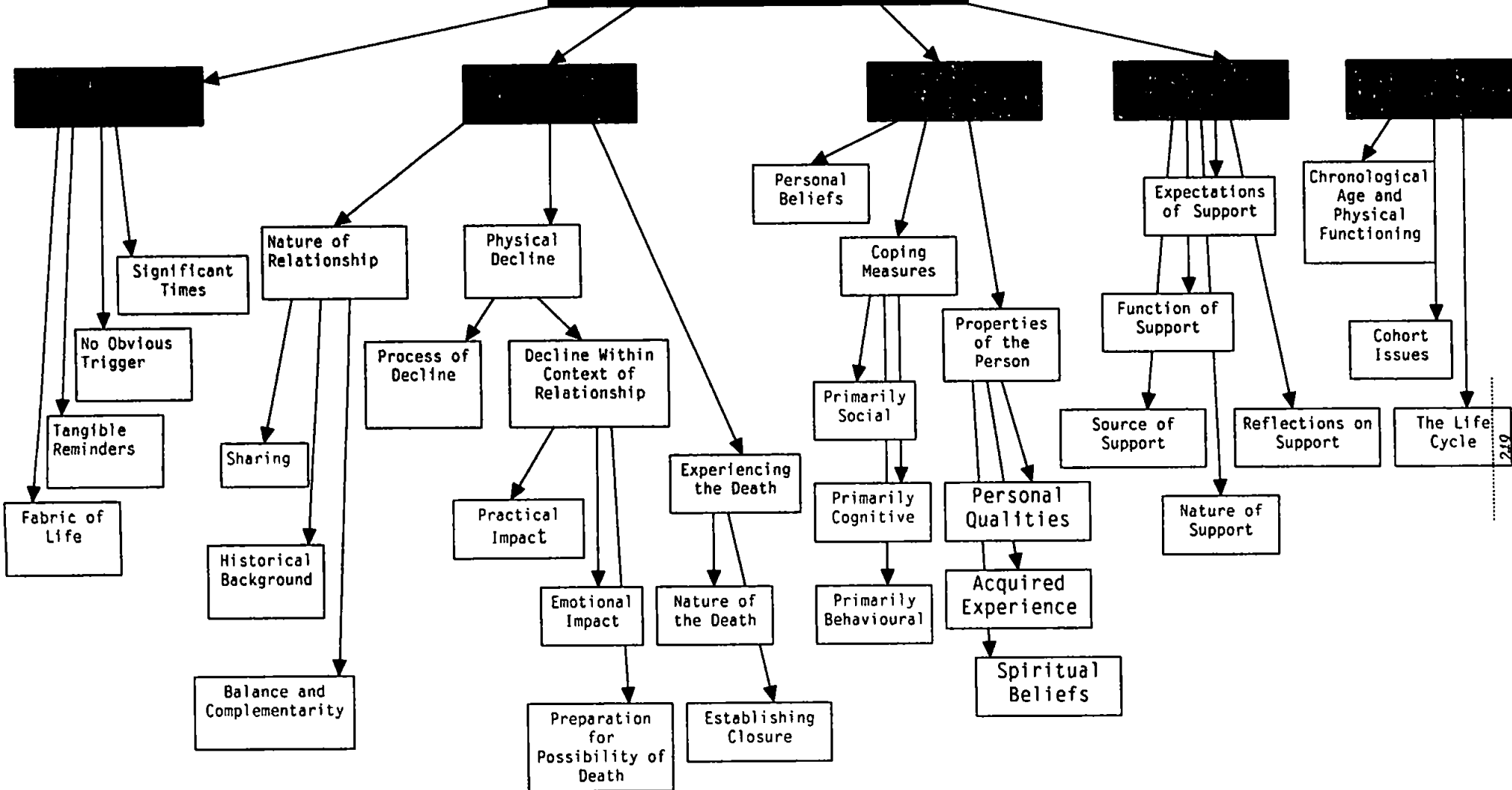
Table showing breakdown of inter-rater agreement on sample coding sections

Name of Code	Percentage Agreement
Influences on Grief experience \ Death and Pre-Death Period \ Nature of Relationship \ Balance and Complementarity	98%
Grief Process \ Continued Presence of Deceased \ Establishing Continuity \ Behavioural Continuity	92%
Positive Outcomes \	95.5%
Influences on Grief \ Death and Pre-Death Period \ Experiencing the Death \ Establishing Closure	94%
Influences on Grief Experience \ Support from Others \ Expectations of Support	92.8%
Experience of Grief \ Meaning and Purpose in Life	100%
Grief Process \ Continued Presence of the Deceased \ Experienced form of Continuity \ Paranormal Representations	100%
Experience of Grief \ Perception of What is Lost	95%
Influences on Grief Experience \ Personal Influences \ Properties of the Person \ Personal Qualities	91.6%
Influences on Grief Experience \ Death and Pre-Death Period \ Physical Decline \ Decline Within Context of Relationship \ Practical Impact	94%
Influences on Grief Experience \ Specific Older Adult Influences \ Cohort Issues \ Reflections on Cohort Membership	100%
Grief Process \ Legal and Cultural Factors \ Rituals and Commemoration	100%
Influences on Grief Experience \ Triggers and Reminders \ Time Reminders	90.9%
Influences on Grief Experience \ Personal Influences \ Coping Responses to Grief \ Social	100%
Total Agreement Level:	96%

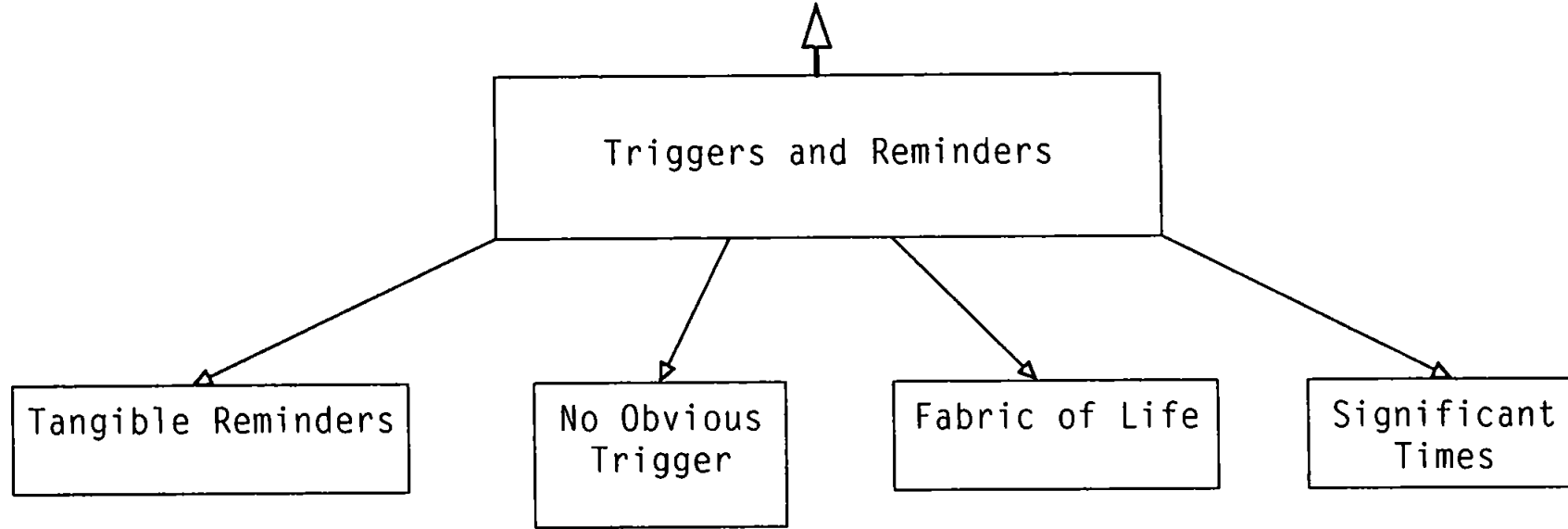
Appendix Twelve

Hierarchical Coding Trees

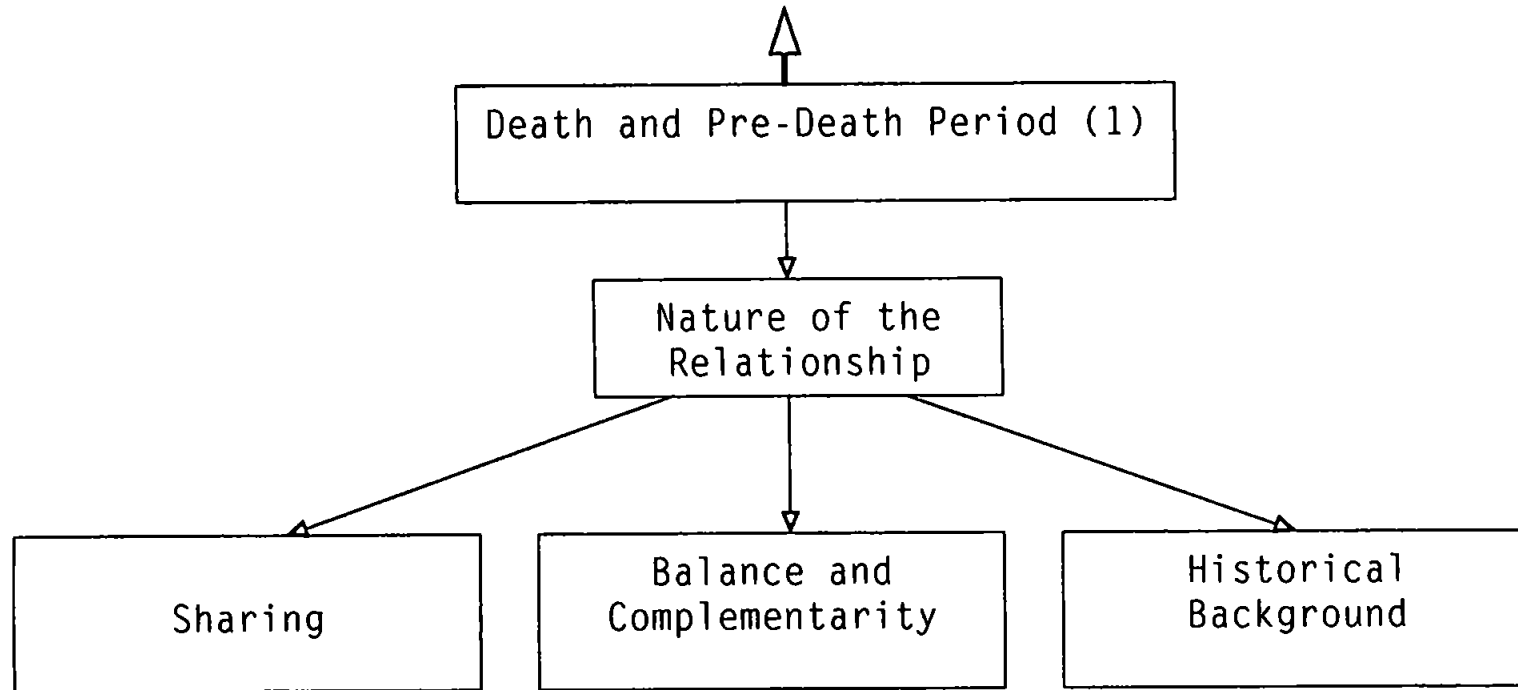
Influences on the Grief Experience



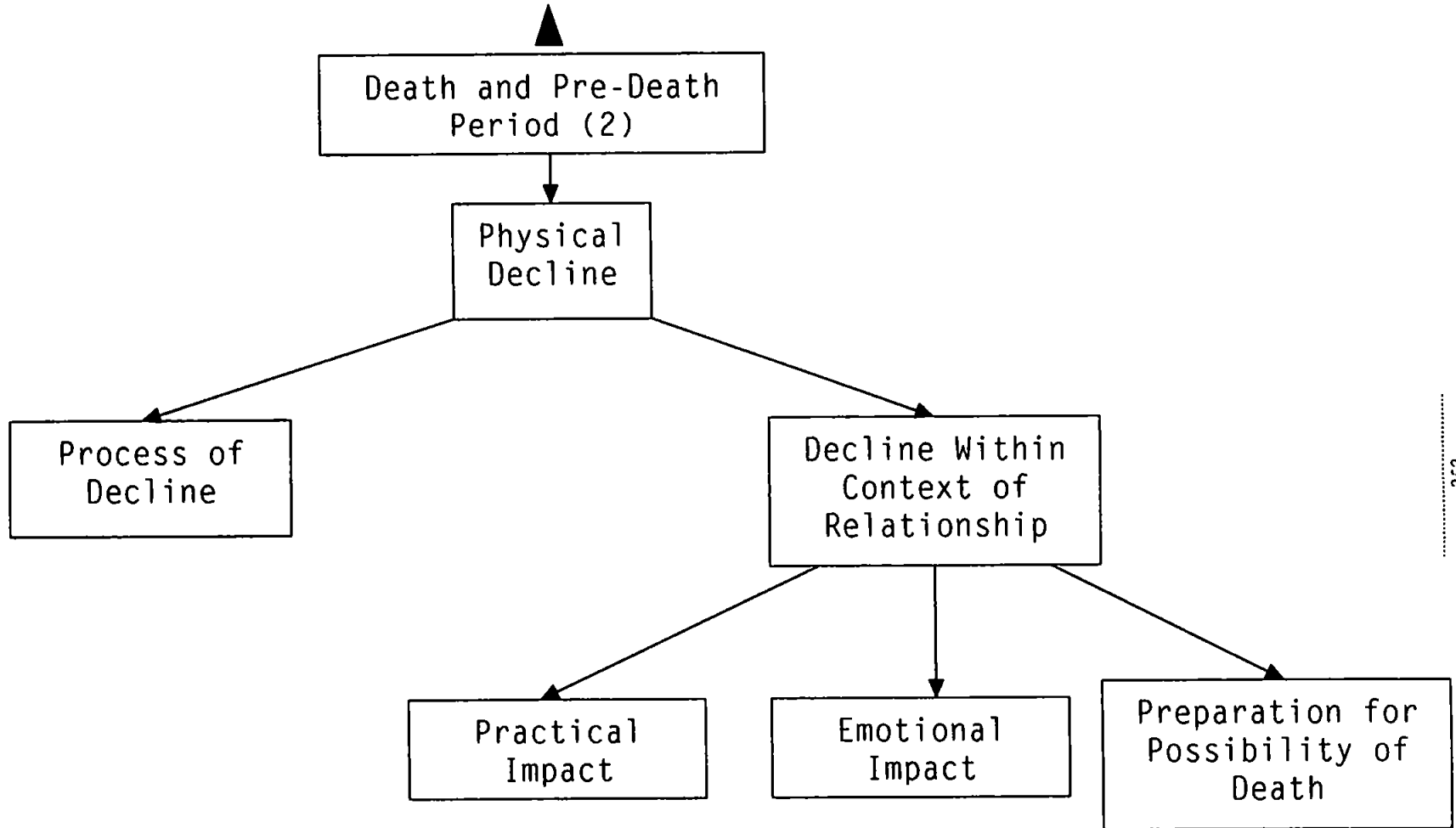
INFLUENCES ON THE GRIEF
EXPERIENCE



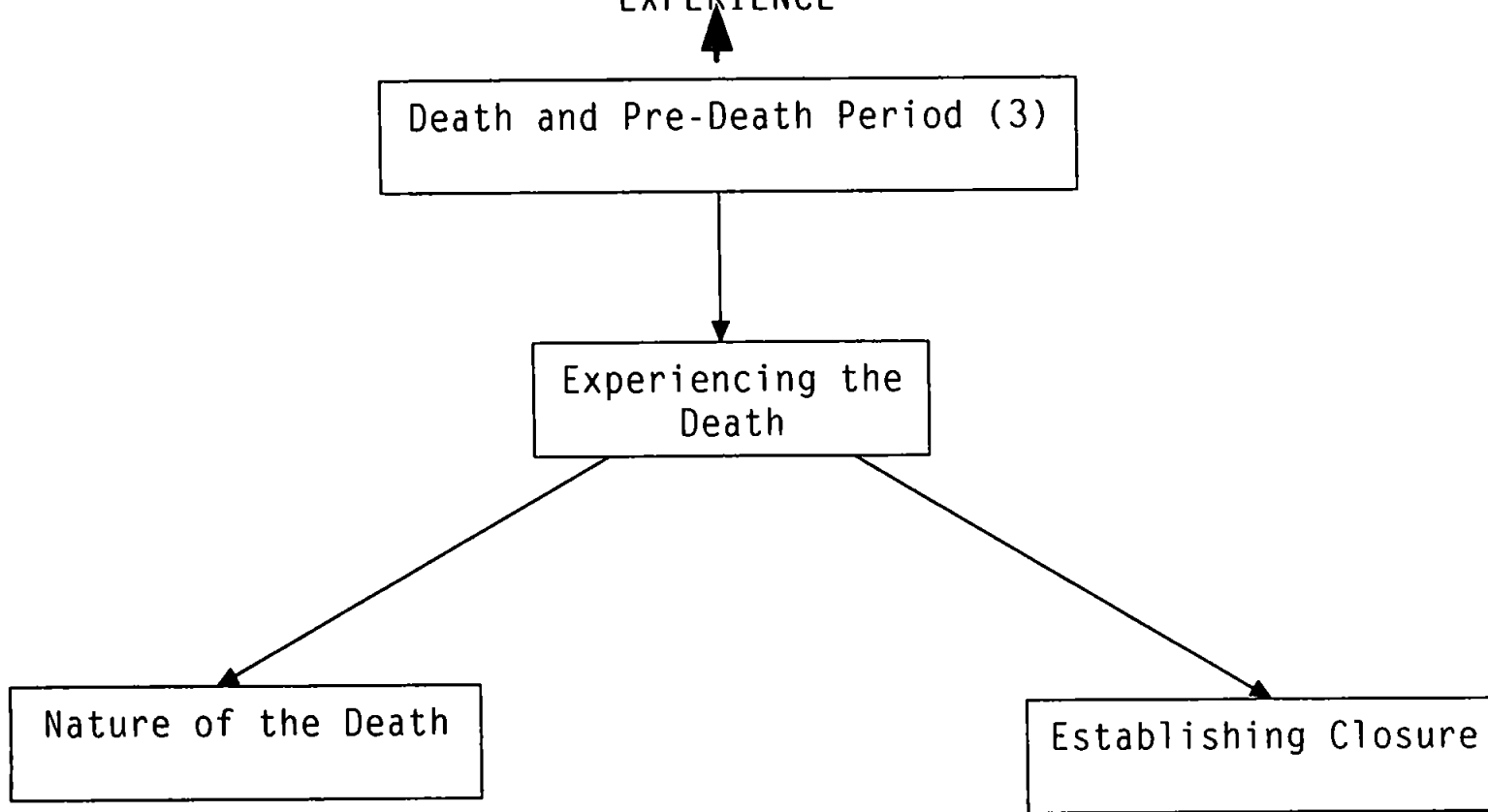
INFLUENCES ON THE GRIEF
EXPERIENCE



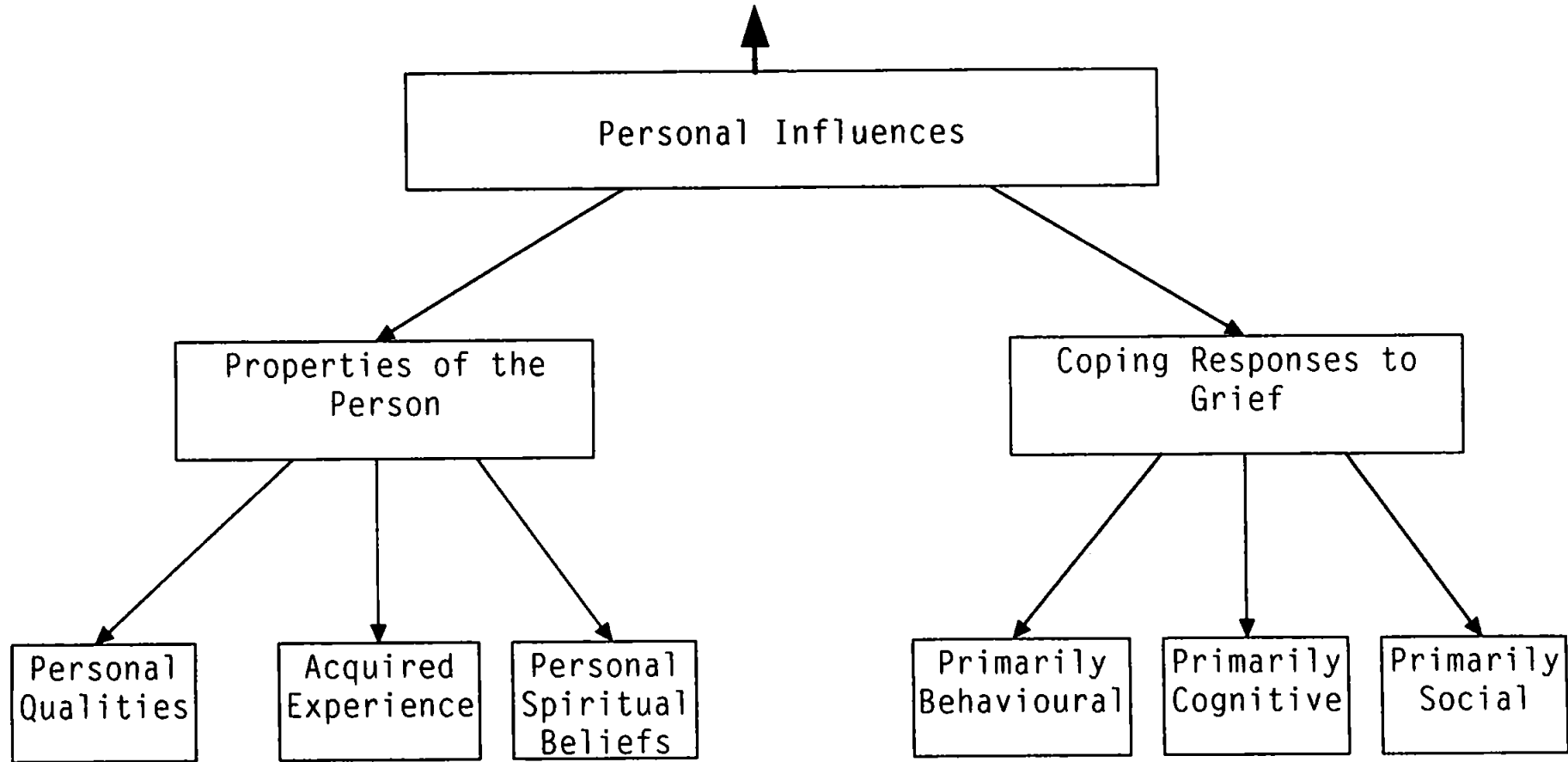
INFLUENCES ON THE GRIEF
EXPERIENCE



INFLUENCES ON THE GRIEF
EXPERIENCE



INFLUENCES ON THE GRIEF EXPERIENCE



INFLUENCES ON THE GRIEF
EXPERIENCE



Support from Others

Source of
Support

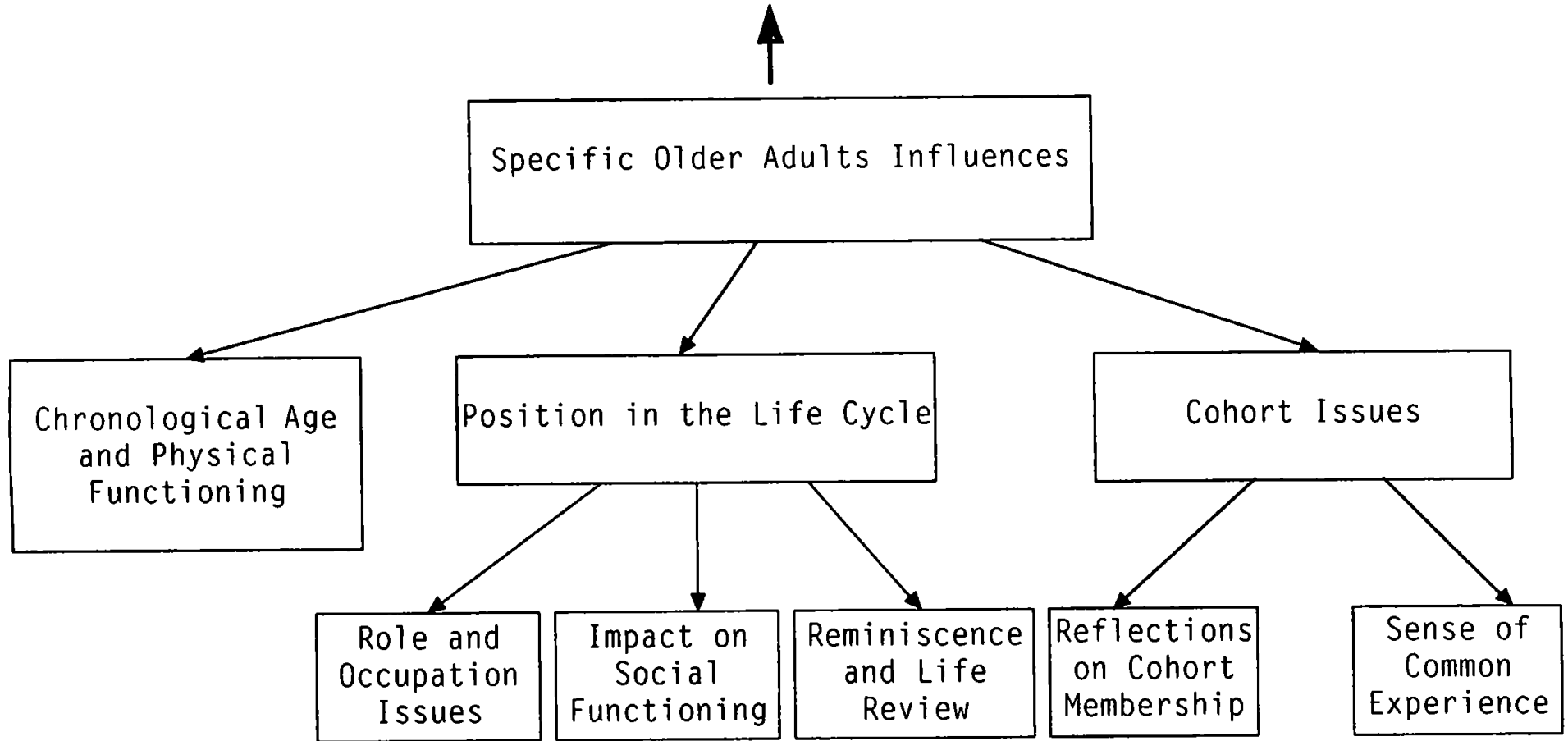
Form of
Support

Function of
Support

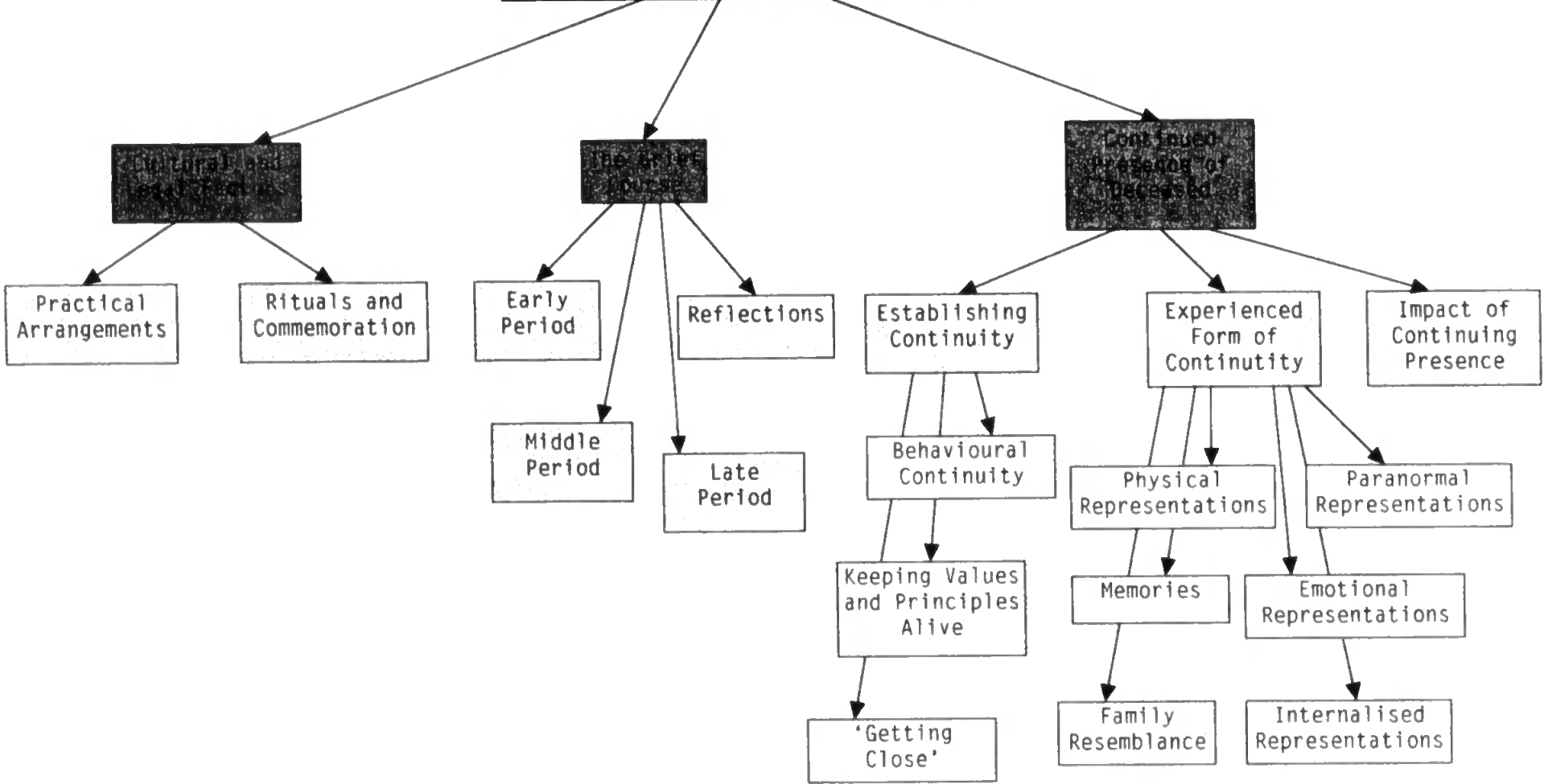
Expectations
of Support

Reflections on
Support

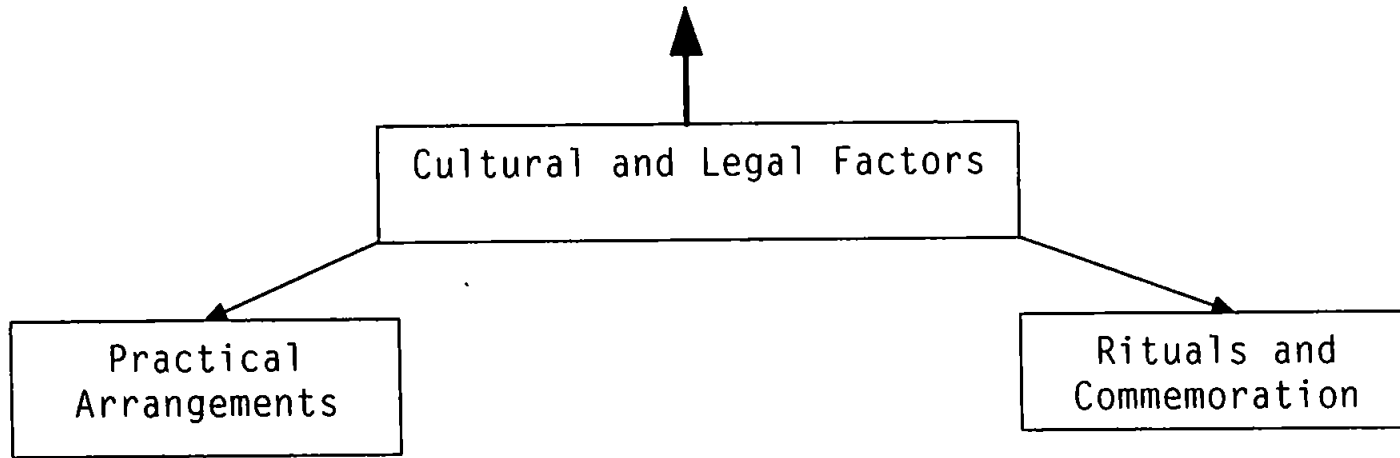
INFLUENCES ON THE GRIEF EXPERIENCE



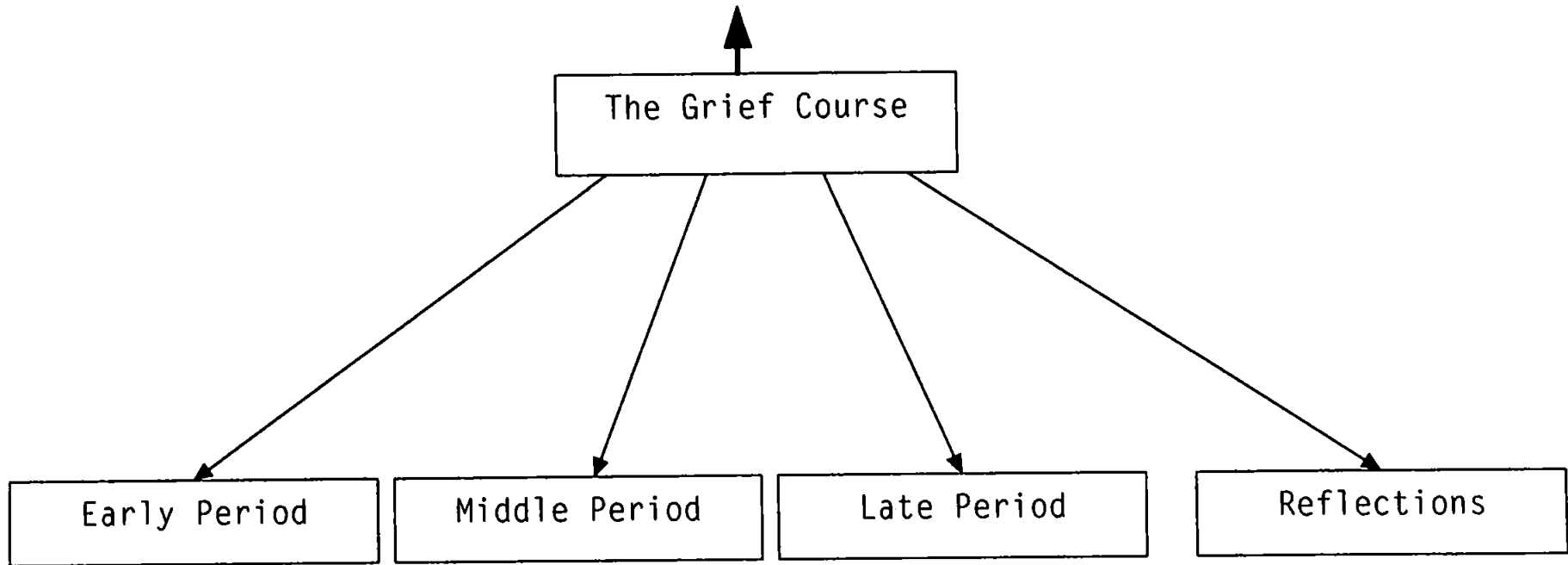
The Grief Process



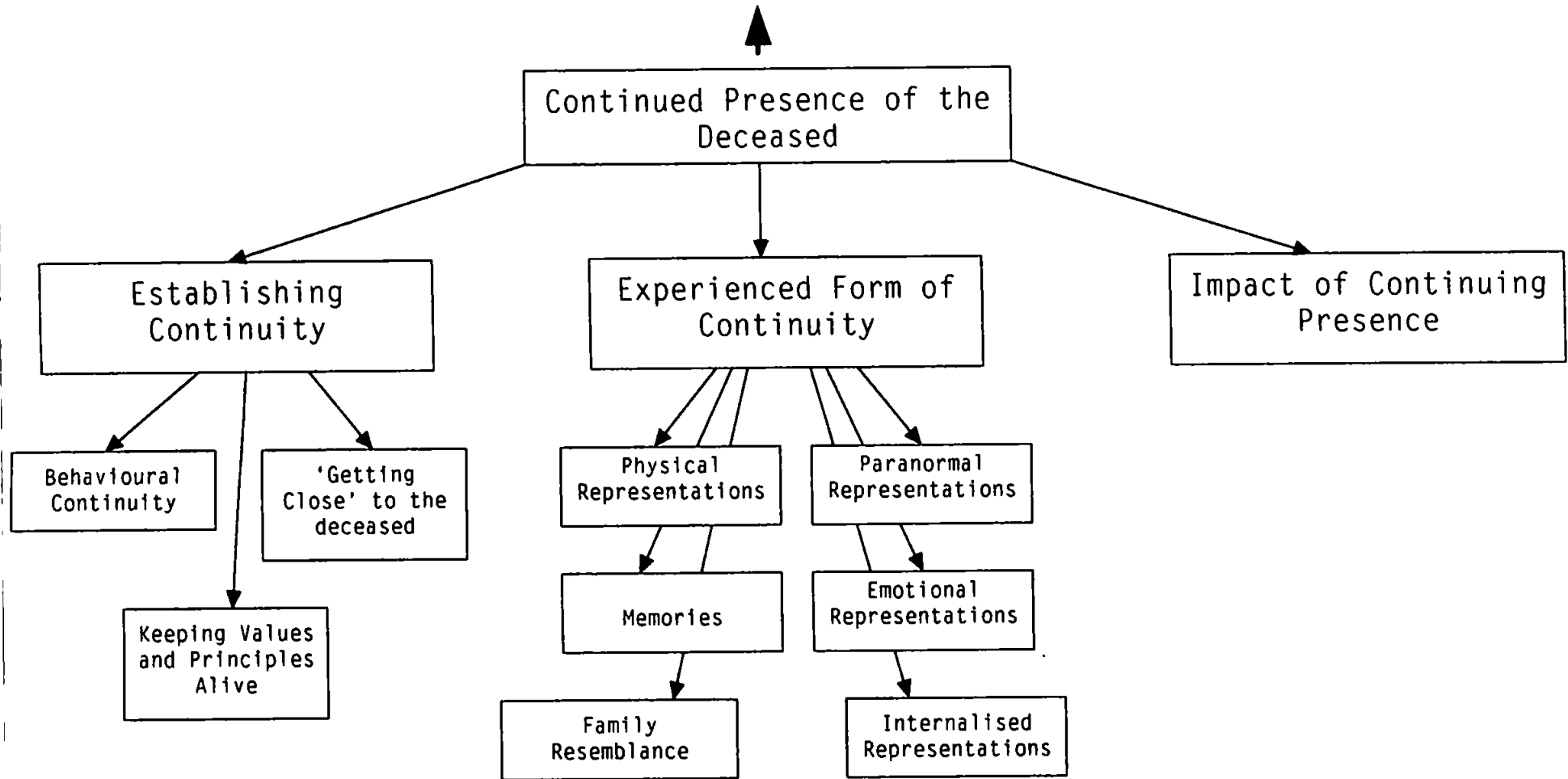
THE GRIEF PROCESS

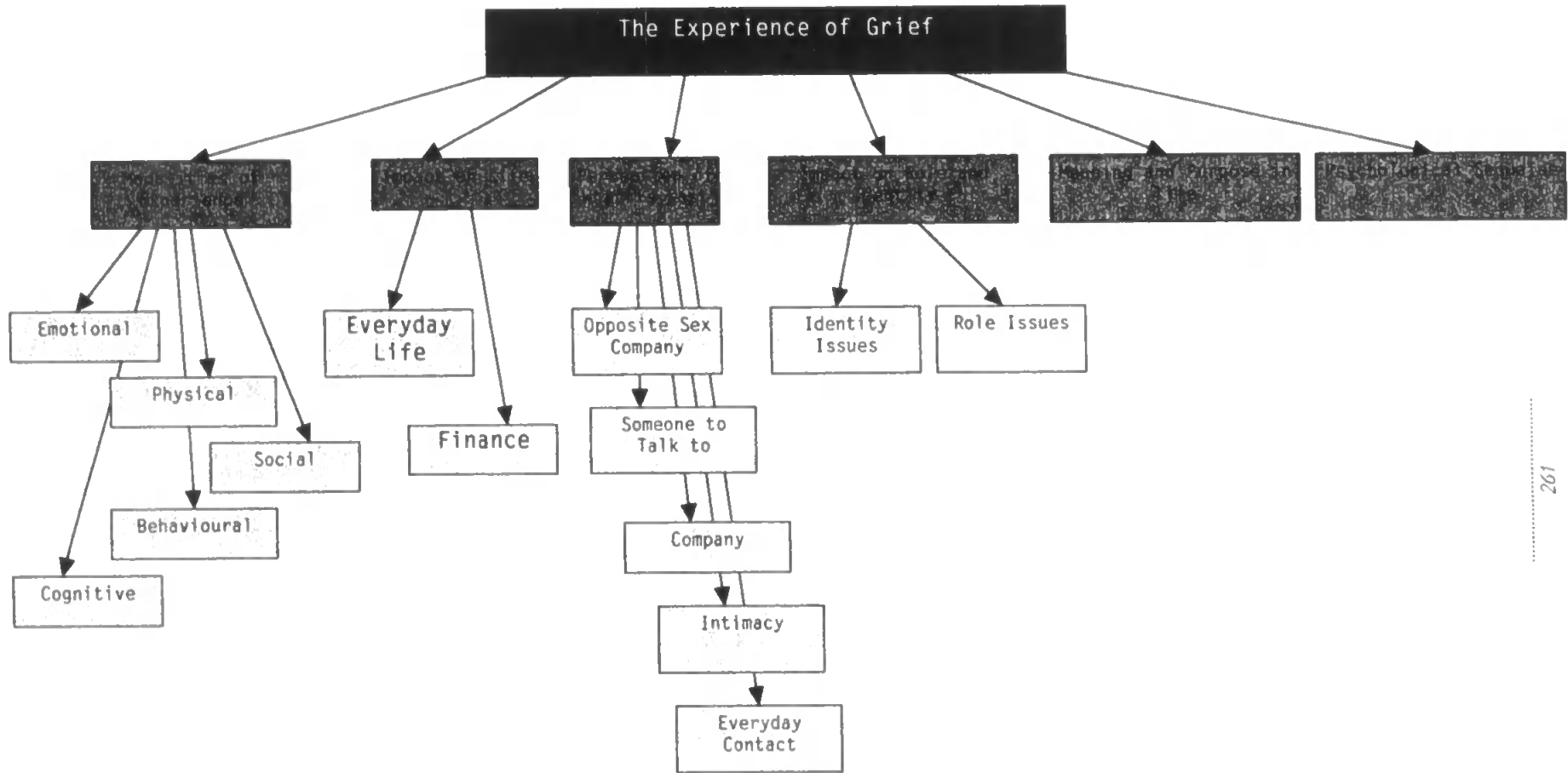


THE GRIEF PROCESS

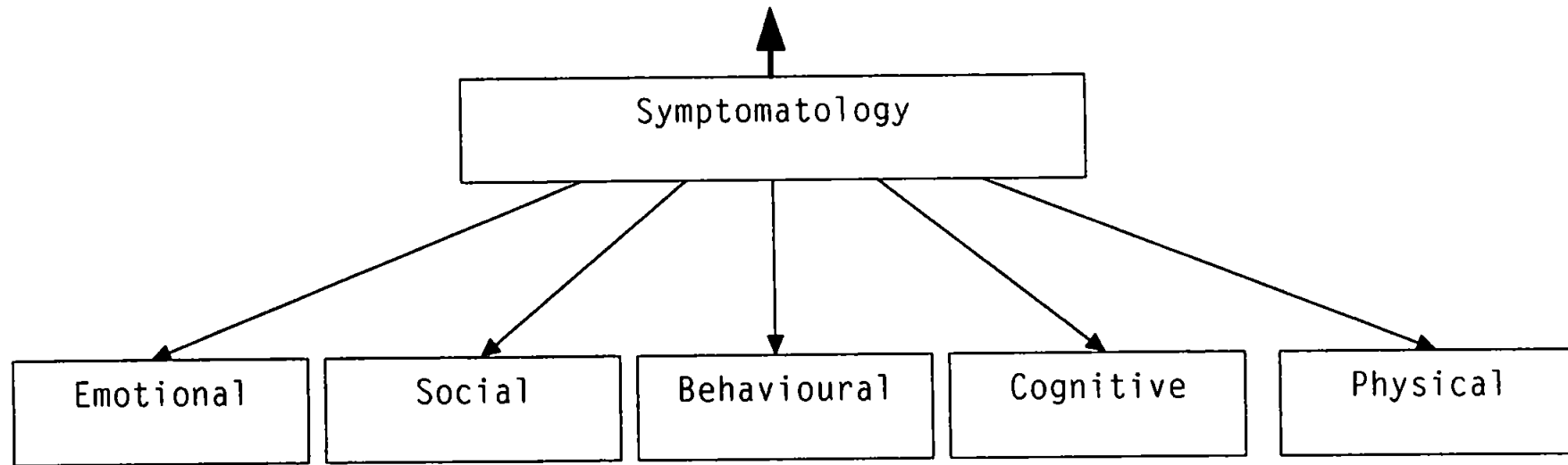


THE GRIEF PROCESS

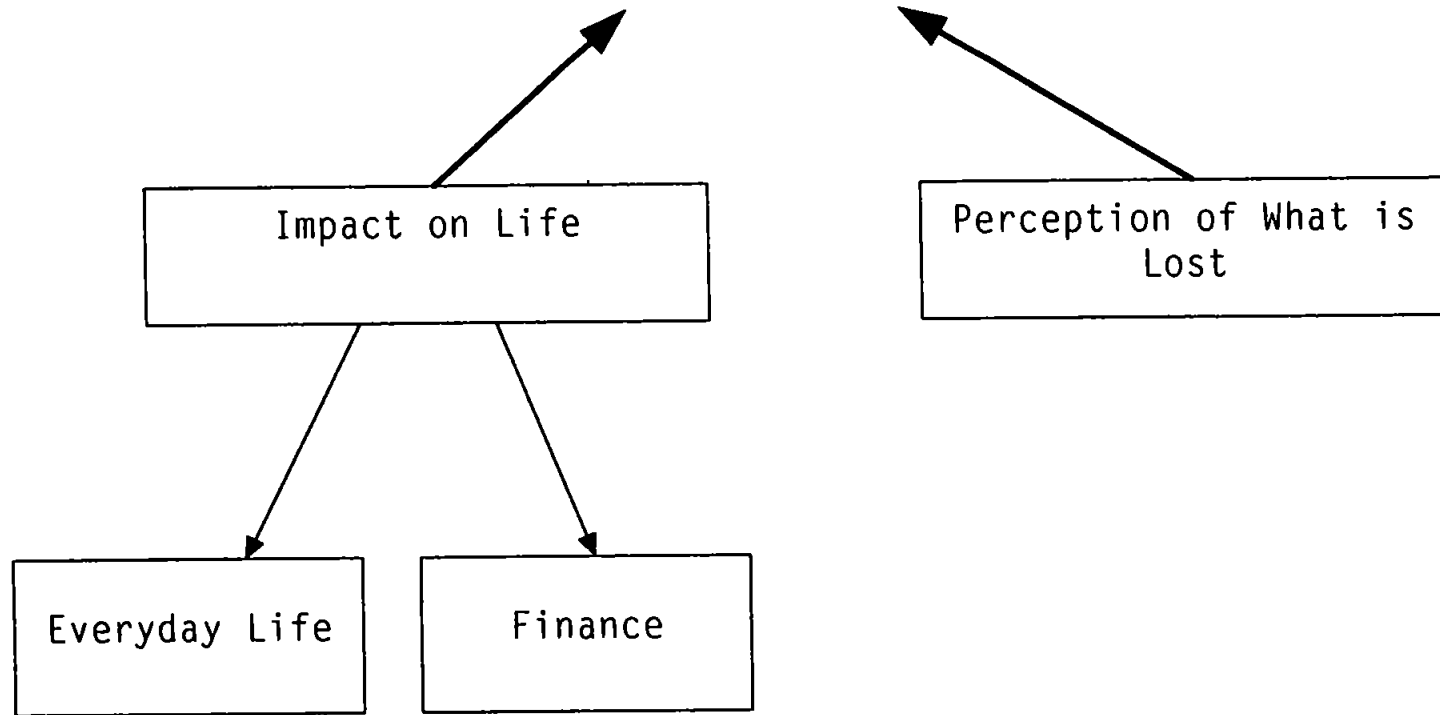




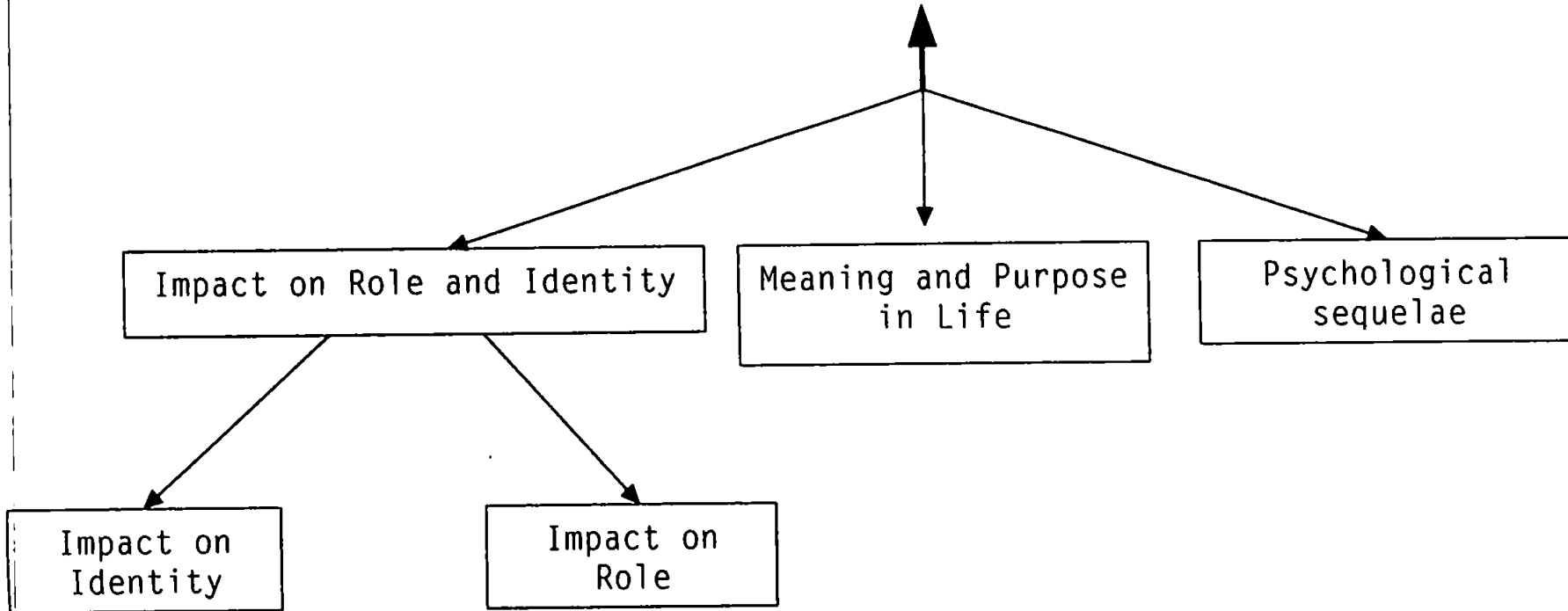
THE EXPERIENCE OF GRIEF



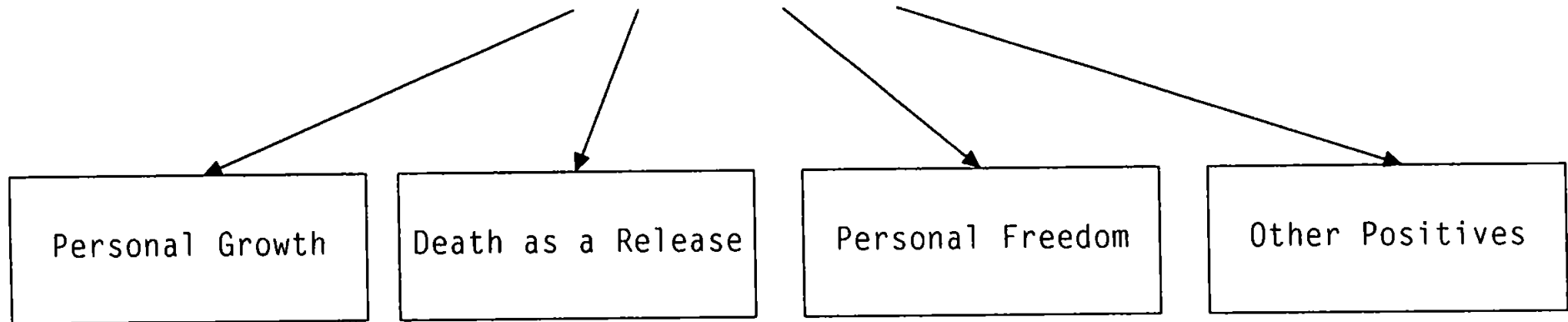
THE EXPERIENCE OF GRIEF



THE EXPERIENCE OF GRIEF



POSITIVE OUTCOMES OF
BEREAVEMENT



REFLECTIVE ASPECTS OF GRIEF

What did the Death
Do?

Reflections on the
Process

What is this thing
called Grief?