To the Graduate Council:

I am submitting herewith a dissertation written by Elizabeth Deirdre Muller entitled "The Experience of Grief After Bereavement: A Phenomenological Investigation." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.

Charles L. Thompson, Major Professor

We have read this dissertation and recommend its acceptance:

Accepted for the Council:

Interim Vice Provost and
Dean of the Graduate School

THE EXPERIENCE OF GRIEF AFTER BEREAVEMENT:

A PHENOMENOLOGICAL INVESTIGATION

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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Elizabeth Deirdre Muller

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This dissertation is dedicated to

my parents,

John Scott Muller

and

Peggy Denney Muller

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ABSTRACT

The purpose of the present study was to identify and outline the thematic structure of the experience of grief for bereaved individuals. Nine bereaved individuals participated in phenomenological interviews. During these interviews, participants were asked to "Tell me about your experience of grief after the death of a loved one." The participants had diverse experience on variables such as length of time since the death, type of death, and relationship to the deceased.

Interviews were audiotaped, transcribed, and analyzed using phenomenological methods. The protocols (i.e., transcribed interviews) were analyzed by the researcher and a phenomenological research group in order to identify the thematic structure. During the thematization process, each protocol was read and reread in order to get an overall sense of them.

Each protocol was analyzed separately during the initial steps of the analysis. Individual protocols were divided into significant statements or meaning units. These meaning units were then grouped together to form clusters. The most prominent themes from each protocol were identified. At this point, all protocols were combined for analysis. From the combination of all nine protocols, five themes emerged. The themes were 1) Coping, 2) Affect, 3) Change, 4) Details, and 5) Relationship.

Each of the five themes is composed of various aspects or components. Coping relates to what participants did to deal with their loss, primarily what was helpful to them. They talked about behaviors, attitudes, and types of social support were helpful to them as well as those that were unhelpful to them. Affect, the second theme, refers to the participants' reactions to the death of a loved one, particularly their emotional response. While describing their emotional responses, participants identified certain triggers for these emotions and talked about how the deceased's quality of life influenced their feelings about the death. The theme of Change consists of ways in which participants changed as a result of their loss. They noted changes in perspective, behaviors, values, and in relationships. Personal growth was a significant aspect of this theme. The Details theme is composed of descriptions of what happened related to the death of loved ones. For some participants, this included details of the illness or deterioration of their loved ones. Other components of this theme were getting the news about a death or illness, knowing the death was near, and describing the time near the end. Finally, the Relationship theme is characterized by descriptions of who the deceased individual was and what the participants' relationship with them was like. This theme included descriptions of the personality of the deceased individual and certain memories related to the deceased individual.

These findings are discussed in relation to the literature on grief and bereavement. New findings are also discussed. Finally, the implications for individuals and professionals dealing with bereavement issues are discussed and suggestions for future research are offered.

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CHAPTER I

Introduction

> "More than any other human experience, loss puts us in touch with what matters in our own lives" (McGoldrick, 1995, p. 127).

Loss is a universal human experience. During their lifetime, many individuals suffer losses such as moving, divorce, job loss, loss of physical abilities, illness, children leaving home, loss of status or money, and death of loved ones. The focus of the present paper is on losses to death, referred to as bereavement. The death of a loved one is possibly the most penetrating loss an individual will ever face - a physical, emotional, and spiritual loss (James & Friedman, 1998). This loss involves not only the death of a loved one, but also the death of certain hopes, dreams, and expectations about the future. For instance, individuals who lose a parent may have hoped to develop a closer relationship with them in the future, to have them as a mentor for their children, or to spend vacations and holidays with them. These hopes and expectations are lost with the person's death.

Grief, our emotional response to these collective losses, has been defined as "the entire range of naturally occurring human emotions that accompany loss" (James & Friedman, 1998, p. 47). Grief refers to a coping process as well as to an emotional response (Attig, 1996). Although emotional or cognitive responses to a death may not be under the bereaved individual's control, they do make choices

about how they will respond to the death of a loved one. The resulting grieving process will likely have profound and possibly polar effects. For instance, grief can have both a positive and negative impact on one's life. Leming and Dickinson (1994) illustrated the pivotal nature of grief with the following description:

> Grief discriminates against no one. It kills. Maims. And cripples. It is the ashes from which the phoenix rises, and the mettle of rebirth. It returns life to the living dead...It assures the living that we know nothing for certain. It humbles. It shrouds. It blackens. It enlightens. Grief will make a whole new person out of you, if it doesn't kill you in the making. (p. 502).

Definition of Terms

For the purposes of this paper, terms related to the topic of bereavement and to phenomenological research will be used as follows.

Bereavement refers to the state of being bereaved or having lost a loved one. Bereavement is one of the numerous types of loss. Loss will be used in this paper to refer to the death of a loved one or to bereavement.

A bereaved individual is one who has experienced the death of a loved one. In literature on this topic, individuals who have experienced the death of a loved one are often referred to as either mourners, survivors, the bereaved, bereaved individuals, and grievers. For this project, individuals who have experienced the death of a loved one will be referred to as bereaved individuals or as the bereaved.

Grief is the term used to describe the range of emotional responses to the death of a loved one. Although grief is often associated with specific feelings such as sadness, it is used more broadly in this paper to refer to the range of emotions that individuals experience as a result of bereavement.

A protocol is a transcribed interview. Once the bereaved individuals (i.e., participants) are interviewed for this study, their interviews will be transcribed. These protocols will be analyzed and in one of the steps of analysis, various statements will be grouped together to form clusters. These clusters are a group of statements that have a similar meaning.

Statement of the Problem

Most of the research on bereavement has been done using quantitative methods; the lack of qualitative research on the subject is remarkable (Henschen & Heil, 1992; Hogan, Morse, & Tason, 1996). Edmonds and Hooker (1992) suggested that a qualitative approach would "more clearly articulate the voices of the bereaved respondents without the framework imposed by the researchers" (p. 315). Specifically, Levy, Martinkowski, and Derby (1994) suggested that phenomenological analyses would enhance our understanding of bereavement. Ideally, phenomenological research "supplies a deeper and clearer understanding of what it is like for someone to experience something" (Polkinghorne, 1989, p. 58).

In addition to the lack of qualitative research on the topic of bereavement, another deficit in the studies on bereavement is that most studies focus on specific types of bereavement instead of the bereavement experience in general. The majority of studies on bereavement have focused on specific types of loss such as parental bereavement, loss of a spouse, or suicide rather than looking at grief in general. Some posit that insufficient attention has been paid to the basic processes of coping with dying (Corr, 1992; Stroebe et al., 1994). The present study assumes that there are common patterns in bereavement experiences that transcend the circumstances and factors related to the loss. Therefore, the present study was designed to provide a deeper and clearer understanding of the general bereavement experience using phenomenological methods.

Research Question

The goal of the present study is to better understand what it is like for an individual to experience the death of a loved one, particularly, what the experience of grief is like. Therefore, the research question invites bereaved individuals to describe their experience of grief after the death of a loved one. A thematic structure of the experience of grief will identify the common patterns that emerge from such an experience.

A review of literature on grief, loss, and bereavement follows in Chapter II. Chapter III includes an overview of the theory and research of existential-phenomenology, including the methods that will be used in the current project. In

Chapter IV, the results of the study, that is, the thematic structure of bereavement, is presented. And finally, Chapter V includes a discussion of the results as well as implications for bereaved individuals and professionals in the field of counseling psychology.

CHAPTER II

Literature Review

This chapter contains a review of literature on the topic of grief and bereavement, including both quantitative and qualitative studies. The literature on this topic is extensive. While some of it is focused on the general grieving process, much of it is focused on certain types of bereavement. One book may be dedicated to complicated grief while another is dedicated to the loss of a child. Research studies often examine a particular type of bereavement such as widowhood or homicide. Specific variables such as the effects of religion or gender are often the focus in such studies. The present review is an overview of the variety of literature on the topic of grief and bereavement. The review is organized into three major sections: Responses to Bereavement, Theoretical Perspectives on the Grieving Process, and Factors Influencing the Grieving Process including Environmental factors and Individual factors.

Responses to Bereavement

Grief, the emotional response to loss, has been referred to as one of the only two functional psychiatric disorders that have known causes, distinctive features, and a predictable course (Parkes, 1996). One study revealed that sadness, anxiety, fear, and depression were the most prominent symptoms, although some grievers also reported a sense of relief and improved physical health (Scharlach & Fredriksen, 1993). Parkes (1996) emphasized that grief is a process rather than a

state. In viewing grief as a process, one must realize that grief: 1) consists of cognitive, behavioral, and emotional components, 2) is an active process which requires choices, and 3) involves close attachments with the deceased which continue after their death (Moss, Resch, & Moss, 1997).

As Parkes suggested, bereavement leads to a wide variety of responses including emotional, cognitive, physical, and behavioral ones. Individuals may report any of the following responses to bereavement: shock, numbness, disbelief, anxiety, sadness, relief, meaninglessness and despair, loneliness, confusion, difficulty concentrating, anger, guilt, preoccupation with thoughts of the deceased, preoccupation with events leading up to the death, yearning, sense that the deceased is present, visual and auditory hallucinations, sleep disturbance, appetite disturbance, forgetfulness, dreams, reminders of the dead person, searching/ calling for the deceased, restlessness, apathy, crying, social withdrawal, and substance abuse (Littlewood, 1992). Cognitive responses may include beliefs that 1) the deceased is nearby, 2) the deceased can see or hear them, and 3) the deceased person is not dead (Parkes, 1996). Finally, common physical symptoms include hollowness in stomach or abdomen, tightness in chest, sensitivity to noise, depersonalization (nothing feels real), breathlessness, muscular weakness, fatigue and lack of energy, and dry mouth (Worden, 1991).

Hogan and colleagues (1996) conducted open-ended interviews with bereaved individuals. These individuals were asked to render their own accounts

of what happened with regard to the death and their response to the death. Based on these interviews, they developed an experiential model which includes 1) getting the news, 2) finding out, 3) facing realities, 4) becoming engulfed with suffering, 5) emerging from the suffering, 6) getting on with life, and 7) experiencing personal growth (Hogan et al., 1996). These authors contended that there are consistencies or patterns in grief responses even when variables such as cause of death, timeliness of death, or relationship with the deceased are different. Kubler-Ross' (1969) stages are one example of the patterns or consistencies that have been noted in grief responses. In spite of such patterns, there are also variations in the course and outcome of grief (Kramer, 1997). The form, content and expression of grief may differ widely (Klapper, Moss, Moss, & Rubinstein, 1994). Lack of awareness about this variability may result in falsely labeling the "failure to experience or express any or some of these responses" as problematic or pathological (Klapper et al., 1994, p. 31.)

Duration of Grief

The findings pertaining to the course and duration of the grieving process are mixed (Rubin, 1992). One thought is, "Time heals all wounds," and another thought is, "You never get over it." Although many Americans are convinced that the grieving process should last only a year, Rosenblatt (1983) contended that it is common to mourn losses that occurred many years earlier. However, over time, the bereaved can expect the intervals between intense experiences of grief to

increase (Rosenblatt, 1983). Special events such as holidays or anniversaries may evoke strong grief reactions for many years. There are a variety of opinions regarding how long grief lasts ranging from the opinion that it declines in intensity after the first six months to that it takes years to resolve (Littlewood, 1992; Lund, Caserta, & Dimond, 1986). Osterweis, Solomon & Green (1984) concluded that grief experiences are too varied to identify a typical duration period.

Some researchers suggest that much of the recovery after bereavement occurs within the first 3-6 months and that recovery slows down after that time (Allumbaugh & Hoyt, 1999). However, widows and widowers have reported feeling unhappy and lonely for an average of 16 years after their spouse's death (Lund et al., 1986). Finally, other researchers suggest that grief remains indefinitely although its intensity decreases over time (Hogan et al., 1996). Therefore, we can conclude that the duration of grief varies according to the length of time required to recover after bereavement (Levy, Martinkowski & Derby, 1994).

Adaptive Grief Responses

In discussing the characteristics of the grieving process, it is important to distinguish responses that are adaptive from those which may be dysfunctional. Adaptive responses may be described as those that promote (or do not hinder) a positive adjustment to bereavement. However, labeling responses as adaptive

does not necessarily imply that they are essential or universal. For instance, crying may be seen as adaptive, yet neither is it a prerequisite for a positive adjustment nor is it a universal behavior among the bereaved. Researchers have differing opinions about what constitutes adaptive responses.

Some believe that high social support, strong religious beliefs, a favorable relationship with the deceased, and a good premorbid personality style are associated with a positive adjustment (Meshot & Leitner, 1993). Others believe that the bereaved must complete unresolved relationship issues that were present at the time of the loss (James & Friedman, 1998). This work involves acknowledging both good and bad features of the deceased and the past relationship with the deceased rather than "enshrining" or "bedeviling" them (p. 117). Laughter has been shown to be advantageous during bereavement (Bonanno, 1999.) Finally, low distress, distinguished from no distress, has been associated with good adjustment to a loss (Stroebe, Van Den Bout & Schut, 1994).

Adaptive responses are both normal and functional, as indicated by the following research findings. According to Littlewood (1992), the bereaved experience shock and disbelief initially followed by an intense emotional, physical, and cognitive response. Feelings of apathy, fatigue, and despair may follow or accompany this response (Littlewood, 1992). In light of this emotional and physical fatigue, the bereaved may be excused from their normal social

responsibilities for a short time after a loss and expected to accept extra support and assistance from others (Robson, 1977). These allowances may also be accompanied by expectations that the bereaved will get the necessary help from professionals and resume their normal responsibilities as quickly as possible. In the Littlewood (1992) research, adaptive responses were related to such terms as "initially," "for a short time," and "as quickly as possible." These time qualifiers are used to distinguish adaptive from dysfunctional responses as well as to distinguish the responses themselves. For example, being in shock or denial initially is functional, but being in shock for months may be considered dysfunctional.

Although some may believe that maintaining a relationship with the deceased hinders a healthy adjustment to loss, having a continued connection with them over time is healthy (Klapper et al., 1994; Moss et al., 1993). "The loss of a person does not signify the loss of a relationship; the tie to the deceased endures, even when the relationship has been stressful or hostile" (Klapper et al., 1994, p. 30). Moss et al (1993) found that two-thirds of daughters with deceased mothers derived comfort from thoughts and memories of their mothers, reported having interactions with them, and expected to reunite with them eventually. Maintaining a relationship with the deceased through memories and thoughts of them was a way of holding on to them.

Other responses may be seen as adaptive because they are indicative of positive developmental changes. For example, increased awareness of one's finitude or mortality is a common response to loss (Moss et al., 1993; Roberto & Stanis, 1994; Scharlach & Fredriksen, 1993). After the death of a close friend, women reported more awareness of their own mortality (Roberto & Stanis, 1994). In another study, the following beliefs were expressed by the bereaved and indicated a greater sense of personal finitude: 1) their own death was more of a reality, 2) their future was shorter, and 3) the loss had aged them (Moss et al., 1993). Individuals' sense of personal finitude is particularly heightened after the death of their last parent (Moss et al., 1993). Making sense of or finding meaning in a loss also promotes a healthy adjustment to it. Some researchers equate working through grief with finding meaning in the loss (Edmonds & Hooker, 1992; Glick, Weiss, & Parkes, 1974; Miles & Crandall, 1976).

Another perspective on adaptive responses to bereavement is the grief work hypothesis, which has been generally accepted by bereavement researchers in the past (Lindemann, 1944; Stroebe et al., 1994; Worden, 1982). The hypothesis is that the bereaved must face and talk about their feelings and reactions to a loss in order to adjust well. Adolescents who had experienced the death of a friend expressed a desire to write and talk about their experiences (Schachter, 1991). Not all research however, provides support for the grief work hypothesis. In fact, some recent findings suggest that the effects of grief work are

equivocal. That is, the expression of grief was found to have little impact on recovery (Bonanno, 1999; Stroebe, 1992). For example, widows who avoided dealing with their loss showed no difference in depressive symptoms than widows who worked through their grief (Stroebe et al., 1994). Some researchers even suggest that working through grief (i.e., facing and talking about their loss) is detrimental (Wortman & Silver, 1989). Recent evidence associates decreased expression of negative emotion and more expression of positive emotion after bereavement with better adjustment to loss (Bonanno, 1999, p. 43). A meta-analysis pertaining to grief work revealed that, although the benefits have not been empirically confirmed, working through grief is certainly not harmful (Stroebe, 1992; Stroebe et al., 1994).

Stroebe (1992) suggested that the usefulness of grief work depends on the situation. Specifically, grief work may be more appropriate in cases of pathological grief than in cases of normal grief. Absent grief and chronic grief have been previously labeled as maladaptive or pathological (Littlewood, 1992). In cases where grief is absent, individuals need to begin working through their grief. However, when grief is chronic individuals need to get "unstuck" and move through the grieving process (Stroebe, 1992). It should be noted, though, that with normal grief reactions, suppression and avoidance of memories related to the deceased may be as effective as working through grief (i.e., the effectiveness of grief work is equivocal). In these cases, individuals who avoided all reminders of

the deceased fared as well as those who attempted to work through the loss (Stroebe, 1992). In conclusion, while working through grief has traditionally been preferable to avoidance, the need for differential treatment has been recognized (Stroebe, 1992). Working through a loss may be helpful for some, but not for all individuals. Grief work is a very individual and personal process that defies attempts to quantify exact behavioral and time-period norms.

Unhealthy Grief Responses

In contrast to adaptive grief reactions are those that are unhealthy or detrimental. A discussion of the various types of unhealthy grief reactions and the variables that cause or contribute to these detrimental responses is presented in this section. It is important to examine unhealthy grief responses and to identify associated causal variables since unresolved grief has been associated with depression, suicidal ideation, and other psychiatric symptoms (Scharlach & Fredriksen, 1993). Leming and Dickinson (1994) listed a number of specific grieving behaviors that they consider to be unhealthy: 1) remaining in the bereavement role for too long and memorializing the dead, 2) not accepting support or seeking professional help, 3) avoiding any funeral or ceremonial rituals and keeping the death private, 4) using drugs and alcohol heavily, and 5) rushing into major life changes.

Disenfranchised grief often occurs when situational variables prevent the loss from being recognized or appropriately validated. Doka (1989) described

four situations that often lead to disenfranchised grief: 1) the relationship to the deceased is not socially recognized; 2) the loss is not acknowledged by others; 3) the grievers are not recognized; and 4) the death is not socially recognized. These disenfranchised grief reactions are typically more intense and accompanied by less social support, thus aggravating the problem.

Another problematic grief response, referred to as "complicated grief," is delayed, chronic, absent, or distorted grief (Littlewood, 1992). Meshot and Leitner (1993) have similar criteria for identifying problematic grief reactions- prolonged, intensified, obstructed, or delayed reactions; however, they refer to these reactions as unresolved grief. Symptoms of complicated grief include "survivor guilt, bitterness, envy, preoccupation to the point of functional impairment, lack of trust in others, auditory and visual hallucinations, and identificatory phenomena" (e.g., pain in same part of body as deceased) (Bierhals et al., 1996, p. 305). Some contend that complicated grief reactions occur in a third of cases while others believe that they are fairly rare (Littlewood, 1992).

Another label for unhealthy grief is "atypical," referring to grief that is more intense and prolonged than typical grief (Parkes, 1996). For instance, extreme feelings of guilt, identifying with the deceased, and delay in the onset of grief (over two weeks) may indicate atypical grief (Parkes, 1996). Signs of unresolved grief include depressive behaviors, panic attacks or choking sensations, upper sternum distress, somatic symptoms, depressive symptoms on

holidays and anniversaries, feeling that the death occurred yesterday, withdrawal, refusal to remove the possessions of the deceased (although keepsakes are "allowed"), unable to discuss the death with any control, having no reaction to loss, and avoiding or making daily visits to the grave site (Gorski, 1994). Finally, it is often not the symptoms themselves that are problematic, but rather their number, intensity, duration, and interference with functioning.

Some variables which lead to these unhealthy grief responses have been discussed, but Rando (1992) suggests that complicated grief results from failure to work through the necessary tasks of grieving. She contends that ignoring or compromising on any of these tasks may result in a diagnosable mental or physical disorder, problematic symptoms, syndromes, or even death. She suggests that the following variables complicate the mourning process:

> 1) a sudden or unanticipated death; 2) death from an overly-lengthy illness; 3) loss of a child; and 4) the mourner's perception of preventability. Antecedent and subsequent variables that tend to complicate mourning include: 1) a premorbid relationship with the deceased which has been markedly angry, ambivalent, or markedly dependent; 2) the mourner's prior or concurrent mental health problems and/or unaccommodated losses and stresses; and 3) the mourner's perceived lack of social support (p. 47).

Other variables are implicated in the production of unhealthy grief responses. Worden (1982) posits that the relationship with the deceased, the circumstances surrounding the loss, social factors, the history of the bereaved, and the personality of the bereaved are the five primary factors that can complicate the grieving process. Littlewood (1992) expands on Worden's notion by mentioning specific ways in which these factors can be problematic: 1) relationships: highly ambivalent, narcissistic or dependent relationships with the deceased; 2) circumstances: losses which are uncertain, involve multiple losses, have no body available, are unanticipated, or are caused by suicide, murder or self-neglect are more likely to lead to complicated grief; 3) life history: the bereaved has a history of complicated grief reactions or other recent losses; 4) personality: individuals who avoid feelings of helplessness or perceive themselves as too "strong" to break down; and 5) social factors: loss is denied or not discussed with others, absence of social support, or presence of unhelpful support. Finally, James and Friedman (1998) list objects or activities that may have a negative impact on grievers if used inappropriately: food, alcohol/drugs, anger, exercise, fantasy (movies, TV, books), isolation, sex, shopping, and workaholism.

Negative Effects of Bereavement

Regardless of an individual's response to bereavement (i.e., whether adaptive or unhealthy), a variety of positive and negative consequences are associated with it. Negative consequences refer to those effects that are generally

regarded by the bereaved as painful or undesirable. For instance, various physical and mental illnesses often ensue from loss. A number of health problems have been shown to be more prevalent in bereaved than non-bereaved individuals (Maddison, 1968; Marris, 1958; Parkes, 1996; Parkes & Weiss, 1983). Bereavement has also been shown to play a role in producing emotional problems such as depression and anxiety (Clayton, Herjanic, Murphy & Woodruff, 1974; Glick, Parkes & Weiss, 1974; Jacobs, 1993). Depressive symptoms may be the link between grief and health problems since depression has been shown to inhibit the immune system (i.e., grief causes depressive symptoms which cause health problems). To illustrate, one study revealed that a football team's greatest number of injuries occurred in the two-week period after one of their players died suddenly (Henschen & Heil, 1992).

A number of studies have shown an increase in the mortality rate among the bereaved, including widows, widowers, and parents who have lost a child (Edmonds & Hooker, 1992; Kalish, 1985; Mellstrom, Nilsson, Oden, Rundgren, & Svanborg, 1982; Rees & Lutkins, 1967; Roskin, 1984; Stroebe, Stroebe, & Hansson, 1993). The rate of accidental death (Mellstrom et al., 1982) and suicide are also greater among the bereaved (Parkes, 1996; Silverman, Range, & Overholser, 1994; Sorenson & Rutter, 1991).

Other negative effects of bereavement may be changes in the bereaved's habits or lifestyle. Some may try obsessively to control every detail of one's life,

hoping that, "If I plan things carefully enough, I can at least make sure nothing makes me feel this vulnerable again" (Hayes & Aubrey, 1988, p. 108). Other individuals may adopt certain rituals and superstitions they believe will protect themselves and others from harm. For instance, one study found that women who had lost a parent in childhood or adolescence reported more worry about their own death, overprotectiveness with their children, and more frequent attempts to be perfect (Zall, 1994). Bereaved college-age students were found to have difficulty in completing developmental tasks of gaining autonomy, establishing direction, and having intimate relationships (Balk & Vesta, 1998).

Positive Effects of Bereavement

The bereaved often describe themselves as "different" after the death of a loved one (Hogan, Morse, & Tason, 1996, p. 62). Bereavement has been found to result in positive changes and, in particular, personal growth (Edmonds & Hooker, 1992; Salahu-Din, 1996). After the death of their husbands, widows in one study reported positive personal changes including increases in self-esteem, independence, self-confidence, and in willingness to reach out socially (Salahu-Din, 1996). Another positive outcome observed in many bereaved individuals is a changed perspective. Abraham Maslow stated, "the most important learning experiences reported to me by my subjects were single life experiences such as tragedies, deaths, traumata...which forced change in the life-outlook of that person and consequently in everything that he did" (Edmonds & Hooker, 1992, p. 308).

This changed outlook may involve viewing life more seriously, cherishing others more deeply, and valuing each day more. Hogan and colleagues (1996) make the following statements about the bereaved which reflect positive changes:

> The survivor live(d) more intentionally and deliberately with regard to people they love...It was a time of evaluating what was really meaningful in life and reassigning priorities... It helped the survivor learn to ask for help from others and to in turn support others who were grieving...They became more tolerant, more understanding of themselves and others, more resilient and empathetic toward others (pp. 58-59.)

Being more aware of the transience of life, the bereaved may begin to ask existential questions regarding life, death, and meaning. Trivial aspects of life fade into the background and there is a greater intensity and depth of living. For instance, a college student, after the death of a parent, is often concerned very little about the common concerns of college students such as dating, popularity, and appearance. Instead, the student is absorbed with wondering what happens after death, what matters most, and other similar questions. The following quotes from bereaved individuals illustrate a changed perspective: "I now appreciate what I have," "Makes me realize that I don't have as much control over things as I

wish," and "I wonder about how frail our existence really is" (Henschen & Heil, 1992, pp. 221-222).

Other constructive changes in the bereaved have been documented (Edmonds & Hooker, 1992; Hogan et al., 1996; Schachter, 1991). Middle-aged adults who had lost a parent reported increases in personal maturity, autonomy, self-reliance, and responsibility, a greater awareness of their own eventual deaths, a re-evaluation of personal priorities, positive changes in career plans and personal relationships, and modified religious practices (Scharlach & Fredriksen, 1993). In another study, 71% of individuals reported that a positive change in life goals occurred as a result of their loss (Edmonds & Hooker, 1992). Bereaved individuals reported changes in their relationships. After a friend's death, adolescents reported that they had become closer to their loved ones and were better able to share and express their feelings to them (Schachter, 1991.) Women who had lost a close friend described an increased appreciation for life and friends (Roberto & Stanis, 1994). According to these findings, it is evident that loss may result in positive changes as well as negative ones.

Theoretical Perspectives on the Grieving Process

Stage-Based Approaches

Elizabeth Kubler-Ross (1969) believed that the grieving process is composed of a series of stages. Those who espouse stage theories of bereavement suggest that movement through the stages is cyclical rather than linear (Parkes,

1996; Raphael, 1983). Cyclical movement implies that individuals may move back and forth between stages rather proceed through them in a prescribed order. In addition, individuals may be in more than one stage at a time, suggesting that stages are not mutually exclusive. In her initial stage theory, Kubler-Ross (1969) postulated five stages of grief. However, her theory was based on a study of individuals who were dying themselves. The stages are denial and isolation, anger, bargaining, depression and acceptance. Other theorists describe similar stages to those proposed by Kubler-Ross. Robert Kavanaugh (1972) listed shock and denial, disorganization, volatile emotions, guilt, loss and loneliness, relief, and re-establishment. Parkes (1996) referred to the stages as numbness, pining, disorganization, despair, and recovery.

Task-Based Approaches

An alternative to stage theories of grief is the task-based approach (James & Friedman, 1998; Klapper, Moss, Moss & Rubinstein, 1994; Lund et al., 1986). Task-based theorists are critical of stage theories because 1) they suggest that grieving will end; 2) they do not account for individual differences; 3) they reinforce the bereaved's feelings of helplessness as something that happens "to them;" and 4) they provide little guidance for caregivers (Attig, 1996; Corr, 1992). Some have concluded that grief is not resolved in stages and that some symptoms may not improve significantly over time, thereby contradicting the stage-based premise that grieving will end (Bierhals, Prigerson, Fasiczka, Frank,

Miller, & Reynolds, 1996). Regarding individual differences, James and Friedman (1998) are particularly skeptical of the stages of anger and denial, contending that all bereaved individuals do not feel anger and that denial is more relevant to those who are dying than to the bereaved.

Proponents of task-based approaches contrast the weaknesses of stage theories with the strengths of task-based ones. Task-based approaches are distinctive in their active view of the grieving process. Lindemann (1944) uses the expression "grief work" to emphasize its active nature and identifies three primary tasks of grieving: relinquishing attachment to the deceased, adjusting to the environment without the deceased, and establishing new relationships. Somewhat similar to Lindemann's tasks are Rando's (1993) six processes of mourning which include: 1) Recognition of the loss, 2) Reaction to the separation, 3) Recollection and re-experience of the deceased and the relationship, 4) Relinquishment of the old attachments to the deceased and the old assumptive world, 5) Readjustment to move adaptively into the new world without forgetting the old, and 6) Reinvestment. In particular, the latter three processes are very similar to Lindemann's three tasks.

Other well-known task models have been developed by Worden (1982, 1991), Attig (1996), and Corr (1992). Worden (1982) suggested that there are four tasks of mourning that must be accomplished before mourning is complete and the individual readjusts. They are 1) accept the reality of the loss; 2) work through

the emotional turmoil; 3) adjust to an environment in which the deceased is missing; and 4) loosen ties to the deceased. Attig's (1996) facets of coping require the bereaved to relearn the world, which includes the physical world, the social world, and themselves. Corr's (1992) approach is very similar to Attig's but includes a spiritual dimension in addition to physical, psychological, and social dimensions. Physically, people must meet bodily needs and minimize physical distress. Psychologically, people should maximize security, autonomy, and richness. Socially, the goals are to establish and maintain relationships with individuals, groups and society as a whole. Spiritually, the goal is to establish a sense of wholeness or integrity (Corr, 1992).

McGoldrick (1995) suggested five methods for coming to terms with a death: 1) learning the facts about the death, 2) sharing the experience of the loss and putting it into context, 3) sharing memories and stories of the deceased, 4) reorganizing the family system without the deceased member, and 5) reinvesting in other relationships and life pursuits. She describes an African ritual in which each family member discusses his/her history with the dying, including past conflicts, as a way of saying goodbye. Although McGoldrick's suggestions are not contingent on type of death, the African ritual would be possible only in cases where the death was expected.

The terminology may vary, but tasks, phases, facets of coping, and methods refer to the steps that need be taken in order to have a healthy adjustment

to bereavement. Various criticisms may be directed at task-based models as well as stage-based ones. One criticism is of the implication that tasks are completable since some argue that the tasks of grieving are never completed (e.g., one never adjusts to life without the deceased). Corr (1992) stated that good bereavement models, whether stage-based or task-based, should provide: 1) an understanding of the dimensions of bereavement and the individuals involved, 2) empowerment through making the bereaved aware of their options, 3) emphasis on the interactive and shared aspects of coping with dying, and 4) guidance for care providers and helpers.

Factors Influencing the Grieving Process

A variety of factors affect the grief experience. Research shows that grief reactions differ according to structural position (i.e., loss of spouse or parent), gender of deceased, stage in life, and time elapsed since loss (Moss, Rubinstein, & Moss, 1997). Factors such as untimeliness of the death, nature and quality of the lost relationship, role of the deceased, characteristics of the death, and nature of social support system are particularly relevant to the loss of a child (Rando, 1993). Other factors such as age, gender, socioeconomic status, presence of concurrent stressors, and religious experience have been found to be critical elements in adaptation to loss as well (Levy et al., 1994). How one is related to the deceased (e.g., parent, child, partner, or friend) also a major impact on the grief experience, as does whether the death is sudden or gradual. Other relevant

factors are historical approaches to bereavement, societal influences, cultural norms, the quality of relationship with the deceased (e.g., close or conflictual), age of the deceased, personal vulnerability, personality traits, opportunity to say goodbye, and anticipatory grieving. As mentioned before, stigmatized deaths, such as suicides or AIDS-related ones, often involve very different issues. Finally, the role of the deceased (e.g., family scapegoat, the hero, or the main provider) has a notable effect on the grieving process (Levy et al., 1994).

Historical Approaches to Bereavement

One variable that influences responses to bereavement is the culture's past and present approach to it. Smart (1993) and Leming and Dickinson (1994) outlined historical American approaches to bereavement. In his view of parental bereavement in Anglo American history, Smart suggested that death was entered into calmly by people up until the 12th century. Others track American perspectives on death over the last 400 years (Leming & Dickinson, 1994). The first period (1600-1830) is referred to as "Living Death," because death was a prominent part of everyday life. For instance, up until the 1700's the infant mortality rate was so high that mothers often sent their newborns to wetnurses in order to avoid bonding with them (Smart, 1993). The high mortality rates in infants and children resulted in a view of people as "replaceable," as reflected in the statement, "Our child died so we will just have another one." This familiarity with death was accompanied by the Puritan system of belief that dictated an

approach to death that required people to fear death and be prepared for it (Leming & Dickinson, 1994). The prescriptions of fear and preparation were related to the belief that death is a time of judgment. Based on this view of death as judgment, death was seen as both an enemy and a friend (Leming & Dickinson, 1994). Another influence during the 1700's was the appearance of sentimental religion that encouraged more expressiveness and, by the end of that century, there was a greater willingness to discuss death (Smart, 1993).

The period from 1830-1945 is called, "The Dying of Death" (Leming & Dickinson, 1994). Death came to be seen as something that should be kept separate from living. Funeral institutions were designed to keep death out of sight and out of mind. Grieving became more elaborate and ritualistic. Smart (1993) points out that these more modern funeral rituals led to the beautification of death and avoidance of its baser aspects. Toward the end of the 19th century, death was neither feared nor thought about as much. However, expressiveness about grief and death reached its height between 1837 and 1900, which is referred to as the Victorian Era. The predominant intellectual influences during this time included romanticism, sentimentalism, scientific naturalism, and liberal religion while institutional influences were rural cemeteries, funeral services, and life insurance (Leming & Dickinson, 1994.)

The last phase, the "Resurrection of Death," began in 1945 and was ushered in with the atomic age. This phase brought about a sense of helplessness

and emotional deadness regarding death. These feelings were a result of the seeming uncertainty of existence. Existentialism became the philosophy of the atomic age. As a result of these feelings and beliefs, outward expressions of grief were discouraged and a restrained, dignified response was preferred. In spite of the wars and epidemics during this time, Smart (1993) suggested that people managed to avoid the issue of death to some extent until the 1960's. However, an abundance of writing about death appeared in the 1960's that represented two different viewpoints. The first is that the bereaved must grieve in a certain way in order to avoid psychological problems. The second is that expressions of grief are unbecoming and should be completed as quickly as possible (Smart, 1993). These historical approaches to bereavement have been powerful in shaping our current attitudes and perspectives on death.

Current Perspectives on Bereavement

The legacy of historical perspectives on bereavement can be seen in various ways. Some people continue to view death as a time of judgment, others see it as an everyday part of life, and still others avoid it or have a sense of helplessness about it. Some individuals prefer to grieve openly and talk about death while others attempt to avoid grieving and the topic of death altogether. Several features in American society still suggest that we are in denial about death. In fact, the United States has been described as a death-denying society (Dumont & Foss, 1972). This denial may be more prevalent today because of

recent trends related to bereavement. Examples of these trends are the substantial increases in life expectancy during the last 50 years, the fact that deaths usually occur in hospitals rather than in homes, and change in custom of viewing the dead in parlors at home to the more professional ceremonies at funeral homes (Leming & Dickinson, 1994). Each of these factors has made it easier for Americans to avoid thinking about or dealing with death. Evidence of this denial, and factors which contribute to denial, are the euphemisms surrounding death, the taboo associated with it, cryonics (body freezing), calling in a professional when someone dies, and the custom of waiting until everyone has left the cemetery before lowering the casket (Leming & Dickinson, 1994).

America's advanced health care, institutional mechanisms, and cultural trends may distance us from death and increase our susceptibility to denial. In contrast, countries with less-advanced health care systems and poorer health conditions are faced with diseases and deaths on a more regular basis. In these countries, it is less likely that the sick will be cared for or die in a hospital or nursing home. In addition, funeral homes are less likely to be involved in the preparation and burial of the deceased. Thus, individuals in these countries are often better acquainted with death and with its unpredictable and uncontrollable nature. As a result, they are often more prepared than Americans for dealing with death.

Cultural Norms

Western society subscribes to the belief that one should confront and speak about one's feelings and reactions to a loss. However, the concept of working through grief is not universal (Stroebe, 1992). While some cultures encourage weeping, wailing, and even throwing oneself onto the body or casket of the deceased, others favor a stoic, unemotional response (Leming & Dickinson, 1994). In fact, some cultures instruct the bereaved to avoid all reminders of the deceased (Stroebe, 1992). An individual's response to bereavement is influenced, whether consciously or unconsciously, by the cultural norms regarding grief (Stroebe et al., 1994). These norms influence the way that a loss is viewed and experienced (Klapper et al., 1994). For instance, Caucasian widows express more concern about regaining control of their lives than do African-American widows. However, African-Americans receive more help from their families than do Caucasians (Salahu-Din, 1996).

Religion is another aspect of an individual's culture that may strongly influence his/her reaction to bereavement. Kubler-Ross (1975) asserts that cultural differences in the grieving process are founded on religious beliefs. Support for her claim is that the first step of bereavement in Jewish families is excusing the bereaved from all religious obligations and giving them solitude (Schindler, 1996). In addition, many of the ideas from popular culture that

influence individuals' experience of grief are based on the Puritan ethic that esteems stoicism, activism, and individualism (Klapper et al., 1994).

Age of the Deceased

Cultural prescriptions for grieving are partially based on the age of the individual who has died. The death of older individuals is generally more expected and, as a result, viewed as easier to accept than the death of younger persons (Klapper et al., 1994). Wheeler (1994) explains that, "In late twentieth century America the death of a child is unnatural and untimely, reversing the expected order of life events" (p. 261). This "expected order of life events" is one of the primary reasons that the death of a child is so traumatic and incomprehensible. Seeing a life come to an end that has barely begun is difficult to fathom and accept. Some evidence indicates that grief over the loss of children varies according to the child's age as well based on their "reproductive value," that is, the number of children they could potentially produce (Bonanno, 1999, p. 39).

In recognizing the extraordinary pain of losing a child, it is important not to minimize the pain associated with the death of older individuals. Because the death of elderly individuals is often seen as natural and expected, the associated grief in individuals and their communities may be minimized or even seen as inappropriate (Klapper et al., 1994; Moss et al., 1993). In cultures where elders are revered, however, this may be less common and instead, it may be more likely

that the death of a child is devalued. Grieving over an elderly person may even be viewed as selfish because wanting them to remain alive can mean further suffering for the dying person (Klapper et al., 1994). Clearly, it is important to examine individuals' and society's age-related biases about grieving.

Age of the Bereaved

While the bereaved's age does not inevitably influence their grieving process (Campbell et al., 1991), many studies have, indeed, revealed that age often has a notable impact on the grieving process (Levy et al., 1994; Meshot & Leitner, 1993; Moss et al., 1993; Sable, 1991). Generally, younger individuals have more difficulty adjusting to a loss (Bonanno, 1999; Levy et al., 1994; Meshot & Leitner, 1993; Worden, 1991) than do older people. One possible reason for this is that the younger a person is at the time of the loss, the more years that individual must live without the deceased. Another important variable related to age of the bereaved is the availability of material and social resources. Financial resources and social support often vary depending on one's age or stage in life. For instance, a 20-year-old individual presumably has less available finances than does a 50-year-old individual. With regard to social support, a 50-year-old would be expected to have more support than an 80-year-old.

Life stage also conditions one's perspective of death. One's understanding and perspective of loss changes as they age. For example, death means something different to children, adolescents, and adults (Cicirelli, 1998; Hayes & Aubrey,

1988). Compared to adults who had lost a parent, adolescents reported higher levels of dwelling on the deceased parent, disbelief about the death, involvement in funeral rites, sleep disturbance, feelings of emptiness, desire to talk about the death, irritability, anger, dreams about the deceased, and difficulty being with people (Meshot & Leitner, 1993). Although Piaget's stages of development are certainly not universal, it seems that most children cannot think formally or abstractly about concepts since this ability typically develops in adolescence (Hayes & Aubrey, 1988). As a result, children are often unable to match the reality of death with abstract images (James & Friedman, 1998). Thus, telling a child that the deceased is "taking a nap" or that "God took them" can be misleading as well as fear-inducing.

Even among adults, it is probable that differences in age and developmental stage impact their experience of loss. Not only are elders more likely to lose a spouse, they are also more likely than middle-aged adults to experience prolonged anxiety and social isolation as a result of loss (Lund et al., 1986). For example, older widows report more intense grief and greater levels of anxiety and depression than do younger widows (Sable, 1991). Other age-related differences have been found in middle-aged women (aged 40-65) who had lost mothers. The younger women in this study reported greater grief, more somatic responses, less acceptance of the death, and less comfort in memories of their

mothers than did older women (Moss et al., 1993). Older adults who lose parents have less difficulty accepting the loss than do younger adults (Moss et al., 1997).

Relationship with the Deceased

Because affective responses associated with the grieving process vary according to age and other variables, it is no surprise that one's relationship with the deceased is another variable that greatly impacts people's emotional response to the loss (Meshot & Leitner, 1993; Rubin, 1992). Various aspects of one's relationship with the deceased must be considered. First of all, one's relational tie to the deceased is important to consider, whether it be biological, familial, affiliative, or affectional. Secondly, the deceased's role in one's life must be considered. This role is only partly determined by the relational tie. For example, parents do not always function as "parents;" they may also act as caregivers, dependents, siblings, or peers. Finally, the nature of the emotional attachment between the bereaved and the deceased should be considered. The level of involvement between the deceased and the bereaved as well as their relationship before the death provide important information about the loss and, consequently, how the bereaved might respond to the loss. All three of these aspects of relationships are discussed in the following paragraph.

One's relationship or association to the deceased has a notable effect on their reaction to a loss. Reactions vary depending on whether one has lost a

parent, sibling, child, partner, co-worker, or friend; different relationships evoke different responses. For instance, losing a spouse is different from losing a parent. The death of a twin is a loss that involves its own unique issues. Losing a friend is likely very different from losing a sibling.

The loss of a child has been referred to as the most "devastating and incomprehensible" loss (McGoldrick, 1995, p. 132). This type of loss is devastating not only because of the child's age, but because of their vulnerability and dependence on others for care and protection, which creates in the bereaved a greater sense of responsibility and/or guilt. In a study of bereaved women, levels of depression were found to be highest in women who had lost children and lowest in women who had lost mothers, with levels of depression in widows falling in the middle (Leahy, 1993). Similarly, a study of psychiatric outpatients revealed that the highest incidences of unresolved grief were among patients who had lost children while the lowest incidences were among patients who had lost parents (Meshot & Leitner, 1993). In a study on the loss of children, Ponzetti (1992) found that parents' grief focused on the deceased child whereas grandparents were concerned mostly about their children, i.e., the parent of the deceased child. Although the loss of a child is commonly viewed as the most traumatic (Leahy, 1993; McGoldrick, 1995; Meshot & Leitner, 1993), some researchers have found that conjugal loss actually results in more long-term difficulties (Bonanno, 1999, p. 39).

As for relationships outside of the family, the loss experienced by grieving friends is often overlooked due to a focus on the loss of family members (Schachter, 1991; Sklar, 1992). Family members may receive cards, meals, and other forms of support while friends receive minimal or no support. Other "hidden" or "unacknowledged grievers" might include ex-spouses, homosexual lovers, and children. Schachter (1991) referred to these individuals as "forgotten mourners" (p. 6). In addition to the relational ties that have been addressed, the role of the deceased in the life of the bereaved is also important to consider. Roles might be functional or psychological. The functional role is often determined by level of responsibility in the relationship. Functional roles may be related to finances, domestic responsibilities, shared tasks, social planning, parenting, and general support. Although parents are generally expected to take primary responsibility for their children, stepparents, grandparents, and even siblings may also serve as primary caregivers. Therefore, one's role cannot be predicted based on relational ties alone. For a teenager, losing a grandparent who acted as a primary caregiver would likely create a greater sense of loss than losing a grandparent with whom one had little contact. It would be difficult for others to grasp the full impact of this loss without knowing that the grandparent was the primary caregiver.

Moss et al. (1993) found that middle-aged daughters' grief in the loss of their mothers depended in some respects on the role they played in their mothers'

life, particularly with respect to the amount of care provided for the mother and the geographical distance between mothers and daughters. Those whose mothers were cared for in a nursing home reported less grief, less thoughts of reunion, and greater acceptance of loss than daughters who provided light care for their mothers (Moss et al., 1993). A later study by Moss et al. (1997) found that acceptance of both men and women was higher in instances in which the parent had lived in a nursing home or received heavy caregiving from the child. Moss et al (1997) found that less autonomous children were more upset about their parents' death than were more autonomous children.

Psychological roles, which typically occur in the context of a family, include the role of mascot, hero, scapegoat, black sheep, and peacemaker. Certain family members may be seen as the "glue" that holds the nuclear or extended family together. Losing a person who is viewed as the "glue" would presumably affect the dynamics of the entire family. McGoldrick (1995) stated, "It is...difficult for the survivors to compete with the ghost of a dead hero- a supermother, a successful son- or anyone who has been a central figure in the family" (p. 134). The death of the family scapegoat would likely have a different impact than the death of the family hero. The fact that a scapegoat is said to be "hard to mourn" (McGoldrick, 1995, p. 134) may be due to the ambivalent feelings family members have toward an individual in that role. Non-family

members can also play important psychological roles such as mentor, dreamer, pessimist, encourager, leader, and optimist.

The quality of the emotional attachment to the deceased acts as an additional variable in one's response to death. The nature of the bond, whether positive or negative, influences the intensity of one's grief and their adjustment to a loss (Levy, et al., 1994; Meshot & Leitner, 1993; Moss et al., 1997; Rubin, 1992). Bereaved individuals who had a more positive relationship with the deceased reported more intense grief than do those with a less positive relationship (Bonanno, 1999; Moss et al., 1997). Levy et al (1994) found that the death of a spouse was more likely to lead to poor physical and psychological well being when the marriage had been characterized by either high levels of conflict or high levels of satisfaction. A highly ambivalent marital relationship was found to be one of the predictors of a poor adjustment to loss as well (Worden, 1991, p. 41). One relational aspect that is easy to overlook is one's relationship with the deceased as they are dying, as this may be different than the relationship with the person before their illness. Women who began to separate from their terminally ill husband in preparation for his death had a better adjustment to it than women who did not (Kramer, 1997). In a case like this, the optimal but difficult balance is to remain close while preparing to separate.

Type of Death

One's reaction to a death is greatly influenced by the manner in which the death occurs. Deaths can be categorized as natural anticipated, natural unanticipated, accidental, homicidal, or suicidal (Range, Walston, & Pollard, 1992; Silverman, et al., 1994). The impact of type of death can be seen in various ways. For instance, chronic diseases and expected deaths allow for goodbyes, attention to unfinished business, anticipatory grieving, a more meaningful death, participation by the dying person in decision-making, and resolution of conflicts and broken relationships (Leming & Dickinson, 1994). Because certain deaths are more gradual and expected, they may result in a less intense reaction than an unexpected, sudden death for two reasons: 1) anticipatory grieving is more likely, and 2) feelings of relief are more common (Leming & Dickinson, 1994). However, an expected death often involves witnessing the physical or mental deterioration of loved ones, financial burdens, and sometimes extended disruption to one's daily routine (Leming & Dickinson, 1994).

In contrast, acute deaths such as accidents, suicides, homicides, and unanticipated natural deaths are often associated with intense distress because the bereaved typically are unprepared, feel more guilt, cannot do anticipatory grieving, cannot say goodbye or mend broken relationships, and do not have support groups in place before the death occurs (Levy et al., 1994). On the other hand, a quick death does not entail a sense of dread, extensive disruption in one's

routine, or a long, painful, and expensive process before the death (Levy et al., 1994). Although one might argue that various advantages and disadvantages are associated with different types of death, lengthy terminal illness and sudden death in particular seem to intensify bereavement distress (Levy, et al., 1994).

While there is some evidence that type of death is unrelated to resolution of grief (Campbell et al., 1991), there is much evidence that type of death does influence the grief experience or reaction (Drenovsky, 1994; Levy et al., 1994; Range et al., 1992; Silverman et al., 1994). Sudden, violent deaths are particularly associated with negative outcomes (Stamm, 1999, p. 23). In one study, homicide, accident, and suicide groups reported more distress than natural death groups (Silverman et al., 1994). Overall, losses to suicide or accidents resulted in poorer recovery than did losses to natural causes or homicides (Range et al., 1992; Smith, Range, & Ulmer, 1992). Suicide has been associated with more intense grief reactions than other types of death (Range et al., 1992; Silverman et al., 1994). In comparison with individuals bereaved by other types of death, individuals who were bereaved by suicide reported more stigmatization, responsibility, rejection, and self-destructive behaviors, and lower levels of social support (Silverman et al., 1994). These individuals also expressed more shame and reported greater difficulty making sense of or finding meaning in the death than did individuals bereaved by accidental deaths or homicides (Silverman et al., 1994).

Individuals dealing with unnatural deaths reported receiving less support than did those dealing with natural anticipated deaths (Silverman et al., 1994). Comparisons of unnatural deaths showed that suicides result in the most variable social support, accidental deaths in the most blame, and homicides in the most loss of a sense of belonging and a feeling that the death was unreal (Thompson & Range, 1992, p. 61). Losses involving ambiguity and stigmatization can be particularly difficult to deal with (McGoldrick, 1994). Ambiguous losses, such as a missing person or a person in a coma, involve a painful and exhausting battle between hope and grief. With suicide or AIDS-related death, the associated stigma often complicates the grief reaction. Although effects vary, it is clear that type of death does affect the grief reaction.

Environmental Factors Influencing the Grieving Process

Gender Socialization

Meshot and Leitner (1993) believe that socialization experiences are responsible for many of the gender differences found in grief responses. Culturally conditioned gender patterns are believed to influence individuals' reactions to loss (Klapper et al., 1994; Moss et al., 1997). For instance, females are often socialized to believe that crying is an acceptable response to loss and anger is not, while males are taught the reverse. As a result, men may become tight and tense to keep from "breaking down" (McGoldrick, 1995, p. 130). After a death, women often bear the emotional burdens while men attend to the "formal

arrangements." Men may also tend to bury themselves in their work in order to distance themselves from their wives' open grieving (McGoldrick, 1995).

Because crying in males is viewed as weak, bad, and feminine, young boys are taught to control their feelings through shaming and punishment (Moss et al., 1997). McGoldrick (1995) wrote, "Society's denial of male vulnerability and dependency needs and the sanctions against men's emotional expressiveness undoubtedly contribute to marital distress after the loss of a family member and to the high rate of serious illness and suicide for men following the deaths of their spouses" (p. 132). Widowers are more likely than widows to die in the first year after their spouse's death (Frankel & Smith, 1982; Young, Benjamin & Wallis, 1963). While men may receive pressure to control their emotions, women are socialized to value relationships and to be emotionally expressive; women's higher levels of unresolved grief and stronger identification with the deceased may be partially due to this socialization (Meshot & Leitner, 1993).

Gender Differences

While some researchers have found no gender differences in the bereavement patterns (Lund et al., 1986; Moss et al., 1997), others have found that male and female grieving patterns do, in fact, differ (Bonanno, 1999; Gilbar & Dagan, 1995; Meshot & Leitner, 1993; Sprang, McNeil & Wright, 1993). Littlewood (1992) found that "women may prefer to use social support and emotionally oriented styles (passive) while men prefer active, problem solving,

and tension reducing ways of coping (active)" (p. 70). Bereavement models have been criticized for being feminized and for casting men as the "other" in the domain of grief (Goodman, Black, & Rubinstein, 1996; Moss et al., 1997). Women are the standard against which men's reactions are judged and sometimes ruled as insufficiently emotional or relational. Idealization of women's responses to loss has led to portrayals of grief that focus on relationships and expression of feelings. However, the male grieving process is characterized by control, action, cognition and privacy (Littlewood, 1992, Moss et al., 1997). Control refers to the pattern of inhibiting the expression of grief or sadness in social settings. Regarding action, men have a "need to do something, to be active, rather than to yield to a feeling which implies passivity, weakness, self-subversion, dependency, chaos, or femininity" (Moss et al., 1997, p. 269). Rather than working through feelings, men tend to use cognitive strategies to process the death and find meaning in it. Finally, men prefer to grieve privately and, therefore, they rarely share their thoughts or feelings about a loss with others.

While both men and women attempt to control their expression of feelings, their motivations for doing so are different (Moss et al., 1997). Efforts to control grief may lead to more gradual expression of feelings over time and therefore help to maintain the connection to the deceased (Klapper et al., 1994). Men control feelings in order to model strength in coping to others while women control feelings to avoid burdening others with their feelings. For men, another

motivation for controlling feelings is to feel "whole, self-contained, strong, and stoic" (Moss et al., 1997, p. 267). Some women report that they control their emotions in order to protect themselves and others; in fact, they may label their grief "selfish" in an effort to control it, hence, undermining the grief that is felt (Klapper et al., 1994). For instance, one's wish for a dying person to live longer could be viewed as selfish because it often involves further suffering for them. Women also view their grief as selfish if it prevents them from caring for the needs of others (Klapper et al., 1994).

A number of studies revealed gender differences in grief response (Kavanaugh, 1997; Meshot & Leitner, 1993; Moss et al., 1997). In a study of individuals who had lost a parent during adolescence, women reported a higher degree of mourning and were more likely to identify with the deceased and to feel that the deceased was with them than did men (Meshot & Leitner, 1993). Among parents who lost a newborn, mothers 1) reported more intense responses, 2) found it more difficult to make sense of the loss, 3) talked about the loss in order to cope with it, and 4) faced more difficult situations (e.g., seeing infants) (Kavanaugh, 1997). Fathers tended to 1) experience a loss of control, 2) be concerned for their wives, and 3) cope by keeping busy (Kavanaugh, 1997). An examination of middle-aged children's responses to the loss of a parent revealed that daughters reported stronger emotional reactions, more bodily responses, and a continuing bond with the deceased while sons reported greater acceptance of the death (Moss

et al., 1997). Daughters had assisted the deceased with twice as many tasks as sons and, perhaps as a result, sons expressed more guilt about their lack of caregiving. No gender differences were found with regard to control of grief or sense of personal finitude (Moss et al., 1997). Another observed gender difference was mothers' greater proclivity to feel anger toward their deceased child and lesser desire for retribution than fathers (Drenovsky, 1994). Some researchers have indicated that men demonstrate a poorer adjustment to loss (Bonanno, 1999; Levy et al., 1994), while others suggest that women have more intense emotional reactions (Kavanaugh, 1997; Meshot & Leitner, 1993; Moss et al., 1997). However, these findings may not be inconsistent; intense emotional reactions may not be incompatible with a healthy adjustment to loss. One could argue that reporting emotional difficulty could promote a healthy adjustment or it could be an indication of a poor adjustment.

Gilbar and Dagan (1995) reported that findings on conjugal bereavement have been inconsistent. In some studies, no gender differences were found in severity of grief reactions; in others, men's reactions were found to be more severe; and still others revealed that men adjusted more quickly than women. In their own study, however, Gilbar and Dagan found that although levels of depression in widows and widowers were not significantly different, widows had more problems than widowers in every other area, including "somatization, obsessive compulsion, interpersonal sensitivity, anxiety, phobic anxiety, health

care, and psychological stress" (p. 213). Possible explanations for widows' greater difficulty than widowers are that women receive less assistance in caregiving from family and professionals, have more financial problems, and feel more intense loneliness than do men (Gilbar & Dagan, 1995). It should, however, be noted that participation in Gilbar and Dagan's study was biased according to gender; that is, well-adjusted males and lesser-adjusted females chose to participate (Gilbar & Dagan, 1995).

Gender differences in grief response may also depend on amount of time since the loss. For instance, one study revealed that widows' and widowers' levels of grief did not differ in the first year after the loss, but between the third and fifth year following the loss, significant differences appeared (Bierhals et al., 1996). Specifically, symptoms of complicated grief remained stable for both genders during the first three years, but after that time, these symptoms (particularly bitterness) decreased for widows and increased for widowers (Bierhals et al., 1996).

Effects of Religion

A correlation has been discovered between religiosity and bereavement response (Bohannon, 1991; Edmonds & Hooker, 1992; Ross & Pollio, 1991). Strong religious or philosophical belief systems seem to be a buffer against bereavement-related distress (Edmonds & Hooker, 1992; Wortman & Silver, 1989). Higher levels of religiosity are inversely related to anger and guilt after a

loss (Bohannon, 1991). Mothers of deceased children who attended church more frequently reported less rumination, depersonalization, loss of control, and a better outlook on life (Bohannon, 1991). Compared with "non-church-goers," "church-goers" view death as a transformation of life's meanings rather than as a barrier to life's meanings (Ross & Pollio, 1991). Belief in afterlife has also been positively correlated with recovery after bereavement (Smith et al., 1992). The belief that one will be reunited with the deceased is associated with lower levels of grief (Bohannon, 1991). Although certain aspects of religious experience appear to be correlated with distress after bereavement, the evidence may not be strong enough to establish religiosity or spiritual support as a clear predictor of adjustment to bereavement (Levy et al., 1994, p. 73).

Familial Patterns

The way a family deals with loss reveals a great deal. As with other family patterns, individuals often come to accept their family's way of grieving as normal. One means by which individuals adopt their family's way of grieving are through family narratives, which are "true events...told by and about family relatives" that powerfully shape one's life (Book, 1996, p. 324). Book stated, "Each individual's family appeared to have exerted powerful influences on family death communication and reactions to death through both explicit and implicit rules" (p. 339). The scarcity of narratives about death is one indication that it is often a neglected and forbidden topic. Although discussions about death are

minimal or nonexistent in many families, clear messages about death are transmitted nonverbally through impressions and silence (Book, 1996).

McGoldrick (1995) described the grieving patterns in several famous families including the Freud family, the Kennedy family, the Hepburn family (Katharine), and the Barrett family (Elizabeth Barrett Browning). For example, Elizabeth Barrett Browning's father, Edward Barrett, upheld and strictly enforced rules about grieving, specifically aimed at "avoiding what was too painful" (p. 145). He never discussed his father, who had abandoned his family as a child, the loss of their home, or the deaths of his daughter and his wife Mary. When Mary died, Edward closed the door to her room and permitted no one to enter. He forbade his children to marry and, if they did, disinherited them and considered them dead. His children thus developed methods to protect Edward from painful information by avoiding forbidden topics and honoring the family secrets.

Helpful Support

Although perceived social support has been linked to better adjustment to loss, its benefits are seen more in general functioning than with alleviating bereavement-related distress (Bonanno, 1999). However, a "high level of perceived nonsupportiveness in the bereaved's social network during the crisis" is a predictor of a poor adjustment to loss (Worden, 1991, p. 41). Support may be offered to the bereaved through various individuals or services in a variety of ways, but most commonly through words or actions. To the bereaved, the most

helpful individuals are typically those who are not currently experiencing the same loss (Rosenblatt, Spoentgen, Karis, Dahl, Kaiser, & Elde, 1991). However, individuals who have experienced a significant loss in the past are viewed as more helpful than those who have not because they are better able to empathize with the bereaved, to figure out what they need, and to interact with them more confidently (Rosenblatt et al., 1991). Social support and spiritual support are inversely correlated with measures of bereavement distress (Levy et al., 1994).

Behaviors which are helpful for the bereaved include making few demands on them, assisting them in household tasks, allowing them to express their feelings, talking about the deceased with them, encouraging them to describe their loss, and expressing one's own feelings of sadness to them (Leming & Dickinson, 1994). The helpfulness of remarks or comments seems to vary depending on the cause of death. For instance, some remarks are seen as helpful when the cause of death is unknown, but unhelpful when the cause is known. Statements that might be helpful in the case of a homicide or suicide are not helpful in other cases. (Range et al., 1992). Overall, the statements that are perceived as the most helpful are those which express willingness to help or listen (Range et al., 1992).

Richardson (1999) distinguished between behaviors/interventions related to a terminal illness that are helpful but not appreciated, those that are appreciated but not helpful, and those that are both helpful and appreciated. Interventions which are considered helpful but not appreciated fall into three categories:

withdrawal by friends; taking charge (e.g., telling them what they should do), and inappropriate words of comfort, especially those that are presumptuous, "preaching," or involve pressure to be positive. Helpful and appreciated behaviors also fall into three categories: words of comfort (or loving silence); personal acts such as touch, crying, acts of service, cards, gifts, meals, and prayers; and loving service such as listening without being overwhelmed. Behaviors that are appreciated but not helpful will be discussed in the next section.

With regard to therapeutic support, Worden (1991) reported that professional services and self-help services can reduce the risks associated with bereavement, particularly for bereaved individuals who view their families as unsupportive and who are at special risk (p. 62). Therapy and grief interventions seem to be most helpful with self-selected clients who begin treatment within a few months of the loss (Allumbaugh & Hoyt, 1999). Support groups have also been shown to be helpful in reducing feelings of despair and depression (Leming & Dickinson, 1994).

Unhelpful Support from Others

Individuals, in spite of their good intentions, are often ineffective and even offensive in their interactions with the bereaved. Unhelpful behaviors include avoiding the bereaved, wrongly assuming that one can relate to the bereaved's experiences, and avoiding talking about the death (Rosenblatt et al., 1991). Leming and Dickinson (1994) characterized these unhelpful behaviors with the

following quote: "Strange how people want to join you in your intensity, your epiphany, by trying to relate-- grabbing at straws of so-called 'like' experience while simultaneously they are repulsed by the agony. They see you on the street, driving by and pretending they don't see you" (p. 502). Many bereaved individuals report harmful things that have been said or done to them (Range et al., 1992). Some bereaved individuals feel subtle pressure from others to recover from their loss (Wagner & Calhoun, 1991). In one study, the following bereavement-related comments were described as the least helpful: compliments on the funeral home's work, questions about the expectedness of the death, the deceased's pain, or how it happened, remarks about the suddenness of the death or life's unfairness, and permission to be angry at God (Range et al., 1992, p. 30). Richardson (1999) reported that the following behaviors, albeit appreciated by the bereaved, are perceived as unhelpful: frequent phone calls, long unannounced visits, crowds (of visitors), asking "How are you or the patient doing/feeling?" or "What do you need?," and saying, "Call me if you need anything."

For the bereaved, not only are some actions and words perceived to be less helpful than others, but certain individuals are seen as less helpful than others. Bereaved widows spoke less favorably about family members than non-family members and perceived them to be less supportive (Salahu-Din, 1996). This may be related to the previously mentioned finding that individuals who are not currently experiencing the same loss are perceived by the bereaved as more

helpful (Rosenblatt et al., 1991). However, suicide survivors (i.e., individuals who were bereaved by suicide) expressed a belief that only other suicide survivors could fully understand them (Wagner & Calhoun, 1991). Finally, individuals who have not had a significant experience with loss are more likely than those who have to hold back and avoid discussing the loss (Rosenblatt et al., 1991). These unhelpful words and behaviors seem partially due to individuals' discomfort with the topic of death. This discomfort can be dangerous as those who are uncomfortable may be more likely to say and do things that are unhelpful and even hurtful to the bereaved.

Discomfort with Loss

Much of the ineffectiveness of well-intentioned words and actions toward the bereaved appears to be due to lack of experience and discomfort with the topic of loss. Various studies provide evidence for this discomfort (Range et al., 1992; Schachter, 1991). Individuals' discomfort is seen in the following ways: they 1) don't know what to say, 2) are afraid of their (the bereaved's) feelings, 3) try to change the subject, 4) intellectualize, 5) don't really hear or understand what the bereaved are saying, 6) don't want to talk about death, 7) have professional distortions (e.g., believe medical treatment is needed for a non-medical problem such as grief), and 8) want the bereaved to keep their faith (James & Friedman, 1998, pp. 39-51). For example, adolescents expressed concern about what to say, what to wear, and how to act at a memorial service or funeral (Schachter, 1991).

Individuals felt particularly uncomfortable interacting with individuals bereaved by homicide or suicide (Range et al., 1992).

Individuals are socialized to believe that grief is abnormal and unnatural and, therefore, grief is "the most neglected and misunderstood experience" (James & Friedman, 1998, p. 3). James and Friedman (1998) marvel at the fact that individuals are better prepared in school to do first aid than to deal with losses such as death and divorce. In fact, the preparation for dealing with grief is often inappropriate or ineffective. Problems arise because we are taught to handle grief intellectually even though it is an emotional issue (James & Friedman; 1998). We learn how to deal with loss through our own experiences with loss. Following a loss, many individuals receive advice from others which contains subtle messages like: "Don't feel bad," "Replace the loss," "Grieve alone," "Just give it time," "Be strong for others," and "Keep busy" (p. 35). Consequently, James and Friedman (1998) posit that bereaved individuals would fare better with no teaching about grief than they do with the unhealthy messages that they are receiving.

Individual Factors Influencing the Grieving Process

Personality Traits

The personality traits of the bereaved have a significant impact on their reaction to loss. Campbell et al. (1991) suggested that personality factors should receive as much attention as age or type of death in bereavement literature; however, they do not (Bonanno, 1999). The effect of personality factors on grief

reaction has been demonstrated in various studies (Campbell et al., 1991; Goodman et al., 1996; Meuser, Davies, & Marwit, 1995; Moss et al., 1997); in particular, personality has been found to be a good predictor of grief severity (Bonanno, 1999). Personal mastery, a sense of control over one's life, has also been shown to have a positive effect on one's adjustment to a loss (Moss et al., 1997). Hardiness is a personality factor which impacts grief resolution, specifically by preventing stress from becoming illness (Campbell et al., 1991). Narcissism, evidenced by pride in one's life work and self-affirming thoughts, was found to decrease fathers' pain after the loss of their children (Goodman et al., 1996). Individualism, self-sufficiency, and sureness are other traits that have been found to have a positive effect on father's recovery from grief (Goodman et al., 1996). Having a higher life purpose inhibits the negative aspects of the grief experience (Edmonds & Hooker, 1992; Ulmer, Range, & Smith, 1991). An investigation of older widows and widowers revealed that characteristic distress before the loss was predictive of present grief intensity, while repressive defensiveness was predictive of past grief (Meuser et al., 1995).

Distinctive personality traits make it nearly impossible to predict exactly how two different individuals might react to an identical loss. Individuals with a cognitive approach to loss may philosophize about the loss and speculate about reasons and consequences while those with a more affective approach may be absorbed in their feelings. A number of variables, including cultural influences,

may predispose individuals toward certain feelings. Some may be more likely to feel anger than sadness while others may feel the opposite. Some are more prone to feelings of guilt than others. Certain individuals are skilled at avoiding or repressing painful issues while others tend to dwell on or ruminate about their issues. Repressors have actually been found to have fewer grief symptoms than ruminators and their symptoms decreased more quickly (Bonanno, 1999.) Finally, some people are predisposed toward certain mental disorders such as anxiety or depression and, therefore, are more likely to demonstrate symptoms of these disorders after a loss (Bonanno, 1999). Clearly, personality variables are important clues for predicting, as well as understanding, individuals' responses to loss.

Personal Vulnerability

Another relevant aspect of the grief experience that has received little attention is personal vulnerability. It is important to determine how individuals have dealt with past losses as this is a good indication of how they may deal with current or future losses. Individuals who have had complicated grief reactions in the past are more likely to have them again (Worden, 1991). Certain individuals may be more susceptible to emotional struggle because of coexisting stressors or factors that preceded their loss. Concurrent life crises and losses contribute to the cumulative reaction as do pre-existing conditions such as depression and anxiety (Worden, 1991). Bonanno (1999) states that a priori life events that are associated

with more grief symptoms include "a history of depression or anxiety, greater incidence of stressful life events prior to the loss, and previous losses" (p. 40). For example, a cumulative loss effect would be likely for an individual who loses a loved one during the time in which he/she is going through a divorce. Some people may lose two or more loved ones within a relatively short period of time. These individuals would clearly be more vulnerable to the stress of loss.

Pre-existing conditions or stressors such as psychiatric disorders, familial conflict, substance abuse problems, eating disorders, work related stress, and loneliness also make one more susceptible to difficulty after a loss. Moss et al (1993) found that daughters who felt they were less in control of their lives (i.e., less personal mastery) had more somatic responses to their loss than did daughters experiencing more control. Stressful life events contribute to the development of various physical and psychiatric disorders, especially if there is a proclivity to a specific disorder (Gilbar & Dagan, 1995). For example, anxiety levels increase in many individuals following a loss, but those with higher trait anxiety before the loss are even more susceptible to increased state anxiety. Thus, it seems that personal vulnerability, as defined by disorders or stressors that occur before or after a loss, influences one's subsequent grief response.

CHAPTER III

Method

The present chapter begins with an overview of existential-phenomenological (E-P) theory since it is on this theory that the present methods are based. This will be followed by a summary of research methods based on this theory, including methodological issues such as validity and reliability. Finally, the specific procedures that will be used in this study will be outlined.

Existential-Phenomenological Theory/Psychology

Valle and Halling (1989) traced the development of existential-phenomenological psychology through Soren Kierkegaard, the founder of existential philosophy, and Edmund Husserl, the father of phenomenology, to Jean-Paul Sartre and Martin Heidegger, who applied phenomenological methods to existential issues. The foundation of E-P psychology consists of the experiences and actions of everyday life (von Eckartsberg, 1998). Husserl (1965) posited that experience is the ground of all knowing and therefore human experience is the ultimate source of knowledge. Phenomenology provides a method for "carefully and systematically" reflecting on and interpreting human experience (von Eckartsberg, 1998, p.8). The result of these reflections on and interpretations of human experience is a description of the "general characteristics of human experience" (Polkinghorne, 1989, p. 43)

While phenomenology is concerned with providing descriptions of the human experience, the focus of existentialism is on the experience of being human and the basic issues with which humans inevitably struggle (Polkinghorne, 1989). Fortunately, phenomenological methods can be applied to basic human experiences such as joy, despair, and choice (Valle & Halling, 1989). The combination of these two compatible and complementary philosophies is referred to as existential-phenomenological psychology (E-P psychology), described by Valle and colleagues (1989) as "that psychological discipline that seeks to explicate the essence, structure, or form of both human experience and human behavior as revealed through essentially descriptive techniques including disciplined reflection" (p. 6). In other words, existential-phenomenology is the application of these methods to the "perennial problems of human existence" (von Eckartsberg, 1998, p. 8). These methods will be described in detail in the following section.

Existential-Phenomenological Research

Polkinghorne (1989) stated, "The aim of phenomenologically informed research is to produce clear and accurate descriptions of a particular aspect of human experience" (p. 44). Phenomenological research is similar to other descriptive or qualitative approaches, yet is distinct in its focus on the participant's "experienced meaning" rather than on others' descriptions of participants' observable actions or behaviors (Polkinghorne, 1989, p. 44). In order to

understand an individual's experienced meaning, that individual must first, "step back" to reflect on his/her experience, and second, search for words and labels to describe this experience. The description of an experience is somewhat removed from the experience itself (Polkinghorne, 1989). Essentially, "in describing experience we are forced to employ a set of concepts that are derived not from experience but from an essential analysis of the acts of consciousness" (Husserl, 1965, p. 11).

The basic steps of phenomenological research include obtaining descriptions of particular experiences from people, analyzing these descriptions in order to identify common elements of the experience, and producing a report that describes the experience (Polkinghorne, 1989). The heart of phenomenological inquiry is to simply ask research participants to "describe the fullness of their experience" and then to analyze it rigorously (Valle, 1998, p. X). E-P psychology's movement from implicit to explicit is essentially a formalized version of something individuals do every day-- reflect on experience (von Eckartsberg, 1998). It is essentially a descriptive-reflective approach; that is, a process of reflecting on one's experience and then describing it. The goal of this kind of research is to create accurate descriptions of a human experience (Polkinghorne, 1989).

Methodological Issues

Validity

Validity is synonymous with words such as "soundness," "relevance," and "cogency;" a study or an instrument is valid if it measures what it purports to measure. Polkinghorne (1989) states, "In mainstream social science research... the concept of validity has been specifically delimited to refer to confidence in the measuring instruments" (p. 57). In phenomenological research, the term validity refers to the degree to which the presentation of the findings convinces the reader of its accuracy (Polkinghorne, 1989). Researchers must explain their methods and findings clearly and effectively, particularly how they transformed the original data into "phenomenological, informed psychological expressions" and how they synthesized the meaning units into a general structural description (p. 57). According to Colaizzi (1978), the researcher must compare the clusters of themes to the original protocols in order to demonstrate their validity. Ideally, themes will not imply anything that the protocols do not, yet they must capture the essence of what was contained in the protocols. A final component of validity in phenomenological research is that those readers who have experienced the phenomenon under investigation must determine the findings to be consistent with their own experience.

In answering the following validity question, "Does the general structural description provide an accurate portrait of the common features and structural

connections that are manifest in the examples collected?" many factors must be considered (Polkinghorne, 1989, p. 57). The researcher must determine whether 1) the interviewer influenced the participants' descriptions, 2) the transcription is accurate, 3) the researcher overlooked certain themes and conclusions without good reason, 4) the general structural description matches the original data, and 5) the description is general enough to be relevant to different experiences (Polkinghorne, 1989, p. 57).

Reliability

Reliability has been defined as "the consistency of a measuring procedure or instrument" (Churchill, Lowery, McNally & Rao, 1998, p. 64). In addition, "a method of measurement is reliable if it always produces the same result under the same conditions" (p. 64). Reliability indicates equivalence of measurement; although equivalence is fairly easy to determine when the measurement is numerical, it is more difficult to establish equivalence of verbal descriptions for a number of reasons (Churchill et al., 1998). First of all, it is unlikely, if not impossible, that all participants' verbal descriptions will be equivalent. Furthermore, it is equally unlikely that all researchers' analysis of the data will be equivalent. The proposed solution is to establish **coherence** between two descriptions rather than equivalence; using coherence as the criterion for reliability "acknowledges the perspectival nature of qualitative description, and therefore does not presume that two valid descriptions will be equivalent, much

less the same" (Churchill et al., 1998, p. 83). Essentially, descriptions are considered reliable if they fit together coherently. In the process of determining coherence between findings, the distinction between validity and reliability may become unclear because the researcher must, in the process, evaluate how much the findings have revealed about the topic of interest (Churchill et al., 1998, p. 83).

Data Collection

The three components of data collection in this study are bracketing, selecting, and interviewing. The first to be considered is the bracketing interview.

Bracketing Interview

Self-reflection is recommended as a preparation for gathering interview data (Polkinghorne, 1989). While some researchers write about and discuss their experiences relevant to the topic of interest (Fischer & Wertz, 1979; Robinson, 1998; Rowe & Halling, 1998; Shertock, 1998), others engage in bracketing interviews (Vallegonga, 1998). The goal of both methods is for the researcher to become aware of and express personal biases or assumptions related to the topic of interest in order to minimize their interference with the analyzation process.

For this study, the researcher (i.e., the author of this dissertation) was interviewed by her principal advisor who is experienced in conducting phenomenological interviews. She was asked the same research question that the participants were asked later in their interviews. The goal of the interview was to

learn more about the researcher's personal experiences with grief as well her expectations regarding the study. The bracketing interview was transcribed, analyzed, and thematized using the same process used for the participant interviews.

During this interview, the researcher stated her expectation that her bereavement experiences would probably be less severe than most of the participants' experiences due to a number of factors such as the age of the deceased, her relationship with the deceased, and the condition of the deceased at the time of their death. The researcher deliberated about whether participants should be allowed to discuss *multiple* losses since the research question requires participants to describe their experience of grief after the death of *a* loved one. In describing her experience of grief, she concluded that describing multiple losses was necessary in order to fully describe her experience of grief. For the same reason, it seemed important to allow each participant to decide which loss or losses they would discuss during the interview in order to most accurately characterize their experience of grief.

Related to her experience of grief, the researcher talked about how different deaths affected her in different ways and what factors influenced these reactions. In addition to the factors mentioned in the preceding paragraph, other factors were how sudden the death was, how expected it was, how frequently she saw the deceased, and concurrent losses. The researcher's feelings and reactions

included sadness, unfairness, relief, shock, fear, the sense that it was "hard", nervousness, bargaining, and regret. She also described experiences of crying or laughing. She mentioned various ways that these experiences had affected her and how profound this effect had been. She reported being simultaneously baffled and curious by the reality of death. She also stated that it was difficult to comprehend the fact that a person is here one day and gone the next. She also described her difficulty believing that life still goes on without them, sometimes with much less impact than she would have expected. In talking about her experience, she mentioned her fixation with or curiosity about tangible reminders of the deceased. She stated that these deaths have reminded her of the unpredictability of life and as a result, she has become more conscious of how she treats others. Finally, she spent time describing her relationship with the individuals who died, the details of their death and illness, and her sadness and concern for other bereaved individuals who experienced the same loss.

Selection

The individuals who were interviewed for this study are referred to as participants, although some phenomenological researchers (Marcandonatou, 1998; Shertock, 1998) refer to them as co-researchers or research partners in order to emphasize the interactive, collaborative nature of this type of research. In accordance with van Kaam's (1959) criteria, participants were asked whether they 1) had had the experience being studied, 2) were able to express themselves in

verbal form, 3) were able to express their feelings without excessive shame or inhibition, 4) felt they were aware of and able to express the experiences associated with these feelings, and 5) had an interest in the experience. All participants met these criteria.

In accordance with Polkinghorne's (1989) recommendation, the researcher attempted to select volunteers with diverse experiences regarding variables such as period of time since the death, relationship to deceased, and type of death in hopes that this would increase the richness of the data. Participants were individuals who volunteered to be interviewed after hearing a brief description of the study. They were also reminded that difficult or painful emotions might be elicited when reflecting on their experience of grief or loss. Their decision to participate was based on this information. Participants were not compensated monetarily or given academic credit for their participation.

Participants

Participants were nine adults, five females and four males, who had experienced the death of a family member or loved one. They ranged from 44 to 77 years of age. The period of time since their loved one's death ranged from one week prior to 28 years prior to the interview. The deceased individuals who were described were partners, parents, siblings, children, and friends of the participants. The deceased person's age at the time of their death ranged from 3 years and 10 months to 89 years of age. Causes of death included various forms of cancer, a

heart attack, an aortal aneurism, an auto accident, a rare disease, heart conditions, stroke/pneumonia, AIDS, and a drowning.

Participants described diverse relationships with the deceased. These relationships differed according to the amount of closeness with the deceased, the role of the deceased individual in their lives, their role in the deceased individual's life, the geographical distance from the deceased, amount of time spent with the deceased, and amount of conflict with the deceased.

Phenomenological Interviews

Interviews were conducted in a mutually agreed-upon private location, usually in the researcher's office or in the home of the participant. One participant was interviewed in a school classroom. Each participant read and signed the Informed Consent Form (see Appendix A) before the interview began. Subjects were notified of their right to terminate participation at any point during the study and were made aware of protection measures such as confidentiality and anonymity. All names and potentially identifying data were omitted during the transcription process.

Giorgi (1985) suggested that the data for psychological studies should be composed of "naive descriptions, prompted by open-ended questions, of experiences by subjects unfamiliar with the researcher's theories or biases" (p. 69). The present interviews were open-ended and unstructured. Each interview began with the following statement: "Tell me about your experience of grief after

the death of a loved one." Subsequent statements or questions represented attempts to obtain clarification or elaboration regarding the participant's experience (see Appendix B). All interviews lasted between 45 and 90 minutes.

Data Analysis

Thematization Process

Researchers have developed different versions of the thematization process. The existential-phenomenological methods used in the present study represent an integration of the methods developed by Giorgi (1985) and Colaizzi (1978). Once the interviews were transcribed, each protocol (i.e., transcribed interview) was analyzed separately using the following methods. In the initial step of data analysis, the researcher read and re-read each of the protocols in their entirety in order to obtain an overall sense of each description. A phenomenological research group, comprised of the researcher and three other individuals with background in psychology and/or qualitative analysis, then read through portions of each protocol and discussed the meaning of various statements and looked for themes in the protocols.

In the next step of the analysis, the researcher read each of the protocols again and identified statements or phrases that expressed a "self-contained" meaning that was relevant to the experience being studied. These statements were then used to form a list of meaning units, with redundancies omitted (see Appendix C). The meaning units or "significant statements" (Colaizzi, 1978, p.

59) were translated into "psychologically coherent expressions" (West, 1998, p. 365) based on the researcher's impressions and analyses as well as those from the research group. These psychologically coherent expressions were essentially a simple phrase that most effectively captured the meaning of each unit (see Appendix C). Colaizzi refers to this step as a "precarious leap" because the researcher is attempting to "discover and illuminate" what participants mean by what they say (p. 59). At this point, those units with similar meanings were grouped into theme clusters (see Appendix D).

Once each protocol was analyzed independently, a summary of it, including the most prominent themes (see Appendix F), was sent to each participant for their review and approval (see Appendix E). Participants were asked to read the summary to ensure that it is an accurate summary of their experience of grief based on their interview. They were invited to make any revisions necessary to make the summary as accurate as possible before signing the summary indicating that it was a good representation of their experience. Once all participants reviewed and approved of the analysis of their interview, the researcher combined the protocols for analysis.

Theme clusters from each protocol were combined with those from other protocols in order to form overall constituent themes. These overall themes were subsequently combined into fewer comprehensive constituent subthemes and then further reduced to form the final comprehensive constituent themes. The themes

that were seen in all or most of the interviews were viewed as characteristics of the general grieving process. Finally, these themes were used to formulate an overall structural description of the phenomenon being studied.

CHAPTER IV

Results

The goal of this project was to provide a description of the thematic structure of the experience of grief for bereaved individuals. The five most prominent themes in the interviews were as follows: 1) Coping, 2) Affect, 3) Change, 4) Details, and 5) Relationship. These themes occurred in the ground of Time. A diagram of these themes can be found in Figure 1. More detailed descriptions of these themes is provided in the remainder of this chapter. The themes are illustrated using excerpts from the interviews.

Coping

For five of the nine participants, Coping appeared to be the most prominent theme, meaning that there were more significant statements regarding this theme than any other theme. The Coping theme represents the participants' descriptions of how they coped with the death of their loved ones. Most of the participants whose loss was a gradual one also included a description of how they dealt with the illness and deterioration of a deceased individual. Participants frequently talked about "what helped" or stated that certain behaviors or things were "helpful." On the whole, this theme reflects the active aspect of the grieving process since participants talked about what they *did* in order to cope with or adjust to their loss. Sometimes participants knew in advance that something

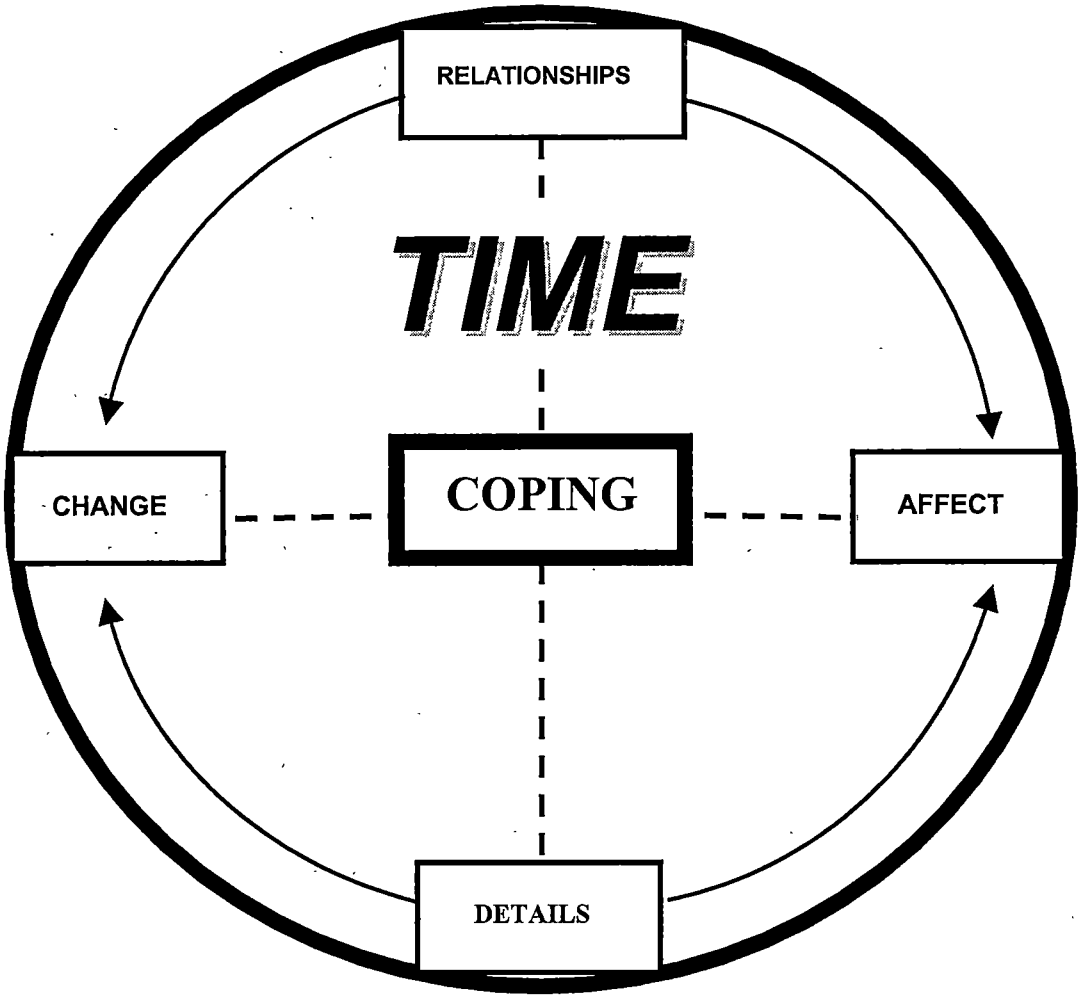

Figure 1

Thematic Structure of the Experience of Grief

would be helpful and therefore deliberately chose to do it. In other cases, participants did something and discovered only later that it was helpful.

Participants made reference to various coping mechanisms that they employed; some distinguished those things that helped them get through it from those that hindered them or were unhelpful. In discussing what was helpful to them, several participants expressed their belief that there are different ways of grieving and stated that it is important for people to decide for themselves what is most helpful for them in dealing with their loss. The participants mentioned numerous examples of coping mechanisms or helpful behaviors; these included cognitive strategies, certain attitudes or perspectives toward the loss, therapeutic resources, spirituality, behavioral activities, and social support. Examples of cognitive strategies were optimism, intellectualizing, positive self-talk, compartmentalizing, and avoidance. A few participants talked about their use of "compartments."

> I'm very good at putting things in little compartments and not really thinking about them until I need to think about them. And that's how I handle grief as well.

One participant described her use of positive self-talk immediately after receiving news of her daughter's suicide.

> I just wandered around the house saying, "I can do this. I can do this. I can do this." And it was an affirmation and I think affirming myself was probably the best thing I could do at that time, just "I can. I can. I can." And then, did you ever read that book, it's a very

> old one from my childhood? "The Little Engine that Could?" "I think I can... I think I can." And you know, even a little book like that from childhood just stayed with me. Why? I don't know. But it helps. It really helps.

Intellectualizing was another cognitive approach that participants found helpful.

> I found that I had to intellectualize my situation rather than just be emotional. Well, I didn't want to just sit and cry and cry; I had to think about it and try and get perspective.

Participants also noted that certain attitudes and perspectives were helpful in dealing with a loss. One participant in particular had a lot to say about this ...

> Not being ashamed of the fact that you're grieving is very important...I think a little bit of pride has a little bit to do with not wanting to be viewed as a basket case, not wanting to be viewed as destroyed by a tragic situation. I think that helps also. That helps because it keeps you, that keeps you on your toes, that keeps you focused on surviving your tragedy... But your own faith, your own faith that you can get through and can deal and just rely on that... and if you allow them, that's what will get you through it...

Several participants mentioned benefits they received from individual therapy, support groups, and psychotropic medication.

> My therapist's sort of subspecialty is grief therapy, so that was obviously very valuable... very helpful.

> I searched out counseling which I think is the very best thing you can do.

> He (i.e., a psychologist) had me to write letters to my mother and my daddy and he had me write letters to myself...it was really good. He was into the Gestalt stuff... and it was amazing how effective that was... that was very helpful.

> I pursued it and pursued it until I found a group that was dealing with suicide and then I... went through that and I guess I stayed with the group for about a year and a half, maybe 2 years.
>
> 'Course I think we're all under better living through chemistry right now where my wife is on antidepressants right now, so am I, so is our oldest son...

Spiritual support and faith were also sources of comfort for some participants.

> I had strong faith in God and I just relied on that a great deal.
>
> And I have to remind myself that God loves our children much more than we do, much more even than we think we do. And for Him to call "Chris" home so He could raise him, obviously to me, He has a better purpose.
>
> The Lord worked with me to really help me to really see how much I had been hurt and to accept it and face up to it and also to forgive my parents... and so that was a big breakthrough.

Activities such as reading, remembering the good times, getting back into one's routine, attending funerals, physical exercise, being alone, and talking about the deceased were also reported by participants as helpful. One participant talked about how being alone and reading were helpful for her.

> I'm a very private person. I don't enjoy my raw emotions being exposed and I just, I like my solitude. It's not a loneliness. It's a solitude that I choose... And I like reading, so lots of times I would just stay home and read.

One participant shared with the researcher a copy of an excerpt from a book that he had found helpful. Another participant talked about how she had found a particular book helpful because it was relevant to her. The book was

helpful because the author described her (i.e., the participant's) social group including ethnic background, age, and level of education and noted how these variables impact the grief reaction. The participant stated,

> I've found this book by Dr. Helen Lopata helpful in that she described me among the social groups- college educated, my age was 50, I was from a Russian Jewish background...

Some participants found that writing about their experience was helpful. This included journaling, writing letters, and writing poetry. One participant gave the researcher copies of two poems he wrote about his loss and another one brought a copy of the journal/letter she had written about her experience. She explains...

> It also helped me to write about it all (i.e., my experience related to my mother's death). I don't know why it helped me...I was so glad I'd written it because then the whole thing becomes clear in my mind again...and to remember the experience... and I enjoy doing it in some way.

Participants stated that reminiscing about positive memories with the deceased was also helpful. They also demonstrated this by spending a notable amount of time recounting times and conversations with their deceased loved one(s). Examples of these memories are also relevant to the Relationship theme discussed later. Participants discuss the helpfulness of positive memories...

> I think it's very good to have some sort of things you know, positive to remember the person by. In the case of my sister, I can remember what a wonderful time we all had and how I couldn't believe I managed to pull off the visit because she didn't like to travel.

> You've got to look at the good things. We had some fun... still do, talking about them.

The consensus among participants about attending the funeral was that it was helpful. They stated funerals provided a sense of closure, reminded them that many people cared about their loved ones, provided an opportunity to be with family and close friends, and helped them to accept...

> I found it enormously helpful to be there (i.e., at my mother's funeral) ... It did help me just to accept I suppose.

> I just find it very important to go to funerals. There's a sense of everybody coming together and memory...

> It was comforting to see that she really had kept up a community of friends... they came (i.e., to the funeral) and it was just very nice to know that she did have a positive impact on lots of people.

Physical activities and being outdoors were reported to be helpful coping mechanisms. Examples were exercise, raking leaves, and canoeing.

> Another thing that's very helpful; I had a house up until a couple of months ago. Lots of trees, lots of leaves, not much money, so I was mowing the lawn and raking leaves and raking leaves... But that was good for me; it was good for me to be out doing something physical.

> Canoeing is my release... that was my escape...I could hit the river. And I'm too busy trying to survive to worry about what's going on inside, what I'm feeling. On those weekends after she died I was out a lot. 'Cause that was my way of coping.

Getting back into the routine and having a job were also reported to be helpful coping mechanisms.

> Having a job put structure in my life. I had to get up in the morning. I had to get dressed; I had to put on makeup and I had to go to work... Then you weren't quite as isolated. You have the relationships and the interaction with people with whom you are working.

> Work was my salvation when I got back here... When I went to work, I turned it off. I didn't deal with it; I didn't cry at work; I didn't talk about it...But I think going back to your routine life as quickly as you can possibly do it, I think that was the thing that was really my saving grace.

Most participants mentioned the support of family and friends as a very helpful and appreciated thing. Support was given in various forms such as listening, attending the funeral, helping with practical responsibilities, and verbal expressions. Although support from others is one aspect of Coping that is passive, it is certainly an important component of what helped participants to cope. Examples of support from friends follow:

> My friends had me over to eat a number of times and I don't know how many times I went over all of the details of this at their dinner table and they just sat there and let me do it, which was very helpful to me...just letting me sit there in my agony and articulate it and not trying to solve anything, not trying to bring any solution, but just to be there and listen and maybe make some sympathetic noises from time to time. That was helpful.

> I had a number of good friends who- and I was the only single person- everybody else were married couples that I'd known for years ...but they were very supportive... I also had to go out and get a better job and they were very helpful that way in that... it was a suggestion, I went back to school at night for a year and became a paralegal.

> The kindest thing that people around them (i.e., bereaved individuals) can do is to allow them to do it their own way and to be

> supportive of whatever choices they make even though you might not think that it's in the best interest of that person...

Although much less prominent, another aspect of the theme of Coping included descriptions of behaviors or coping mechanisms that participants found unhelpful. This included what *they* did that was unhelpful and what *others* did that was unhelpful. One participant talked about ways that she tried to deal with her mother's death that were unhealthy and ineffective including drinking, avoiding things, and trying to "fill her shoes."

> I was probably heading down a destructive path, not realizing it but probably drinking too much. You know if you can't face it and you ignore it, it's not healthy... I just chose not to deal with it...It was not a good choice I had made by shutting it off... I tried to fill her (i.e., my mother's) shoes and found it didn't work. I was trying to be all things to all people and it just doesn't work.

One attitude or approach that was described as unhelpful was referred to as "wearing tragedy"...

> Everyone has tragedy in their life and you can only wear it on your sleeve for so long and then you wear it out. And it wears you out. It's very wearing. And I didn't, I don't need to be dragged down.

Regarding what was unhelpful from others, participants stated...

> I think a lot of people are uncomfortable with people who grieve and they want them to get over it; they want them to get on with their lives. And it seems to me that is, generally speaking, pretty unhelpful.

> If they put up roadblocks and start trying to dictate (i.e., how you should grieve), you're not going to go back to that person for support. You realize that's not a supportive person

for you, it's a dominating person.

Many participants noted that different people have different ways of grieving. In noting differences between what is helpful for different people, one participant noted familial differences regarding seeing the body of the deceased and in the expression of feelings.

> I was so taken aback, I couldn't go (and see her body). I just couldn't... and I don't know whether it would have helped or not helped. It did my brother...
>
> He (i.e., my younger brother) is a person who doesn't let out his feelings at all. Now my older brother is very emotional, so he and I are sort of the same. The other two (siblings) are rather more "keep it all in"- one never knows what they are thinking.

Another participant emphasized the need for bereaved individuals to grieve in whatever way is most helpful to them.

> You have to be prepared to know that the way you want to deal with this is the right way for you. It might not be the right way for someone else and you may suffer doing what makes you feel better.

The participants not only *stated* that people have different ways of grieving, they *demonstrated* it in their own descriptions of what was helpful to them. For example, a comparison of two protocols reveals some of the differences in the way these two participants dealt with their loss. One participant stated that she coped by being with her mother in the hospital, doing physical exercise such as canoeing, avoiding painful reminders and tasks, taking psychotropic medication, compartmentalizing, being optimistic, crying, drinking, being strong

for others, and internalizing. She also distinguished healthy from unhealthy coping mechanisms. For example, she realized that she was drinking too much and that avoidance and internalization were harmful. The other participant reported that writing, remarrying, faith, therapy, reading certain materials, and support from others were the mechanisms he used to cope with his loss. Another example of how different people with loss is that some found it helpful to talk about their grief while others saw talking about it as unnecessary. One participant stated,

> I'm not sure talking about the pain will make the pain any less, so I guess I think there's no need to talk about it.

In contrast, another participant said,

> I've always been a big believer in talking it out.

To summarize, the theme of Coping pertains to the methods that participants employed to cope with their loss. Excerpts for this theme related primarily to what was helpful, although some participants mentioned behaviors that were unhelpful. While there were commonalities in what participants found helpful, there were also differences; participants indicated their awareness of these differences. While support from others was an important aspect of handling bereavement, the majority of behaviors required action on the part of participants. The next theme to be addressed relates to the emotional response of participants to the death of loved ones.

Affect

The participants' emotional responses to the deterioration and death of their loved ones was another prominent theme in the interviews. Participants reported having a variety of feelings and reactions. Related to this theme were stimuli that triggered these feelings and reactions. Participants indicated that the deceased's quality of life significantly influenced their emotional responses to their death. Quality of life refers to the participants' impression of how positive the deceased's life was. A good quality of life was perceived as being one that was fulfilling, happy, and involved minimal pain. Many participants were aware of the lost potential because of death and had a poignant sense of "What could have been..."

The most commonly reported feelings were sadness and a sense of responsibility. Other feelings that were reported by at least half of the participants were surprise/shock, anger, missing the deceased, pain, relief, pleasure, guilt, depression, and ambivalence. Other responses mentioned, albeit less frequently, included a sense of helplessness or lack of control, regret, descriptions of how hard or difficult the loss was, loneliness, a sense of injustice, and hoping.

Every participant reported either crying or feeling sad, sometimes for themselves, sometimes for the deceased individual, and sometimes for other bereaved individuals.

I'm very sad for my mother to have lost her husband 2 years before

> and for my (deceased) brother's wife. But for myself, it was sadness over losing him.
>
> I remember just standing there for what seemed like a very very long period of time… and just breaking down into a sobbing… kind of letting it all out kind of thing.
>
> When he (i.e., my father) died I felt sad because the last 10 years of his life… were not as positive as they could have been for him… When my mother died, I must confess, I felt a sense of sadness at someone whose life turned out the way it did.

Other feelings and reactions that most participants described were shock…

> I was in shock for a long, long time…
>
> I think one of the things that surprised me was that I, although I had been anticipating her death at any point, there was still something so different about her having died that's a bit hard to explain.

…anger and unfairness…

> That's the thing about people dying, especially when it's unexpected, you don't think it's fair and you're upset- you're mad at them- and even like the next year every once in a while I'd be mad at him because it's like, "If you were here, you'd be able to listen to me and tell me what to do. And why did you have to go away?"

…missing the deceased…

> It's just missing him, you know, and lately I've missed him a lot… just the enthusiasm and the joy that my son had was contagious and it made your own, you know, no matter how bad a day you had, you come home, he's got his little arms out and he hugs your neck and it just made everything alright. And we miss that desperately.

…pain…

> I mentioned how acute the pain is. It's clearly for me the worst thing I've ever gone through is the grief for my wife... absolutely awful... unmitigatedly painful.
>
> You can't describe it... other than the fact that your soul has been ripped out and somebody's stomping on it.

...and relief.

> Of course I didn't have those 2 hospital or nursing home visits every day; in many respects it simplified my life. And I'd have to admit that to some extent I was relieved when she died.
>
> One of my first thoughts when I heard (i.e., about her death) was, "Well, she's out of pain."

Feelings of pleasure or happiness were unexpected by the participants and as a result, seemed significant to them. Various examples were given of humorous situations. In the following two excerpts, the participants describe moments of enjoyment or pleasure...

> The first time I was able to laugh with any spontaneity in all this situation, came when I played Shostakovich's 5th Symphony, the finale of that... I found myself smiling beyond my control... This was at least the first time I was aware of having a deep sense of enjoyment during all of this... I just remember feeling that very positive combination of emotions in an unexpected way.
>
> I have noticed recently that with the waves (of grief), the waves are bringing pleasant thoughts, brings thoughts that fill you with goodness, not drain you with agony.

Participants' guilt was related to various things including what they did or did not say and what they did or did not do. In the following excerpts, one

participant's guilt is about his sense that his own fulfillment in life was attained at the expense of his wife. The other participant felt guilty for not being with her mother more as she was dying.

> I always in a sense achieved what I set out to achieve. I've always had a lot of fulfillment. And at whose expense? I think I always felt sort of guilty.
>
> I felt bad that I wasn't there with her all the time...

Depression was another common response for participants. They explained...

> I had depression... I had to take something for it...
>
> I think I might be dead right now had I not remarried; I think that I was so depressed and I think my immune system was having a number worked on it... I don't think I was suicidal, I really didn't go out of my way to mistreat myself although I wasn't taking good care of myself. But I remember, several times it occurred to me, "If I would step off a curb and just happen not to look the right direction and get hit by a car, big deal, who cares?" And I remember feeling that way a good deal.

Participants were also aware of having mixed feelings or ambivalence regarding the death of a loved one...

> It was tough. It still is tough. But it was a happy tough.
>
> I was mad at him and at the same time I was relieved because after finding out what would have happened, he would not physically have been the same person that I knew. And I knew that he wouldn't be happy with himself. It was a real mixture.
>
> I loved her... but at the same time I was angry at her for hurting me really deeply emotionally when I was a child growing up.

All but one participant talked about particular stimuli or reminders that triggered certain emotions and reactions.

> I was sitting at my desk clearing up some information about him or something and I still had his billfold in my desk. And I could smell, you know, just his smell 'cause he smoked all the time, it just smelled. And I started crying then.
>
> On Christmas Eve, I took my daughter and her children to the church where we all used to go and the organ starts playing and immediately I'm thinking of my sister who also played the organ. The organ seems to be a very powerful stimulus. So I was getting teary at that point 'cause I thought of her, and then I thought of my father and I thought of my mother too.
>
> Every once in a while I'll look in the mirror and I see my Dad's eyes... staring back at me. He and I had very similar coloring in our eyes... and at first it was very shocking, but now when it happens it's very comforting 'cause I know he's with me.
>
> Coming here has really made me miss him because I see older couples walking, shopping, things like that... I can watch a TV program that may be about something that was in our life together. That reminds me of happier times...
>
> You'd be surprised at the little things that you connect with your children...And when you see it again or feel it again, it just rips the rug right out from underneath you...You see somebody else's child that looks like him and it grieves your heart... We go by his favorite park and it's a dull ache right here (pointed to his chest).

Some participants likened the death of a loved one to losing part of themselves or a part of their identity.

> It's difficult in the aspect of knowing that a part of you has died. I mean, there is a big piece of me that is 6 feet under right now...
>
> I can tell you that when it's someone that you are very, very close to, it's like you've lost a body part...

> I happened to mention the fact that I felt like I had lost my identity when my husband died, and my friend said to me, "Mary, you've always been 'Mary Jones' to me. You've never been 'Mrs. Joe Jones'." And that was nice; it's funny how you cling to certain memories like that.

The deceased's quality of life before their death was a factor that had a notable impact on participants' feelings after their death. Quality of life seemed to have a particular impact on feelings such as relief, sadness, or acceptance. One participant described how his deceased sister's difficult life made it easier for him to accept her death.

> She is probably much happier than what she was on earth. And while I will miss her and her mother will miss her greatly… I'm pleased for her that she doesn't have to deal with her own personal tortures that sent her to the hospital so often…

The same participant stated that the fulfillment another sister had in her life made him less sad *for* her.

> There is less sadness for my other deceased sister because she had lived every day of her life.

Another participant was pleased with her family members' condition at the time of their death, particularly that they were not undergoing extensive medical treatment.

> What I feel good about in every case actually…in my father's case, my last memory of him was in bed, he had nothing hooked to him- no feeding tubes, no nothing… In my sister's case, she was at home and she just woke up one day and just died… My mother never went to a nursing home which would have really disturbed her 'cause she was, she just didn't think of herself as an old person… So it's good

> to think of them all not being...under unnecessary medical devices and so on.

Many participants reflected on the potential that was lost with the death of their loved ones. Lost was the potential for the deceased to have certain experiences and for the participants to share certain experiences with them. "What could have been" was a question that was closely related to this sense of lost potential. There was a great deal of sadness associated with these thoughts. The following excerpts illustrate this aspect of Affect:

> Here's this country boy that finished, went to the 7th grade and so there's a kind of poignant sense of bittersweet sadness of a certain amount of potential realized but not maybe as much as could have been.

> My (deceased) brother just had a new child, his first child and that dream will never- that will be always unfulfilled... So he won't have that experience of being a father.

> I think one of the things that makes me saddest, she saw 3 of our 7 grandchildren and she just would have loved on those grandchildren. She would have been so delighted with the other 4 that she didn't even see.

> He had always wanted to go- there's a retirement community in (state) that my Dad had wanted to live at. And that's the hardest part I guess about his death was that he was only there for about a year (before he died).

Wondering about "what could have been" also pertained to the participants' relationship with the deceased. One participant stated,

> That's another thing that I grieve in the loss of my wife because it's as if we were just beginning in my therapy, and she had gotten into it

> some, where we were getting more candid with one another about some of the deeper issues that couples somehow can leave in separate compartments and drawers somewhere. We were just beginning to deal with some of those things with somewhat more candor… But again, there's sort of a "What if?"

Another common feeling among participants was a sense of responsibility. Participants felt responsible in different ways for the person who was dying. They felt responsible for spending time with the person during their illness, for taking care of them, and for planning their funeral or taking care of practical matters after their death.

> When mother was in the hospital, I would go during spring break, fall break, and maybe twice during the summer. I would drive all the way there, go in, and spend an hour with her. My wife said, "If they (i.e., the hospital staff) know that you are periodically coming, they'll see to it that she is properly cared for."

> For the first time in my life now I don't have to worry about my parents anymore… I feel a real sense that God has relieved me as an only child of an incredible burden because my parents were very difficult, high maintenance people as an only child. And so I was working hard to be faithful to my parents, to really keep the 5th commandment.

> I think I felt like I had to fill my mother's shoes immediately…Just being all things to all people…I tried to be a good friend to all of her friends. Tried to help take care of them… Just this innate drive that so much was expected of me. And if I didn't perform like she had performed, then I was going to let somebody down.

Part of the sense of responsibility related to the numerous decisions participants had to make related to the deceased during their illness and death. Many made crucial decisions about medical care, funeral arrangements, and other practical

matters such as the deceased's belongings and finances. They also had to make decisions about coming to be with their loved ones during their illness or near the time of their death. Following are examples of some of these decisions.

> I had given directions that she not be returned to the hospital for any reason... I looked at her, at her bedsores which were pretty awful, and just decided, "No, don't put the feeding tube back in."

> We helped Mom go through the closets and donate Daddy's clothes and decide what to do with things... He had an awful lot of books on the Civil War and so I suggested to Mom that we put book plates in them and donate them to the library.

> I think we did a good job with the logistics of the funeral... I mean, this is an amazing process that you have to go through to select what type of casket, what type of services and when, and burial and cremation and how that will all be handled.

> I remember asking the doctor, "Should I come home?" And he said to me, "No, your father has people here now but he needs you to be there for all the after-effects of the surgery when he's trying to get back into normal life." So, I took the doctor's advice and went 2 or 3 months later.

Sometimes they felt responsible for other bereaved individuals; many expressed their concern for other family members or friends and stated that they tried to be strong for them.

> My biggest thing is making, or trying to make it easier for my wife and trying to make it better for my in-laws and making sure that it doesn't mar my children, my two remaining children for the rest of their lives...Don't ask me why I feel like I'm responsible for them but I think this is what God's got me plugged into.

> And my mother, all of the sudden, now I took on the role of a parent. My mother was totally useless in terms of making decisions.

> I have other children to set an example for… Set an example that you can survive these things… I just always felt that that was part of my responsibility to show them you are 1) a responsible adult, and 2) that you deal with whatever life brings your way, you deal with it the best way you can.

Participants were also aware of certain responsibilities and obligations in their lives related to work, relationships, parenting, and finances; these were sometimes neglected as a result of their bereavement.

> Financially, emotionally, it was now up to me to support the family. I had her (i.e., my deceased mother's) affairs to deal with; I had my affairs to deal with; I had my daughter's. Any mistakes I made, I made them strictly on my own and I didn't like that feeling.

> I needed to get back to work because I needed a paycheck… I had made a commitment to my job.

> We had families and children. Of course, my girls were gone but I still had these dogs and a husband. And you can only impose on your family for so long. You've got to have a sense of normalcy.

As the excerpts illustrate, the Affect theme represents the participants' emotional responses to the death of loved ones. Regarding this theme, participants reported a variety of feelings and mentioned stimuli that triggered these feelings. The most commonly reported feelings were sadness, sense of responsibility, anger, missing the deceased, pain, relief, pleasure, guilt, depression, and ambivalence. The sense of lost potential or "what could have been" was also prominent. Less frequently reported feelings included emptiness, shame, hope, loneliness, apathy, regret, and helplessness. Finally, the quality of the deceased's

life was a factor mentioned by participants that significantly impacted their emotional response.

Change

Participants were aware of various ways in which they had changed as a result of their loss. Many participants reported changes in their perspective; they gave powerful examples of how their outlook on life changed. This included changes in values and priorities. For many, their loss emphasized to them those things that matter the most. Participants also reported changes in their behavior, different ways of relating to others, and growth or maturity that occurred as a result of their experience of bereavement. Regarding general changes in oneself, two participants talked about how they became more independent and another talked about how his drive for life changed.

> The drive I had for life is totally changed.
>
> I've learned to be more, well, I've had to be more independent.
>
> After my husband died, I was forced to become an independent person. I've got to take care of mine, 'cause nobody else is going to.

The following excerpts illustrate changes in perspective, although some are also illustrative of other types of changes. In the following excerpts, two participants note that they had come to the realization that they are not in control; another describes how his family learned to celebrate each day through "gravely ill situations;" another states that she is no longer afraid of death after watching her

mother die; and lastly, a participant reports having greater spiritual understanding as a result of his loss.

> This is just one point where you really realize that you're not in control of anything… I know I have especially come to grips with knowing that it's not me who's in control. I can't make the sun rise and set; I just get to watch it. I can't change which way the wind's blowing; I just get to enjoy it if it's not too strong.
>
> On at least three occasions we have gathered as a family because it was a gravely ill situation. And with that I think we first learned to try to accept that life is unique and a celebration of each day and realizing that there's many things we don't control but we just have to go on with our work, our lives.
>
> But you know, watching mother, death is not that bad. I'm not saying that I'm in any way, shape, or form ready to die. But you know, there are worse things… I'm not afraid of it anymore.
>
> In a worship service, it makes you much more aware of what the texts are in the song that you're singing… And you're reading the Scripture and it just about comes out and slaps you in the face. And it's like you understand; before you *understood*, but now you *understand*.

For many participants, changes in perspective included different or more defined priorities and values. For many participants, their loss(es) led to increased investment in their relationships…

> The priorities in your life are changed by a tragedy, by a death… And I think the depth in the grieving just emphasized to me the right path for me… The grieving process just kind of emphasized what really makes my heart and soul come alive.
>
> I think it's made our marriage much stronger. We value the time we have with our sons much more than we ever did before.
>
> It made me value time with family… I would rather go to my

> son's house and play cards with my son and his wife and my grandson than go to a movie with friends. That fun time with family means more to me. There's more value to it when you know you can't do it with somebody.

One aspect of clarifying and strengthening values is distinguishing the important things in life from the trivial. Participants distinguished what "matters" from what does not matter. They talked about the need to choose their battles and to look at the "big picture" or the "big scheme of things."

> If he didn't pick up the trash he knocked on the floor, so what? You try to still do the essential things...but you really pick out what's more important... In the big scheme of things, it doesn't matter.

> At this point, whether or not you get a haircut is not nearly as important as it was a year ago. There are too many big battles... you still talk about those sorts of things but you think more the bigger picture, you really do.

> It's just opened my eyes to really what is valuable and important to me... and those things I realize are very important where I used to balance them out before...

Certain behaviors and ways of relating also changed for participants. Some participants indicated that their experience of bereavement made them more sensitive to other bereaved individuals. One participant stated,

> I've gotten more bold about asking people who I know are in such situations, I'm more likely to express such things, express my concern. It certainly made me more bold.

Another participant seemed surprised at how some of his behaviors changed after the death of his wife.

> I found myself doing crazy things... I think you do a lot of strange things... I even found myself fantasizing about a particular woman, I mean, there must have been 40 or so years separating us.

Other examples of this theme included personal growth and changes in habits. Following are excerpts that illustrate these changes:

> Poetry has been an important part of my life and I think I felt pretty much atrophied, dried up as far as writing was concerned (after my wife's death.)

> I had to grow up... even though I was 50 years old... I've grown up a lot, well I had to grow up. You didn't have a choice... Well yeah, I had a choice, but I chose to grow up.

> Why worry about things you can't change? And I think that's maturing, more maturing...

Participants also noted changes in their way of dealing with grief over time. They compared their current way of dealing with their loss to their previous way of dealing with it.

> Now I talk about it more. I'm not afraid to show my feelings. I don't have to be strong. If I want to cry, I cry... I was holding things back and I don't know why I felt that need to, but I did. I think I've matured in dealing with my own emotions. I know when I'm getting stressed or uptight... I was trying to be all things to all people.

> Everybody has that façade that they try to keep up- being strong and all that... I'm not doing it anymore. What you see is what you get.

The previous excerpts suggest that bereaved individuals experience changes in themselves as a result of their loss. Changes in perspective, behavior, and relationship appear to be common. Values and priorities change for bereaved

individuals. Some participants reported valuing each day more, prioritizing time with family more, and being less concerned about trivial things. For one participant, her fear of death diminished because of her experience of bereavement. As a result of this experience, she also matured and chose to "grow up." The next theme to be described pertains to how the deceased person died and to the events or illnesses leading up to their death.

Details

The Details theme is essentially participants' descriptions of what happened related to the death of loved ones. Descriptions of the deceased individual's death and/or the process of dying were shared and compose the basis for this theme. Eight of the nine participants shared details of the death and when relevant, details of the deceased's deterioration and illness. Of course, in cases where death occurred suddenly, descriptions were limited to the details of the death. Memories were very vivid for most participants with regard to the death and to events leading up to it. Many participants recalled specific conversations and events in detail around the time of the death.

One significant component of participants' stories was getting the news regarding prognoses or death. Realizing or finding out that the end (i.e., the death) was near was also salient for participants. Another prominent aspect of this theme was the time near the end, in which participants talked about the last days or hours with the person who was dying. This often included descriptions of last

moments and last words with the deceased. In describing the deceased individual's deterioration and death, many participants had to make crucial decisions about things like medical care and funeral arrangements.

The following excerpts contain details of the death, including causes of death, and details of illness and deterioration. These excerpts demonstrate the diversity of participant experiences regarding type of death. These examples describe death from a heart attack, a rare disease, a suicide, a drowning, and AIDS.

> When my father died we had no warning. He worked all day, he came home, had a massive heart attack. I just happened to be there and did CPR on him and it didn't work. But you didn't have time to say goodbye.
>
> She spent about a total of five nights in a coma... a stupor and had myoclonic twitching which was very unnerving. Sometimes she'd have her eyes open... She was cortically blind in any case.
>
> My daughter committed suicide at the age of 39... She had a chemical imbalance in her brain of some sort or another... She had a diagnosis of a paranoid schizophrenic.
>
> They went up and down the street trying to find him... came back in the house, noticed that the back sliding glass door was open... went out there and that's where they found my son; he had drowned in the pool.
>
> He had contracted AIDS... I wasn't prepared for what he would look like. He had lost an incredible amount of weight, and his skin was very sallow and very green almost... There were days when he didn't get out of bed. I would look on the desk and there were probably 40 medical bottles, you know, all this medicine that he was taking.

In the following excerpts, participants described the experience of getting the news about the death of a loved one.

> When she died the phone rang one night about 2:00am. And my wife and I were lying in bed, and I woke up and the voice said, "This is so and so with the state hospital in (city). We'd like to tell you that your mother passed away last night." I said, "She did? Well, what happened?" And she said, "Well, she just slipped away." And I said, "Okay."

> The head waiter comes up to us at our table on the ship and tells us that we have an emergency phone call at home... That something had happened to the kids was not even in my mind at the time... So, we go and get the call and my wife's Mom was on the phone and she was explaining to me what had happened...

> We got to the emergency room and we found our way to the 4th floor of the hospital. And the nurse told us that we were not in time (i.e., he had died) and the one thing that she did say was that, "I was there holding his hand." She said, "Your father closed his eyes and he knew that somebody was there with him."

Realizing or being informed that the end is near was also a salient aspect of the participants' descriptions of what happened. Knowing that the end was near led participants to prepare themselves for the death and to wait for it. Participants described this experience.

> Then we went through the whole thing of being in the hospital and knowing that this was the end. And the doctor came in and sat down and talked to my Dad and told him that it was going to be the end, and that in a couple of days he would be leaving.

> He said, "You don't have a lot of time, so what do you want to say to your father?" And I said, "There's only one thing I want to say, and that's that it's okay for him to leave us." And the minister said, "Well, do you think you can do that?" And I said, "No, I can't."

> The ten days that we had with her, 'course only six of them was she cognizant of what went on and then she went into a coma. And it was well understood that there would be no heroic measures taken. So the last four days it was just waiting for her to die.

Some participants discussed in detail the time near the end of their loved one's life. They were very much aware of what they were doing and where they were during that time.

> It's amazing that still dates and conversations and missed phone calls are still very vivid in my mind. I could tell you exactly what I was doing, what we were talking about, where I was, what I was eating on the night that she died... It's like it's frozen in time and I focus back on that.

> We were at the hospital and what I would do is I would sit in the chair while Daddy was sleeping; I would sit in the chair according to the direction of his head while he was sleeping so that when he woke up, he would see me there...

In describing the time near the end, participants talked about last moments and last words...

> Right before she went into the coma she said, "Don't worry about dying; there are worse things." She said, "But I can't wait to go sleep naked with your daddy again."

> That was probably the most difficult phone call I ever had because I basically told him it was time to die. He died that night.

> Finally, towards the end, when it was obvious that she was just going badly I wrote her a letter 'cause that was the best I could do I guess and to tell her how much she meant to me and so on.

> At the very end she said to me, "I can't fight anymore," and I said, "You don't have to."

Another feature of this theme of what happened was that participants had to make decisions about medical care and other matters. They stated,

> Periodically I had to give permission, I had one leg cut off and then the other leg because she was diabetic. And then she had several surgery situations depending on how I answered could have caused her to die. So I had to make several life and death decisions about if you do this, this may happen, if you don't do it, this may happen, those kinds of things.
>
> We finally decided after talking with the doctors and nurses to get into a private room.

The Details theme might best be summarized as the participants' stories of their losses and what happened. Much of this theme related to details of the illness, deterioration, and death of loved ones. Some participants spent time with and took care of their loved ones during this time. Many had to make decisions regarding medical care. In describing their experience, participants shared specific memories of getting the news about the prognosis or death of a loved one, of finding out or realizing that the end was near, and of the last days and hours with the deceased. It was clearly an important aspect of their experience.

Relationship

The Relationship theme is characterized by descriptions of who the deceased individual was and what participants' relationship with them was like. This theme is composed of the participants' reflections on the deceased individuals including descriptions of their personality, what kind of relationship they had with the deceased, what their role was in the deceased person's life, and

various memories that illustrate these components. Participants' primary reasons for talking about the deceased person and their relationship with them seemed to be 1) that it was enjoyable or therapeutic for them to do so, and 2) that it would help me (i.e., the researcher) understand their experience of grief. One participant stated that talking about memories is enjoyable for her: "We had some fun. Still do, talking about 'em" (i.e., good things or memories). After talking for a significant period of time about who his deceased parents were and what his relationship with them was like, another participant explained, "The reason I gave all this other background is to say my feelings at the end don't make sense if you didn't have some idea of the past."

In describing their relationship with the deceased, participants talked about shared experiences, the amount of time spent together, how they related, and the role of the deceased in their life.

> We used to, we went everywhere together. We would go to the hardware store, to the grocery store... anywhere.
>
> It's very obvious my Dad was one of the special people in my life... He's very much with me. As I mentioned, I'm my father down to a "T." Just the way I do things, I am my father's child and I consider that very special and he's always with me.
>
> My Daddy was a very critical, negative person. He loved me, he would do anything in the world for me, he would have given his life for me at any moment. But at the same time... the only way Daddy could feel good about himself, he had such low self-esteem, was to put everybody else down.
>
> With my brother, we lost some of that closeness. We saw each other

> a couple times a year and we talked a few times over the phone but we both had very busy and different lives... We just did not spend as much time together as we used to 'cause of his family and my family and his interests and mine.
>
> Other than my wife, she was my best friend... She and I would go off and we would go shopping for a little while, she would also tell me if she thought I had a bad idea and I could trust her judgment... I've lost someone I could communicate with, talk to about things that I could talk to no one else about.

Descriptions of the personality traits of the deceased are clearly an important aspect of this theme. Admiration and appreciation for the deceased often came through as participants talked about the personality of a loved one.

> He was a very bright child... and I'm not saying that because he was my child, he just *was*. And he would walk into a room and the room would light up... It's just the way he was- a warm, bright child.
>
> My wife had a very sharp wit and a very sharp tongue.
>
> She was a role model too... I never heard her say anything unkind about anybody...Mother could be very firm but not unkind and not unfair. But when she said something, bygone, you'd better listen, 'cause she was dead serious.
>
> But she, as my Daddy said, "Your Mother has a bad case of the nerves." She was an extremely neurotic-bordering-on-sometimes-psychotic individual.

Another relevant aspect of this theme that is closely tied to relationship issues is the role of the deceased individual in the life of the bereaved. The deceased's role in the bereaved's life is clearly a variable that would influence their experience of grief.

> He was a big influence because he was also a stabilizing factor...

> he would hold me back a little bit too when I wanted to be more rebellious…
>
> He understood that I was rather fearful of getting lost or whatever. And he took care of me and then he died on me.
>
> I didn't realize that about my mother until after Daddy had died 'cause she had always been the disciplinarian… But then after he was gone, I realized she had allowed him that. She was playing a role when in fact she was the strongest one of the two.
>
> Later in her young adult life, there had been an incident that changed her. And so, at that point on, she always received more care from other people… She never had a full-time job, but she did volunteer work and earned a little bit of money, but was basically supported by the state and our family.
>
> My Dad… I remember he used to do all the ironing and the laundry and… he was a wonderful cook. So when my brother and I were growing up, Mom was in the hospital, he would just take on that role that most men didn't know how to do in those days.

By sharing memories, participants conveyed a sense of who the deceased individuals were and what their relationship with the bereaved was like. Sometimes participants laughed or cried as they described various memories.

> She got up every morning and made up all the beds in the house from scratch. Every morning she took all the sheets, everything off 'til the mattress was there and then started making them up again. Every morning of her life. She ironed underwear.
>
> My father loved working in wood and he used to make tables and all kinds of things that he enjoyed making when we were kids. He made hobby horses and rocking horses and chairs and that type of thing.
>
> We used to fight in the kitchen. I'll never forget one day I was over there helping her for a party and I was cutting my onion the way I've always cut an onion for forty or fifty years and she said, "You're not cutting your onion right."

> We had a great history of making Christmas cookies together and videos and doing murder mystery parties and just really fun kinds of things.
>
> Potty training… what a trip. We could get him to go tinkle fine, but he wasn't gonna sit down… He'll pull up the diaper and he'll come tell you. He'd just look at you and smile and just kind of pat his little fanny.

For the Relationship theme, participants described their deceased loved ones and their relationship with them. Specific memories reinforced these characterizations. This theme is representative of the participants' reflections on the deceased including their personality traits, their role in the family or in the bereaved individual's life, and their relationship with the bereaved individual. In sharing memories, participants were able to illustrate these aspects of who their deceased loved one was. The process of reflecting on the deceased in this way seemed enjoyable and helpful for many participants and some stated that it was. It was also apparent that sharing these reflections was an important way for participants to help others understand their experience of grief. This final theme suggests that the personality and role of deceased individuals and their relationship with the bereaved are a significant component of the experience of grief for bereaved individuals.

Time

The five themes occurred in the ground of Time. Specifically, the themes of Coping, Change, and Affect occurred primarily after the death. In cases where

the death was gradual or expected, some coping, changes, and feelings may have occurred before the death. However, these themes took place primarily post-bereavement. The themes of Relationship and Details occurred before the death. Clearly, the details of the illness or deterioration and death took place before the death. The descriptions of the deceased's personality, role, and relationship with the bereaved was also based on experiences or happenings before the death as well.

Summary

Based on participants' descriptions of their experience of grief after the death of a loved one, five themes were prominent. Based on these five themes, a simple outline of the experience of grief after bereavement might contain the following components: "Someone I cared about died. This is the kind of person they were. Our relationship was like this. This is what happened and how they died. This is how I felt. This is how I coped with their death. Their death changed me in these ways."

Several participants made reference to the nature of grief or described the general grieving process. The following excerpts are related to the duration of grief and overall descriptions of grief. One participant stated,

Everyone's timetable is different.

However, several participants noted that you "never get over it."

> You don't get through it... you never get over it...He wasn't around for a single college graduation or graduate school... graduation or for a single wedding of his children. That's what I mean when I say the grieving never stops.
>
> I'm not over this yet and I don't know that I ever will be...
>
> And you never truly recover from it. When this all first happened, my wife asked me if I thought we would get over it. And I just shook my head, "When we die."

In contrast, another participant suggested that his grief is "over with."

> I've had grief for each of them. I will miss each of them. But that's kind of locked away in a different place. And some things will trigger it and it will come back but basically it's over with.
>
> One participant compared the grieving process to the "wave effect."

Another participant compared the pain of grief to the pain of a headache and to the pain of a burn. The apathy that may accompany grief is also described.

> The wave effect (is that)...you would be very low and all of the sudden then you'd start to feel that you were getting your life under control and then all of a sudden, you'd be leveled off and you'd think, "Oh, now I've gone through that." And when you least expect it, then the wave would hit you... and I think with the years there's more space between the waves, there's fewer triggers to the waves and they become more gentle. But this has been 4 years and the waves still come.
>
> It's like a headache that you've had for 3 or 4 days... It's dull and it has spike moments in it. And pain goes like that, the same kind of feeling that you have throughout life. And the longer you live, the more that pain can spike. In other words, it has moments of dullness where you don't think about it, you don't tend to notice it but then something happens and it just stabs you.
>
> When it's your own child... I've used this analogy before and to me, it's the only thing I can think of that would even help somebody

understand. Just picture yourself as a burn victim. 100% of your body has been burned, but it's all on the inside. No one can see it, and every breath you take, every move you make, when you stretch out a hand or move a finger or whatever, sends all these little pain sensations throughout your body. And, unless you've ever been burned, you still don't know what it's like.

Your grief is so heavy at that point you don't want to see anything but what you want to focus on. You don't care if you eat, you don't care if you drink, you don't care if the house is messed up, you don't care if you haven't shaved, you don't care if you get hungry and you beg, you just don't care. It's not important. What's important is the fact that I lost somebody that I loved.

CHAPTER V

Discussion

The purpose of this chapter is to link the current findings with relevant research on the topic of bereavement. First, specific aspects related to the participants and the method used in the study are discussed. Next, each of the five themes, Coping, Affect, Change, Details, and Relationship, are summarized with regard to the literature reviewed in Chapter II. In discussing these themes, agreements and disagreements with previous research are addressed along with new findings that emerged in the study. Finally, conclusions, suggestions for further research, and implications for individuals and professionals dealing with bereavement issues are offered.

Participants

Participants volunteered to talk about their experience of grief after the death of a loved one. It was somewhat surprising that two of the participants had had a loved one die within the past month. However, both of these participants chose to discuss three different losses. The participants' experiences were diverse in a variety ways, including the length of time since the death, the type of death, and their relationship with the deceased individual. However, participants were most homogeneous on the variable of age. It would have been helpful to have included younger adults since the youngest participant was 44 years of age. There may have been a volunteer effect since those who volunteered may have been

better adjusted individuals. However, it is also possible that those who volunteered were less well-adjusted and hoped that participation would be beneficial in some way. Regardless of the participants' adjustment, it is likely that volunteers were more likely to be individuals who believed that talking about their experience would be helpful

Method

Certain patterns in the interviewing process seem noteworthy. Five of the nine participants chose to discuss the death of more than one person. Of the four participants who focused almost exclusively on the death of one person, it seemed significant that two were the participants who had lost a spouse and the other two were the participants who had lost a child. Of those who discussed multiple losses, two of them asked for clarification of the research question, particularly about whether it was appropriate to discuss the death of more than one person. I responded by saying that it was okay to discuss whatever seemed most relevant or important to them in their experience of grief.

Several participants made statements about the interview itself or about their reason for participating. One participant stated, "I think it's very important for people to share and that's why I agreed to come and I would hope that down the road, someone else would come and reach their hand out to someone else that was suffering because I reached back and out to them to help them." Many stated during or after the interview that it was helpful for them in some way. One

participant said, "You've made me think about some things I hadn't thought about in a while." Another stated, "I think it's good for me to talk about it. I haven't been this loquacious about it for some time." After signing his summary form, this participant also wrote, "I trust that your project will prove to be helpful to a number of people as it was helpful for me to be able to participate."

Participation in this study may have been helpful for various reasons. Teaching others about something is one of the most effective ways to learn about it yourself (Thompson & Rudolph, 2000). It may be that describing one's experience of grief is similar to teaching it to others and therefore participants learned more about the grieving process through the interviewing process. One participant shared, "Coming here was a chance to reflect upon all three of them (i.e., deceased siblings) as well as to talk to you. This has made me think about how I have dealt with it, coped with it on a different level than just intellectualize what I already knew." This comment implies that he learned more than he "already knew" by participating in the interview. Following is a discussion of the implications of each component of the thematic structure of the experience of grief.

Coping

The theme of Coping was a crucial element of participants' experience of grief. This theme represents what they did to deal with their grief, primarily what was helpful to them. Various cognitive or behavioral strategies were found to be

helpful personal resources. Sources of professional, spiritual, and social support were helpful as well. Almost all participants described support from others as something that helped them cope with their loss. Therapeutic resources and spiritual resources were reported to be helpful, although mentioned less frequently.

Attig's (1996) assertion that grief is a coping process as well as an emotional response seems consistent with this theme. This theme seems to represent the former aspect, that is, grief as a coping process, while the theme of affect, which is discussed in the next section, clearly reflects the emotional component of grief.

The literature on task-based approaches to grieving corresponds with the theme of coping in that it addresses the active nature of the grieving process rather than to the view of grief as something that happens *to* someone (Attig, 1996; Corr, 1992). For instance, participants mentioned numerous things that they *did* in order to cope with their loss. These behaviors ranged from positive self-talk to reading books to physical activities to therapy. The participants' descriptions of coping seemed to echo in many ways Attig's and Corr's facets of coping.

The results related to this theme are compatible with task-based approaches in that participants recognized individual differences in the way people grieve. Many participants noted that people grieve differently and that they need to do what works best for them. As was stated earlier, one of the criticisms for stage-based theories is that they do not account for individual differences. These themes

are also criticized because they suggest that grieving will end. For instance, Kubler-Ross' (1969), Kavanaugh's (1972), and Parkes' (1996) stages might not adequately depict all bereaved individuals' experiences of grief. Many participants in this study reported having guilt, some reported no guilt, and one even noted his absence of guilt. Another participant made specific reference to Kubler-Ross' stages,

> I think that's a very helpful pattern to look at, but I don't remember doing any bargaining for example... I don't know that there are any formulas and I don't know that there are any timetables.

Another finding in the present study is that, while support from others was an important aspect of coping, the majority of helpful behaviors related to action on the part of participants. This again emphasizes the active aspect of the grieving process, which is consistent with task-based approaches.

In describing what was helpful to them, participants also identified what was unhelpful or unhealthy. Several participants reported becoming aware that certain coping mechanisms were unhealthy. For instance, trying to be strong for others became too heavy a burden for some participants. Drinking and avoidance were helpful for one participant initially, but she later became depressed and realized these behaviors were maladaptive. These distinctions between healthy and unhealthy coping mechanisms may reflect a novel finding related to bereavement. Some coping mechanisms might be labeled as growth-oriented or proactive while others are survival-oriented or reactive. Growth-oriented mechanisms would be

those that bereaved individuals see as being consistently helpful as well as healthy while survival-oriented mechanisms are those that might help the bereaved for a time but are later seen as unhealthy or maladaptive. Examples of the former might be therapy, physical exercise, and talking about the loss while examples of the latter are drinking and avoidance. Participants noted how these survival-oriented mechanisms may have helped them survive or get through the worst time, but were not healthy in the long run.

Many of the behaviors that participants viewed as unhealthy were similar to Leming and Dickinson's (1994) list of unhealthy grief reactions. These included avoiding funerals, abusing alcohol, not accepting support from others, and rushing into major life changes. One example of unhealthy approaches shared by a participant is remaining in the bereavement role too long,

> Everyone has tragedy in their life and you can only wear it on your sleeve for so long and then you wear it out. And it wears you out. It's very wearing.

Others talked about their process of learning to accept support from others even though they resisted support initially. Many participants stated that attending funerals was helpful and that missing them was unhelpful.

None of the participants described grief reactions that fit Doka's (1989) description of disenfranchised grief. Two participants described reactions that resembled complicated grief, particularly delayed grief and absent grief. At least one participant had each of the variables that Rando (1992) mentions as those that

complicate the grieving process, such as ambivalent relationships with the deceased and other unresolved losses and stressors.

Social support is an important component of the coping theme and an important component of the literature on bereavement. Most participants noted ways in which support from others was helpful to them, particularly from family, friends, or professionals. Similarly, perceived social support is associated with better adjustment to bereavement (Bonanno, 1999). Participants distinguished between support that was helpful and support that was not in a manner similar to Richardson's (1999) distinctions between helpful and unhelpful support from others. Listening, bringing food, and giving constructive advice were described as helpful by some participants. On the other hand, trying to dictate how someone grieves and pressuring people to "get over it" were perceived as unhelpful. Other individuals' discomfort with loss was also described as unhelpful.

Participant descriptions of what was helpful regarding social support seemed to suggest that some form of companion therapy would be beneficial. Participants talked about the value of having others listen sympathetically, having support from people who accept the way they want to grieve and not tell them what they should do, talking to others with similar experiences, and reminiscing about the deceased with others. Companion therapy involves mutual sharing and support. Participants talked about trying to be strong for other bereaved individuals and about helping them to deal with their grief.

While some research indicates that talking about feelings is necessary for a healthy adjustment (Stroebe et al., 1994; Worden, 1982), other studies have shown that talking about it or working through it is not necessary for a healthy adjustment (Stroebe, 1992) or even detrimental (Wortman & Silver, 1989). Similarly, participants had different opinions about whether talking about their loss or crying was helpful. However, most indicated that it was helpful for them to talk about their loss and the feelings associated with it. Therefore, the results from the current project are consistent with the existing literature in suggesting that while there are certain commonalities in what is helpful for bereaved individuals, there are also individual differences.

Affect

The theme of Affect reflects the other aspect of grief that Attig (1996) refers to, namely, the emotional response. While the Coping theme is associated with task-based approaches, the Affect theme is more compatible with stage-based approaches. This compatibility is twofold: 1) a variety of feelings and responses are the basis for this theme; and 2) stage models are cyclical and participants referred to the cyclical nature of grief. For instance, the cycles were illustrated by participants with analogies of a headache and the "wave effect."

In this study, the most frequently reported emotional responses were sadness and a sense of responsibility. Other common feelings were shock, anger, missing the deceased, pain, relief, pleasure, guilt, depression, and ambivalence.

These responses correspond mostly closely with Kubler-Ross' (1969) stages of denial, anger, and depression, Kavanaugh's (1972) stages of shock, guilt, and relief, and Parkes' (1996) stages of numbness, pining, and despair. Although participants rarely used words such as acceptance, disorganization, and bargaining, they often described behaviors, thoughts, and feelings that were consistent with those reactions.

Feelings reported less frequently included a sense of helplessness, regret, loneliness, a sense of injustice, hoping, and descriptions of how difficult the loss was. These responses and others reported by participants were similar to many of the common responses described by Littlewood (1992). For example, numerous participants mentioned specific reminders of the deceased person that triggered emotions. With some exceptions, fewer participants reported having the cognitive responses mentioned by Parkes (1996) and the physical symptoms mentioned by Worden (1991).

The present findings are not compatible with Scharlach and Fredriksen's (1993) contention that sadness, anxiety, fear, and depression are the most prominent responses to the death of a loved one. Fear and anxiety were not frequently reported by participants in this project. Feelings such as anger, missing the deceased, pain, and guilt were reported more frequently than fear and anxiety.

Surprisingly, many participants reported certain pleasurable feelings when describing their experience of grief. Some noted humorous moments and

memories and others remembered times of feeling happy. Many participants laughed during the interview as they recounted various humorous moments. Laughter is seen as beneficial during bereavement (Bonanno, 1999). These pleasurable feelings were significant for them since they were unexpected and for most participants, had been absent for some time. These feelings fit with the "Getting on With Life" component of the experiential model of bereavement (Hogan et al., 1996). The following description by Hogan and her colleagues about their participants is also an accurate description of the participants in the present study,

> As humor, happiness, and hope returned into the survivors' lives, they were aware of this change of affect. In particular, they are surprised when, one day, they found themselves joyfully laughing... Recognizing that happiness was possible did not indicate that they no longer missed or longed for the deceased, merely that having joy in one's life was not incompatible or inappropriate with missing their loved one (pp.58-59).

The literature on bereavement appears to say little about the sense of responsibility that was experienced by so many participants in this study. However, one related finding is that middle-aged adults who lost a parent reported an increased sense of responsibility (Scharlach & Fredriksen, 1993). It is possible that this sense of responsibility is a manifestation of anxiety for bereaved individuals in a certain age group. Connected to this sense of responsibility were

the actual decisions that participants made regarding the deceased individual, whether about medical care, the funeral, or the possessions of the deceased. Little was seen in the literature about this aspect of the experience of bereavement.

The perceived quality of the deceased person's life had a profound impact on participants' feelings about their death. Therefore, this seems to be a factor that significantly affects the grief reaction. Apparently, literature rarely examines how quality of life issues affect the experience of grief. The sense of lost potential and "what could have been" were also a prominent part of participants' experiences. Although participants' reflections on lost potential were frequently associated with sadness, they were also associated with feelings of anger, injustice, and loss.

Participants' overall descriptions of their feelings and of the general grieving process might be characterized as disequilibrium; the death of a loved one disrupted the balance in their life. Participants talked about needing to get back into their "routine" and how "structure" helped. One even said, "You've got to have a sense of normalcy." Therefore, a significant part of participants' experience was trying to reestablish equilibrium. One participant talked about how viewing the final stage of grief as adaptation rather than acceptance seemed more reasonable to him:

> Maybe the death is not in some respects something that you accept, but it's something that you adapt to, which is a slightly less ambitious, less glorious way of completing...

Therefore, this study depicts bereavement as an experience that leads to disequilibrium and therefore one of participants' tasks is to reestablish balance or equilibrium in their lives. This is consistent with Kavanaugh's (1972) final stage of reestablishment.

Change

According to one qualitative study on bereavement (Hogan, Morse, & Tason, 1996), bereaved individuals often report being different after their loss. The theme of Change refers to those differences or changes. The changes in the participants were generally constructive and were related to personal growth, values, priorities, and behaviors. Positive changes and personal growth have been reported in other studies as well (Edmonds & Hooker, 1992; Henschen & Heil, 1992; Salahu-Din, 1996).

Most of the changes participants experienced were positive. With regard to changes in perspective, bereavement seemed to clarify and solidify priorities or values. One participant talked about learning through his experience to "celebrate each day." Others talked about greater faith or spiritual understanding as a result of their loss. Many reported valuing time with family and loved ones more after their loss. Personal growth was evidenced by participants' reports of greater maturity, increased independence, and less concern about what others think. Participants reported paying closer attention to the "big picture" and to the "big scheme of things" and less attention to the trivial or unimportant things. These

results are very consistent with other findings (Edmonds & Hooker, 1992; Henschen & Heil, 1992; Hogan et al., 1996) regarding personal growth and changes in perspective.

Some negative or neutral (i.e., neither positive nor negative) changes were also reported in the present study. It may be difficult to distinguish negative changes from temporary responses to bereavement. The Change theme reflects lasting changes in bereaved individuals rather than temporary changes. For example, some participants had physical symptoms, health problems, or poor self-care after their loss. But these negative effects dissipated with time. Some lasting negative changes reported by participants were a changed "drive for life" and a fear of establishing other close relationships because of anticipated future losses.

An experiential theory of bereavement was developed based on thirty-four open-ended telephone interviews with bereaved adults (Hogan et al., 1996). The last component of this model, "Experiencing Personal Growth," is most similar to the Change theme. The adults who participated in that study reported the following changes: interpersonal changes, reassignment of priorities, evaluating what is most meaningful, increased willingness to accept support and to give it, and lastly, increases in tolerance, understanding, empathy, and resilience (Hogan et al., 1996). Those findings are very similar to the results of the present study.

Details

The story of what happened during the deterioration and death of a loved one forms the substance of the details theme. Participants described particular memories related to their loss, including the moment that they received news about an illness, an accident, or a death. They also described the final days and moments with the deceased person. For some participants, telling their story may have been an attempt to help *others* understand their grief. For example, knowing what happened allows for greater understanding of the experience. For other participants, telling their story may have been simply an end in itself, that is, merely telling their story was helpful for *them*. It is also possible that some of the participants were preoccupied with events leading up to the death of a loved one. Littlewood (1992) suggests that this type of preoccupation is not uncommon for bereaved individuals.

In telling their stories, participants talked about how loved ones died. Type of death clearly impacts the grieving process (Levy et al., 1994; Range, Walston, & Pollard, 1992; Silverman et al., 1994) and the deaths discussed in the current study resulted from a variety of causes. Leming and Dickinson (1994) compare the effects of gradual, expected deaths to the effects of sudden, unexpected deaths. Therefore, it makes sense that details of the death and deterioration of a loved one are important in order to understand an individual's experience of loss.

The most apparent counterpart for the Details theme in the literature was Hogan et al's (1996) experiential theory of bereavement that was mentioned earlier. The methods used in the study were similar to the present study's methods; specifically, open-ended questions were asked to bereaved adults in both studies. However, the previous interview began with the question, "Tell me what happened?" which invites a detailed account whereas the research question in the present study, "Tell me about your experience of grief after the death of a loved one," calls for a description of the grieving process. However, both questions elicited detailed explanations of the death as well as descriptions of the grieving process. Although some details would be expected in most phenomenological studies, the present study certainly evoked more story-telling than was expected.

The present research question required participants to talk about their experience of grief *after* the death of a loved one. Therefore, any details before the death might be considered unnecessary. It was expected that participants would spend some time talking about the cause of death and to provide a brief description of the death. However, eight of nine participants went into extensive detail about the time before the death and described the death and/or deterioration of their loved one. Therefore, it might be assumed that the description of what happened was a significant part of their experience of grief.

The components of the experiential model that correspond most closely to the Details theme are the first two components 1) Getting the News, and 2)

Finding Out (Hogan et al., 1996). "Getting the News" included the following parts: receiving the diagnosis, providing resources, negotiating medical care, and finally, "losing the battle" (Hogan et al., 1996, p. 49). Losing the battle refers to recognition of the fact that the loved one would not survive. This aspect of "Getting the News" is analogous to what was referred to as "knowing the end is near" in the present study. "Finding Out" was essentially the notification that the death had occurred, which was a prominent part of the experience for participants in the present study as well.

Relationship

The bereaved individual's relationship to the deceased is another factor that significantly impacted their grief reaction. The Relationship theme consists of a description of the deceased individual as well as a description of the person's relationship with the bereaved. The personality of the deceased individual and his/her role in the bereaved person's life are crucial components of this theme as well.

The deceased's relationship with and role in the life of the bereaved are given significant attention in the literature on bereavement (McGoldrick, 1995; Meshot & Leitner, 1993; Moss et al., 1993; Rubin, 1992). The literature on relationship issues covers the quality of the emotional attachment, the relational ties, and the psychological role. Regarding relational ties, several participants

stated or surmised that the loss of a child would be the most difficult. There is some empirical support for this (Leahy, 1993; McGoldrick, 1995).

Almost all participants talked about their relationship with the deceased and some noted how this relationship impacted their experience of grief. In comparing his response to the loss of his three siblings, one participant said that the loss of his older sister was hardest for him because he was closest to her. He stated that he was less able to help with her funeral arrangements because of the severity of his grief. He said,

> Selfishly, I miss my older sister the most because we were closest and I will think about her the most for a while because she was around in so many ways... Other than my wife, she was my best friend... My sister and I were just too close... My older brother took care of most of the business sorts of things. I know he wanted me to do more but I just wasn't capable... I know my brother needed more support than I could give him at this time... I relied on my wife more for help than in the other two cases.

Various researchers discuss how the nature of one's bond with the deceased influences the intensity of their grief and their overall reaction to a loss (Bonanno, 1999; Levy et al., 1994; Moss et al., 1997)

The role of the deceased individual and the bereaved individual in each other's lives was a significant issue for participants. Some research (Moss et al., 1993) has focused on the role that bereaved individuals had in the deceased's life while other studies (McGoldrick, 1995) have focused on the role the deceased had in the bereaved's life. Various participants described the deceased individual as their best friend. One participant referred to her deceased friend as a "stabilizing

factor" or a "guiding factor" in her life. Another stated that her mother was her "sounding board." One widow reported that her deceased husband took care of her. Another participant talked about how he took care of his parents and felt responsible for them until they died. Clearly, the role of the deceased in the participant's life and the participant's role in the deceased's life are significant aspects of the relationship theme.

Some participants compared the roles that different deceased individuals had in their life. One participant described very different roles that his two sisters had had; his older sister was an initiator and planned family gatherings and seemed to fit McGoldrick's (1995) description of the "glue" that holds a family together. His younger sister received care from others and was supported financially by the state and by family members. Another participant noted that while her deceased husband had taken care of her, she had taken care of her deceased partner. Finally, a participant reported that he cried when his father died but that he did not cry when his mother died. He attributed this to his relationship with them,

> I had a better relationship with my father... I felt like I had lost a friend. But with my mother, I didn't feel like I had lost a friend...

There were few references in the literature to the effects of the deceased's personality on the grieving process. However, participants spent a good deal of time talking about the character and personality of the deceased. Their admiration

of and appreciation for the deceased were evident in these descriptions. One father talked about how bright and warm his son was. A widower talked about his wife's quick wit. One participant talked about how his parents would do anything for him. A daughter talked about her father's big heart and his skills in woodworking.

Participants balanced out their admiration for the deceased with recognition of the deceased's weaknesses or dysfunctions. One participant talked about her father's disorganization and her friend's tendency to burn bridges. Another talked about his mother's "neurotic-bordering-on-sometimes-psychotic" tendencies. One participant talked about his sister's tendency to do things that embarrassed others. One man commented on his wife's "sharp tongue." Participants shared memories of conflicts as well as of bonding moments. The balance in participant descriptions of the bereaved is considered healthy (James & Friedman, 1998; McGoldrick, 1995). McGoldrick encourages bereaved individuals to share memories and stories of the deceased as a way of coming to terms with a death. James and Friedman (1998) emphasize the importance of acknowledging both the good and bad aspects of the deceased individual and of one's relationship with them.

A final aspect of the relationship theme is the ongoing connection with deceased individuals after their death. Maintaining a relationship or connection with them is considered healthy (Klapper et al., 1994; Moss et al., 1993). Three

participants made reference to their ongoing relationship with the deceased; some even stated that the deceased are with them and a part of them:

> He's very much with me. I'm my father down to a T. Just the way I do things, I am my father's child and I consider that very special and he's always with me... Daddy is much closer to me, even now, he's always there.

> I think that so much of what I am and who I am- I think so many of my habits of thought, so many of my ways of feeling and thinking about things were influenced by my wife... I don't think there's any way even if I wanted to, to sort of flush her out of my system... I think my wife... will always be, will always constitute one of the most important parts of who I am.

In the literature, certain aspects of the theme of relationship are given more attention than others. Issues related to relationship and role are discussed while less attention is given to the personality of the deceased and how that affects one's experience of loss.

Conclusion

Polkinghorne (1989) stated that phenomenological research should result in "a deeper and clearer understanding of what it is like for someone to experience something" (p.58). The goal of the present study was to better understand the experience of grief after the death of a loved one using existential-phenomenological methods. This goal was met by articulating the "voices of the bereaved respondents without the framework imposed by the researcher" (Edmonds & Hooker, 1992, p.315). The resulting thematic structure includes coping, feelings, changes, details, and relationship.

The coping theme describes the coping mechanisms that helped participants deal with their loss. As was noted earlier, this theme reflects the active aspect of the grieving process as described by Attig (1996) and therefore resonates with task-based approaches.

The affect theme pertains to the participants' emotional response to a loss and this clearly corresponds to what Attig (1996) refers to as the emotional aspect of grief. This theme shares similarities with stage-based theories. Some participants made reference to the cyclical nature of grief and provided analogies to illustrate its cyclical nature.

Personal change was reported by participants. These reported changes in perspective, in their way of relating to others, and in behaviors comprised the theme of change. Both qualitative and quantitative studies have revealed changes in bereaved individuals as a result of loss, particularly in terms of personal growth (Edmonds & Hooker, 1992; Henschen & Heil, 1992; Hogan et al., 1996; Salahu-Din, 1996).

The methods used in this study provided fertile ground for the fourth theme, the theme of Details. The open-ended interview gave participants the opportunity to tell their story of the death and/or deterioration of loved ones. This theme related to one of the major factors that influence the grief reaction, i.e., type of death. There were many similarities between this theme and certain parts of Hogan, Morse, and Tason's (1996) experiential model of bereavement.

Finally, the relationship theme related to other aspects that influence the bereaved's experience of grief. The participants described the personality and role of the deceased as well as their relationship with them. These relational issues clearly influenced their response to the death of loved ones.

Based on these findings, the thematic structure of grief appears to share some similarities with the experiential model of bereavement (Hogan et al., 1996). The themes are also compatible with the view that grief 1) consists of cognitive, behavioral, and emotional components, 2) is an active process, and 3) involves close attachments with the deceased (Moss et al., 1997).

The focus of the research question on the experience of grief *after* the death of a loved one leads to an interesting finding. The themes coping, affect, and change were clearly descriptions of the participants' experiences *after* the death of a loved one. The Details and Relationship themes are more surprising since they largely relate to experiences *before* the death of a loved one. This suggests that these are the two factors that had the largest impact on participants' experience of grief. In other words, the way in which a person died and one's relationship with the person who died had the most profound effects on the grieving process.

Some of the findings in the literature on grief and bereavement were absent in the present study. For instance, participants talked minimally about how cultural norms, the deceased's age, their own age, and current or historical perspectives on bereavement influenced their experience of bereavement. There was no clear

indication of how gender socialization and differences influenced their experience. It is of note however that the coping was the most prominent theme for four of the five female participants. It was the most prominent theme for only one of the four male participants. Few participants talked about how their own personality and vulnerability impacted their experience of grief. One type of vulnerability was related to cumulative losses or concurrent stressors.

The fact that participants volunteered for this study and expressed appreciation for the experience of participating was significant. Most saw it as an opportunity to talk about their experience; some saw it as a way of helping others or "passing the torch." It seemed that many participants were aware of the invisible audience (i.e., readers of this paper) as they shared their experience and offered bits of wisdom. The chance to process the experience, to gain perspective, to talk about the deceased, and to reminisce about memories seemed both enjoyable and helpful to the participants. Many stated that this was the case.

This study reinforces the finding that bereavement experiences vary greatly while at the same time have many commonalities. The following statement provides an accurate description: "Survivors… experienced common but also uniquely different patterns of bereavement" (Hogan et al., 1996). In the same way that bereaved individuals have different experiences, they also have different ways of coping. Being aware of the similarities as well as the distinctions is vital in order to give bereaved individuals the respect and understanding they deserve.

Two issues in the present study that may have limited the richness of the data are the restricted age range of participants (i.e., all older than 44 years of age) and the fact that more than half of the participants discussed multiple losses in their interview. It is possible that having participants focus on one particular loss would have led to richer and more extensive descriptions of that experience. The age of the bereaved individual has been shown to have some affect on the grieving process (Levy et al., 1994; Meshot & Leitner, 1993; Moss et al., 1997; Sable, 1991) and therefore a wider range of participant ages might have altered the thematic structure in some way.

Overall, a number of conclusions might be drawn about the experience of grief based on the present study. 1) There are many commonalities as well as differences in individuals' experience of grief. 2) Based on the present study, the most salient aspects of the experience of grief are first of all, how the loved one dies and the nature of their relationship with them, and secondly, how bereaved individuals cope, feel, and change as a result of bereavement. 3) Although many factors influence the experience of grief, relationship issues and the manner in which the person died seem to be the most significant for bereaved individuals. 4) The experience of grief has similarities with stage-based as well as task-based approaches to grief. 5) Although Coping was the most prominent overall theme, it appears to be a more important aspect of the experience of grief for females than

for males. 6) More positive changes than negative changes are reported by bereaved individuals as a result of bereavement.

Suggestions for Future Research

Future phenomenological research on the topic of grief and bereavement should include participants with a wider age range. Since this study focused on the general experience of bereavement, future phenomenological studies on specific types of bereavement would be a useful contribution. Specific aspects of the grieving process might be the area of focus for other studies. Research on how quality of life issues affect the experience of bereavement might also be helpful. Looking more closely at personal growth that may occur after bereavement would be beneficial as well. An examination of how the amount of time elapsed since the death influences the experience of grief would be useful as well. For example, it is possible that humor would become more of a part of the bereaved individual's with time. Future research might also focus on possible gender differences or cultural differences in the experience of grief. Finally, since there is some evidence that the age of the bereaved has an effect on the grieving process (Levy et al., 1994; Meshot & Leitner, 1993; Sable; 1991), future phenomenological research with younger adults, adolescents, and children would also be beneficial.

Personal, Professional, and Societal Implications

A deeper understanding of grief and bereavement has implications for everyone since bereavement is a universal experience. Bereaved individuals may

be able to better understand their experience and feel a sense of camaraderie with other bereaved individuals as a result. Those who have not yet experienced the death of a loved one may be more sympathetic to bereaved individuals and better prepared for their own losses. Counselors, teachers, and general caregivers may be more empathetic, sensitive, and helpful to those individuals they are working with as a result of this understanding. Levy et al (1994) suggest that knowing how a bereaved individual "experiences his or her present circumstances and future prospects, and makes sense of them, should make for a much more finely tuned approach to helping, as well as understanding" (p. 85). The fact that participants found the interview experience helpful in terms of processing the experience, gaining perspective, and sharing memories of the deceased, has implications for counselors as well.

In some way, our society as a whole might benefit from studies such as the present one since America has been described as a "death-denying society" (Dumont & Foss, 1972). The discomfort and avoidance sometimes associated with the topic of death has been identified (Leming & Dickinson, 1994) and likely contributes to society's denial about death. The method in this study as well as the results of the study may serve to open up dialogue about the topic of bereavement. One participant summarized it well,

> If you can reap some benefit, if you can improve your life, if you can improve what you give to others because of a tragedy, if you can learn and improve and share, that minimizes the tragedy part of it. You've benefited

from it and in a way that pays honor to the person that died... I've put 4 years into this focus on a grief from death. It's a big process; it's not that you open a door and close the door; it's that you're following a path and you follow the process. And then you just go one step further up the process... I think it's very important for people to share and that's why I agreed to come today and I would hope that down the road someone else would come and reach their hand out to someone else that was suffering because I reached back and out to them to help them... If there's anything you can say or do to help others, it's worth the pain that you go through while you're doing it. I've done a couple of other things about grief and grieving and it was very painful (crying) and it was very teary like today was, but I walked away from it feeling very good that maybe something I said or did would be that one line or one paragraph in a book that someone would read that would give them some comfort to go through, to get them to the next stage, to get them past the wave... Somebody else did it for me. So it's just like passing the torch...

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APPENDICES

APPENDIX A

INFORMED CONSENT FORM

Informed Consent Form

You have been invited to participate in a study of the experience of the death of a loved one. Your part in this research will involve participating in an unstructured audiotaped interview in which you will describe your experience after the death of a loved one. The interview will last between 45-90 minutes, depending on how much you would like to say about your experience.

Because loss is often a very painful experience, it is likely that you will experience some difficult feelings during the interview. Your participation is voluntary and you may withdraw from the study at any time without penalty. If you feel that professional or self-help referrals or other resources would be beneficial to you in dealing with your loss, the investigator would be happy to provide you with names of therapists, self-help groups, support groups, or reading materials.

The information that you share about your experience will help others to better know and understand the experience of loss. Please understand that your identity will in no way be revealed to anyone other than the interviewer and her faculty advisor at any time. Other than the interviewer and her advisor, only the transcriptionist and the research group will have access to the research data and they will be required to sign pledges of confidentiality. You will be interviewed by the investigator, Beth Muller, M.Ed., and the audiotapes will be numerically coded before they are transcribed in order to maintain your confidentiality. All original tapes will be erased after they have been transcribed. Signed consent forms will be kept for 3 years after completion of the study. The forms will be stored in a locked file box in an office on the University of Tennessee campus. Tapes and any other identifying information will be stored in a locked file box until the completion of the study, at which time they will be erased or destroyed.

Upon completion of the study, the researcher will provide you will a summary of the findings if you so desire. Any questions you may have about this study may be answered by contacting Beth Muller at (941) 359-4254, Counseling & Wellness Center, Sarasota, FL, 34243. If you have any concerns about the study after participating, you may contact the faculty advisor, Dr. Charles Thompson at (865) 974-5131.

I have read and understand this explanation of the research project and have had my questions regarding the study and/or my participation in it answered to my satisfaction. I voluntarily agree to participate.

_____ _____

Name Date

APPENDIX B

SAMPLE TRANSCRIPT

Transcript 2

I: Interviewer
P: Participant

I: Alright, tell me about your experience of grief related to the death of a loved one.

P: That is an open ended question. Well, I can tell you that when it's someone that you are very very close to, it's like you've lost a body part. It ,um, you know, you look at somebody whose older and you realized that at some point in time they are going to die. And you think you are prepared for it, but you're never..you know.. I think probably different degrees.

I: What do you mean by different degrees?

P: Um, well, um, when my father died we had no warning. He worked all day, he came home, had a massive heart attack. And, um, I just happened to be there and did CPR on him and, you know, it didn't work. But, you didn't have time to say goodbye. When somebody, probably, has cancer, as friends, and my friends' parents have had, um, there is some closure there because you know how terribly they're suffering. And, um, when mother died, my brother and I were at a paddling (i.e., canoeing) clinic, we were out of town. And she um, and she had every opportunity to call either (my husband) or (my sister-in-law) and say she wasn't feeling well. But she didn't say anything until I got home. And every night after daddy died, I'd go by the house and that was our time. We'd have a "toddy" and hash over what went on during the day.

I: You'd see her every day?

P: Everyday.

I: On your way home from work.?

P: I'd stop there first. So, um, so anyway, I went by that Monday afternoon and she said, "You know, I just don't feel well." She said, "I've been sort of nauseous" and she said " You know, I'm having some chest pains," and I went, "Oh, gees. Come on, we're going... now". Um, you know, and I do a lot of rescue work, so it was just classic symptoms, so.

I: Mm, of a heart attack?

P: Yeah. So, um, threw her in the car fighting and screaming all the way. You want to know all the details?

I: Yeah, sure.

P: Oh, okay. To sort of give you a background of what kind of person she was. Um, we get to the emergency room and she had had a mastectomy five years, six years prior to her death. And, uh, we're going to the emergency room and the doctor says, you know, "What's wrong?" yada yada yada and she tells him her name and all that sort of stuff. He found out that daddy had been a doctor and so they had all the, and she was just, "Oh, you're just so cute and just so young and I just, oh", and she entertained everybody in the emergency room and just was having a ball. And he said, "Have you had any major illnesses?" and she said, "Never, never been sick." And, which she really hadn't other than the cancer. And, uh, he begins to give her a physical and he realizes that one "wing" is gone and he looks at her and he says, "Uh, you know, Mrs. _____ what happened to your breast?" and she said, "Oh, that wasn't an illness, that was just an inconvenience."

I: (laughs)

P: You know, so, anyway, they put her in the hospital and, um they thought it was just a minor little tweak. And on the third day, my brother and I were gonna go pick her up, bring her home and we went to the hospital and she said her legs weren't working. And she had to go to the bathroom, so we picked her up and, the two of us, and took her into the bathroom and she had a major episode then, blood pressure fell, whatever. And, um, we thought we were going to lose her then and they ran some more tests and found out that at that particular time she had blown a valve. So it was more than...

I: In her heart.

P: In her heart. So they gave us, um, 72 good hours. They had some new experimental drug. And, um, told her flat out, "You're gonna die; so whatever you gotta do, do it."

I: You've got three days.

P: You got three days. Well, I mean, she held court. She called all of her friends, told them all goodbye. And did it, did it with, uh.... Like her best friend, she told her, said, "You know, I'm gonna miss playing bridge with you on Thursday, but ya always cheated anyway, so..." (laughing) and you know, you can't be sad about that. And um, you know. And the ones that were ambulatory came to the hospital. And the ones that weren't she called. Really it was, really quite, quite amazing too. And then course, told all of us .And, you know, the pecking order so to speak. So, yeah, it was cool.

I: So you, her last few days, um, you felt like she kind of spent it wisely or you were impressed by the way she handled it?

P: Oh, oh yeah. I couldn't do it. Look, I'm already getting choked up thinking about it. (crying) Um, right before she went into the coma she said, "Don't worry about dying, there are worse things". Shew. (talking to me) You got me kiddo. (crying) Um, she said, "But I can't wait to go sleep naked with your daddy again." So anyway, it was tough. It still is tough. But it's a happy tough.

I: Yeah, what do you mean by "happy tough?"

P: Huh, she left a legacy. Big shoes to fill. Um, but she, she did it with grace. You know it leaves a lot of love. Gees, I can't believe I am doing this (i.e., crying) Beth. (laughing)

I: It's okay with me, as long as it's okay with you.

P: It's okay with me. No, she um, she was quite a lady and I don't think I'll ever have that, the grace that she had. It was a generation. Your grandmother's that way.

I: Um hum.

P: It's, it's, it's a way of thinking, a way of dealing with things. Um, slower pace, maybe, slower way of life. You know, they look at things differently. We don't have time to think about it. We just trudge on through and...

I: So, are you kind of saying, it's like the loss, it's a , it's a , the tough, the good tough. Is that what you said?

P: Um hum. Something like that.

I: Something like that. Um, but it's sort of like you miss, like it's like losing a legacy. You called her like a legacy. Like someone who is an era, like a really neat representation of a time and just a person that had grace and dignity and that kind of thing.

P: Yeah, she was a role model too. You know, I never heard her say- I wish I could be this way- I never heard her say anything unkind about anybody. Um, it was, it was like she was a cheerleader.

I: For you?

P: For anybody who ever knew her.

I: Okay.

P: So, so that's where the loss is.

I: So, you value what you had, like, it's neat that you had such a wonderful person and role model. But, yet that's where the part of the big loss is that you lost this great role model.

P: Yeah.

I: But that's where it's a good tough because you had something great and you value what you had but you lost it.

P: That's true.

I: Okay. I am just trying to like... make sure I understand what you're saying.

P: No that's right. But I think different people um, deal with it in a different way. Now it took me um, well obviously, I am still not over it. Three years later I can still burst out... but it's a good feel. It's uh, I was furious in the beginning.

I: The beginning?

P: You know, right after she died. Because all of the sudden, I was the old lady of the family. And I wasn't, I wasn't ready for that role. Um, still I keep trying to pass it off (laughing) to other people in the family.

I: You don't want to be the matriarch.

P: No, I've got my, um first cousin's wife (name) um, is the other matriarch. She and I are the same age. And, it's mother's oldest nephew. And um, fortunately we used to call mother Mrs. Firm Finger. 'Cause if she had something to say, that finger would come out.

I: (laughs)

P: And uh, during this grievous time she was telling everybody goodbye and whatever, she gave the title Mrs. Firm Finger to (my cousin). I went, "Shew". Because (my cousin) has three brothers that were at that time, none of them were married. They were either in divorces, or one of them had never married. So (my cousin) was having to raise not only her own husband but three brothers. And the day of the funeral, this is really, really strange, I found um, everybody met at mother's house. And as (my cousin) and (her husband), going up the front walk, as they stepped into their car, something made (my cousin) look down at the ground and evidently a child had dropped a false finger during Halloween. So it had been out there at

least six months or so. Either that or mother was dropping a hint. And (my cousin) looked down and here was this finger, this pointer finger with this long...

I: Oh, how funny.

P: So every time we have a family gathering she brings the firm finger. (laughing) But, you know, but that's a sense of humor, that was something funny when (my cousin) came running back in the house she said, "Oh, my God, Mrs. Firm Finger is still with us".

I: (laughs) So the day of the funeral she found a pointer finger, right after she had been appointed as the next Mrs. .. . That's interesting.

P: Yeah, um hum.

I: So what did that, what significance did that have for you?

P: What, not being Mrs. Firm Finger?

I: Well no, just more just like, did that experience, did it, was it pretty meaningful or symbolic or was it just...

P: Oh yeah, oh yeah, and it put some sense of humor back into the grief. Um, well yeah, mother could be very firm but not unkind and not unfair. But she, when she said something, bygone, you better listen, 'cause she was dead serious. And I didn't realize that about her until , oh gosh, after daddy had died 'cause she had always been the disciplinarian, so to speak. She had been raised by a very Victorian woman with no sense of humor. And so I think that's why mother was actually the opposite. Had a cute sense of humor and never said anything unkind. My grandmother was the meanest white woman God ever left on the face of this earth. (laughing) But, anyway, um, so, you know, and I think you do things. You know, you pick up family traits and and if there is something that really bothers you, you make a concerted effort not to be that way. So, um, but anyway, daddy was always the lenient one; he'd say, "If there's something that you want to do ask me don't ask your mother." But then after he was gone, I realized that she allowed him that. She, she was playing a role when in fact she was the strongest one of the two. But daddy was very gentle, but he was a doctor and he spent all of his time healing other people. And he was a great dad, I mean, he never played golf, but when he was off, his time was totally spent with us. Which was, Daddy was a good dad, but well, we were blessed, we had a wonderful...

I: Sounds like it.

P: Like your family.

I: Yeah.

P: You know, family is the most important thing. So, I don't know how we got off on that. Oh, yeah, Mrs. Firm Finger. So anyway, I didn't really realize really how much fun mother could be until after daddy was gone.

I: So you, it sounds like his death kind of gave you an opportunity to see a different side of her, to know her.

P: Yeah, it did. Well, it wasn't that- I mean, she and I butted heads...and I was a daddy's girl or so I thought. You know, but it was funny how the relationship really changed.

I: Relationship with your mother, after his death?

P: Uh huh. My brother had left – had had to move to (state) for his job. So, you know, the word co-dependent I don't think that's the right word. But we depended on each other a lot because it was just the two of us left here.

I: So you were the only immediate family left?

P: Yeah.

I: So, and you said the relationship changed after he died and after your brother left? Can you say more about how it changed?

P: Mmmm, um, in the beginning, after daddy died, I mean one of the first things mother did was she looked at (my husband) and she said, I mean she had never written a, balanced a checkbook, she had never done any business. And she even looked at (my husband) and she said, "Who am I now?" And (my husband) said, "What do you mean?" she said, "Well, how do I sign my checks?" and he said, "Well, the way you've always signed them. You're still Mrs._____." You know, and she said, "Well, I think maybe I need to change that". You know, so it's really this, this um, what would you call it? She had a real insecurity about business matters and it didn't last long. But, um, and we were afraid she wasn't going to cope well. I may have told you this story years and years ago. I know I told your mom and we have laughed about it. Um, one day, mother would say, "I can't live without your daddy. I just don't want to live any longer, it's just" you know and that changed. Because she had a great zest for life that um, her best friend called me one day at work and said, "Where's your mother?" and I said "Well, I don't know. I hadn't talked to her today". "Well she was so depressed last night; I think she has done something to herself. I've called her all day long". So I'm late, leave the office, come up to the house, house is locked up. Her car's gone, burglar alarm's on. I don't have my keys to get in there. Don't know what's going on. Of course, I panic. I call (my husband), he calls the police, he calls the hospital. I'm sitting out there just mad as a wet hen because I can't get in the house. I'm just really frustrated. It's probably 7 or 8 o'clock at night. And in rolls mother.

I: To your house?

P: Well to her house, I am standing in front of her house.

I: Oh, you are standing there, oh, okay.

P: As she would say, "Drunk as a fiddler's bitch". She was just (laughing) she had been visiting her friends and had been to the grocery store; had been shopping all day. And she just decided she was going to just get drunk and she did. And she couldn't understand why I was mad about it.

I: You have a search party out.

P: Yeah, and I said I can't imagine why I was mad either except that your Aunt_____ (name) just got me so stirred up that you had done something really stupid like run off the side of the mountain or something. I said I should have known better. But that, that was how helpless she was in the beginning. And then, all the sudden she just made this turn around and you know, became the strong one again. And so many woman just give up. You know, they just have no desire to go on. And, of course, when the doctor told her she wasn't going home, and she said, "Well, if I can't go home," and little _____ had just been born, she was like 6 months old, said, "If I can't go home and pick up my newest grandchild and have fun," she said, "then there's no reason for me to stay around anymore." You know, she said, "So we'll just take it as it is."

I: So it seems like you are kind of aware that it can go either way. Like someone's response to someone's death can really cause them to go off the deep end or they can become stronger and choose to move on.

And your mother, you are kind of aware of sort of a point where she, maybe she was having a really hard time and then she just kind of...

P: Snapped out of it.

I: Yeah.

P: Something, something, now her little widow lady friend, I mean she's got one of 'em that's been a widow three times. Uh, just refused to let her stay morbid. And they'd come to the house and drag her out kicking and screaming, "You're coming". You know, she said, "I don't want to go shopping, I don't like to shop". "Well, it doesn't matter, you're coming". You know. Um, and I don't know if it was that constant attention, you know, and those were the same ladies that she held court with before she died. And some of them are still living and it's, it's tragic.

I: What do you mean?

P: Oh, they are in such terrible, horrible shape.

I: So they've deteriorated since your mother died?

P: Oh yeah, oh yeah, you know, um a couple of them don't even know what planet they're on. You know, I just , we were saved that. You know, you think how long your grandfather struggled and how sick he was.

I: Mm-hmm, oh yeah.

P: And how, how he was not the same person he was.

I: Yeah, so seeing experiences like my grandfather or your mother's really closest friends and how they've been, sort of, you compare that to what could have happened to you mother had she lived. And how does that, what does that mean for you?

P: Umm hum, well it's, well it's a blessing, you know. It's a release, it's a relief. You know, I feel so sorry for some of my friends. It's not that they feel burdened. But it is, it's a huge responsibility. Not only a drain financially, but emotionally, physically.

I: Yeah.

P: So um, yeah, you know with mother not ever having been sick it really came as a surprise. Well, 'course we'd already been through it with daddy. But, you know, the ten, the ten days that we had with her, 'course only six of them was she cognizant of what went on and then she went into a coma. And this, you know we didn't, it was well understood that there would be no heroic measures taken. So the last four days it was just waiting for her to die.

I: So that was the, when you, she had the chest pains, you took her to the hospital and then they gave, then she had that falling out or whatever. And they said you have 72 hours and then ...

P: Good hours.

I: Good hours.

P: Where she, she, I mean, and they almost had it pinpointed to the time she lost consciousness.

I: Ummm, wow.

P: And then they gave us within 12 hours of when she died. It's amazing how they can...

I: How they can predict.

P: Yeah, you know, of course you've got all of the medical, and the body functions, and the toxin tests, and the kidney function, and, you know, and they'll tell you, and (my brother) and I just sat there and waited.

I: So you stayed at the hospital.

P: We would come home at night?

I: Okay.

P: She just said, well she would have been perfectly happy if we had just left her alone. And I said, " No, we no, we'll stick it out".

I: So that was your choice to be with her when you were awake.

P: Yeah, you know, you know, and, of course, we had families and children. Of course, my girls were gone but still had these, dogs. (laughed)

I: Right.

P: And a husband. And you can impose on your family just so long. You know, you've got to have a sense of normalcy.

I: So you felt like there's a certain time that is kind of allowed to like get out of the routine, or sort of be, you know shirking responsibilities or something.

P: Yeah, well, you know, I don't think (my husband) would have ever said a word but, I felt, I felt this, that need, you know... I don't know maybe it's obsessive compulsive on my part, you know, it just, I never, no, I couldn't be obsessive compulsive because my house is a mess all the time. But you know, I just, I felt like I couldn't let everything go. Now if I had just sat down there (my husband) would have never said a word.

I: So it was sort of in your own expectation that I have a certain amount of time and then I need to get back to the routine. Or I can't let things...

P: Well, yeah, I just can't let things, you know. The store, 'course, had let me off um, they didn't let me off, I said "I'm off".

I: Yeah.

P: But it just, you know, that was just the time too that I had. You know, it was good. You know, it's um, to sit there and watch somebody just deteriorate is tough.

I: Oh yeah.

P: You know, but we needed it.

I: What do you mean you needed it?

P: Well you can't, you can't um, you can't ignore reality. I mean that's life.

I: So you needed that in a sense that maybe it helped you to accept what was happening or to see what was happening?

P: Oh, I think so. I think so. You know, you can't just live in a happiness bubble all the time. You know, one of mother's favorite comments was, you know, "Let's face facts." Well alright, so (my brother) and I sat there and faced the facts. And had to make some decisions. You know, like, um she helped planned her funeral before she left.

I: You said before she left. Do you mean?

P: Before she died.

I: Okay, I thought that's what you meant.

P: Before she went into a coma. Yeah. But um, oh yeah, I mean, she (laughing) she was still leading our band, you know, she was there.

I: And you mean sort of like being the strong initiator, or whatever, that she was in charge?

P: Yeah, she was still in charge.

I: Okay.

P: Yeah, she didn't want to give that one up. You know. But then when she was ready to, she did. And that's it.

I: Okay, when she was still coherent.

P: Coherent, yeah, you know, and she, I'm sure must have had some sort of innate sense. She knew the 72 hours were, you know, and that was um. And you know that sleeping with daddy, I looked at her and I said, "Mother". She said, "Just because I'm old doesn't mean I don't have feelings". Um, and then grin (laughed) funny lady, funny lady. The yard man, um, right before she went into the coma. (My husband) had just gotten him out of jail, the yard man sometimes gets caught doing a little cocaine, a little drinking too much and goes down into the projects and you know, gets picked up doing whatever, just 'cause he... just stupid. But um, mother was on him all the time. As a matter of fact, she got him out the last time right before she got sick um. She just looked at him and she said, "Now (name), I'm on your shoulder." And she just patted him like this (patting motion). Well I tell you what every time he gets in trouble or whatever he says, "Granny was there, she told me not to do; she told me not to do." I said "Well ____ (name) you know, you didn't listen." (Laughs). But yeah, it's funny. So she'd even get the yard man. You know, just .... (inaudible). Well it may have kept him out of more scrapes than he would have gotten into otherwise.

I: If, one thing as you are talking about you mom it seems like stands out is just reminiscing about who she was and how she was and the kind of person she was and what she offered you and other people. Is that a big part of your kind of experience?

P: Oh yeah, oh yeah, oh yeah, um. There was no bitterness...there/// anger. Um, but yeah, you got to look at the good things. We had some fun. Still do talking about 'em.

I: So you like to talk about the memories?

P: Oh sure. (Sniffs) Now you're going to make me cry again. (Laughs).

I: That's, that's neat though 'cause I mean you're talking about, I don't know if you want to label it good and bad. But there's anger, there's not bitterness but there's a lot of like happiness or something or meaning in the memories.

P: Oh yeah, oh yeah. And I think her grandkids feel the same way; all of them. Um, 'course, (my brother and sister in-law) live next door. And the little boys had just beaten a path, literally, through the woods. Um, of course, they are living in the house now and that good. They've redone it so it's (my sister in-law's) house but you know…

I: How is that for you?

P: No problem. As a matter of fact it used to make me so mad. Some of mother's friends would call and say. "What the hell is your brother doing to your mother's house". "Look at that, he's cut it in half, and he's doing this and he's doing that". And they were all driving by and looking and whatever and I said, "It's not my mother's house anymore. That's my brother's house." You know, and he needs to have his own identity. Or (my sister in-law) does. I mean it'd be terrible to have your mother-in-law spector (?) on your back all the time.

I: So that seems like the right thing to do and fine.

P: Sure, sure. I mean I had the opportunity to have the house. But what did (my husband) and I need with a house and a swimming pool and you know 6,000 square feet, you know, and (my daughters) were gone and no sign of grandchildren anywhere in the future and it just made sense. The transition was better with (my brother) with small kids. And he could afford it and he could afford the upkeep. (Laughs) I'm not sure we could have but um. No, it just seemed like the normal transition.

I: So it's just sort of a natural next step or something.

P: And, of course, we were raised, and I think because my grandmother was such a jealous, bitter woman, that, um, there was no jealousy. It was not tolerated. Um, that if there were any unkind words ever spoken that she and daddy would come down and just make us miserable. And (my brother) and I never did have a cross word. There's no point, you know. We nearly had our family ripped apart years ago, um, with a death. It was as a matter of fact when grandmother died, my mother's mother died. And these four boys I referred to, their father was a mess. And he resented mother and there was the jealousy aspect. And the boys took her to court over just nothing and it went on and on for four years. It nearly ruined her, I mean, she was just heart sick because, you know, that wasn't. And finally the boys began to come back, you know, and realize how foolish they had been. But they had just been given bad advice by their dad, and...

I: That was your mom's brothers?

P: My mom's brother. Yeah, just one.

I: Oh, okay.

P: Um, and when my grandmother died I was pregnant with (my first daughter) so I couldn't come. Um, real close to being pregnant, you know, to having her. Um, and then he and his second wife burned in a house fire two months after grandma died. So, you know mother had that to deal with and then these four boys that were just ugly, ugly, ugly. But they made their peace, you know and um. That, that's been the ? part and that's, the oldest boy is the one who's married to Mrs. Firm Finger now. You know, so it. But families make transitions and bitterness and ugliness is not one of them. I'm not having mine. You know, if you want it that bad, by God, you can have it because it's not that important to me.

I: So that' a decision, a conscious decision you've made, that I'm not going to have that. It sounds like one your mom made too.

P: And my brother's the same way. And when it came to splitting things. Um, (my husband) and (my sister in-law) stayed out of it. And then (my brother) and I would just sit down and say, "One for you and one for me." And that was, you know, I mean, of course, the little things, you know the linen napkins or whatever (my sister in-law) divided up and I was perfectly happy with, you know, every decision that we made.

I: So dealing, I don't know what you call that, but settling all the kind of will stuff.

P: That was the hard thing. The um, I didn't have a lot of time to think about it because um, right at the beginning, right after she died because (my daughter's) best friend was getting married. And mother and I had committed to having a huge party the day of the wedding and using mother's house. And so (my brother), you know, I just said, "We can't divide the house up until we get this party behind us. And then the next day, and so that took me two months. She died in June, the party was in August or maybe July, I don't know, but anyway, um. And the day after the party was over we just began to divide things up and had (my brother) moved in and ...

I: It was a whirlwind.

P: Yeah, you know, it was we've got to get it done, you know, and there are certain things that he and I still haven't faced. There are still three huge boxes of scrapbooks and papers and old family photographs and...

I: The sentimental stuff.

P: Yeah, it's still there.

I: Yeah, you putting that off?

P: Yeah, putting it off.

I: Why do you think you're putting it off?

P: Probably memories again. Plus we don't know half the people that are in them. (laughing)

I: Who's this picture of?

P: You know, we kept begging her, you know, please write.... and she did on some. But, um, you know, I think just avoidance.

I: Avoiding the memories because ...

P: Well, we know it'll be emotional.

I: Good? Bad?

P: Oh, good. We just don't want to, you know. Probably.... I hadn't thought about this until right now... but that box is sacrosanct.

I: Sacrosanct?

P: Sacrosanct. So, it's not something you want to split up. One for you, one for me. That just, let our children deal with it. (laughed)

I: So you want to keep it together 'cause that's the kind of thing, it not material, it's almost more than material.

P: Yes, yeah. I think. I don't know, every once in a while I go over and say um, "I'd like to have a picture of our grandfather or grandmother or something to put on this wall that I've always had this picture. But yeah, as far as digging into the old family records and all that kind of stuff. You just, I don't know, bury it.

I: Mm-hmm. So it sounds like part of the difficulty is not wanting to divide these things that are sacred in some ways. And having to separate them.

P: Yeah, yeah. I think so.

I: The other part you said is avoidance of memories which are good but that's hard at the same time?

P: Sure. I mean look at what a hard time I'm having just talking about it much less dividing it up. (sniffed)

I: Yeah, so would it be fair to say that in some ways having these memories – they're maybe again like what you said before, the good tough where it's hard and it's kind of sad but it's also meaningful and happy and kind of mixed?

P: Well yeah, and if you take pictures of those, I've never even discussed it with (my brother). But he and I have just sort of in some unspoken... I think one time I mentioned to him, you know, "We've got to do this," and he said, "Oh, but one day." But it keeps the family unit intact. Where as, you know, "This one for you, this one for you," it's sort of, it's not that you're dividing the family up, but it's just a sort of impersonal way of dealing with all of this other stuff.

I: Yes. (Phone ringing) Do you want me to stop this?

P: Let me see...(Tape stopped).

I: It's, I guess, part of this subject matter, you know.

P: Well, I do, it makes me so sad when you see families that, you know, don't have the background or don't have the, I don't care, it doesn't matter how much money you have or what. You know, money doesn't breed happiness. It's the way your family works, you know. And there's so many dysfunctional families. So when somebody dies, they just shut the door and well I mean, you do that to some extent, but...

I: Well, you know, that's one, I guess you could say, theme of what I hear you saying. It seems like there's like a real appreciation for your family and your parents and how your family was, you know. And maybe that, after your mother died and your father died you look back more, you are reflecting more on it and just going, wow, we really appreciate what we had or something.

P: Yeah, oh yeah. 'Cause, you know, no family's perfect.

I: Right.

P: There's dysfunctionality in all of them but, um. You know, these folks that just have no, I wonder what the word I'm looking for is, but it's, it's sad, they've got nothing to fall back on. They've got no place to draw their strength.

I: Mm-hmm, not the foundation or something. One thing you said I wanted to ask you a little more about. You said that after your mother died you were furious and you said that part of that was due to like you being the matriarch, or the oldest woman in the family at that point.

P: Yeah, oh yeah.

I: Um, can you tell me more about like any kind of anger or fury that you felt?

P: Well, it just, it just, um.... Hmm.... Um, the support system wasn't there. Um, that's not the right word, not the support system. Um, you know, every afternoon, you know, we'd go by and have a tod and visit or if I had a problem, or, you know. And it's, it's not, not that I don't share things with my husband. But there are certain things that you just don't, you just don't have to spill your guts all the time. But your mother is somebody that you can tell it to or at least in my case. So the fact that she was gone and all of the sudden I had to deal with my own problems, and, you know, um. I didn't, I didn't have a sounding board. Now that doesn't mean that every time she told me to do something I did it. As a matter of fact probably half the time I'd just say, "yes Ma'am" and then go on and do it my own way.

I: Right, right.

P: We used to fight in the kitchen. Mother, mother was a gourmet cook and, 'course, I like to cook too. I'll never forget one day I was over there helping her for a party or whatever and I was cutting my onion the way I've always cut an onion for forty or fifty years (laughing) and she said, "You're not cutting your onion right". (Made a loud noise and laughed)

I: You lost it.

P: Oh yeah. (Laughing). You know, I haven't cut my hand off yet. But you know I miss that kind of, you know, that fun. It wasn't really fighting, but you know, that mother, you never grow up. You know, you will always be Peggy Muller's little girl. I don't care how old you are and how independent you think you are. In our minds, you are still our little girl. And I think it was that same way.

I: So, you lost your mother literally. You lost a listener, confidante, ...

P: Oh yeah, my best friend.

I: Yeah. So that's part of the anger?

P: Uh huh, I think so, um. And, and the fact that I had to face reality, you know. That you know, financially, emotionally, it was now up to me to support the family. Now I don't mean financially, not support the family, but um, you know, that um, 'cause (my husband) has certainly taken care of us over the years. But, you know, I had her affairs to deal with, I had my affairs to deal with. I had (my daughters). I had lost my sounding board, and so any mistakes I made, I made them strictly on my own and I didn't like that feeling.

I: So, one word...

P: I had to grow up, is what it is. Even though I was fifty years old.

I: Yeah, so it sort of completed the process of you growing up (P: Mm-hmm, I think so)or made it more final or something. Yeah, the word responsibility came to mind when you said that, you , it almost sounds like you felt responsible for all of these things. You were already responsible for your family but now, your immediate family, but maybe now your had more responsibility for ..

P: Well, you know, my brother, and not, not respons-, I mean, um, and I'm sure he feels somewhat responsible for me too that um, you know, it just.... It's hard to put your finger on it, you know, what... what.... what the feeling was, except that all of the sudden a cycle had come around full circle and I just wasn't ready to accept you know what I had to face. And I think that's anger. I felt the same thing when daddy died. Um, I can remember doing CPR on him and saying, "Daddy don't you die on us, you know, don't do it". But when it's time, it's time and you know and he would have been a miserable invalid. Mother would have been just tragic to have been as active and as vibrant as she had been, as much fun. You know, and everybody loved her and she still loved to go out and party. To be bed ridden....

I: Yeah, and it almost, it almost seems like you are looking at the positives of what might have been if the circumstances had been different and your had dad survived, if your mom had lived longer. What would have been? And you see positives of the way...

P: Oh, gosh yes.

I: Okay.

P: Oh yeah, I'm like, you know, one of my dearest friends' dad- 96 year old dad- and he just can't die. You know, it just goes on and on. And he's miserable, he wants to die and he can't. I keep thinking by the time I get to that stage if my mind's about me I'll find some way to finish it off. You know, it just. They shoot horses don't they, you know (laughing) which is, you know it just, mmm...

I: It seems like that's one thing that I've noticed you doing as you talk is you sort of tend to look at the bright side or the positives of things. Like, you know, you could say, "Well, I wish my dad hadn't died suddenly or," you know, and you may feel that. Or "I wish this had been different," but, but instead of focusing on what might have been better, what you wish had been better, well it's like, "Well it could have been a lot worse. And these are the benefits."

P: Oh and well it helps you get through the day too. I mean I've always, well, everybody teases me about being the world's greatest optimist. Um, it's so much easier to look on the better side than it is on the grub side. I mean, I had depression, you know. My blood pressure went up. I had to go to the doctor, I had to take something for it because...

I: When was this?

P: This was right after mother died. Well actually, about three months after she died it hit me. I mean I just sort of, you know I had been running on extra energy, getting the house divided up and you know, getting that party done. And when it was all over. And I internalize things, you know. I don't want people to know.

I: So you were aware of internalizing things after she died?

P: Oh yeah.

I: Can you tell me more about like how you did that...or?

P: Um, oh you know well people would say, "Well how are you doing?" Well the last thing they want to know is how I'm really doing.

I: How did you know that?

P: Oh, I just guess working with people, you know.

I: So like your impression, or what you would thought is they didn't really care.

P: They don't want to know that I'm just absolutely miserable.

I: Okay.

P: You know, um, so plus it was easier for me to deal with it that way. Um.

I: So it was for you and for them?

P: Oh, I think so. Oh, I think so. And I think the, the more you can, you can shut something in a back compartment, you know, um, now you know obviously I can cry on just any subject. And I've always been that way, I'm real tenderhearted to start with but, um. To keep from, well to keep from just losing it I would just, you know, get out of my mind...just....

I: Push it behind, put it behind you?

P: Yeah, just don't dwell on it. If you can't change it so, you know, um. So, things you can't change, don't worry about 'em.

I: Okay.

P: But that's not always healthy.

I: How did it work for you? I mean, you're saying in some ways that really works well, does it, is there ways that you think it does?

P: Oh, but yeah, but you know, I mean and I ended up having stomach problems, blood pressure went up. Um, she died in June. So I guess it was October maybe. I went to change doctors and thought I had things under control. And she said well you know, "Why are you here?" And but, not a psychologist, just a normal doctor. Lady doctor. 'Cause the guy I had been going to was older and was getting ready to retire and I decided, "I think I need a lady doctor," and, you know we're a whole lot more compassionate. Well I won't say it cause it's on tape. But you know. But anyway so I walked into her office and just said, you know, "I just feel horrible and um, lost my mother four or five months ago and..." And she asked me one question and I mean I fell apart. And she said, "I think you need a little something." And I said, "Well whatever it is, give it to me quick," you know. (Laughing) So, you know, and it took the edge off for a while. Um, but it um. I was probably down, heading down a destructive path. Not realizing it, but probably drinking too much. As a matter of fact I'm sure I was drinking too much. Um, but it was easier for me to deal with it that way.

I: So it was easier to deal with but it was destructive at the same time?

P: Oh yeah.

I: So it was good and bad maybe?

P: Yeah, you know if you can't face it um, just like that box of picture and you ignore it, um, yeah it's not healthy. And everybody deals with grief in different ways. I just chose not to deal with it.

I: So you consciously avoided it until like, until it hit you that you were on a destructive path and that it wasn't working and then maybe you were ready more to deal with it then?

P: I think so, but I had to have some help.

I: Yeah.

P: Um, yeah, I just had to get my system straightened back out because it just, you know, it was not a, not a good choice I had made by shutting it off. You know, um, and the children (names) were having a hard time dealing with it too 'cause they were both very very close to her. Um, and (my husband) being the man, you know, obviously he's not healthy or he wouldn't have had two heart attacks.

I: Right.

P: You know, so he totally internalizes. So I didn't have, again, I didn't have a sounding board.

I: Yeah, so you didn't have a place to talk about your grief or your experience, or your...

P: Well I could have gone to you know some sort of grief counselor or whatever but I didn't think I had a problem.

I: You're saying past tense, you didn't until when...when you went to the doctor?

P: Oh yeah.

I: Okay.

P: Yeah, well I suspected it, you know, right before I made the decision to go talk to her. Um, because I just, you know it's just one of those things where I had just buried my head in the sand too long. Trying to be so strong for everybody else.

I: So you were trying to be strong for everybody?

P: Uh-huh, you know the girls, (my husband). Um, and fortunately, you know I had faced, I had faced what I was doing, because see in November, that was in October, (my husband) began having signs and symptoms. Um, and um by Christmas he was in terrible shape and in January they put him in the hospital.

I: Boy that must have been really scary.

P: Uh-huh, yeah, it was. But it's just, you know so many things hit me all at once. So I'm just grateful that I faced what I had to face in October or else I probably, would, you all would have seen me on top of a roof top I guess. No, I don't think so but um. You know, now, and course I never saw my father deal with grief when he lost his mother. Um, never saw mother face grief, even after, 'cause I was a little girl when her daddy died. And then, when my grandmother died and then uncle _____(name), (my husband) and I went to New Orleans and I was unable to travel and you know, so I, I guess I just didn't have the good role model to um, on that, how do you, how do you deal with it?

I: I see.

P: Where do you go? Who do you talk to?

I: Yeah, so you didn't know sort of what the- the right way to deal, not that there is a right way, but you hadn't seen...

P: I didn't know which path to go.

I: Okay. So you hadn't seen people go through it really.

P: Uh uh. And I was one of the first of my friends to have lost a father. Um, as a matter of fact a lot of my friends, well of course, these are mothers friends, you know, and my contemporaries still had um, both parents living.

I: So you didn't have too many friends that had similar experiences to talk to.

P: Did she just do what I think she did? (laughing).

I: Snort or...

P: No, I think she ...

I: Passed some wind?

P: Yeah.

I: Did you hear it or smell it?

P: I smell it.

I: Okay.

P: Thank you so much.

I: Maybe if we go back we'll hear it on the tape, we heard it.

P: That's what happens when you get old, you just lose all (laughing). Just let her rip. But anyway, no it's it's amazing I think the way people go- handle things.

I: Yeah, yeah and I , it seems very significant what learning- it's like, it seems like you recognize that there's some form of, you learn how to walk from people, you learn how to talk, you learn a lot of things. One is how do you grieve and if you've never seen people close to you go through a really difficult loss then it's sort of like what are you supposed to do? How are you supposed to deal with it, I mean, is there a supposed to?

P: Yeah, yeah and I don't think there is. Um, you know, there are lots of books on it. I didn't want to read the books. 'Cause they didn't know what I was feeling. Well, that's not true, but I didn't want to take the time.

I: You didn't want to look closely at it.

P: Uh-huh, that's again compartmentalizing it. Putting it out of your mind.

I: Well you talked about wanting to be strong for family. In that case how are you defining ...
(END OF SIDE 1)

P: (My older daughter) was going through some tough times trying to decide what she wanted to do with the rest of her life. (My younger daughter) was at Georgia feeling guilty that she hadn't been here enough, you know. I mean she came up a lot and spent as much time as she could, um in those ten days but then she was in, finishing up quarter exams. Then she had to go back so she was dealing with guilt. (My husband) didn't feel well even though I didn't realize it at the time. But I think I felt like I had to, I had to fill her shoes immediately.

I: Mm, and what did that involve?

P: Just being all things to all people. You can't do that, you know, you just, you know I tried to be a good friend to all of her friends. Tried to help take care of them. You know, they were on my back all the time about what my brother was doing to the house. And you just don't realize how that, you know, I should have just said, just, you know, "Leave me alone." But I couldn't; I didn't want hurt anybody's feelings. I wanted to go by and see all the bridge partners, you know, once a week and just say hi or call them. You know, so I was spending time on everybody but me.

I: So you felt like you had to look after everybody.

P: Yeah.

I: And when you mentioned your family was all having their own issues, health or you know, just life changes and difficulties, how did that effect your, you answered the question about being strong related to how your family was going through all that. Can you say more about, like how the strength was related to that?

P: Oh gosh, um, I think a lot of this wanting to be strong for everybody else was also a way of denying, you know reality. You know maybe if I had continued to try to fill her footsteps then maybe she wasn't really gone. Um, but that, you know, that doesn't work. Um, I don't know it's- it's a funny sensation; it's not one that I can put my finger on. It was just this drive that, there was just this innate drive that so much was expected of me. And um, if I didn't perform like she had performed then I was going to let somebody down.

I: So you felt like there was a need to fill her shoes?

P: Uh huh, immediately. And you can't.

I: Yeah, so you tried that?

P: Tried that and found it didn't work (laughing). Um, you know, two entirely different personalities.

I: Hmm.

P: Mother was a lot more gentle, more gentle. You know, not _____ (inaudible). Um.

I: Easygoing?

P: Yeah, probably, you know and I really am very easygoing as long as you don't back me in a corner. But, yeah, she was, yeah, just gentle, easygoing and um, she used to always make fun of me that I was trying to solve the world's problems. You know, with all of the community work and stuff. And so I tried to continue to do my community work and you know um. So I just stretched myself too thin.

I: Another thing as you're talking, I guess, you know, looking, thinking about themes of what you're saying. And one theme that I'm thinking is, it seems like you've gained a lot of self awareness about you and how you functioned and how you dealt with her death. And does that seem accurate?

P: Yeah, I have, I've grown up a lot, well I had to grow up, you know. You didn't have a choice. Well yeah, I had a choice. But I chose to grow up. I still don't think I've grown up, um I hope I never do grow up completely. Um, you know she used to laugh and worry about me some with my paddling you know.

I: Canoeing?

P: You know, doing the white water stuff. And she'd say, "You're too old to do that". And I don't know I, you know you do what you enjoy. And you get pleasure out of it. And that's my release. And I also found that that was my escape, you know I could, I could hit the river. And I'm too busy trying to survive to worry about what's going on inside, what I'm feeling.

I: So that was a nice distraction from the stuff inside?

P: Oh yeah, absolutely. Um, on those weekends after she died I was out a lot. 'Cause that was my way of coping.

I: And again, that was, that's a good, it helped you.

P: Yeah, oh it's very physical. Very physical. Um and (my husband) says, you know, and 'course, even before she died, um, and 'course up to know he can tell a difference in my personality when I come back. I'm more relaxed.

I: Come back from...

P: Come back from paddling? You know on a weekend when I've left.

I: Oh, I see so when you leave you, he senses a certain mood or something. You come back...

P: I come back and all the stress is gone.

I: Okay, it's a good release.

P: Yeah it really is. 'Course I always found that athletics, working out and stuff is a good release.

I: You mean, dealing with death or in general?

P: Just in general. Anytime there's stress the more I can work out the better I feel. And so you know and just getting me outside. I mean I'm an outside person. And just that, and I learned that from my father. He had been an eagle scout which is probably one reason I was interested in Girl Scouts. But as a child, before (my brother) was born, there's not a trail on Lookout Mountain or a cave that he and I didn't go into.

I: Oh, that's neat.

P: Yeah, so that's just, you know, and hopefully I've taught (my daughters) that... obviously I have.

I: To appreciate the outdoors.

P: Yeah.

I: So you've passed that, it was passed down to you and you passed it down.

P: Yeah. Mother was not an outdoors, she loved the pool, you know, she loved to sit. But she couldn't be perfectly happy just sitting under a tree, you know listening to the birds. Where I can just lose myself in, you put me on a tree by the water. You know, I can just pass a whole day and not have a thought cross my mind which is nice.

I: Kind of therapeutic.

P: Mm-hmm, it really is.

I: One question I had, was, um you talked about the three or four or five months after your mom died that you were sort of putting it behind you, compartmentalizing. And then you went to the doctor and you were having physical symptoms and she gave you something to kind of help you take the edge off and all that. So, you kind of referred to that was almost the first stage, not stage necessarily, but the first kind of, I don't know, time period after she died. That's how you dealt with it. What, what has happened since then? What has been the process, or how have you dealt with it? Has it been different or the same?

P: No, I mean, I talk about it more. Um, I'm not afraid to show, show my feelings. Um, I don't have to be strong, you know, um. If I want to cry I cry. If um, you know, it's holding things back and you know, I don't know why I felt that need to um, but I did. Um, I think I've matured in dealing with my own emotions. Um, and I know when I'm getting stressed or uptight. Then I do something about it, you know, I'll take a long walk or you know.

I: So you're more aware of your feelings?

P: Yeah, I think so, I think so. And I think my family realizes that I need more of my own space.

I: So the things, some of the things I heard you say were, you've talked about it more, you've been more willing to show feelings or say it's okay to cry. You haven't felt as much of a need to be strong. Um, your family knows you need space, so, and it's kind of in contrast to what you said before where you were, you weren't saying, "I need time" or "I need to look after myself."

P: No, I was trying to be all things to all people. And it just doesn't work. At least it didn't work for me.

I: Mm-hmm. So you kind of gave more attention to yourself and what you needed or the time you needed.

P: Yeah, and was more vocal about it.

I: Mmm, like more assertive.

P: Oh I think so. You know, I just say, "Hey gang, back off, mama needs some time," you know um. Or rarely (i.e., before mother's death) would I ever look at (my husband) and say "Look, don't go there. I don't want to hear it," you know, I just....

I: Rarely would you do that when?

P: Before mother's death. I would just be the dutiful daughter and wife and just take it and go on. And I've learned to be more, well I've had to be more independent. Um, and then just realize, I've got to take care of mine, 'cause nobody else it going to. (laughing)

I: So like your needs a legitimate and they're a priority instead of like they are a low priority, they are a top priority. Because you can't take care of others if you are not taking care of yourself.

P: Yeah, if you're not well you can't take care of other people that are sick. But you know, and it's funny how different people deal with it. I'm not sure that (my husband) ever dealt with his dad's death. Um, 'course not being in the same town. I know he's had a lot of trouble with his mama and continues to.

I: You mean she died?

P: No she's still a thorn in our side, love her heart- how any one person can stay miserable. But I don't know, my grandma was a pretty miserable woman too. (laughing) But yeah, I'm sure that whatever I experienced when daddy died 'cause mother was there, um, I was too busy looking after her to realize, you know. Then I do remember one episode about three months after he died where I woke up in the night just having this chest pounding anxiety type attack, you know. And thinking "Well isn't this peculiar?" Um, but that only happened a couple of times. Well, what it was was I was dreaming about death, and I remember, but it doesn't scare me anymore.

I: Um, so after your dad died you were aware of being scared of death? (P: Uh-huh) You kind developed a fear of death more then or something?

P: I'm thinking maybe, you know. And that was another thing that you sort of compartmentalized, just "Oh, I had a couple of anxiety attacks. We won't think about that anymore." But, um, you know watching mother (i.e., die), it's not that bad. I mean, I'm not saying that I'm in any way shape or form ready to die. But it um, you know there are worse things.

I: It doesn't scare you like it used to.

P: Mm-mm, Mm-mm. You know and if I'm in bad health or, you know of course Alzheimers is a blessing because you don't know that you're not all there you know (laughing.)

I: It's a good way to compartmentalize. (laughing)

P: Yeah, yeah, just the mind goes. (laughing) But you know if your mind's working and your body isn't I think those are the worst forms of prison to be in. You know it's a scary thought.

I: Well it's interesting, cause it, it almost seems like in some ways there's been two kind of distinct processes in your grief since your mother's death. Like, that first four or five months where you were you know trying to avoid it, put it out of your mind, drinking, whatever you were doing to not think about it. And then you realized that that wasn't totally working and that you, and maybe the doctor helped you see it, maybe you kind of knew it. But then since then, you've had a different approach. I mean, instead of avoiding it you got talking about it, taking care of yourself more, all that.

P: Oh yeah, yeah and again, why worry about things you can't change? You know, and I think that's a maturing, more maturing. Um, you know one of my favorite things is, you know, pick your own battles, you know, don't don't' feel like you got to go into every little- you know, just um, you know it's, my grandfather used to always say, "Don't put your dog in that fight" (laughs).

I: That's cute.

P: So it, uh, yeah. So now if it's not something, I just say, "Hey gang".

I: And that, that lesson or whatever you've learned is related to dealing with death?

P: I think, yeah, I think a lot of it is. I think a lot of it is. Because, you know, you know I wanted so much to be like her and I'm a different person. You know, and I think her friends expected me to be like her. And I can't.

I: I see. So don't choose, don't take on that battle because that's, you can't be her.

P: No, uh-uh. you know, it's a, you know, the entirely different physical and emotional makeup, although I've got a lot of her traits, but I've got a lot of my dad's traits too. And um, yeah, it's it's, you know and I think a lot of it, well a lot of it her friends put on her. Not, not intentionally, but a lot of it I put on myself too.

I: Kind of pressure, expectations from yourself and some from others.

P: Yeah, and it didn't have to be that way. You know, so it's funny. It's, it is a very peculiar process.

I: Mm-hmm, peculiar.

P: You know, and I don't know how, you know, what other people think or what their theme is or um, but it just, you know, we are all there.

I: What do you mean?

P: I mean you're all going to have to face death at one point in time.

I: We are all in the same boat kind of thing.

P: Yeah, you know why did I feel the need to be her? You know, where'd that come from? You know, other than the fact that she was just a very neat, fun person to be around. And maybe I'm not all that much

I: I think you are.

P: You don't know, you don't know, but I guess growing up the importance of role models and I realized the older I got, the more fun she was. And how other people looked up to her and I guess maybe I wanted that too. But it doesn't happen that way.

I: And you said it before, I think you said it well, as least part of it may have been that if you could be like her then her absence wouldn't have been felt so much. If you could fill her shoes, then maybe it would have been easier. But...

P: And you can't, you know, only time will tell, you know when I'm gone, and they write my obituary, there's no telling what they'll say (laughing). "What a crazy fool she was... running around in the neighborhood, in her backyard in her underwear." (laughing) And which I do all the time because it's my backyard (laughing).

I: Yeah, free spirit.

P: Uh-huh, isn't that funny?

I: That's neat. Well you've given me a lot. I don't know I don't have any more questions. Is there anything else you'd like to add?

P: No, I think I've spilled my guts. (My younger daughter) said, she said, "Mom, you won't be honest." I said, "Why won't I be honest?" You know.

I: It seems like you've been real honest.

P: Well and you've made me think about some things I hadn't thought about in a while.

I: Well, it's a privilege to hear the story and for you to share your experience and I really, I really appreciate you- your time and openness.

P: Well, it's been fun.

I: Well thanks.

APPENDIX C

SAMPLE MEANING UNITS WITH

PSYCHOLOGICALLY COHERENT EXPRESSIONS

Meaning Units 2

Well, I can tell you that when it's someone that you are very very close to, it's like you've lost a body part. **effects of closeness/relationship losing part of yourself**

You look at somebody who's older and you realize that at some point in time they are going to die. And you think you are prepared for it, but you're never..you know... **impact of age never prepared for it**

When my father died we had no warning. **type of death**

He worked all day, he came home, had a massive heart attack. And, um, I just happened to be there and did CPR on him and, you know, it didn't work. **details of death**

But, you didn't have time to say goodbye. When somebody, probably, has cancer, as friends, and my friends' parents have had, um, there is some closure there because you know how terribly they're suffering. **effects of sudden death/no goodbye**

And, um, when mother died, my brother and I were at a paddling clinic, we were out of town. And she um, and she had every opportunity to call either (my husband) or (my sister-in-law) and say she wasn't feeling well. But she didn't say anything until I got home. **circumstances at time of death not prepared**

And every night after daddy died, I'd go by the house and that was our time. We'd have a "toddy" and hash over what went on during the day. **spending time together/relationship with deceased**

I went by that Monday afternoon and she said, "You know, I just don't feel well." She said, "I've been sort of nauseous" and she said " You know, I'm having some chest pains," and I went, "Oh, gees. Come on, we're going... now". Um, you know, and I do a lot of rescue work, so it was just classic symptoms, so. So, um, threw her in the car fighting and screaming all the way. **details of illness/taking care of her**

To sort of give you a background of what kind of person she was. Um, we get to the emergency room and she had had a mastectomy five years, six years prior to her death. And, uh, we're going to the emergency room and the doctor says, you know, "What's wrong?" yada yada yada and she tells him her name and all that sort of stuff. He found out that daddy had been a doctor and so they had all the, and she was just, "Oh, you're just so cute and just so young and I just, oh", and she entertained everybody in the emergency room and just was having a ball. And he said, "Have you had any major illnesses?" and she said, "Never, never been sick." And, which she really hadn't other than the cancer. And, uh, he begins to give her a physical and he realizes that one "wing" is gone and he looks at her and he says, "Uh, you know, Mrs. _____ what happened to your breast?" and she said, "Oh, that wasn't an illness, that was just an inconvenience." **details of illness deceased's attitude toward illness personality of deceased**

So, anyway, they put her in the hospital and, um they thought it was just a minor little tweak. And on the third day, my brother and I were gonna go pick her up, bring her home and we went to the hospital and she said her legs weren't working. And she had to go to the bathroom, so we picked her up and, the two of us, and took her into the bathroom and she had a major episode then, blood pressure fell, whatever. And, um, we thought we were going to lose her then and they ran some more tests and found out that at that particular time she had blown a valve. So it was more than... **details of illness/deterioration**

So they gave us, um, 72 good hours. They had some new experimental drug. And, um, told her flat out, "You're gonna die; so whatever you gotta do, do it." You got three days. **knowing that the end is near**

Well, I mean, she held court. She called all of her friends, told them all goodbye. And did it, did it with, uh.... Like her best friend, she told her, said, "You know, I'm gonna miss playing bridge with you on Thursday, but ya always cheated anyway, so..." (laughing) **time near end/saying goodbye**

APPENDIX D

SAMPLE CLUSTERS

Clusters 2
What's helpful/how I got through it

You know, but we needed it. [to be there while she was dying] Well you can't, you can't um, you can't ignore reality. I mean that's life.

Oh and well it [optimism] helps you get through the day too. I mean I've always, well, everybody teases me about being the world's greatest optimist.

Um, it's so much easier to look on the better side than it is on the grub side.

And I internalize things, you know. I don't want people to know.

So, plus it was easier for me to deal with it that way. [by not telling people how I'm doing or internalizing.

And I think the, the more you can, you can shut something in a back compartment, you know, um, now you know obviously I can cry on just any subject. And I've always been that way, I'm real tenderhearted to start with but, um, to keep from, well to keep from just losing it I would just, you know, get out of my mind...just....just don't dwell on it. If you can't change it so, you know, um. So, things you can't change, don't worry about 'em.

And she said, "I think you need a little something." And I said, "Well whatever it is, give it to me quick," you know. (Laughing) So, you know, and it took the edge off for a while.

But it was easier for me to deal with it that way [by drinking and putting things out of my mind.]

I think so, but I had to have some help. [to deal with things- medication]

And that's [paddling] my release. And I also found that that was my escape, you know I could, I could hit the river. And I'm too busy trying to survive to worry about what's going on inside, what I'm feeling.

Um, on those weekends after she died I was out a lot. 'Cause that was my way of coping.

Yeah, oh it's [paddling] very physical. Very physical. Um and (my husband) says, you know, and 'course, even before she died, and 'course up to now, he can tell a difference in my personality when I come back [from paddling]. I'm more relaxed.

I come back and all the stress is gone.

'Course I always found that athletics, working out and stuff is a good release.

Anytime there's stress the more I can work out the better I feel.

And so you know and just getting me outside [is a good release]. I mean I'm an outside person.

Changes in self

I had to grow up, is what it is. Even though I was fifty years old. Yeah, I have, I've grown up a lot, well I had to grow up, you know. You didn't have a choice. Well yeah, I had a choice. But I chose to grow up. I still don't think I've grown up, um I hope I never do grow up completely.

[Comparing current way of dealing with loss to previous way] No, I mean, I talk about it more. Um, I'm not afraid to show, show my feelings. Um, I don't have to be strong, you know, um. If I want to cry, I cry. If um, you know, it's holding things back and you know, I don't know why I felt that need to um, but I did.

Clusters for Protocol 2

Absence vs. Presence 4

Acceptance 2

Afterlife 1

Age factors 2

Ambivalence 1

Angry 5

Avoidance 6

Bright side/Optimism 2

Changes in self 15

Circumstances 1

Comparing types of death 1

Concurrent stressors 3

Crying 5

Deceased's denial about illness 1

Denial 2

Details of death/illness 3

Different ways of grieving 7

Distractions from grief 2

Dreams 1

Effects on others 5

Facing reality 5

Family dynamics 7

Humor 4

Importance of family 2

Knowing the end is near 5

Lack of control 2

Lack of role models for grief 3

Losing part of yourself 1

Loss 5

Making decisions 2

Memories 9

Missing 1

Mystical events 1

Not over it 1

Other's grief 2

Personality of deceased 10

Physical problems 1

Quality of life issues 4

Relief 2

Relationship with deceased 9

Emotional reaction 6

Role of deceased 6

Saying goodbye 2

Sense of own mortality 6

Sense of responsibility 12

Spending time with deceased 3

Stressors in deceased's life 2

Strong for others 5

Support from others 2

Time near end 5

Transitions 6

Unexpected/Never ready 5

Unhealthy behaviors 9

What's helpful 19

APPENDIX E

TRANSCRIPT SUMMARY

Summary #2

A number of themes stood out from your interview. You talked a lot about what was most helpful for you during your loss and what helped you get through it. This included being there with your mother in the hospital and "facing reality", canoeing and other types of physical exercise, being outside, avoidance, compartmentalizing, medication, being positive or optimistic, internalizing, internalizing, and crying. Interestingly, you noted that some of the things that helped you get through it initially later became unhelpful including drinking too much, and avoidance. Similarly, you talked about things that were not healthy or did not work such as trying to be strong others and neglecting yourself, trying to fill your mother's shoes, and being "stretched" too thin. Avoidance seemed to be one of the most common approaches you used, particularly with regard to the pictures and sentimental things that your mother had.

You spent time discussing the changes that occurred in you such as maturing, having to "grow up", talking about your feelings more, taking better care of yourself and being more assertive, realizing that you don't have to be "strong" for others, and being more independent. Another significant aspect of your experience was your sense of responsibility to your parents, to your family, to friends, etc. You wanted to be there with your mother at the hospital, you needed to take care of responsibilities at home, you felt like you were supposed to fill your mother's shoes at first, you felt a need to keep in contact with her friends, and so forth.

You spent time describing the personality of both of your parents, your admiration and appreciation for them, their role in the family and in your life, and your relationship with them. You also described memories of various times and conversations you had with them. Related to this was talk about the dynamics in your family growing up and with extended family.

You stated that there is no right way to grieve and that everybody deals with their grief in different ways. The role of your mother and your father in your life and in the family was also something you discussed. Your emotional reaction was also a significant theme. You stated that losing someone very close to you is like losing a body part. You mentioned anger, anxiety, depression, a sense of loss, missing your mother and father, and also humor or happy memories. Sometimes your feelings were mixed; one description you used was "happy tough."

You also talked about the unexpectedness of the deaths and never being ready for them; you talked about the last days with your mother and knowing the end was near; you talked about transitions such as your brother's family moving into your mother's house; and you talked about how others in your family responded to these losses.

Although this summary is intended to reflect the most apparent themes from your interview, please make any revisions that you feel would make this a more accurate description of your experience. Once you have done this, please sign below indicating that this is an accurate summary.

_____

APPENDIX F

SAMPLE THEMES

Themes for Interview 2

What's helpful/How I got through it	19
Changes in self	15
Sense of responsibility	12
Personality of deceased	10
Time near end/Knowing the end is near	10
Memories	9
Relationship with deceased	9
What didn't work/not healthy	9
Family dynamics	7
Individual differences in grieving	7
Role of deceased	6
Avoidance	6
Emotional reaction	6
Unexpected/Never ready	5
Transitions	5
Crying	5
Angry	5
Facing facts	5
Loss	5
Strong for others	5

VITA

Elizabeth Deirdre Muller was born in Chattanooga, Tennessee on December 9, 1971. She graduated from Chattanooga Christian School in 1989. She received a Bachelor of Science degree in Psychology from Vanderbilt University in Nashville, Tennessee in 1993. She continued at Vanderbilt University for her Masters of Education degree in Human Development Counseling and received her degree in 1995. In 1995, she entered the doctoral program in Counseling Psychology at the University of Tennessee, Knoxville. Ms. Muller completed her predoctoral internship at the University of New Hampshire Counseling Center in Durham and then completed a year as a psychological resident at the University of South Florida/New College in Sarasota. In July 2001, she joined the staff at the Baylor University Counseling Center in Waco, Texas.