LOSS AND CHANGE:
A CONSIDERATION
OF DEATH-RELATED
ISSUES

by

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Introduction and Background to the Study

"In ancient times, men evoked Janus in their prayers even before Jupiter. Janus was the god of two faces: one was the face of a youth which looked forward while the other was that of an old man looking back. With the key he held in his left hand, Janus opened and closed all things. With the sceptre in his right, he controlled the progress of every undertaking".

Verwoerdt 1966 (iv)

This thesis reports a study of reactions to bereavement as they occurred in a random sample of the general population. The population relevant to the study were those adults who, in the five years prior to the study, had lost a parent, child, sibling or spouse through death. It seeks to examine how individuals come to terms with death-related issues in general, ie the prospect, imminent or otherwise of one's own death or the death of others, and bereavement in particular. In the final analysis, it is a delineation of the construction, destruction and reconstruction of the shared realities, pertaining to death-related issues, of adults living in the commonsense world of everyday life.

At the beginning of the project the researcher had three broad areas of interest in mind: firstly, an interest in the area of the relationship between the bereaved and the deceased, together with the possibility of different reactions to bereavement occurring as a result of the loss of different types of social and personal relationships; secondly, an interest in delineating and evaluating the range of support bereaved
individuals received from others significant to the bereavement situation; thirdly, an interest in the process of adjustment to bereavement together with the possibility of different patterns of adjustment occurring in connection with the loss of different types of social and personal relationships.

As Lebowitz (1979) has indicated, it was largely the research aimed at understanding death-related losses which stimulated attempts to broaden the concept and apply it to other areas. Insomuch that this research is aimed at understanding such losses, it will hopefully make a contribution to generic theories of loss and change, and specifically to those developed by Marris (1974).

A preliminary analysis of the literature revealed that there was little in the way of a body of integrated knowledge concerning the researcher's chosen areas of interest. This confirmed the validity of the project in terms of potential contribution to the understanding of death-related losses.

The theoretical framework within which these areas of interest were examined was essentially phenomenological. This framework was underpinned by the sociological insights of Berger and Luckmann (1967) and the psychological insights of Kelly (1955). The data were collected by means of a preliminary questionnaire and a semi-structured interview. The results were used for the creation of what Glaser and Strauss (1967) have called "grounded theory", that is, theory arising out of data which
has been collected to explain areas which have either been inadequately analysed or have not previously been analysed. Indeed, such a strategy for the analysis of data had arisen, in part, from Glaser and Strauss's own considerations of death-related issues (for example, Glaser and Strauss 1964) and was thus thought to be a particularly suitable analytical tool.

The thesis as a whole is divided into four sections. The first section consisting of Chapters 1 and 2, deals with the general issues concerning the previous research in the area, the theoretical framework and the methodology employed. The second section, consisting of Chapters 3 and 4, deals with the preliminary phase of the analysis of the data, the descriptive statistics and the emergence of a model to facilitate a more detailed analysis of reactions to bereavement. The third section, consisting of Chapters 5, 6, 7 and 8, is a presentation of the components of the emergent model and the subsequent analysis of the data which the model facilitated. The fourth section consists of Chapters 9 and 10. Chapter 9 considers the emergence of the grounded theory and Chapter 10 ends this section with an overall conclusion to the whole study.
CHAPTER ONE

Review of the Literature and Preliminary Methodological Considerations

Introduction

The first section of this chapter is concerned with outlining the reactions to bereavement which have been observed and recorded by previous researchers in the area. The methodology adopted in connection with this research will be considered, and questions arising from the possibility of the utilisation of an inadequate sampling frame will be addressed.

The second section of the chapter explores the observations made by previous researchers in connection with the three areas outlined in the "Introduction and Background to the Study". The third section delineates the key notions of the researcher's theoretical framework and explores its relevance to the observations of previous researchers. In addition, certain aspects of grounded theory are outlined. The final section is concerned with the formalisation of these observations in terms of the operationalisation of the research project.
Previous Research into the Area of Reactions to Bereavement: The Descriptive Literature

The relevant literature may be analysed at two levels: the descriptive and the theoretical. Whilst the literature pertaining to reactions to bereavement has been informed by a number of different theoretical perspectives, the relevant data has been collected, almost exclusively, by means of either semi-structured interviews and/or questionnaires. The questionnaires have been presented in various ways, mostly in person and a few by post. The interviews have varied from one hour to three hours in length. Some studies refer to a longitudinal perspective and others to the results of one approach. As Bowlby (1980) has indicated, it is surprising to note that such a diversity of approaches have yielded such uniform descriptions of reactions to bereavement.

The range of outward expressions of subjective responses considered typical of bereaved individuals have been conceptualised in terms of phases by most researchers in the area. However, despite this primary focus it is also stressed that reactions to bereavement are processes rather than states and therefore, an individual's response may oscillate, showing characteristics of more than one phase at any given time. Such a presentation will be followed in this section and take the form of Bowlby's (1980) four phase analysis of reactions to bereavement, since most of the reactions noted by other researchers in the area may be subsumed under this framework.
The initial response following the death of a significant other is usually one of shock and disbelief. Such a response has been noted and as lasting between a few hours and a few days. However, despite an individual's apparent inability to comprehend the loss, she may occasionally suffer outbursts of intense emotion (for instance, panic, sobbing or anger). Retrospectively, many people describe their behaviour in terms of it being a purely automatic response to contingencies and their perceptions of it as being, hazy, distant and unreal.

Following this period the individual suffers an intense emotional, cognitive and physical reaction to the loss. This reaction is characterised by somatic distress, deep, sighing respirations, outbursts of anger and/or sobbing, general restlessness, sleep disturbances and loss of appetite. The bereaved individual yearns for the deceased and appears to be totally preoccupied by her image. Events immediately preceding the death are obsessively reviewed in an attempt to understand what has happened. The individual may reproach herself for not having somehow prevented the death or perhaps believe that she may have caused it. Anger may thus be directed against the self, the deceased, the environment in general or specific people who are believed to have either caused the death or failed to prevent it. Guilt is often experienced over minor omissions or imperfections in the past relationship between the bereaved and the deceased. Dreams and vivid hallucinations regarding the deceased are not uncommon and may be variously interpreted by the bereaved - some finding such experiences comforting,
others frightening. Social withdrawal obviously accompanies such an intense preoccupation, which seems to co-exist uneasily with an urge to escape the pain which is a consequence of it.

Following, or interspersed with the above-stated experiences are feelings of apathy, fatigue and despair. The bereaved appear to be listless and disinterested in life in general - verbalisations about the meaninglessness or pointlessness of life are not uncommon. The bereaved may find it extremely difficult to concentrate on anything for any length of time and may consider suicide since there appears to be no reason for continuing to live. Intense emotional distress may occur intermittently and episodes in which the individual feels "herself" again may themselves induce feelings of guilt and disloyalty.

Little is known concerning the manner in which the resolution of such conflicts takes place. All researchers point to the fact that, as Marris (1974) indicates, the process seems to be one of "tentative approximations" during which the episodic pangs of grief may be expected to diminish in terms of both intensity and regularity. However, most researchers have found that even after a number of years, special

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1 The use of the term "grief" is synonymous with the use of the term "reaction to bereavement". Both refer to the reactions of individuals to dying and bereavement.
events, for instance, Christmas or the deceased's birthday may evoke an episode of grieving.

Thus, it should not be surprising to find that estimations of the average time taken to recover from such an experience vary. Smith (1982) suggests that normal grief should be expected to decline in intensity after the first six months following a bereavement. Whilst Glick, Weiss and Parkes (1974) suggest that if no apparent steps towards recovery have been taken by the end of the first year following bereavement, then this bodes ill for future adjustment. However, Marris (1958) and Gorer (1965) both indicate that apparently normal reactions to bereavement may literally take years to resolve.

Obviously, much of this confusion stems from different indices being taken as indicative of resolution. Furthermore, since the majority of the research in the area has focussed upon the delineation of early experiences following a bereavement, very little is known concerning the possible alternatives available in terms of the resolution of such a situation.¹ For instance how often do such experiences evoke radical changes in personal philosophy or general outlook - what kind of changes (if any) are such experiences likely to evoke? If such questions are to be addressed it is necessary to adopt a broad temporal perspective to gain insight into these areas.

¹ Although Parkes (1975) has suggested three ways in which such "psychosocial transitions" may be resolved - the relative frequency and distribution of these resolutions is not considered.
Patterns of responses which do not appear to be amenable to the typical process of moderation and abatement, and which significantly impair an individual's long-term social and psychological adjustment have been noted by the major researchers in the area. The broad agreements concerning these responses are that, firstly, they are relatively rare and secondly, that whilst being similar in kind to normal reactions, they appear to represent some degree of exaggeration or distortion of these reactions.

The several categories of atypical reactions empirically noted may be loosely gathered under three descriptive headings. Firstly, delayed grief occurs when the recognition of the loss and associated expression of grief is postponed, and experienced with particular severity at a later date. Lindemann (1944) identifies this as the most frequent atypical reaction. Volkan (1975) identifies a variation of this response which he characterises in terms of an intellectual acknowledgment of the death together with an emotional denial of the reality of it. Volkan argues that such a reaction is typical of cases in which the bereaved individual becomes fixated in the initial reactions to death and cannot resolve these conflicts.

Secondly, chronic grief occurs where the expected reactions are found but the bereaved individual does not recover - or only recovers with (usually psychiatric) help. Gorer's (1965) description of "mummification" - a process by which the world of the bereaved individual appears to be
frozen in time at the moment of loss is an example of one of the forms chronic grief may take. Gorer cites Queen Victoria's response to the death of Prince Albert as the example, par excellence, of such a tendency. Marris (1974) in making a similar point in connection with loss in general, suggests the example of Miss Havisham - a character in Dickens's "Great Expectations" who waited forever, in her tattered wedding gown, by the ruins of her marriage feast.

The third atypical reaction to bereavement is inhibited grief where the expected reactions are either exhibited in distorted ways or apparently entirely absent. For instance, Marris (1974) suggests that young children and elderly adults may express their grief in terms of physical ailments rather than the expected range of responses. Cases in which grief is apparently absent are difficult to interpret. Whilst Bowlby (1980) argues that other difficulties related to bereavement are apparent, it seems to be equally reasonable to suggest that under certain circumstances some individuals do not feel "grieved" over some deaths.

The previous sections have considered the range of reactions to bereavement described by numerous researchers in the area, and it has been noted that a diversity of approaches has apparently yielded uniform information. However, such a convergence was hardly surprising, or the data so uniform, when the reactions described by previous researchers were analysed in depth.
11.

The majority of respondents cited in such research were women who had lost a spouse. Relatively few men who had lost a spouse had been included. Bowlby's (1980) review of the literature indicates over 700 widows interviewed compared to 129 widowers. Even whilst stressing the similarity of response, Bowlby is forced to acknowledge that differences had been noted but argues that these differences in reaction to bereavement were insignificant and could be regarded:

"... as variations in the ways that men and women of Western cultures deal with their emotional responses and ensuing disruption of their way of life".

(p. 84 1980)

Outside of marital relationships a small amount of research had been conducted concerning parental reactions to the death of a child - usually a child who had suffered a terminal illness prior to death (for example, Binger et al (1969) and Kaplan et al (1973)). Again, important differences had been noted in terms of a comparison with reactions following loss of a spouse, the main ones were proportionately more shock and anger (cited by Smith (1982)) and less loneliness (cited by Bowlby (1980)). The majority of respondents interviewed in connection with these deaths were also women with almost twice as many mothers as fathers being interviewed. In most of these cases the age ranges of the deceased children were between eighteen months and ten years. However, it must be said that the limited amount of research conducted concerning stillbirths and neonatal deaths (for example, Klaus and Kennell 1976) document broadly similar responses. There is virtually
no systematic evidence relating to the deaths of older children, although Gorer (1965) has suggested that this may be an extremely difficult bereavement to cope with.

Almost nothing is known concerning the normal reactions of adults to the death of a parent or sibling. What little evidence there is has been derived from the responses of psychiatric patients, and, as Smith (1982) has indicated, such evidence can hardly be taken to be representative of this sector of the bereaved population as a whole.

Furthermore, the whole body of relevant research in this area is systematically biased towards the reactions of the young to middle age groups: obviously, the parents of young children fall into this category. However, some research regarding the loss of a spouse has actively excluded elderly respondents for various reasons. Relevant examples are Marris (1958 and 1974), Hobson (1964), Maddison, Viola and Walker (1969) and Glick, Weiss and Parkes (1974).

Marris (1974) excludes the elderly on the grounds that:

"Bereavement is less of a traumatic dis-integration of identity because in old age the context of life has shrunk".

(p. 38 1974)

Indeed, other researchers have excluded the elderly on similar grounds, ie because it is believed that younger individuals suffer a more intense reaction and subsequently experience greater difficulty in
adjusting to bereavement. Whilst there is a limited amount of support for these assertions from research which has been conducted upon all age ranges (for example, Gorer (1965) and Clayton et al (1968)) the reasons for this are not at all clear. Nevertheless, it would seem that reactions to bereavement, as occurring in the older age range, are relatively mild. Both Bowlby (1980) and Parkes (1974) have addressed this issue and offer a "timeliness" hypothesis, ie that if a respondent perceives the death of a loved person to have been untimely (in terms, presumably of age) then their response to the death is likely to be much more intense than if they had perceived the death to have been timely (again, presumably in terms of age). However, even if this hypothesis is accepted, there is no indication offered as to why this should be the case.

This brief review of the available evidence suggests that reactions to bereavement are not necessarily as uniform as a preliminary analysis of research in the area would lead one to suppose. Specifically, differences in reactions to bereavement between men and women, the young and the old, and between the loss of a spouse and the loss of a child have all been noted by previous researchers in the area but have not been analysed. Consequently, it seems reasonable to question assertions concerning the apparent "uniformity" of reactions to bereavement on the grounds of the inadequacy of the sampling frame employed by previous researchers in the area. Therefore, it was decided to structure the research project in such a way so as to facilitate a comparison between the reactions to bereavement noted in connection with it, and those noted by previous researchers.
Previous Research into the Area of Reactions to Bereavement and its Relevance to the Present Research Project

It must be said at the outset that the theoretical frameworks adopted by previous researchers in the area were not conducive to a consideration of the researcher's main areas of interest. The two major theoretical frameworks which have informed research concerning reactions to bereavement may be loosely described under the headings of "psychoanalytic" and "ethological". As Smith (1976) has indicated, the premises of both theoretical frameworks dictates a consideration of persons primarily in terms of isolated, instinctual, biological entities. The need for adopting what Verwoerdt (1966) has called "the transactional approach of social psychology" has long been recognised but rarely attempted. However, some of the major contributors to the area have considered issues relevant to the researchers area of interest, but in ways which were essentially peripheral to their main focus of analysis.

Both Marris (1974) and Parkes (1972) have considered issues arising from the nature of the relationship between the bereaved and the deceased. Marris (1974) identifies "degree of involvement" as being the main factor. Specifically, he argues that irrespective of the quality

1 Whilst the work of Pincus (1976) overtly states the importance of interaction, she is, in fact, concerned with the role the unconscious processes of projection and identification play in interaction. Consequently, her observations concerning bereavement are focussed upon this level of analysis.
of the relationship, a relationship with the deceased which was
characterised by a high degree of day to day involvement will evoke a reac-
tion to bereavement, as outlined by previous researchers, to the death.
Parkes (1972) points out that an analogy may be made between a child's
reaction to the temporary loss of her mother and a widow's initial
reactions to the permanent, ie by death, loss of her husband. He
utilises what he describes as a "biological theory of grief" based upon
the tenets of his own (1959) research and Bowlby's (1951) research
regarding attachment behaviour to further postulate that since it is
believed that attachment behaviour initially evolved to serve the
function of protection from predators, the loss of another from whom
one is accustomed to receiving supportive protection is an important
factor in evoking a reaction to bereavement similar to those outlined by
previous researchers in the area. He also tentatively identifies four
components of human relationships which he believes to be important, ie
strength, security, reliance and involvement of attachment, but stresses
that such distinctions have not been systematically made in any research
studies. This is unfortunate since if it is hypothesised that there
are qualitatively different types and degrees of attachment, it might
equally well be hypothesised that there are qualitatively different
reactions to loss. Bowlby (1980), in his review of the area, also
suggests that there may be qualitatively different types of attachment

1 Whilst Parkes (1972) uses the term "mother", the researcher presumes
he is referring to a child's primary care-giver.
which may lead to different reactions concerning the loss of different relationships but does not pursue this point since the area has been inadequately analysed. However, he does indicate that an individual's early experiences of separation and loss, particularly those occurring during childhood, affect the way attachment behaviour is organised and may thus leave some individuals more vulnerable to losses of any kind (including those by death) than others. In short, he suggests that an individual's previous experiences of loss may be an important factor which influences her reaction to bereavement.

As Black (1980) has indicated, most of the major contemporary contributors to research in the area of reactions to bereavement have underpinned their theoretical frameworks with reference to Bowlby's (1951 onwards) research regarding attachment behaviour. Therefore, this research requires detailed consideration. Bowlby's perspective may be summarised in the following way. The work is essentially a synthesis of ideas from ethology, neurophysiology, information theory and psychoanalysis - including many observations of the behaviour of children, and to a lesser extent adults, in situations of separation and loss. From such a perspective, an individual's previous experiences and internal biochemical and neurophysiological changes determine her priorities in perception and action. Particularly high priority events are those which involve other individuals with whom she wishes to maintain proximity. Any form of separation from such individuals triggers behaviour patterns which have the function of restoring proximity. It is only in the event of permanent separation that these mechanisms prove redundant. At such
times, the crying, searching and inhibition of all other activities which would normally facilitate a reunion are obviously useless. However, Bowlby argues that this does not prevent them occurring, despite the bereaved (at least, bereaved adults) being aware of their senselessness. Thus, Bowlby's previously referred to four phase analysis of reactions to bereavement consists of: numbing; yearning and searching; disorganisation and despair; and re-organisation.

Obviously, such an analysis is at variance with psychoanalytic perspectives. From these perspectives, reactions to bereavement serve the function of detachment from the dead person rather than, as Bowlby argues, promoting a reunion.

To summarise - the following areas have been tentatively identified as being important and arise from the nature of the relationship between the bereaved and the deceased: firstly, the degree to which the bereaved and the deceased were involved together on a day to day basis; secondly, the strength, security and reliance of the relationship; thirdly, the extent to which the deceased provided supportive protection for the bereaved and fourthly the bereaved's previous experience of separation and loss (particularly those occurring during childhood). The theoretical frameworks utilised by the researcher s who made the above stated observations were underpinned by Bowlby's consideration of attachment theory. However, it must

\[1\] Freud (1925) and Klein (1948) are the most prominent proponents of such a perspective.
be said that, from a preliminary analysis of these observations and
their related theoretical origins, issues arising from the nature of
the relationship between the bereaved and the deceased have been
inadequately analysed. In the terms of the theoretical framework
to be discussed in the following section,

exactly what makes another significant enough to trigger such a
reaction has been inadequately addressed by previous researchers in the
area.

With reference to previous considerations of the support the bereaved
typically receive from others (in terms of it affecting their reaction
to bereavement) the major contribution to the area comes from Gorer (1965).1
Briefly, Gorer argues that contemporary Western societies offer little
support to the bereaved and this lack of social support contributes to
the personal misery experienced by bereaved individuals. He argues that
other types of society (past and present) offer an acknowledgement, in
the form of a ritual, which sanctions and articulates appropriate death-
related behaviour for the society in general and the bereaved in
particular. Since rituals relevant to death-related issues occur
within the framework of religion, and contemporary Western societies are
becoming increasingly secular, he further argues that the decline in
religious beliefs has led to an associated decline in the performance of
death-related rituals. Therefore, the bereaved are deprived of an

1 It must be said that Linemann (1944) has suggested that the social
context in which the bereavement occurred, presumably including others
relevant to the bereavement situation, is an extremely important
factor with respect to "morbid" (ie pathological) delayed reactions to
bereavement. However, he does not analyse the implications of this
suggestion.
important source of acknowledgement and guidance.

Marris (1974) reproduces and extends these assertions in connection with loss in general, rather than death-related losses in particular. He argues that rituals help articulate, inform and contain reactions to bereavement (death-related or otherwise). From his perspective, contemporary Western societies are characterised by "a muddled unwillingness to accept loss"; consequently, the bereaved are isolated and their loss unacknowledged.

However, despite the above-stated definitive assertions, it must be said that an analysis of the data indicates that these assertions have been inadequately analysed. Specifically, two points must be made in connection with them. Firstly, whilst Gorer's (1965) research indicates that, at the time it was conducted, death-related events were not usually accompanied by a high degree of ritualisation, it does not indicate that such events would be any easier to cope with if they were accompanied by a high degree of ritualisation. He merely makes the suggestion that since death-related events were (in past and present societies) usually marked by a ritual, then a ritual must be helpful in some respect. Whilst this is undoubtedly a tenable hypothesis, his research does not test it.
The second point which must be made in connection with this research relates to the acknowledged (by Gorer and Marris) co-variance of religious beliefs and death-related rituals. Specifically, both persuasively argue that death is apparently more difficult for individuals to cope with in contemporary societies than it was approximately one hundred years ago, and both link this to a decline in both religious beliefs and associated death-related rituals\(^1\). They subsequently hypothesise that the restoration of death-related rituals (or their secular equivalent) would make bereavement easier to cope with for the bereaved. It would be equally tenable to hypothesise that religious beliefs in themselves made bereavement easier to cope with (ie death-related rituals were either dependent or extraneous variables) and that the resurrection of such rituals outside of the context of a prevalent supportive belief system would not make bereavement easier to cope with for the bereaved. In short, it is argued that the area has been inadequately analysed.

The final area of the process of adjustment to bereavement has been the subject of some interesting suggestions by previous researchers in the area. Whilst there is little known concerning the manner in which such an adjustment proceeds, or the range of outcomes of it\(^2\), both Parkes

\(^1\) This association is, of course, contentious in itself.

\(^2\) Little is known about the range of outcomes since most of the previous research has focussed its attention upon the initial reactions to bereavement.
(1972) and Marris (1974) have suggested ways in which events occurring before the death might facilitate adjustment to bereavement. Specifically, Parkes makes the observation that widows who anticipated their husband's deaths (for some months prior to the event) tended to effect a qualitatively better adjustment to it than widows who did not anticipate their husband's deaths. Parkes suggests that if individuals are given prior warning of the imminence of a death-related event, this gives them time to analyse the information, accept it and develop a strategy to enable them to cope with it.

This suggestion is strikingly similar to observations made by Marris in "Loss and Change" (1974). In attempting to provide an over-arching reference for the examination of a wide variety of losses, he begins with the example of bereavement and attempts to show how the reactions to bereavement experienced by widows can be taken as an intense and emotionally concentrated example of a process which:

"...informs our reaction to change in general ... Life becomes unmanageable because it has become meaningless. The context of purposes and attachments to which events are referred for their interpretation has been so badly disrupted by the loss that it, at first, seems irreparable".

p. 163 1974

His thesis rests upon two main premises - the operation of what Marris called the "conservative impulse" and his related analysis of reactions to death-related bereavements.
With reference to the "conservative impulse" he contends that people have a need to understand their experiences and consequently develop an interpretive structure to enable them to predict events:

"What we cannot do is survive without a system of some kind for predicting the course of events. It does not matter that the system may be false on another systems terms ...".

p. 6 1974

Related to this, learning from experiences is dependent upon the "conservative impulse" which acts to maintain the continuity of an interpretive structure:

"It is as necessary for survival as adaptability; and indeed adaptability depends upon it. For the ability to learn from experience relies on the stability of the interpretations by which we predict the pattern of events. We assimilate new experiences by placing them in the context of a familiar, reliable construction of reality. This structure in turn rests not only on the regularity of events themselves but on the continuity of their meaning".

p. 15 1974

Marris argues that individuals tend to avoid, deny or misperceive events which do not conform to their previously established interpretive structures\(^1\). Change can only be assimilated slowly and is a process which must "maintain the thread of continuity" between past and present.

\(^1\) Marris's comments concerning peoples' tendencies to avoid, deny or misperceive events which do not conform to their previously established interpretive structures were clearly enunciated in his (1980) work.
Thus, grief is seen to occur whenever adaptive abilities, in terms of intra-psychic systems for predicting events, break down or are threatened. With direct reference to grief following the death of a husband he comments:

"... grief is mastered, not by ceasing to care for the dead, but by abstracting what was fundamentally important in the relationship and rehabilitating it. A widow has to give up her husband without giving up all he meant to her, and this task of extricating the essential meaning of the past and reinterpreting it to fit a very different future, seems to proceed by tentative approximations".

p. 34  1974

The implications of the observations of both of these researchers may be taken to suggest that, if an individual has a previously established, death-related interpretive structure, then this may facilitate adjustment to bereavement. However, such a possibility has not been addressed by previous researchers in the area. Consequently, it can be concluded that the implications of this suggestion, in terms of different patterns of adjustment occurring in connection with the loss of different types of social and personal relationships, have been inadequately researched.
The Theoretical Framework of the Present Research Project

The essential purpose of the theoretical framework is to facilitate the emergence of grounded theory relevant to the three, previously identified, areas which have been inadequately analysed. As Glaser and Strauss (1967) have indicated, the initial starting point is not a strict theory but an investigator entering a research situation with a particular perspective and a focus, a general question or problem in mind. The particular perspective employed has been primarily derived from the observations of Berger and Luckmann (1967) and Kelly (1955) and dictates a view of reactions to bereavement in terms of loss of "self". Indeed, Marris (1974) has offered a similar definition from a different theoretical perspective. The basic premises underlying this perspective are firstly a conceptualisation of "self" in terms similar to Kelly and secondly, a conceptualisation of the development of self as an ongoing process which is negotiated with others, i.e., the perspective may loosely be termed interactionist.

Berger and Luckmann (1967) point out that people perceive the world as an externally given fact, i.e., not chosen by them and existing independently of them. Related to this, Kelly (1955) argues that an individual's "self" or personality may be seen in terms of a system of inter-related constructs which inform the individual's attempt to make sense of this external world. Specifically, Kelly asserts that man looks at the world:
"...through transparent patterns or
templats which he creates and then
attempts to fit over the realities
of which the world is composed ...
Let us give the name constructs to
these patterns that are tried on for
size. They are ways of construing
the world".

According to the theory, these constructs are arranged in terms of
inter-related systems and the sum total of a person's construct system
is that person's personality or "self". The fundamental postulate
of this theory is:

"a person's processes are psychologically
channelized by the ways in which they
anticipate events".

From this perspective people react to the past in order to reach
out to a future and engage in a process of perpetual validation -
checking to see how much sense their "self" has made out of the world
by how well that sense enables them to anticipate events. As
Bannister and Fransella (1980) indicate:

"it implies your personality is the way
you go about making sense of the world.
The word "anticipates" is deliberately
chosen because it links the idea of reaching 1
out and beating the world to the punch".

1 These assertions are strikingly similar to Harris's (1974) observations
concerning "interpretive structures" which enable individuals to
predict events.
In short, this perspective indicates the importance of a person's relationship with the world in terms of that person's attempt to impose subjective meaning upon the world. Kelly stresses that people strive to understand their "selves" and the external world by checking how well their construct systems enable them to anticipate events, i.e., self imposes order upon the world. Thus, people develop their own view of the world (a theory concerning what it is and how it works), their own expectations concerning what is likely to happen in given situations (hypotheses based on subjective probabilities) and constantly experiment, (through their behaviour) with life. People interpret and react to their environment as they see it, constantly working out their "selves" in terms of their interaction with the external world. Whilst a person's purposes remain essentially their own, they can only be furthered to the degree that they enable a comprehension of external reality and inform action.

The comments of Natanson (1970) inform and extend such a framework. He cogently describes the dual nature of the "self." He characterises one element as being the unified history of a person's past behaviour (her construct system in Kelly's terms). This element serves the function of ensuring stability and continuity, thus providing a context for present action. The other element is characterised as the perpetrator of immediate and new actions. Thus, any change in an individual's external environment which the individual cannot anticipate, in terms of having a construct system capable of incorporating it, is likely to
produce a period in which the individual is deprived of, or questions, self identity. This situation would be expected to continue until the matter is resolved, either by changing the interpretation of the event to fit the construct system or by changing the system to incorporate the event\(^1\). Obviously, bereavement is a relevant example, and from this perspective it is easy to understand why reports of apathy and a sense of futility (since the self without its past is without a context within which to initiate action) are virtually ubiquitous. Also, subjective feelings of insecurity would be expected since the external world becomes dangerous and chaotic. Individuals without their system, which informs both the anticipation of events and the initiation of action, are relatively helpless\(^2\).

The second premise relates to the conceptualisation of 'self' in terms of an on-going process, during which ways of seeing the world (constructs) are constantly negotiated and tested. Smith (1982) has postulated (in connection with an analysis of reactions to bereavement) that this takes place primarily by means of interaction with significant others. Thus, an individual's relationship with the external world takes place in the context of significant relationships which operate to maintain, develop and transform an individual's "self". In short,

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\(^1\) Always assuming the external event cannot be denied or ignored. Again these comments are similar to Marris's (1980) observations concerning loss in general.

\(^2\) This interpretation of subjective feelings of insecurity is obviously at variance with the observations of Parkes (1972) who relates such feelings to an instinctive fear of attack by predators which is triggered by the absence of a person one is attached to.
the individual's "self" is seen as the way she views and interprets the world. Furthermore, individuals' worlds are socially defined, constructed and validated and may thus be seen to be dependent upon the continuity of significant relationships within which this process of validation of self is continually carried on.

The loss, by death, of another with whom an individual has been involved in such a validating relationship is consequently seen as a double loss, and involves not only loss of "self" and associated control over the world, but also loss of "another" with whom aspects of "self" were created and maintained. Therefore, the exact nature of the relationship between the bereaved and the deceased is likely, from this perspective to be of vital importance in terms of adjustment to bereavement. Also, the availability of others (in the bereavement situation) with whom the bereaved can engaged in a validating relationship is likely to be an important factor.

In conclusion, it must be said that the theoretical framework dictates a phenomenological focus upon the relevant areas of research. It indicates that subjective experiences and interpretations concerning the world in general, and interactions with others in particular, are
likely to be the fruitful areas of analysis with respect to the emergence of a theory grounded in data. The purpose of such an analysis is to offer an explanation and coherent orientation towards areas which have previously been inadequately analysed.
The Operationalisation of the Research Project

The previous sections of this chapter have been concerned with delineating the research which has been conducted into reactions to bereavement and the theoretical framework which is to be employed in the present research.

It has been noted that previous research has largely been concerned with reactions to either the loss of a spouse (usually a husband) or the loss of a child (usually a mother's reaction). Within the area of previous research, different reactions to bereavement have been noted in connection with the loss of different types of social relationships, but these differences have not been considered to be of importance by previous researchers. Consequently, it was decided to structure the research project to facilitate a comparison between the previous research and the present research. The purpose of such a comparison is to delineate the variation (if any) in reactions to the loss of different types of social and personal relationships.

The need to adopt a broad temporal perspective in order to gain greater insight into the area of eventual adjustment to bereavement has been identified. Also, since previous research has indicated that deaths considered by the bereaved to have been "timely" and deaths concerning which the bereaved had some prior warning affect reactions and adjustment to bereavement, this area has to be taken into consideration.

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1 With reference to this point, questions arising from an individual's previous experiences of bereavement, particularly those occurring during childhood must be considered.
The hypothesis generated by previous researchers concerning the helpful nature of death-related rituals must be addressed, as must the alternative hypothesis concerning religious beliefs. Also, the area of the delineation and evaluation of the range of support the bereaved receive from others, and the importance of that support (if any) in terms of reactions and adjustment to bereavement must be taken into account. These were the areas to which the methodological issues discussed in the next chapter were addressed.
CHAPTER TWO

METHODOLOGY

Theoretical Background

The thesis as a whole was initially conceived of in terms of a contribution to theories of loss and change from a sociological perspective. As discussed in the previous section, the particular perspective chosen is essentially interactionist. The need for such an approach has been recognised by researchers of various theoretical orientations in this area. For instance Verwoerdt (1966) criticises the use of traditional psychodynamic concepts and suggests they need supplementing with:

"The transactional approach of social psychology. This approach recognises that it is artificial to isolate the individual from the family and community network (and that the social role played by the individual involves the integrational aspect of his total personality)."

(p. 114 1966)

Vernon (1970), delineates the appropriate level of analysis when he writes:

"A sociologist specifies that he focus attention at the social or interactional level ... We are concerned with the behaviour of interacting individuals in a particular situation."

(p. 5 1970)

More specifically, the particular theoretical framework offered is primarily derived from the phenomenological perspective of Berger and Luckmann (1962) and aspects of Kelly's (1955) Personal Construct Theory. The intent is to apply such a theoretical framework to generic theories of loss and
change expounded, for example, by Marris (1974), and Parkes (1972).

The situation relevant to the project is obviously bereavement, interaction being taken to include both ante and post bereavement interactions. The main focus of the project is directed towards the delineation and explanation of the "taken-for-granted-realities" of bereaved individuals. Berger and Luckmann (1967) indicate the importance of such an approach in the following way:

"It is important to remember this. Common sense contains innumerable pre and quasi-scientific interpretations about everyday reality, which it takes for granted. If we are to describe the reality of common sense we must refer to these interpretations, just as we must take account of its taken-for-granted character - but we do so within phenomenological brackets".

(p. 34 1967)

The three main areas of research are those cited in the previous section as having received little or no attention by other researchers in the area. Firstly, issues arising from the bereaved's perception and evaluation of others significant to the bereavement situation and the bereavement situation itself. Secondly, the whole question of the nature of the relationship between the bereaved and the deceased with its attendant potential contribution towards exemplifying the implications of various types of "attachment" in terms of reactions to bereavement. Finally, (related to the second area of research) the possibility of different adjustments to "commonsense reality" being necessitated by the loss of different types of social and personal relationships.
Preliminary Considerations

It was decided to aim for as broad a sample population as possible whilst maintaining some degree of comparability with previous research in the area. Therefore, it was decided that the main population relevant to the research would be those adults\(^1\) who had lost by death a spouse, sibling, parent or child. To be included in the main sample the relevant bereavement must have occurred less than five years prior to the interview. However, in keeping with Glaser and Strauss's (1967) methodology pertaining to the analysis of data, provisions were made to allow for the inclusion of other types of loss and bereavements occurring outside of the five year inclusion limit as, or if, such cases presented themselves during the ongoing analysis of the data.

The location of such a sample was problematic since registrations of deaths and local Health Authority records (two popular ways of identifying the recently bereaved) were considered unlikely to give primary access to the whole range of respondents required for the project. Furthermore, contacting people who had previously approached, or had been approached by one of the relevant caring agencies was discounted on the grounds that such a sample may not necessarily be representative of the relevant bereaved population as a whole. However, there was some evidence to suggest that social survey approaches could prove successful in this area - the primary example being Gorer's (1965) work. Therefore, it was decided to explore the possibility of using such an approach.

\(^1\) For the purposes of the project it was decided to define all those individuals who at the time of interview were over eighteen years of age as adult. Obviously, such a definition, taken within the research criteria as a whole, allows for the inclusion of relevant bereavements occurring after the age of 13 years.
Upon further examination the sample population initially approached by Gorer's research assistants was impressively large, i.e. Britain as a whole. However, quota sampling techniques were used, i.e. a method of stratified sampling in which the selection within strata is non-random (see Moser and Kalton (1979) for a discussion of the weaknesses of such an approach). Furthermore, Gorer chose a sub-sample of all those individuals agreeing to be interviewed on the grounds of convenience and personal interest. Consequently, his sample may not have been as broadly representative as was initially supposed. Consequently, it was decided, for the purposes of this project, to adopt a random sampling frame in order to ensure as representative a sample as possible.

The constraints of time necessitated that a smaller (relative to Gorer's) sample should be initially approached. The research locale for the project was eventually chosen primarily for convenience of access, and comprised an East Midlands city and surrounding rural areas. Within this locale census enumeration districts were identified as being suitable sampling frames — obviously a random sample of these districts would be relatively easy to obtain. The household was chosen as the basic sampling unit to ensure ease of access and it was decided to investigate the feasibility of such an approach by means of a pilot study.

A pilot study was considered necessary for the following reasons. Firstly, there was no immediately obvious way to estimate the size of the

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2 The areas were all comparable in terms of numbers of households within reach "on the ground" as well as on the relevant maps.
target sample (i.e., those falling within the research criteria) in relation to the survey sample (i.e., those people living within the census enumeration districts) and consequently no way to estimate the requisite size of the main study. Also, problems pertaining to which member of the household to interview needed investigating. For example, if the person initially contacted was chosen would this prove problematic if they had lost, for instance, a father-in-law and referred the researcher to the person who had lost their father?

The above-stated practical problems were compounded by ethical considerations. Whilst researchers in this area who had used similar techniques had stressed the acceptability and possibly therapeutic effect of such an approach the area is a sensitive one and non-response rates might be expected to be high and perhaps, in themselves, an important area for investigation. Consequently, it was decided that any approaches should be made in person to allow for adequate assessment of these problems.

Finally, a pilot study would obviously prove useful in terms of providing experience in using and assessing the chosen methods for the collection of data. It was initially decided to approach each household with a preliminary questionnaire designed to identify members of the target sample and to generate comparative data concerning those who were not eligible for inclusion in the main sample. This questionnaire was to be administered by the researcher who would carry a letter of introduction explaining the rationale for the research with her. Those who were eligible
for inclusion in the main sample were to be invited to give a second, semi-structured interview at their own convenience. Those who declined were to be given a s.a.e. in case of reconsideration at a later date. These were the preliminary considerations which led to the decision to conduct a pilot study on a randomly selected census enumeration district from the research locale. This study was conducted by the researcher in February 1981.
The Pilot Study

In order to achieve the objectives of the pilot study all preliminary questionnaires and subsequent interviews were conducted by the researcher. Each household in the relevant district was approached once only. One third of the total number of the households were approached in the morning, one third in the afternoon, and one third in the evening. The person who initially answered the enquiry - if over 18 years of age was considered to be the respondent.

This method of approach led to the contact of a member of just under 54% (130 in all) of households in the area. Individual respondents were given a short verbal introduction to the topic of the enquiry and offered a letter of introduction. 84% of respondents thus contacted agreed to complete the preliminary questionnaire. Of those who refused only one person, at least overtly, did so due to the topic of the enquiry.

In terms of those respondents completing a preliminary questionnaire, 27% were eligible to be included in the main sample - 62% of these respondents agreed to be so included and were subsequently successfully interviewed. Those who did not agree to be interviewed were given a letter and s.a.e. in case of reconsideration at a later date. In the event, no-one subsequently replied. Various reasons were given for refusing to be included at this level of the project and it was decided, as far as possible, to analyse the implications of such refusals as they occurred in the main study (see Chapter 3).
The results of the pilot study were taken to be encouraging. The method of approach was successful despite being time-consuming. The assertions of other researchers in the area (notably Marris (1958) and Gorer (1965)) concerning the willingness of respondents to cooperate, and their assessment of the process as being helpful to them were upheld. Furthermore, the original formulation of both the preliminary questionnaire and the second interview schedule required no major alterations.

As a result of the pilot study it was decided to cover a survey sample large enough to provide a target sample population of approximately 300 individuals, thus facilitating the collection of at least 150 completed second interviews. The constraints of time indicated that interviewers other than the researcher, in terms of both preliminary questionnaires and second interviews, would be needed should this prove possible.

Whilst the pilot study did not indicate any problems would occur in the main study, three major problems did present themselves. Firstly, the pilot study was conducted in an area of relative ethnic homogeneity. Other areas were not so homogeneous and language difficulties became a major problem, necessitating the employment of a translator in one particular area. Secondly, the target population outlined as eligible for inclusion in the main sample appeared, from the pilot study, to represent a workable operational definition - whilst in the main study many people who, for various reasons,

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This decision was taken due to the relative rarity of some losses - for example the death of a child. It was anticipated that a sample of this size would include examples of all of the types of loss in the population relevant to the research. The main study was, in fact, informed by examples of the whole range of losses included within the research criteria.
fell outside of the initial research criteria requested and were subsequently given a second interview. Finally, the pilot study led the researcher to believe that the average time required for the completion of a second interview would be in the region of $1\frac{1}{2}$ to 2 hours. In fact, many interviews in the main study took considerably longer than this. Due to the nature of the area under study it was also found to be necessary, in some cases, to conduct follow-up visits or refer the respondent to one of the relevant caring agencies. Such time-consuming activities were initially unforeseen. However, whilst it seems essential to indicate some of the problems encountered, it is not being suggested that these detracted in any way from the ultimate validity and reliability of the general findings of the pilot study.
The Collection of Data

The methodology employed to collect data from the pilot study and the main study was essentially the same (see App. 1 for interview schedules and relevant adjustments). The preliminary questionnaire was primarily designed to locate members of the target population. Whilst it was initially intended to use the information gathered to provide a comparison between the target and survey population it was eventually decided to focus the analysis upon the target population only.

This decision was made for two related reasons, the main reason being the sheer amount of qualitative data generated by the second interview procedure which was compounded by the constraints of time. As previously indicated, these interviews produced substantially more relevant information than had been anticipated (and consequently took longer to complete). The second reason was that despite the preliminary questionnaire being pre-coded (there were, in fact, only six opportunities for respondents to offer "comments") the amount of qualitative information given by respondents who fell outside of the target population was considerable. Therefore, it was reluctantly decided to exclude data irrelevant to the target population.

However, it was decided to mediate the dictates of expediency with those of diplomacy - consequently, the basic methodology remained the same throughout the project, only the criteria concerning inclusion in the analysis were modified and this will be discussed in the relevant section.

\[1\] Obviously a distinct advantage of such a strategy is to allow for the analysis of the data at a later date.
The preliminary questionnaire was constructed around six areas of discussion relevant to the topic under investigation. Namely:

1. Details of the respondent.

2. Level of eligibility for inclusion in the main sample.

3. Details of any religious beliefs held by the respondent and the deceased.

4. Details concerning the deceased's mode and place of death.

5. Details of the degree of social disruption experienced by the respondent in the first six months following the death.

6. Details of the degree of personal disruption experienced by the respondent in the first six months following the death.

The second interviews were semi-structured and comprised of six main areas of discussion. Whilst each area was constructed around direct questions which required detailed responses, both the interviewer and the respondent were allowed freedom to expand upon certain issues of apparent importance. The specific technique used to conduct them was developed from Heron's (1975) analysis of counselling interventions. The comments of Storz (1976) adequately characterises this type of interview:

"This type of interviewing involves the researcher directing certain questions on a specific topic to the respondent thus opening relevant areas for discussion. In addition, the interviewer is allowed certain flexibility in probing until she is satisfied that a full answer is given to the questions. In this sense the interview can be described as semi-structured".

(p. 145 1976)
The main areas of discussion were as follows:

1. The nature of unofficial support required and received (the interventions of friends, relatives, etc).

2. The nature of official support required and received (the interventions of various professionals involved in the bereavement situation).

3. Details concerning the death itself and events immediately preceding and following it (including, if applicable, the terminal illness).

4. Details regarding the first year (if applicable) following bereavement.

5. Previous experience/s (if any) of bereavement.

6. Changes in philosophy or attitude which the respondent believes to be connected with the experience/s of bereavement.

The use of such a technique has been both favoured and endorsed by previous researchers in the area, for example, Glick, Weiss and Parkes (1974). It has the definite advantage of giving the interviewer an opportunity to observe the respondent's reaction to the issues raised during the interview situation. For instance, a display of emotional affect can be as valuable as a verbal reply in terms of being a description of how a respondent feels about certain issues. Nevertheless, it must be said that it is not without problems - the major disadvantage being the possibility of the

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2 The first year following the bereavement was considered to be particularly important since the bulk of the evidence suggests (see Bowlby's (1980) review of this area) that, if the person has not significantly recovered by the end of this period of time, then this bodes ill for the person's long term adjustment to the situation. However, this section of the interview also includes questions related to experiences outside of this period of time.
operation of interviewer bias. However, this issue will be discussed in connection with the training of interviewers.
The Interviewers

Many problems related to the influence of interviewer bias have been noted. Boyd and Westfall's (1979) recent review of the area both exemplifies the range of possible biases and indicates the virtual impossibility of eliminating all of them. However, Sellitz et al (1962) indicate that the influence of such bias may well have been overstated and point out that other techniques employed by social scientists also require some means of oral or written reports which may be subject to a similar range of bias and errors. Moser and Kalton (1979) adopt an equally optimistic perspective and, whilst acknowledging that bias may well be inevitable, suggest that effective steps may be taken to minimise it by the careful selection, training and supervision of interviewers.

The review of the relevant literature indicated that the preliminary questionnaires would pose less of a problem than the interviews with respect to this issue. (See App. 2 for details of instructions given to interviewers). Consequently, two voluntary workers were contacted by means of the local Council for Voluntary Services. These workers (both female) were selected, trained and supervised by the researcher herself.

The interviews were conducted by the researcher and three M.A. (social work) students, all of whom were experienced social workers, prior to attending the relevant course. The researcher and these students (two male and one

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1 Primarily because there is less scope for the introduction of such bias if the formulation and wording of the questions are pre-set (always assuming that the structure is adhered to). Also, there is less scope for the interviewer to offer a subjective interpretation of the respondent's comments when the questions are largely related to behaviour rather than evaluations, attitudes or opinions and the possible range of answers pre-coded.
female) spent three weeks prior to the execution of the main study attempting, as far as possible, to standardise their approaches.

The main study was conducted from April 1981 to August 1981. Notes were taken during the interviews - the vast majority of these interviews being fully documented within two days of their occurrence. All preliminary questionnaires and interview reports were scrutinised by the researcher and eliminated from the analysis if found to be in any way incomplete.
The Analysis of the Data

The data collected from the survey were analysed by the method initially expounded by Glaser and Strauss (1967) in "The Discovery of Grounded Theory". Such an approach was specifically developed to facilitate the analysis of qualitative data pertaining to areas which have either been inadequately analysed or have not previously been analysed. Obviously, such an analysis is relevant to both the area under consideration and the nature of the data.

Data is analysed (and theory thus generated) by using comparative analysis in which observations, for example, those concerning official and unofficial support are compared with other similar and dissimilar incidents to isolate significant explanatory concepts and their properties. These explanatory concepts (categories) form the basis of the emergent theory - new theory being generated continuously as the analysis of data progresses.

Since the project was conceived of as being essentially exploratory in nature it was originally decided to identify and delineate categories relevant to the research topic. It was hoped that such categories might be usefully employed by other researchers in the area to generate theory. However, low level categories (for example, different mourning customs) emerged and were substantiated by relevant evidence during the early stages of data collection and subsequently speculation concerning higher level integrating conceptualisations, (for example the social legitimation of grief) which might be relevant became possible.

It was also hoped that the work would have practical relevance in terms of informing those whose professions bring them into frequent contact with bereaved individuals.
Unfortunately, a major obstacle to the extension of the analysis was related to the method of selection of the sample. The decisions dictating the choice of sampling frame were based upon the tenets of scientific enquiry. Such decisions were taken in order to avoid the biases inherent in previous work in this area. Such a method of selection was in contradiction with the requirements of generating theory which would necessitate the sampling frame undergoing constant modifications based upon emergent theoretical insights. Once categories begin to emerge, sampling should proceed in a manner designed to amplify, test and, if appropriate, modify these categories.

Theory is thus generated continuously as the analysis of the data progresses and in turn modifies the data collection. Ideally, theory thus generated must display fitness, understanding, generality and control. That is, it must arise out of the actual data, it must make sense to people working in the area, be stated in terms which are neither too general nor too limiting and finally it must indicate areas which are amenable to change in terms of effectively isolating dependent and independent variables.

Whilst this obstacle was largely overcome by engaging in a strategy of what Glaser and Strauss (1967) call "theoretical sampling of the previously collected data, which amounts to collecting data from collected data", this inevitably meant that some aspects of the emergent theory were less thoroughly substantiated than was desirable (insomuch that data from which one has derived a theory cannot be realistically presented as proof of it). However,
such elements have been identified and interpreted with extreme care. Nevertheless, such an analysis might be termed "generated theory" with reference to a broad definition of what a theory is. It certainly yields an explanation despite some of its propositions being inadequately tested and is formulated in such a way so as to be testable by means of future research in the area.

The initial aim of the analysis, ie the identification of categories and their properties was essentially unproblematic. The main problem encountered with utilising such an approach previously addressed by Kratz (1978) demonstrated the necessity of adequately differentiating between not only categories and their properties but also between the indicators of properties (unmentioned by Glaser and Strauss (1967)). Such a differentiation was necessary in order to explain the data in a coherent and meaningful way. Every effort was made to adopt the analytical framework to facilitate such an explanation of the data without detracting from the reliability and validity of the findings.
CHAPTER THREE

The Main Study: Preliminary Observations and Descriptive Statistics

The Survey Sample

The main study was conducted by five interviewers all of whom were engaged in the collection of data by the means of the preliminary questionnaire. Three interviewers were involved in the collection of data by the means of the second, semi-structured, interviews. All interviewers used the same verbal introduction and were asked to note the reasons given (if any) for refusal to participate in the survey. They were also requested to note the number of houses they were unable to contact. A note was made of the number of contacts from whom no information could be gathered (for instance, those who were unable to communicate because of language difficulties). A summary of these observations is to be found in Appendix 3 (Tables 1 - 2).

A total of 1,034 individuals completed preliminary questionnaires. Approximately one-third (29.8%) of these were eligible for inclusion in the main sample; however, a substantial proportion (38%) refused to participate further and 4% of those completing preliminary questionnaires who were not eligible for a second interview requested that one be conducted (see Appendix 3, Table 3 for a summary of these results).
The Target Sample: Those who refused to give a second interview

It was decided to analyse, as far as possible, those who were eligible for inclusion in the main sample but who refused to participate. The purpose of such an analysis was to determine the differences (if any) between those who accepted a second interview and those who did not. This was considered to be particularly important since biases had been identified (see Chapter 1) in the choice of participants by previous researchers in the area.

Few researchers have considered the question of refusal to cooperate. However, those that have addressed themselves to this issue, for example Marris (1958), Glick, Weiss and Parkes (1974) and Gorber (1965) adopt, in the main, an optimistic perspective. Marris (1958) indicated that (in terms of demographic variables) there was no significant difference between his contacts who agreed to be interviewed and those who did not. Glick, Weiss and Parkes (1974) re-contacted individuals who had initially refused to be interviewed and reported that (in terms of post bereavement reactions) there appeared to be little difference between those who agreed to an interview and those who declined. However, Gorber (1965) suggested that those who were not particularly distressed by the death of a relative may be less willing to be interviewed than those who were acutely distressed by such an experience - unfortunately he neither tests nor discusses the implications of this tentative hypothesis.
Obviously, if those least distressed by their bereavement are those least likely to be interviewed this could have serious implications for past and present research. Consequently, it was decided to test this hypothesis. Each questionnaire was scored to give an assessment of the degree of social and personal disruption (S.P.D.) reported during the first six months of bereavement. The questionnaires were then grouped in terms of high or low reports of such disruption and a $\chi^2$ (test of association) was conducted between these scores and the acceptance or refusal of a second interview (see Appendix 3, Table 5). The result was significant at the 0.001 level of significance ($\chi^2 = 13.53$).

The implications of such results are notoriously difficult to interpret. For instance, an interviewer's relatively greater interest in those reporting high levels of S.P.D. and the possibility of greater effort being expounded to gain a second interview might have contributed towards this tendency. However, whilst the range of possible explanatory variables are of great interest they are not the essential point at issue. Rather, the point is to indicate that the individuals likely to agree to participate in such a study at this level are primarily those who report high levels of S.P.D. following their bereavement. For whatever reason, relatively few people who reported a low degree of such disruption appeared to be inclined to give further information.

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1 See Robson (1973) and Kirk (1968) for relevant discussions concerning this topic.
One of the things which has been associated with the intensity of reaction to bereavement is the timeliness or otherwise of the death. As indicated in Chapter 1 untimely deaths are believed to induce a more intense reaction to bereavement than timely deaths. Indeed, there was an association ($X^2 = 5.15 \ p<0.05$) between the timeliness or untimeliness of the relevant death and the respondents' acceptance or refusal of a second interview (see Appendix 3, Table (5)). A consequence of this association was that the individuals who accepted a second interview had experienced rather more untimely deaths than the target population as a whole. However, the researcher would doubt the advisability of concentrating solely upon reactions to untimely deaths (as some previous researchers have done). A further analysis of the data revealed that whilst a high degree of social and personal disruption did characterise reactions to untimely deaths (67% of respondents reported high S.P.D. compared to 33% low S.P.D.), many of the timely deaths were also thus characterised (29% of the respondents reported high S.P.D. compared to 71% low S.P.D.). Consequently, at least with respect to this survey, the degree of personal and social disruption following the death appeared to be a rather more important factor than the timeliness or otherwise, of the death itself. This observation derives support from the fact that those people who requested a further interview when the relevant bereavement had occurred over five years prior to participating in the survey had all experienced exceptionally high degrees of social and personal disruption whilst only 63% of the deaths could have been considered untimely.
The sample suffered, as does similar research, from a dearth of male respondents. However, the researcher's initial suspicion that men would be less likely than women to agree to a second interview was not supported. Whilst the proportion of male refusals was slightly higher than female refusals (38% of men refused to give a further interview compared to 37% of women) this difference was not statistically significant (X^2 = 0.0015 see Appendix 3, Table 6). However, it must be said that only 49 male respondents initially agreed to a further interview compared to 142 female respondents. Whilst such a response might be expected upon the grounds of the greater relative longevity of women, the results must be analysed with caution. The broadly representative nature of such a small sample of male respondents cannot be assumed.
The Target Sample: Criteria and Rationale for the Inclusion and Exclusion of Respondents

The group of people who requested an interview despite falling outside of the research criteria posed problems for the analysis. It was initially decided to agree to conduct such interviews but to exclude them from the main analysis. However, this policy was reviewed due to the quality and relevance to the main study of some of these interviews. Fourteen of these respondents did not require a further interview but wanted practical information and/or advice pertaining to death-related issues in general. These respondents were consequently excluded from the analysis. The majority of the remaining respondents (17) were those who had experienced a relevant bereavement outside of the five year period of the research criteria. The remaining group (10) wished to be included for various reasons (see Appendix 3, Table 7). It was decided to refer to such interviews (as supportive evidence) where appropriate, with the provision that such references were clearly indicated in the text as falling outside of the main research criteria.

A total of 39 respondents who initially agreed to a further interview were eliminated from the analysis for various reasons (summarised in Appendix 3, Table 8). Consequently, the main analysis refers, unless otherwise stated, to a total of 152 respondents - details of whom are presented in the following section.
The Respondents: Personal Details

43 males and 109 females were included in the analysis pertaining to the main study. The majority of these respondents (76) had lost parents (43 fathers and 33 mothers). The second largest group was those respondents who had lost a spouse (45 in all; 37 husbands and 8 wives). 23 had lost siblings (15 brothers and 8 sisters). The smallest group comprised of those respondents (8 in all) who had lost a child (7 sons, 3 in adulthood and 1 daughter in adulthood).

The age distribution of these respondents and the time elapsed since their bereavement are given in Table 1.
Table 1. Age of Respondents and the Time Elapsed Since the Relevant Bereavement

<table>
<thead>
<tr>
<th>Time</th>
<th>Age Range in Years</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 20</td>
<td>20-29</td>
</tr>
<tr>
<td>Less than 6 mths ago</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>More than 6 mths less than 1 yr</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>More than 1 yr less than 3 yrs</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>More than 3 yrs up to and including 5 yrs</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

At the time of the interview only one of those who had lost a spouse had remarried - although 5 were planning to do so. Indeed, remarriage was given as a reason for refusal to give a further interview.
in many cases. During the period of time elapsed between other categories of bereavement and interview, 11 respondents had married (3 for the second time) and 6 had separated from their spouses (5 of these being in the process of obtaining a divorce). At the time of their bereavement 51 respondents had children under 16 years of age. The marital status of respondents at the time of their bereavement is given in Table 2.

Table 2. Marital Status of Respondents at the Time of their Bereavement

<table>
<thead>
<tr>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Separated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>61</td>
<td>20</td>
<td>45</td>
<td>6</td>
<td>152</td>
</tr>
</tbody>
</table>

The respondents were broadly representative of the general population of the research area. However, as previously noted, the majority of respondents were women. Also, many of them were over retirement age - in fact 26 of the male respondents were retired, as were 12 of the female respondents. Consequently, a conventional analysis according to social class was impossible. It was decided therefore, to indicate the social status (and occupation if applicable), of any respondent cited in the text.

15 respondents (12 men) spontaneously gave their remarriage as a reason for refusing a second interview. It had been decided not to enquire as to reasons for refusal to participate at this level of the survey, but spontaneous comments were noted and will be referred to where appropriate.
Only 8 of the respondents interviewed had never had any previous experience of the deaths of relatives and/or friends. However, three respondents had previously been bereaved in their early childhood and could remember nothing of the experience. The remaining 141 respondents had all had previous experience/s of bereavement which they were able to recall.
The Respondents: Religious Denomination and Religiosity

Obviously, religious denomination in itself does not give any indication of the religiosity of respondents. Therefore, a crude assessment of religiosity was derived from the preliminary questionnaire (see Appendix 3, Table 9 for details). The results are given in Table 3.

Table 3. Religious Denomination and Religiosity of Respondents at the Time of Interview

<table>
<thead>
<tr>
<th>Religiosity</th>
<th>Religious Denomination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td>High</td>
<td>1</td>
</tr>
<tr>
<td>Moderate</td>
<td>3</td>
</tr>
<tr>
<td>Low</td>
<td>17</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
</tr>
</tbody>
</table>
Abbreviations
C of E = Church of England
Meth = Methodist
Bapt = Baptist
RC = Roman Catholic
Mus = Muslim

The category "other" comprised of people who described their religious denomination as being: Salvation Army (2), United Reform Church (2), Evangelist - charismatic movement (1), Young Bible Student (1), and Inter-Faith (1).

During the period of time elapsed between the bereavement and the interview 18 respondents had been involved with various "spiritualist" churches or private "mediums". However, only one respondent had maintained contact with a "medium" (she described her religious denomination as being C of E, religiosity low). 5 respondents had been involved with Jehovah's Witnesses at the level of discussion of religious beliefs. None had maintained this or any other level of involvement. 2 respondents had been involved with Latter Day Saints (Mormons) again at the level of discussion of religious beliefs and again, neither had maintained this contact. In all cases contact with the spiritualist Churches had been actively sought by the respondents. However, contact with the other churches had been initiated by representatives calling at the respondent's homes.
120 respondents were of the same religious denomination as the deceased. Of the remaining 32, 20 respondents described themselves as "C of E" and the deceased as "methodist". 2 described themselves as "Roman Catholic by marriage" and the deceased as "C of E". 1 described herself as "methodist" and the deceased "baptist". 3 respondents described themselves as atheists, and the deceased in 2 cases "C of E", in 1 "methodist". 6 respondents did not know the religious denomination (if any) of the deceased, 2 of these respondents were "C of E", 1 "inter-faith", 1 "Young Bible Student" and 2 "atheist".
The Respondents: Overt Mourning

21 respondents did not attend the funeral service relevant to their bereavement. 10 were too ill or too emotionally distressed to do so. 3 respondents were considered by their parents to be "too young" to attend the ceremony. 6 respondents did not attend because the distance was too far for them to travel (in 2 cases the funeral service was held in India). Only 1 respondent did not attend the service because of restrictive "religious" practices - she was, in fact, an atheist and waited outside the relevant church rather than participate in the service. In one case a funeral service was not held. Consequently the respondent did not attend a service but was present when the body was interred.

Of the 131 respondents who attended the funeral service relevant to their bereavement, 115 wore at least one article of clothing they felt symbolised their bereavement, the remaining 16 did not wear any article of clothing they would not normally wear. None of the respondents who did not attend the funeral service wore any clothing they felt would symbolise their bereavement on the day of the funeral service or afterwards. Relatively few respondents (27 in all) wore "mourning" for any length of time after the funeral service. Of those who did so 26 were elderly, ie 60+ and 1 was a middle aged widow. 22 of these

1 Such clothing was not necessarily black in colour. Many respondents felt that any dark coloured clothes were appropriate. Obviously, this statement excludes the Hindu respondents - all of whom wore white.
respondents wore "mourning" for less than one month. The remaining 5 continued to wear "mourning" for over three months following the bereavement.

The most popular token or gesture signifying bereavement was sending a floral tribute to the funeral service. Over 85% of respondents (130 in all) did so. The second most popular gesture was making a donation to charity (nominated by the deceased or otherwise). Over 45% of respondents made such a gesture (75 in all). A summary of other bereavement-related gestures is to be found in Appendix 3 (10).
5 of the deceased were mentioned by more than one respondent. Consequently, various respondents' reactions to these 5 deaths were reflected in a total of 10 interviews. In two cases the deceased's wife and daughter were interviewed separately. In one case the deceased's wife and sister were interviewed separately. In the other two cases both parents of a deceased child were interviewed - two such interviews were conducted separately, the other two (pertaining to the same death) were conducted in the presence of the respondent's spouse.

The deceased's age at the time of death is given in Table 4.

Table 4. Deceased's Age at the Time of Death

<table>
<thead>
<tr>
<th>Age Range in Years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>4</td>
</tr>
<tr>
<td>10-19</td>
<td>3</td>
</tr>
<tr>
<td>20-29</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>8</td>
</tr>
<tr>
<td>40-49</td>
<td>19</td>
</tr>
<tr>
<td>50-59</td>
<td>24</td>
</tr>
<tr>
<td>60-69</td>
<td>31</td>
</tr>
<tr>
<td>70-79</td>
<td>38</td>
</tr>
<tr>
<td>80-89</td>
<td>20</td>
</tr>
<tr>
<td>90-99</td>
<td>4</td>
</tr>
<tr>
<td>100+</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>152</td>
</tr>
</tbody>
</table>

11 respondents could not be certain of the age of the deceased, who in all cases was over 70 years of age. However, these respondents were all able to indicate the age of the deceased to within a decade (6 were "in their 70's" and 5 were "in their 80's").
The vast majority (143) of respondents knew the cause of death. It is interesting to note that those who did not (8 in all) were referring to extremely old people and presumed the cause of death to be "old age".

The locations of the deceased and the relevant respondent at the time of death are given in Table 5.

Table 5. Location of the Deceased and the Relevant Respondent at the Time of Death

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Respondent's Home</th>
<th>Deceased's Home</th>
<th>Hospital</th>
<th>Elsewhere</th>
<th>Not Known</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present at the Death</td>
<td>3</td>
<td>17</td>
<td>5</td>
<td>1</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td>In the immediate vicinity(^2) of the deceased at the time of death</td>
<td>3</td>
<td>14</td>
<td>9</td>
<td>1</td>
<td>-</td>
<td>27</td>
</tr>
<tr>
<td>Not present at the death</td>
<td>13</td>
<td>8</td>
<td>70</td>
<td>5</td>
<td>3</td>
<td>99</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>19</strong></td>
<td><strong>39</strong></td>
<td><strong>84</strong></td>
<td><strong>7</strong></td>
<td><strong>3</strong></td>
<td><strong>152</strong></td>
</tr>
</tbody>
</table>

\(^1\) Excluding instances where the respondent and the deceased normally shared the same household.

\(^2\) For instance, in another room in the same house or actually on the relevant hospital ward.
Of the deceased who died "elsewhere", 1 was killed in an aeroplane crash, 1 died unexpectedly of a heart attack at his mother's home, 1 child died in the care of his foster parents and the remaining 4 were victims of road traffic accidents.

42 respondents "paid their respects" to the body either at or before the funeral service. 32 of these respondents had not been present at the death (or in the close vicinity of the deceased at the time of death). The remaining 10 respondents were both present at the death and visited the body before or during the funeral service. 31 of the other respondents did not have an opportunity to see the body before its disposal, and the remaining 79 respondents said they did not wish to see the body - despite 16 of them having been present at the death.
CHAPTER FOUR

Towards a Model for the Analysis of Reactions to Bereavement

Preliminary Considerations

In the previous chapter an attempt was made to outline the broad social context in which the relevant bereavements occurred. The means of outlining such a context was, primarily, by the use of data abstracted from the preliminary questionnaires. The following Chapters attempt to describe the actual reactions to the relevant deaths and, through the use of grounded theory, to differentiate between the various types of reactions to death experienced and reported by different groups of respondents. An integral part of this process was the development of a model to facilitate such an analysis.

At the centre of the analysis is reaction to bereavement as reported by respondents. Underlying the analysis are three main areas of consideration. Firstly, the relevance and comparability of this research to previous research in the area. Secondly, the principles governing the generation of grounded theory and thirdly, the theoretical framework adopted and the nature of the specific areas upon which the analysis is focused.
Previous Research in the Area

One of the objectives of the research project was to effect a comparison between the present research findings and previous research. In effect, this entails an implicit acceptance of the "categories" generated by such research. With respect to the basic tenets of grounded theory, whilst it is perfectly feasible to utilise categories generated by previous researchers in the area, a premium is placed upon categories emerging from the actual data. Furthermore, Glaser and Strauss (1967) warn against the operation of what they call "bad fit" ie forcing data to fit into categories which are inappropriate. However, in practice, a comparison was effectively made.

Bad fit proved to be problematic for three reasons - two relating to the nature of previous research and one to the aims of the present research. Firstly, the categories of typical and atypical grief as outlined by previous researchers (see Chapter 1) proved to be too broad to yield an adequate base for analysis. However, in most cases the differences were essentially qualitative and it proved possible to generate categories which would facilitate a comparison between the present and previous research. The categories relevant to this area and their relationship to previous research are given in Figure 1.
Figure 1. A Comparison of the Categories of Bereavement Generated by this Research and the Classification System used by Previous Research.

<table>
<thead>
<tr>
<th>Range of Reactions</th>
<th>Previous Research</th>
<th>Present Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reactions considered within the range of normal by previous researchers</td>
<td>Normal Reaction</td>
<td>Intense typical Reactions</td>
</tr>
<tr>
<td>Normal Reaction</td>
<td>Typical Reactions</td>
<td></td>
</tr>
<tr>
<td>Normal Reaction</td>
<td>Mild Typical Reactions</td>
<td></td>
</tr>
<tr>
<td>Normal Reaction</td>
<td>Prolonged Typical Reactions</td>
<td></td>
</tr>
<tr>
<td>Reactions considered to be outside of the range of normal by previous researchers</td>
<td>Delayed Grief</td>
<td>Delayed Reactions</td>
</tr>
<tr>
<td>Chronic Grief</td>
<td>Prolonged Reactions</td>
<td></td>
</tr>
<tr>
<td>Inhibited Grief</td>
<td>Absence of usual reaction together with evidence of social and personal disruption</td>
<td></td>
</tr>
</tbody>
</table>
The second reason why bad fit proved to be problematic was the implicit pathologisation of reactions considered outside of the range of normal by previous research in the area. This problem proved to be particularly difficult with respect to the category "Absence of Usual Reaction together with evidence of Social and Personal Disruption". As previously noted (Chapter 1) absence of reaction to bereavement had been taken to be indicative of underlying pathology by previous researchers. The evidence for this was derived from the frequent expression of grief in terms of physical ailments and/or social and psychological disorientation found in these cases. However, only one respondent could be designated as falling within such a categorisation. This left an "indeterminate" group of respondents whose reactions could not be accommodated within the framework expounded in Figure 1. This group of individuals all displayed an absence of reactions which might have been expected with no evidence of other types of personal, social or physical disruption as enunciated by the previous research. However, four distinct categories of this sub-group emerged; one relating to the nature of the relationship between the bereaved and the deceased; one relating to the social context in which the bereavement occurred; one relating to the nature of the beliefs of the bereaved and one relating to the nature of the beliefs of the deceased.

The final reason why bad fit proved to be problematic was related to the stated aims of the research. Whilst the reactions of people who had been bereaved for up to a year could be, in most cases, subsumed
under a framework dictated by previous research the present research pro-
ject was designed to incorporate bereavement related changes in the
"commonsense reality" of respondents including and after such a time
period. Consequently, despite the fact that such changes as were
reported could be related to the emergent categories it was decided, for
the purposes of clarity, to analyse them separately and to include such
an analysis in the chapters pertaining to the relevant categories.
The Generation of Grounded Theory

The categories cited in the previous section were the emergent categories of the theory. They formed the basis of the comparative analysis. The next step in such an analysis was to define the properties of the categories. Four properties were distinguished and these could be discerned in every one of the categories - both as outlined in Figure 1 and as indicated with respect to the "indeterminate" group. These properties were: self perception of bereavement status; primary and secondary bereavements; legitimation of bereavement status by others; primary and secondary bereavements; nurturing and closeness; the qualitative aspects of caring relationships and death-related knowledge and beliefs. The differences between the categories appeared then, to be in the differential distribution of these properties. In order to analyse the different distribution of the properties of categories a number of indicators could be demonstrated. Indicators of properties could be either qualitative or quantitative. For instance, examples of qualitative indicators of the category of legitimation of bereavement status by others are to be found in the comments of the respondents cited below. The first (primary status) is referring to the death of her husband and a subsequent disagreement with in-laws over the funeral arrangements. The second (secondary status) is referring to the death of her father and her reaction to it.
Example 1. Legitimation of Primary Bereavement Status by Others

"My daughter told me straight, she said they'd no right to tell me what to do. I was the one to decide - I was his wife, they were only his parents".

(comments of a 52 year old part-time office clerk).

Example 2. Legitimation of Secondary Bereavement Status by Others

"My aunt told me that I should pull myself together and look after my mother - that it must be ten times worse for her (ie the respondent's mother) and she wasn't sitting around snivelling".

(comments of an 18 year old full-time factory worker).

Quantitative indicators of the category were the number and direction of condolences and practical help both offered and received. The properties and their indicators will be fully discussed in the relevant section of Chapter 5.
The Theoretical Framework and the Area of Analysis

Reactions to bereavement then, provided the categories of the emergent theory and the differences in the distribution of the properties could be discerned by noting certain indicators. However, the points based on the theoretical framework discussed in Chapter 1 had also to be taken into account. If bereavement is to be conceptualised in terms of construct systems undergoing change and if those systems are mediated, transformed and validated by ongoing relationships with significant others, then certain issues must be addressed. Specifically, the nature of the significance of the other to the bereavement situation must be considered in terms of the provision of external validation or otherwise of the bereaved individual's internal world. Unofficial support networks, official support networks and the deceased\(^1\) were found to be of crucial importance in this respect. Also, death-related social and cultural factors were found to have a discernable influence in terms of the range, access and utilisation of "external" supports and death-related beliefs and knowledge.

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\(^1\) The transformation of the location of the deceased from an external to an internal "validator" was of particular importance and will be discussed in Chapter 5.
The Model

Taking all of these preliminary considerations into account a definite model for the analysis of bereavement reactions emerged which can be demonstrated diagrammatically (Figure 2). This model will be used for describing the different kinds of bereavement reactions reported by respondents. However, before analysing the different categories of reaction in detail, it is proposed to describe the components illustrated in the model in general terms. The relative importance of all these components on different categories of bereavement reactions and subsequent mode of adjustment will then be identified.

Figure 2. A Model of Bereavement Reactions
It is proposed (in Chapter 5) to look at the components of the model in the following order:-

**Structural Considerations**

Death Related social and cultural factors

**External Validators**

The deceased

Official Support networks

Unofficial support networks

**Properties of Categories and their Indicators**

Self perception of bereavement status; primary and secondary bereavements;

Legitimation of bereavement status by others; primary and secondary bereavements;

Nurturing and closeness; the qualitative aspects of caring relationships;

Death related knowledge and beliefs.

**Eventual Mode of Adjustment to the Bereavement**

Bereavement-related changes in personal philosophy and/or relationships.
CHAPTER FIVE

COMPONENTS OF THE MODEL FOR THE ANALYSIS OF REACTIONS TO BEREAVEMENT

Structural Considerations

Death Related Social and Cultural Factors

Whilst there has been little research conducted with respect to social and cultural expectations concerning death-related issues, two main areas have been identified which, it is claimed, make death particularly difficult to cope with in contemporary Western industrial societies. These areas are respectively: the nature of death in terms of it being a taboo subject, and the decline in death-related rituals and associated religious beliefs. In this section the findings of the present research will be located within the framework of previous research in order to illustrate some of the social and cultural origins of death-related expectations and behaviour.

Previous researchers have indicated that death-related issues are taboo topics. Indeed, the research findings would support this. Most people expressed a mixture of gratitude and relief following their inclusion in the research project. For many respondents it was their first opportunity to discuss their reaction to bereavement in detail. They described their reticence concerning such a discussion with others in terms of either, anticipating (rightly or wrongly) that such a discussion would be met with embarrassment, or, because they had made
attempts to discuss the matter which had been met with embarrassment. For instance:-

"I tried to talk about it to one or two people but they just didn't want to know. Those who didn't say anything felt embarrassed I suppose - didn't know what to say. The rest just said the usual things like "Well, it was a good age" and all that - I felt sorry for them really".

(comments of a 52 year old colliery official concerning the death of his father).

Gorer (1955) offers an analysis of the operation of social taboos and argues that death has replaced sex as this society's major taboo topic. Whilst realistic discussions or portrayals of death-related issues are relatively rare, a whole pornographic industry has evolved which may be epitomised by the "horror comic" and the "horror movie" both of which Gorer takes to be indicative of a pervasive, voyeuristic preoccupation with such issues. In short, the public presentation of death-related issues is unlikely to closely correlate with personal experience of them.

The present research strongly supports Gorer's analysis insomuch that respondents frequently reported the distressing voyeuristic tendencies of some of their relatives and friends - often expressed in terms of requesting detailed information concerning physical changes which occur after death, i.e. with respect to the deceased. Also, the respondent
group as a whole had remarkably little knowledge concerning either the practicalities associated with the disposal of bodies, (including the physical appearance of corpses) or their own post bereavement experiences.\(^1\)

The work of Ariès (1974) is of relevance with respect to the above-stated points. In his historical analysis of changing Western attitudes toward death from the Middle Ages to the present day he argues that the contemporary trend towards most deaths occurring in hospital has rendered death "invisible" for most people. He points out that up to approximately one hundred years ago death was frequently encountered as it occurred in the community - consequently, death-related general knowledge was relatively high. However, death is now seen to be the province of the "experts" ie the medical profession, and very few contemporary individuals have any death-related knowledge which is grounded in personal experience prior to the death of an extremely close relative or friend. Illich (1977) makes a similar point. He argues that until approximately one hundred and fifty years ago death was treated as being natural and inevitable by Western societies. He postulates that death is now seen as unnatural and potentially avoidable due to the belief that the

\(^1\) As has been previously noted (Chapter 3) most of the respondents had previous experience of bereavement prior to the death relevant to the interview. However, as will be discussed further in this chapter, only certain groups of people are expected to deal with the practicalities surrounding a death and few respondents were members of such groups. Also reactions to previous bereavements, in most cases, provided no guidelines for the reaction to the particular bereavement which was the subject of the interview. A full discussion of previous experiences of bereavement is given in Chapter 9.

\(^2\) Illich's (1977) analysis of the "natural" image of death refers to between the sixteenth and early twentieth centuries. He contrasts it with the "primitive" image in which death is seen to occur through the activities of some malevolent agent (human or otherwise).
technological advances which have contributed towards increased longevity can be further extended:— presumably to the point of eliminating death itself. Illich describes contemporary cultural attitudes towards death as being characterised by a primitive stance which reifies the medical profession to the level of "demi-gods" and sees death as occurring due to their error or temporary inadequacy of knowledge or technology. As he states forcibly:

"the witch hunt that was traditional at the death of a tribal chief is being modernised. For every premature or clinically unnecessary death, somebody or something can be found who irresponsibly delayed or prevented a medical intervention". p.204, 1977.

It is interesting to note that many respondents bitterly criticised the medical profession for failing to prevent certain deaths and did, in fact, view some deaths in terms of their direct causation being medical error. An equally common interpretation was the view that some deaths may have been prevented if more research had been conducted into the origins of the relevant fatal disease. Whilst some of these criticisms appeared to be grounded in fact equally many appeared to have no factual basis. Nevertheless, in all cases, the occurrence of the relevant death seemed to have violated an unspoken assumption that such deaths did not, and consequently should not, occur.

However, contrary to Illich's assertions, it must be said that most of the deaths which were attributed to such errors and omissions were premature deaths, ie those occurring before the deceased reached seventy
years of age. On the whole, deaths occurring in old age were seen as both natural and inevitable. As Kaufmann (1976) indicates, there is a strong cultural association, in Western industrialised societies, between death and old age - obviously, the relative infrequency of deaths occurring in the younger age ranges is of relevance to this point. For example, with reference to the present research, one of the commonest comparisons made with respect to previous experiences of bereavement was between the intensity of the reaction experienced as a result of the death of an elderly person (seen in terms of it being a saddening inevitability) to the intensity of the reaction experienced as a result of the death of a younger person (seen in terms of it being a tragic loss). For example:

"Oh yes, there was a big difference between the way I felt about me mam (subject of interview) and our ---- (previous loss, respondent's brother). I was terrible over ----, he was only 40 when he died. Tragic it was, he'd just got himself comfortable financially and was beginning to enjoy life. It wasn't so bad with me mam, she was 90 and she'd had a good life, that's not to say I don't miss her though".

(comments of a 49 year old unwaged homeworker comparing her reactions to her mother's and brother's deaths).

Equally common was the almost apologetic expression of grief associated with the death of an elderly individual - as if the reaction might be considered inappropriate in some way.
The second area which has been identified as contributing towards contemporary difficulties in coping with death-related issues is the decline of death-related rituals and mourning customs. Whilst such a decline has been associated with a decline of religious beliefs in general, most researchers (Gorer (1965) and Marris (1974) being the prominent examples) assume the ritual management of bereavement to be the important factor. Since the contentions of previous researchers were not supported, an analysis of them and their relevance to the present research is given in Appendix 4. However, a relevant point arose out of certain respondents' reports of their reactions to the funeral service. Many respondents felt the service was helpful to them insomuch that it had facilitated their control over their emotions - usually by being suitably short. A public display of emotional affect was felt by some respondents to be tantamount to an expression of personal weakness - consequently they carefully avoided situations they believed might precipitate such a display. Even if they felt their distress to be appropriate and legitimate most respondents reported trying to control their feelings to avoid causing others embarrassment. For example:

"I know this is wrong but I regard showing emotion as a form of weakness. I was pleased the service was short, that way I didn't lose control of myself".

(comments of a 28 year old secretary concerning her father's funeral).
Those who did not manage to maintain such rigid control frequently expressed guilt over these two points, i.e., in terms of having caused others embarrassment or having given them an unfair advantage. In short, the respondents (both men and women) were extremely selective concerning which situations and to whom they displayed emotions arising from their bereavement.

An extremely relevant cultural factor which had not been discussed in previous research was social expectations regarding the relative severity of some bereavements as compared to others. Marris (1974) makes the point but does not discuss the implications of it:

"A person learns from his culture where she or he is expected to commit themselves most, and their life will be built around these commitments. So, for instance, in modern societies the death of a husband, wife, child, parent, brother or sister or friend roughly represents a declining order in the severity of bereavement. ..." p.38, 1974

Whilst most respondents' social expectations were explicable in terms of such a representation, it was found that social expectations were frequently at variance with personal experience. However, the import of this finding will be fully discussed in the section of the chapter concerned with the properties of categories and their indicators.
External Validators

The Deceased

The relationship between the bereaved and the deceased is of importance in terms of the theoretical framework adopted. If a person's construct system is developed, maintained and modified by ongoing interaction with others, then the loss of a significant person by death leaves, in most cases, at least some aspects of the bereaved's "self" temporarily or permanently without validation. The broad base of this research provided an interesting comparison with previous research. For instance Harris's (1974) contention that bereavement may be characterised by loss of self rather than other was supported but the "total loss" situation which he described, ie with respect to widows, was rarely encountered outside of this group. Nevertheless, the comments of a 51 year old housewife adequately illustrates their situation:

"He was everything to me. We did everything together. There was never anyone or anything else. I looked down at him as he was lying on the bed and I know this sounds funny, but I felt myself die with him".

However, some deaths resulted in less than total disruption of the self. As a 23 year old full-time female art student indicates:

"I suppose I'm a lot like my mother really - very suspicious and hyper-critical about people. My dad was never like that. I used to say unpleasant things and he'd say "Yes, but you have to understand ..." - he was always tolerant and goodhumoured. Before he died, I felt I had a bit of that in me - which I thought was a good thing but afterwards it was as if that had been nipped out and all that was left was the cruelty, suspicion and bitterness".
Alternatively, for a few respondents the death heralded the shocking realisation that whilst the respondent and the deceased had stood in a social relationship they had never, in the respondent's terms had a personal relationship. For example, a 66 year old retired headmaster described his relationship with his wife in terms of "one long round of functions, work and social activities" and, barely able to control his emotion, concluded by saying:

"You see, we never really had a relationship - a life together. I never knew her as a person, only as a wife - that was the devastating thing".

Or, a 28 year old freelance writer who described, through copious tears, her relationship with her father in the following way:

"My grandfather was talking about my father when he was a young man - about his ambitions - dreams I suppose, and it suddenly hit me - I'd never known the man at all, only the father. It struck me again in a conversation with my mother, that as a person my father wanted me to love him, to show him affection - he was a very loveable person but I could only see him as a father, and now it's too late".

To summarise then, a whole range of "disruption" of self was encountered by the research.

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1 Obviously, another aspect of such a situation is involvement in a social relationship with an individual one personally dislikes (see Chapter 8 for a discussion of this issue).
Another important, related, aspect of the function the deceased performed viz a viz the bereaved was to make the bereaved's social "world" operate smoothly by performing functions the bereaved, for whatever reason, did not or could not perform themselves. The following comments made by a 43 year old G.P. regarding the death of his brother provide an abstract example:

"I don't know why, but I suppose it's because I'm an indecisive person but my brother made me do things. I never used to finish anything without his help - just think about it a lot! I can't explain it - I just cannot do without him".

Many more mundane examples could, of course, be derived from the sexual division of labour within society - however, this point will be discussed later.

As Parkes (1972) has pointed out, there are many ways in which bereaved individuals may cope with such a situation but essentially, these coping mechanisms may be seen as variants of three strategies. Firstly, the validating function or aspects of the validating function of the deceased may be left unperformed, in some cases because bereavement-related changes have rendered the area unimportant to the bereaved. Secondly, the bereaved may find an external substitute or substitutes to perform such a function and thirdly the bereaved may internalise the validating function of the deceased. Whilst all these strategies, in various combinations, were noted in the present research, utilisation of them varied with the categories and their properties and will thus be discussed in the relevant sections. However, the findings concerning the internalisation of the validating function of the deceased are of
interest in themselves.

As previous research would have led one to expect, during the first year of bereavement, dreams, illusions and hallucinations concerning the deceased were reported by many respondents. For most, such experiences were restricted to the first year of bereavement and were interpreted either as imagination (i.e., the bereaved's own wishful thinking) or supernatural (usually in terms of the deceased letting the bereaved "know" that she was all right). Some respondents simply did not interpret the experience and subsequently offered no explanation of it. A minority found them frightening, either because they could not interpret them or because they held a belief that the dead returned to take the living away and saw the experience as being a warning of their own imminent death. After the first year of bereavement some respondents regularly "felt the presence" of or actually saw the deceased at times of stress and felt the experience to be symbolic of a supportive gesture on the part of the deceased or an attempt by the deceased to warn them of some future misfortune. Again, various responses to these experiences were noted. An interesting point about these experiences was that, in all cases, the communication was one way, i.e., the deceased contacted the bereaved who did not or could not respond directly to the communication but merely interpreted the meaning of it. Apparently, this pattern of communication was maintained at seances and respondents who attended reported finding them unsatisfactory for this reason; however, two way communication was experienced by a small number of respondents.
The form such communication took was remarkably uniform. These respondents actually held or believed they held conversations with the deceased relatively frequently concerning everyday affairs. An interviewers report concerning a 47 year old unwaged woman who had nursed her 17 year old daughter through a long and painful terminal illness described the situation in the following way:

"Such was Mrs. A's devotion to her daughter's strength of character that, on the day of the cremation, she didn't send any flowers - she knew that her daughter wouldn't have wanted any flowers being an ardent conservationist. She was very worried about what people might think, so succumbed and set off down the drive with a pair of scissors to cut some roses. As she was walking down the path she heard her daughter's voice saying "Don't let them influence you, mother" - so she didn't! ... Mrs A feels strongly that her daughter is still around. She often has conversations with her. ..."

Similarly, a 76 year old retired machine operator described the way in which his deceased wife instructed him concerning baking cakes - something he had never done before his wife's death. Furthermore, an 82 year old retired machinist described the way in which her deceased husband gave her instructions concerning what practical household tasks to perform and how to perform them. These tasks were the ones he had performed prior to his death. It is interesting to note that, in all cases, the deceased appeared to be undertaking validating functions they performed whilst alive. Psychiatrists consider what they call "pseudo hallucinatory thought echoes" to be normal occurrences in the elderly.

2 This bereavement fell outside of the original 5 year criteria for inclusion in the research. The relevant bereavement had occurred 11 years prior to the interview.
bereaved population - even when they occur after the first year of bereavement\(^1\). However, by no means all of the respondents reporting such a response fell into this group. Furthermore, it was a minority of the elderly respondents interviewed who reported such experiences. This issue will be referred to in Chapter 7.

\(^1\) Such experiences are considered normal, in the first year of bereavement, in the bereaved population as a whole.
Official Support Networks

If, as the research concerning the social and cultural aspects relevant to death-related issues suggests, there is little shared knowledge within the community concerning these matters, then it would be expected that bereaved individuals would require a great deal of practical information and support. Indeed, despite utilisation of and access to official support networks varying within the respondent group, this was found to be the case. Furthermore, whilst most respondents felt the support they received from this source was both helpful and appropriate, equally many identified areas in which they felt more or some support would have been helpful. However, some respondents were bitterly critical of aspects of their experience, particularly with respect to the interventions of the medical profession.

Most support was concentrated in the immediate post bereavement period and was focussed upon the practicalities surrounding the disposal of the body and the distribution of the deceased's possessions. The support most valued was "expert" guidance. As Silverman (1972) astutely indicates, in the course of life most problems are handled by "cook book" knowledge which:

"... allows us to take their sting away with a label (a dream, an hallucination) or with a recognition that while we may not be able to understand the experience, nevertheless there are experts (doctors, scientists, priests) with the knowledge to transform the problematic into the routine".

1972. p. 167
This transformation was achieved by the relevant experts by means of supplying the bereaved with a framework which informed and guided them concerning appropriate action.

However, it must be said that, many bereaved individuals attributed almost magical connotations to advice received prior to and immediately after the bereavement. Expectations concerning the predictive capacity of the medical profession were particularly high. Misinformation or advice which was deemed inappropriate was severely resented and often, although not invariably, vehemently criticised as being both unhelpful and damaging. For example, a 52 year old full-time secretary commented:

"I can't understand it - they said he (her husband) was progressing well, he was due to come home from hospital on the day he died. They (the hospital doctors) couldn't have known and lied to me could they? Is there any way they could have - they should have known!"

A 47 year old part-time office cleaner made a similar comment concerning the death of her husband:

"They never told us that he was dying. Up until a month before he died we both thought it was a cyst. Then the doctor told me that it was cancer and that it had spread. I don't know what to think about it - if they had known before, and I think they did, they should have warned us earlier and if they didn't - somebody wasn't doing their job properly!"

In short, failed "experts" appeared to seriously violate the bereaved's expectations, leaving them uncertain as to the correct interpretation of subsequent events.
Most respondents felt death-related issues to be intensely personal and were often critical about professional support on the grounds that the support was inappropriate because they had not previously met the individual involved. Hospital doctors were often criticised, with qualifications, over this matter. It was recognised that it was difficult for medical personnel to communicate with strangers concerning such issues but the overall agreement was that, unless unavoidable, the situation should not occur in the first instance. Bereavement visits conducted by a person unknown to the bereaved - although rare\(^1\), were, without exception, criticized and felt to be a particularly insensitive method of approach.

The qualitative tone of communication between professionals and the bereaved was also considered important. The schooled solicitude of funeral directors was widely seen as both helpful and appropriate. Matter-of-factness or downright flippancy was seen as inappropriate and hurtful, despite an understanding that the death was not necessarily particularly significant to relevant professional workers. For instance:

"I know that death is an everyday thing for them and you must get hardened to it but I felt she (respondent's mother) was processed that's the word processed, just treated like a number"

(comments of a 43 year old unwaged homewoeker concerning professional intervention related to the death of her mother)

\(^{1}\) In fact only 4 respondents reported such visits. In all cases they were contacted by a health visitor who was presumably attached to the deceased's G.P.'s group practice.
Since impersonal approaches were seen as inappropriate, it was hardly surprising to note that a period of hospitalization prior to the death was seen as a particularly difficult time. Professional intervention was highly valued if the bereaved felt that it could perform a specific function, such as pain control, which they could not, but, if the care given was diffuse and the bereaved felt themselves to be capable of providing it, then they found the impersonal manner in which it was delivered distressing and frequently felt guilty about allowing their relative to be admitted to hospital. For instance:

"they didn't look after him properly you know. They weren't doing anything I hadn't been doing or couldn't have done better. I used to feed him because he couldn't manage himself, they wouldn't do that - hadn't got the time. I wanted him home when I felt better but they (medical personnel) said I wasn't well enough ... Then he got a cold which turned into pneumonia and that was that".

(comments of a 72 year old woman concerning her husband whom she had nursed for 15 years (multiple sclerosis) prior to his death)

Although most respondents valued the services of district nurses because they enabled the deceased to be nursed at home prior to the death, they also expressed an unstated (ie to the nurses) need to be taught basic skills in order to "do more, properly" for the deceased. Even in cases where enquiries were made they were usually avoided by the nurses either by joking about the request or simply refusing to take it seriously. As a 62 year old retired machinist commented, concerning her husband's terminal illness:
"The district nurse was very good. She lifted him so easily. I watched her and tried to lift him that way but could never manage it. I asked her if she'd show me how to do it, but she just laughed and passed it off - said it was experience."

After the immediate post bereavement period many respondents felt that more support would have been helpful to them, but relatively few received any. The nature of support required was essentially that which would normalise their experience, ie "routinise" it to use Silverman's (1972) phrase. A major obstacle to the receipt of this support appeared to be the bereaved's lack of knowledge concerning whom to contact. Most people felt they needed an "expert" outside of their family and friends and did not see the existing professional support networks as providing such intervention. The clergy, who infrequently maintained contact with the bereaved after the post bereavement period, apparently only did so if the bereaved themselves were either ill or old, and the bereaved interpreted and responded to such visits accordingly, rather than relating them to bereavement. G.P.'s were often contacted and frequently prescribed tranquillisers which (considered to be unhelpful in themselves) were taken to be indicative of the doctor "doing what he could". Whilst many professionals left an open invitation for contact, few (7) of the bereaved did so because they felt their needs fell outside of the professional support networks available, and therefore considered contact inappropriate.

1 10 respondents reported such contact and in all cases interpreted the contact on the grounds of their old age or physical infirmity.
A preliminary analysis of the previously mentioned variation in access to and utilisation of official support networks indicated that such variation was related to the age range of the respondent - the younger age range tending to report greater access to and utilisation of official support networks than the older age range. However, a subsequent analysis indicated that the age of the deceased at death was an equally important factor. Glaser and Strauss's (1964) "social worth" hypothesis offers a possible explanation for this observation. In brief, this hypothesis suggests (in connection with the medical profession) that the younger the deceased at the time of death the greater professionals perceive the social loss to be: following this it might be expected that more official support would be offered to the relatives of a younger (higher perceived social loss) deceased individual. Needless to say, such perceptions are likely to be at variance with the bereaved's assessment of the social and personal worth of their relative - particularly when the deceased was a member of the older age range. Support for such a hypothesis emerged from the comments of three

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1 For the purpose of comparison the older age range was taken to include all respondents over the age of 70 years. The younger age range includes all other respondents. Also, the term "elderly" is to be taken to refer to those of over 70 years of age.

2 Since previous research has concentrated upon reactions to the death of a spouse this point has not been considered (since people tend to marry within their own age group). However, Suñow (1967) offers an interesting analysis of factors other than age which may influence perceptions of the social loss of a dying individual (again, in relation to the medical profession). Obviously, such an analysis may be relevant to the nature of support received by the bereaved.
respondents in the older age range who had lost adult children, the
deaths of whom were considered premature and, as Gorer (1965) indicates,
apparently "against the natural order of things." These respondents
all reported a relatively (ie to their age range) high degree of access
to and utilisation of official support networks.
Unofficial Support Networks

The main source of support for bereaved individuals was their immediate family. However, the respondents identified two other sources of support. Firstly, people who were perceived as "honorary" experts, i.e., who had undergone a similar bereavement experience and secondly, the behaviour and attitudes of more distant friends and relatives.

Within the respondents' immediate families, a distinct division of labour by sex was identified. Men were almost universally cited as giving helpful practical support and being either distinctly unhelpful, or not even considered as being appropriate sources of emotional support. Women were frequently cited as performing both roles for the bereaved. Immediately following the bereavement, practical support in terms of making the funeral arrangements and organising transport was required and usually gratefully received. Emotional support considered most helpful was that which facilitated and was non-judgemental about the bereaved's need to review events leading up to the death, the death itself and their relationship with the deceased. In reality such support consisted of listening and nothing more, but willingness to listen was considered particularly helpful. The bereaved identified a need to have someone to discuss things with "on a day to day basis" and found this role was fulfilled best by a long term relationship held prior to the bereavement - either literally their next of kin or a close

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1 Almost invariably their next of kin.
friend of long-standing. This was particularly interesting in terms of the chosen theoretical perspective because the bereaved not only identified a need for an ongoing validating relationship but also apparently needed such a relationship to confirm their past identity and to differentiate it from the present. For example, a 36 year old unwaged woman whose 4 year old son had died made the following comments concerning her best friend:

"The only person who helped me was my friend down the road. We've known each other since school and have always been friends. She knew what I was like before and how bad I was after - (her son) died. She used to say things like "you never used to get in a flap about things" and I found things like that helpful because somehow I felt that I'd always been in such a mess and supposed I'd never get out of it".

A 52 year old full-time secretary made the following comments concerning the death of her husband:

"I think it's been more difficult for me than most people because I'd only just started my new job when - (her husband) died and I just went to pieces. I've always been an efficient and practical person but now I'm just the opposite and they've (her workmates) never seen me as I was so they must think I'm like this all the time".

Alternatively, people who had undergone a similar experience were valued for providing a framework not for past and present but for present and future. Interestingly enough, the respondents needed someone who had experienced the same category of loss, for example loss of spouse to loss of spouse or loss of parent to loss of parent, for
such a relationship to be viable. Many respondents actively sought out people they knew to have had such an experience - even if they hadn't known them particularly well prior to their bereavement. In some cases, the respondents were contacted by the people themselves, again irrespective of whether or not they were known to each other before the death. Indeed, the main reasons given for joining a self-help group\(^1\) and finding it helpful was because of the access such a group provided to those who had undergone a similar experience.

As "honorary" experts the comments concerning official support networks obviously apply to such contacts; however, an important difference was noted. Whilst official support was concentrated in the present, "honorary" expert support was orientated towards the future and proceeded on a relatively long term basis. Comments which acknowledged the disruption and pain of bereavement but indicated that the situation improved in the long term were highly valued - particularly since many respondents reported feeling at various times that they "would never get over it".

\(^1\) Relatively few respondents (13) took this course of action. The most popular organisations were "Cruse" and "Compassionate Friends".
Others, relevant to the bereaved in terms of support were friends and acquaintances outside of their immediate family. Acknowledgement of the bereavement was seen as the most appropriate and helpful form of support, particularly when the acknowledger expressed sympathy, together with a recognition of both the emotional devastation bereavement could cause and the magnitude of the loss itself. Recognition that the deceased was highly regarded by others in the community was also considered helpful. Whilst voyeurism and avoidance have previously been mentioned and were almost universally evaluated in terms of being painful, puzzling and generally unhelpful, avoidance is of particular interest due to the many forms it took. With reference to friends and acquaintances, two forms were identified by the bereaved. One was total avoidance either of the bereaved herself (to the extent of crossing the road to avoid communicating with the bereaved person in some cases) or a refusal - sometimes communal, to acknowledge that the death had occurred - literally "pretending that nothing had happened". Whilst individual instances of avoidance were a source of pain and puzzlement to the bereaved, communal examples of such a tendency were more likely to be found frightening insomuch that the bereaved found it difficult some of the time, to recognise either the reality of the bereavement past itself or the existence of the deceased. The following comments made by a 42 year old postal worker concerning the reaction of her colleagues to the death of her husband provides an example:

"When I went back to work it was as if they'd all got together and decided never to mention him again. It was unbelievable - sometimes I'd get to thinking that I'd imagined it all - that perhaps he'd never existed in the first place. I think it was that as much as anything that caused my nervous breakdown".
The second type of avoidance was even more difficult for the bereaved to account for and, when they did so, they frequently offered an explanation in terms of personal rejection. Typically, it took the form of increased contact with friends and relatives immediately after the death accompanied by offers of support and frequent visits. However, such offers were not followed up and contact decreased to a level significantly below that which the bereaved had enjoyed prior to the death. Whilst many people were confused by this experience and resented such behaviour (despite interpreting it, in some cases, as embarrassment) equally many felt they must have done something prior to or at the time of their bereavement to have caused the situation; for example:

"They never came after that, any of them. I know they were - (her husband)'s and my friends but I think now that they must have liked him and tolerated me on his behalf. Either that or I put them off by being upset after he died. I just don't know really - has anyone else said anything like that? What do you think it is?"

(comments made by a 44 year old unwaged widow concerning the reaction of her friends following the death of her husband)

Furthermore, the realisation that death caused embarrassment and was a taboo topic operated to prevent the bereaved themselves from attempting to discuss the death unless others indicated they were willing to receive such information.
Whilst avoidance was problematic when encountered from friends and relatives, it was devastating when encountered from the bereaved's next of kin. Unfortunately, this was the rule rather than the exception in cases where the next of kin was male\(^1\). Men were almost universally described as avoiding death-related issues - often to the point of refusing to discuss the relevant death under any circumstances. The flippancy and matter-of-factness which characterised unhelpful professional support was also frequently cited, as was a refusal to take the bereaved seriously - "Don't be silly" being the commonest, most irritating, verbal example of this tendency. Men were also criticised on the grounds of misinterpreting appeals for comfort as sexual advances or, alternatively, making sexual advances under the guise of offering comfort. Such behaviour was seen as particularly offensive and inappropriate. In cases where the bereaved individual's only source of support was a man, bitter accusations, arguments and smouldering resentment were frequently reported. It was interesting to note that the minority of men who were considered helpful by the respondents\(^2\) were characterised by either having personal experience of bereavement prior to the relevant death or by always having been unusually sensitive to the "feelings" of others.

\(^1\) A minority of women (5% of those cited) were characterised in a similar way (apart from making sexual advances). Whilst both sexes of respondents described the reactions of men in a similar way it was invariably women whose main source of support was a male.

\(^2\) Only 15% of male members of unofficial support networks were considered to have been helpful.
As in the case of official support networks, access to and utilisation of support varied within the respondent group. Again, the age of the deceased (rather than the bereaved) appeared to be an important factor. Unofficial support was typically more muted concerning the death of an elderly person and was frequently qualified by the fact that the deceased had achieved "a good age". Whilst it could be argued that members of the older age range had fewer social contacts than other respondents, similar reactions were reported by respondents in the younger age range who had lost an elderly relative.
The Properties of Categories and Their Indicators

Self Perception of Bereavement Status: Primary and Secondary Bereavements

Insomuch that cultural expectations are internalised it was not surprising to note that the respondents' social expectations regarding the relative severity of bereavements were comparable to Marris's (1974) observations concerning this issue:

"... in modern societies the death of a husband, wife, child, parent, brother or sister or friend, roughly represents a declining order in the severity of bereavement".

p. 38 1974

Related to this observation, the respondents identified three bereavement statuses ie primary, secondary (helper) and secondary. The rights and obligations attendant upon bereavement statuses were clearly enunciated by the respondents.

Primary bereaved status was held by the person who stood in the closest social relationship to the deceased (in terms of the above-stated order of severity). Secondary bereaved status (helper) was held by the person who stood in the closest social relationship (again, this can be estimated by the descending order of severity suggested by Marris) to the person who held primary bereaved status. All other classes of bereaved individuals adopted secondary bereaved status. For example, the death of a middle-aged man may leave a spouse (who would hold primary
bereaved status) an adult child (who would hold secondary bereaved status, helper) and the deceased's siblings (who would hold secondary bereaved status).

The rights and obligations relevant to each status may be summarised in the following way. Firstly, the primary bereaved person had few obligations other than to the deceased. She was expected to act as an agent for the deceased in the world of the living and to carry out, as far as possible, the deceased's wishes and unfinished plans. Consequently, she had primary access to the validating function of the deceased and her interpretation was not usually questioned. For example:

"The doctor asked my mother if they could do a post mortem to examine my father's heart - he said it might help other people. My mother said no because my father wouldn't have wanted it. I knew that wasn't true because I'd talked to him about things like that and he used to say: "they can have anything that's any use", but I didn't say anything - it was my mother's place to decide".

(Comments of a 32 year old local authority clerical worker concerning the death of her father)

In terms of rights, the majority of offers of support, condolences and practical help were seen as being appropriately directed towards the primary bereaved person. It was expected that this person would require more support than any other - presumably because it was believed that they were experiencing the most intense reaction to the death.
It was not expected, apart from in cases where the primary bereaved had small children, that such a person would offer condolences or help to another, and in fact they rarely did so. If a situation arose where another expected their support, this was frequently seen as an imposition. For example:

"She came in and started crying about how difficult it was having lost a son - to me. He was my husband for Christ's sake - I'd got enough on coping with my own problems without listening to her".

(Comments of a 57 year old telephonist concerning the reaction of her husband's mother to his death)

The secondary bereaved (helper) had many more obligations than the primary bereaved and fewer rights in connection with the deceased. These obligations revolved around providing support for the primary bereaved. Although they had a secondary claim to the validating function of the deceased, this tended to be focussed upon issues arising from the kind of care the deceased would have expected them to provide for the holder of primary bereaved status. For instance:

"I couldn't leave him on his own in that lonely old house - my mother wouldn't have wanted that. I had him to live with me".

(Comments of a 29 year old unwaged homeworker concerning arrangements made for the care of her father following her mother's death)
The status of secondary bereaved (helper) dictated a perception of self as donor rather than recipient of support in relation to the primary bereaved. In fact the status was not conducive to the receipt of support from any source for the holder, despite holders of this status frequently liaising, on behalf of the primary bereaved, with other members of official and unofficial support networks. The possible reasons for this will be discussed in the following section which is concerned with the legitimation of bereavement status by others.

Secondary bereaved status was associated with few rights and obligations, all of which were strictly secondary to the primary bereaved and their helper. Residual support, ie that which could not be provided by the helper was received by the holder of primary bereaved status from this source, and an overt declaration of the social obligation to provide it was frequently seen as appropriate. For instance:

"Well, I knew she wouldn't need anything but I made the offer anyway. After all I was his sister - it was my place".

(Comments of a 38 year old textile worker concerning the death of her brother)

Those who held secondary bereaved status received little relevant support compared with those of primary status. This accorded with their perception of the appropriate distribution of support in such circumstances.
In some cases, such distinctions were not immediately obvious, as when a parent died leaving siblings, or a child died leaving both parents surviving. However, in these cases bereavement status was usually nominated both by self and others (the two were not usually at variance). It was only in a small minority of cases that such distinctions were not made and all responsibilities were shared.

Such was the taken-for-granted reality of the respondents and in most cases their experiences were not at variance with their cultural expectations. However, some respondents did report variance and their comments are of considerable interest, insomuch that their experiences caused them considerable personal distress.

Ten respondents were surprised and experienced feelings of guilt concerning the relative lack of severity of their reaction. All of these respondents had previously experienced a severe reaction to the death of someone less close (in terms of Marris's order of severity) than the death relevant to the interview. Consequently they felt that their reaction to the death relevant to the interview should have been more intense than it actually was. The tendency amongst this group was to attribute the present reaction to their own insensitivity. In the cases where the respondent held primary bereaved status, feelings of inauthenticity were reported in connection with the offers of support and condolences of others.
Related to this point, a further eleven respondents felt they had experienced no reaction to the death at all, and attributed this to their lack of any personally meaningful relationship with the deceased. However, by virtue of the fact that they had stood in a social relationship with the deceased they also received condolences from others which caused them considerable embarrassment, for instance:

"When everyone came around and asked me how I was feeling - I didn't like to say I wasn't bothered. I suppose I felt guilty about it - you're supposed to love your parents but I didn't love him. I never forgave him for what he did to my mother".

(Comments of a 37 year old unwaged woman concerning the death of her father)

However, by far the greatest number of respondents (27 in all) were those who acknowledged that in social terms their bereavement was "secondary" but in personal terms felt it was "primary". In all cases another person was acknowledged as the holder of primary bereaved status and was the subject of severe criticism by the respondents, who claimed that the relationship between the holder of the primary bereaved status and the deceased had been "improper" in some way. The reasons given for the alleged impropriety were couched in terms, such as, "he never looked after her properly, or "she never cared about him as much as I did", were related to the property of nurturing and closeness, and will be discussed in the relevant section of this
chapter. What is important with respect to this property was the tendency, in these cases, to refuse to adopt the supportive obligations (viz-a-viz the primary bereaved) of secondary bereaved status. For instance:

"She'd got a cheek. She hadn't been near him (the respondent's father) for years and then she just moved back and thought she could take over - it was like the return of the prodigal for me dad - he thought the sun shone out of her. After he died all the rest of the family were saying "Poor - (respondent's sister)". I never went near her and haven't been since, if she was so bloody fond of him it's a pity she didn't do more for him when he was alive".

(Comments of an unemployed textile worker concerning his reaction to the death of his father)^1.

All of these respondents strongly expressed the view that their loss was greater than that of the holder of primary bereaved status and, actively resented, to various degrees, the bereavement status of that person.

The final group of respondents who experienced variance between their social expectations and personal experience were five respondents who asked to be included in the research despite falling outside of the research criteria. These respondents acknowledged that their reaction to the bereavement was apparently out of proportion to the social relationship they had with the deceased, and legitimated their inclusion by describing the relationship they held as being analogous to one higher

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^1 The respondent was in his thirties (exact age unspecified).
on the "severity of loss scale". For instance:

"He was the best friend I ever had. I'd never had a brother you see, only eight sisters. He was like a brother to me".

(Comments of a 72 year old retired butcher concerning the death of his friend)

Or:

"I'd lived with her for 20 years - since my parents died. I know she was only an aunt but she was like a mother to me".

(Comments of an 84 year old retired parlour-maid concerning the death of her aunt)
In the previous section, three distinct bereavement "statuses" were identified and the range of rights and obligations relevant to each have been outlined. Consequently, it was not surprising to find that different types of legitimation were considered appropriate to each status. The differences between the legitimation offered to holders of different bereavement statuses were essentially related to the quality and quantity of support (both official and unofficial) offered and subsequently received.

Specifically, those seen to be of primary bereaved status were the focus of all available support networks. Holders of this status were the most likely (when compared to holders of the other two statuses) to expect and receive the range of support described as helpful by the respondent group as a whole. Since the person who held primary bereaved status was expected by others to experience the most intense reaction to the death, they were also expected by others to require and receive the most support. It was expected that the holder of primary bereaved status would want to "grieve" and withdraw from social relationships. Therefore, they were supported in their attempts to do so.

The legitimation of others also effectively "time limited" the duration of reaction to bereavement insomuch that others significant to the bereaved individual ceased to legitimate grief and social withdrawal after a period of time (assessments of the requisite time appropriate to

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1 The term "time limited" was initially coined by Gorer (1965) and is taken to mean the lifting of social sanctions prohibiting the bereaved from fully participating in a normal range of social activities.
recover from a primary bereavement varied considerably). After that period of time the bereaved individual received legitimation for re-engaging in social activities.

In the majority of cases (42%) this did not pose problems for the holder of primary bereaved status who welcomed the legitimation of others in terms of persuasion and support to re-engage in social activities, but considerable personal distress resulted if others either refused to legitimate the primary bereaved’s attempts at recovery, i.e., refused to let them ever "get over it" or persistently insisted that the bereaved should "get over it" earlier than they, themselves, felt was appropriate. The comments of a 57 year old shop assistant, concerning the death of her mother provides an example of the latter tendency:

"My family were very nice for about six weeks - very understanding but I was terrible for months afterwards, I used to forget things - I was living in another world, it takes me a long time to get over things. Anyway, in the end they just lost patience. My husband was really nasty about it, he said: "For God's sake woman what's the matter with you, I was never like that when my mother died - it's been months".

Reports of the premature withdrawal of the legitimation of reaction to bereavement accounted for 40% of the relevant group, i.e., those in the respondent group who held primary bereaved status. Reports concerning the unwanted prolongation of reactions to bereavement accounted for the remaining 18% of relevant cases.
In contrast, the legitimation received from others of secondary bereaved status (helper) did not entail any of the elements related to primary bereaved status. These individuals received relatively little legitimation concerning their reaction to bereavement, the tendency being to legitimate the holder of secondary bereaved status (helper)'s lack of the social expression of their reaction to the death. In terms of support, legitimation was received for being efficient in their support of the primary bereaved which, it was almost universally acknowledged, necessitated "putting a brave face on". Consequently, the holder of such a status was expected by others (and expected themselves) to maintain control over their own reaction to the death and received social legitimation, in the form of approval, for doing so. The expectations of others were frequently expressed, particularly in cases where they were violated. For instance:

"My husband said, "Don't you think you're rather indulging yourself? There's your mother to look after you know. She's suffering more than you are and she's maintaining a fair degree of control over herself. You should be supporting her rather than making such a pathetic exhibition of yourself"."

(Comments of a 48 year old unwaged homeworker concerning her reaction over the death of her father)

Secondary bereaved status (helper) was related to a social obligation to undertake strenuous efforts to facilitate the recovery of
the primary bereaved. However, it was frequently the case that the holder of primary bereaved status - often after initially experiencing an intense reaction to the death was perceived by their helper to recover more quickly than they themselves did (59% of relevant cases). In these cases, it was not unusual for the secondary bereaved (helper) to resent the holder of primary bereaved status rather than to congratulate herself upon the success of her efforts. Since the overt expression of such resentment was considered unlikely to receive the legitimation and validation of most others it was frequently left unsaid. 

Secondary bereaved status in itself entailed similar obligations to that of helper but it's holders were given rather more scope to express their own reactions to the bereavement, presumably because they had less contact with the primary bereaved and were not constantly putting "a brave face on" (or being expected to). Consequently they did not pressurize themselves or feel they were being pressurized by others into maintaining rigid control over their reaction. However, there was still the social recognition that their distress should be (and in most cases was) less intense than that experienced by the holder of primary bereaved status and the legitimation from others they received was frequently qualified in these terms. For instance:

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¹ In fact the only concerns about confidentiality expressed by the respondent group related to their negative comments about other family members (particularly the holder of primary bereaved status). The researcher would suspect that bereavement generates a good deal of unexpressed bitterness amongst family groups, which in part must be related to social sanctions which prohibit, or at least discourage, the overt expression of such emotions.
"My neighbour said: "It must have been a sad loss for you but your - (deceased's wife) must be really feeling it"."

(Comments of a 69 year old retired hand-finisher concerning the death of her brother)

It was initially surprising to note that previous researchers had not identified these factors in terms of their being relevant potential sources of considerable post bereavement distress. However, upon a subsequent reconsideration it was realised that the range of reactions to bereavement considered by previous research was effectively limited to a consideration of people whose social relationship with the deceased would place them in primary bereaved status. Therefore the stress attendant upon other groups has not been identified and documented.

In terms of circumstances which induced distress, any variance between self perception of bereavement status and the perceptions and legitimation of others was an important factor. However, secondary bereaved status (helper) appeared to be a source of considerable distress in itself. This should not be unexpected since the holder is usually a person who has experienced a "severe" bereavement in terms of Marris's (1974) observation, and is in a social position where the legitimation and support of others (considered appropriate to bereavement) is unlikely to be forthcoming.
Nurturing and Closeness: The Qualitative Aspects of Caring

Relationships

The two main factors which the respondents identified as being important were "nurturing" and "closeness". Relationships were seldom referred to in terms of equality, rather, they were referred to in terms delineated by Mauss (1954) in "The Gift". In this classic anthropological work Mauss identifies these relationships in terms of their being governed by a triple set of norms: the obligations to give, to receive and to repay which are defined as symmetrical and reciprocal. Fox and Swazey's (1974) description cannot be bettered:

"... under certain socioculturally defined circumstances, an individual or group is supposed to offer a gift to a particular person. In turn, the person (or persons) to whom the gift is proffered is expected to accept it. The recipient is then under social and moral pressure eventually to balance out the exchange by giving the donor something of equivalent worth. Failure to live up to any of these entwined expectations produces disequilibrium and social strain that affects the donor, the recipient and those closely associated with them".


The respondents use of the term closeness was similar to Marris's (1974) use of 'degree of involvement' which has been interpreted within the present theoretical framework as referring to the validating functions of relationships. Most respondents identified specific areas in which the deceased was particularly important to them in this respect. The situation identified by Marris (1974), in which there was total involvement of self and other was rarely reported by this respondent group.
It was noted that closeness with its implications of shared understandings of the world was also used in connection with a past relationship - even in cases where the present relationship could not be identified in such a way. Also, perceived failures to give, receive, or repay were all cited as sources of considerable personal distress. The review of the relationship following the death often served the function of highlighting these perceived omissions.

Nurturing was referred to by the respondents in terms of "looking after" by which they meant feelings of being personally responsible for the well-being of the relevant other. The respondent group as a whole could be categorised in terms of those who defined their relationship with the deceased primarily in terms of closeness (28%)\(^1\), those who identified closeness and a relationship in which the bereaved nurtured the deceased (30%) and those who identified closeness and a relationship in which the deceased nurtured the bereaved (42%).

Those who identified a close relationship within which they nurtured the deceased tended to fall within the following groups: parents referring to their children, husbands referring to their wives, and adults who were repaying another (eg a parent or sibling) for nurturing them in the past. The concept of repayment is of particular interest

\(^1\) Usually reported in connection with relationships between siblings or 'close friends' but occasionally seen to be characteristic of a parent/child relationship.
because 10% of the group reported 'repaying' the deceased for the
omissions of others or accidents of fate. For example:

"My wife had been married before. I'd
known her for 30 years before we were
married - and her husband. He was a
farm labourer, always moving about after
jobs - she'd had a hard life, no comfort
at all. I tried to give her some of
the things she'd never had - to make all
that up to her".

(Comments of a 78 year old retired textile worker concerning the death
of his wife)

Or:

"My mother had a terrible time. My
father was wounded during the war and
never worked after that. She brought
up six children on next to nothing.
When I got older I tried to look after
her a bit - give her some good times to
make up for the bad".

(Comments of a 74 year old unwaged homeworker concerning the death of
her mother)

This group of respondents tended to express self reproach over the
death of their relative. Whilst the degree of such reproach varied,
the majority of it could be defined in terms of not giving enough
nurturance. For example:
"On the night he died he said: "Dad, I think I'm going mad, I keep hearing things I know aren't there and I don't know what's happening to me". When he was a lad he was bad with bronchitis and I used to sit up with him, playing and talking to him. It really broke me up - I'll never get over it, I can remember thinking: "Oh, lad, I can't help you any more, I've let you down".

(Comments of a 78 year old retired scrap metal merchant concerning the death of his 49 year old son)

Those who identified the opposite relationship, ie one in which the deceased nurtured them tended to fall within the following groups: widows referring to their husbands and young adult children referring to their parents. As recipients of nurturance, failure to receive "appropriately" was a source of self reproach following the death. For instance:

"Have you ever read Laing? Well, in the "Bird of Pradise" there's a bit about Laing realising that all a dog wanted to do was to love him and he couldn't even let it do that. Well I felt a similar thing about my father - all he wanted was to love and care for me and I wouldn't let him - I was too preoccupied with my own precious independence".

(Comments of a 25 year old mathematics teacher concerning the death of her father)

Whilst self reproach was not common in this group (reported by 8% of relevant respondents) reproach directed against others was virtually ubiquitous. It was interesting to note that this reproach was usually concerned with the failure of others to give nurturance to the deceased.
For example:

"I looked at them and thought: Yes, you stand need to cry, if you'd have looked after him better when he was little he'd be alive today".

(Comments of a 48 year old office worker concerning the death of her husband and her subsequent feelings towards his parents)

Or:

"Don't talk to me about Doctor - (deceased's G.P.). He was negligent if you ask me, if he'd have looked after my husband properly he'd be alive today".

(Comments of a 58 year old hairdresser concerning the death of her husband)
Death Related Knowledge and Beliefs

Death related knowledge and beliefs were used by the respondents to provide a framework within which to predict and account for death-related issues. Relatively few respondents (28%) reported any factual knowledge and most of this was related to the "signs" (physical or otherwise) of imminent death. However, some (11 in all) respondents reported that the deceased had both predicted the timing of their death and "prepared" the bereaved in anticipation of it. In these cases the deceased had expressed the view that they were unperturbed by, or actively welcomed, the prospect of death. For instance:

"My mum was a strong person. She wasn't worried about dying, in fact she was looking forward to it. She was a devout Methodist and believed she'd see my father on the other side. She told me everything she wanted right down to the hymns for the service. The night before she died she said: "I don't think I'll last the night out, so kiss me goodbye now" - she didn't."

(Comments of a 48 year old office worker concerning the death of her mother)

Or:

"The couple had discussed Mrs - 's death and despite accepting it as inevitable had both expressed sorrow at the forthcoming separation. Mrs - (the deceased) was so sure of the timing of her death that she insisted on giving out her Christmas cards a week early because she knew she would not

\(^1\) All of the relevant deceased individuals were elderly. The average age was 72 years, the range of ages being between 67 years and 104 years.
live for much longer. Mr (the respondent) takes great comfort from this since he feels that his wife died, as he puts it "well". He believes the separation to be temporary and that they will be united in the afterlife"

(Extract from an interviewer's report concerning a 78 year old retired textile worker's reaction to the death of his wife)

Death-related beliefs were far more prevalent, despite over one-third of respondents reporting having few such beliefs prior to the relevant bereavement. For these respondents, the bereavement had apparently precipitated a consideration of a range of beliefs and practices which they had not contemplated prior to the relevant death. Since beliefs were identified as serving the same function as knowledge, i.e. prediction and understanding, it was not surprising to note that these respondents tended to be concentrated in the younger age ranges. On the whole, older respondents tended to have a greater stock of death-related beliefs, which were apparently derived from repeated exposure to the deaths of others significant to them. However, relatively few respondents (9 in all) described holding an integrated set of beliefs concerning death-related issues (such belief systems were all religious in origin). Nevertheless, over half of those interviewed expressed a

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2 Respondents in the older age-ranges were also more likely to report discussing death-related knowledge and beliefs with others (out of the context of bereavement). Alternatively, respondents in the younger age ranges tended to report thinking about, rather than discussing, death-related knowledge and beliefs and to identify bereavement as precipitating such thoughts.
belief in some type of afterlife despite, in many cases, an absence of any other religious convictions. Of the respondents who believed in an afterlife, 82% believed that they would be re-united with the deceased, the remainder did not think this would necessarily be the case.

As would have been expected from the previous sections of this chapter, the conceptualisation of dying held by some respondents prior to their bereavement was essentially unrealistic. Many respondents, particularly those in the younger age-range, reported that their experience had seriously violated their previously held beliefs in which death tended to be seen as the end point of a dignified, slow decline into old age.

Equally many expected what Sudnow (1967) has called the "Hollywood death" in which the deceased dies gracefully - usually in mid-sentence. The overall agreement was that the reality of death was considerably less comforting than these beliefs.

The physical condition of the deceased, prior to death, was often a source of intense distress for the bereaved - frequently unprepared, often afraid, and sometimes showing signs of physical and mental regression - in short the 'decline' could be far from dignified. It was interesting to note that the image of a "dignified death" ie as reported by respondents, entailed the deceased having both understanding and control over their situation. Indeed, it was the absence of these two factors which apparently caused the bereaved the most distress. For instance:
"I never thought it would be like that - it really blew my mind. I don't think she was fully conscious, at least I hope she wasn't. She lay there moaning and picking at the sheets with her hands. She was crying and saying over and over again "I'm sorry - (respondent). I kept telling her it was all right, that she had nothing to be sorry for, but she didn't hear. I thought people sort of fell asleep and didn't wake up. I didn't think it would be like that. She didn't know where she was or what she was doing".

(Comments of a 32 year old carpenter concerning the death of his wife)

Over one-fifth of the respondents believed they experienced premonitions of deaths - usually taking the form of either dreams, sensing the presence of a dead relative or friend, or the occurrence of some inexplicable "natural" phenomena. For instance, one respondent reported that whenever a friend or relative died, all the clocks in her house stopped at the time of the death.

Finally, some respondents (20 in all) believed that the dead returned specifically to inform the living of their well-being. Perhaps the following illustration is the saddest example of such a belief.¹

"I'm not right about my husband yet. When my mother died something happened - she came back to tell me she was all right. My husband hasn't done that yet so I'm waiting - I won't feel all right until I know he's safe".

(Comments of a 38 year old unwaged homeworker concerning the death of her husband which had occurred four years prior to the interview)

¹ It is tempting to account for these reactions in terms of Seligman's (1975 pp. 112 - 114) safety-signal hypothesis. However, since the evidence is somewhat tentative the reader is invited to make her own judgement concerning this issue.
Eventual Mode of Adjustment to the Bereavement

Bereavement Related Changes in Personal Philosophy and/or Relationships

Whilst bereavement related changes in personal philosophy and/or relationships will also be discussed in connection with the relevant categories, certain general tendencies were identified which were not category-specific. Firstly, there was a tendency for bereavement to be connected with an overview of personal relationships with respect to bereavement-specific aspects of them. Many relationships were terminated as a consequence of this overview - the bereaved feeling they had been "let down" for various reasons, for instance:

"I don't know what I expected from - (respondent's fiance). I suppose I wanted comfort - for him to throw his arms around me and let me cry or something, but there was none of that. I can't describe my feelings - resentment I think, anyway, it (the bereavement) finished the relationship".

(Comments of a 26 year old art student concerning her reaction to the death of her father)

Alternatively, the avoidance of the bereaved caused difficulties in resuming relationships. Even in cases where the bereaved felt no antagonism towards the people who avoided them, many personal relationships were lost as a consequence - presumably because both parties experienced difficulty in restarting them. For instance:
"Oh, there's a lot of people I don't see anymore - they didn't seem to be able to face me after - (respondent's husband died). There was no bad feeling on either side or anything like that, it's just that I wouldn't know what to say to them after all this time - I suppose they feel the same".

(Comments of a 42 year old unwaged homeworker concerning the death of her husband)

Changes in personal philosophy were rarely reported. The respondents tended to be more concerned with changes in relationships. Virtually no reports of change were noted in connection with the older age range, and the changes which were reported appeared to be related to the age of respondents. Young respondents (ie 18 years - 40 years) tended to report the change as being positive and felt that they were better equipped to face the future and to understand other people. For instance:

"It makes you grow up that's for sure. Being a nurse I quite often see people who've just lost a relative. I always used to feel sorry for them but now I really understand how they feel and can help more. I feel more confident as well - I really think I can cope with most things life has to offer - the good and the bad".

(Comments of a 24 year old S.R.N. concerning her reaction to the death of her mother)
Middle-aged respondents (ie 40 years - 70 years) tended to see the change in less positive terms. Although agreeing that the bereavement had aged them, they spoke of this negatively, and whilst the younger age group seemed to actively enjoy a feeling of responsibility, a similar feeling amongst the middle-aged tended to be seen in terms of an extra burden. They were also more likely to report an acknowledgement of their own mortality, together with a realisation that life had to end. For instance:

"Well, it makes you feel older for one thing. I can remember thinking that I was the eldest in the family and had more responsibility - I suppose I expect I'll be the next to go as well. When I was younger, death never bothered me - getting old bothered me more, but it's both now. I used to think I had all the time in the world but I'm getting to think I might not have much time at all. The worst thing is the realisation that I've wasted a lot that I've had".

(Comments of a 68 year old retired shopkeeper concerning the death of his brother)

It was particularly interesting to contrast the essentially future-orientated changes described above with the comments of a small group of respondents (12 in all; from all age groups) who felt the bereavement had totally destroyed their lives. The only differentiation made by this group was between past and present, rather than present and future. These people typically described their lives in terms of
being "shattered"\textsuperscript{1}, for instance:

"It finished me - you wouldn't believe it but I used to be happy go lucky and cheerful before this lot happened (the death of her son). I couldn't care less about anything now - I can't be bothered to get up some mornings. I don't care about anything anymore, one day's the same as the next to me - nothing'll change now, it's all been bottled up inside me too long - I've got nothing to look forward to but more of the same".

(Comments of a 37 year old unwaged homeworker concerning the death of her son)

\textsuperscript{1} Whilst such comments during the first year of bereavement would have been expected, all of the relevant respondents had been bereaved for at least two years prior to the interview.
CHAPTER SIX

TYPICAL REACTIONS: THE CATEGORIES

Introduction

This chapter is concerned with those reactions which may be subsumed under the heading of "reactions considered within the range of normal by previous researchers". Four categories emerged which differed from each other in terms of the nature and duration of reactions described by the respondents. Details of the respondents and the categories to which they were allocated are given in Appendix 5(a). It is proposed firstly, to describe the reactions relevant to each category in terms of both a comparison between categories and with previous research findings. Secondly, it is proposed to effect a comparison between the categories in terms of the differential distribution of the properties outlined in Chapter 5.
Category 1 - Intense Typical Reactions

Fourteen respondents were allocated to this category. As the title suggests, the category was characterised by the sheer intensity of the reaction experienced over a normal (in terms of previous research) time period\(^1\). It was interesting to note that the obsessive review of events preceding the death undertaken by these respondents tended to result in the expression of self reproach or feelings of responsibility concerning the death. The overwhelming feelings expressed by all members of this category were those of personal failure and guilt. Feelings that they were "bad" mothers or husbands were typical expressions associated with the category, which co-existed with beliefs that somehow the respondent had "let down" the deceased. Whilst anger did occur it was characterised by a reasonably sympathetic assessment of the reasons why the acts or omissions which produced it had occurred. It was also directed towards a specific target, for example an act believed to be negligent.

All respondents vividly described the ways in which, for various reasons, their "taken for granted" assumptions as to the nature of "reality" had been seriously violated by the death. For instance:

\(^1\) As noted in Chapter 1, the 'normal' time period indicated by previous researchers varies considerably. However, a period of between 6 months and 2 years appeared to adequately represent the general consensus and will consequently be used in connection with the present research. Relevant inter categorical variations will be indicated in the text.
"I just couldn't believe it. Not one thing on top of another. I mean having a baby's supposed to be natural - easy. There are so many things that can go wrong - it's only after it's happened that you get to know about them. Although somewhere in my mind I must have known before - I've got a friend whose little boy's a mongol. Even so, I didn't expect - (respondent's son) to die, even with a mentally handicapped baby - you don't expect them to die, not children.

(comments of a 32 year old unwaged, married woman concerning the death of her son).

At the time of the interview all members of this category felt they were recovering, to some degree, from their experience of bereavement. Whilst overall changes in personal philosophy were not reported qualitative changes in personal relationships were. Specifically, such changes took the form of an increase in concern and anxiety over the safety and wellbeing of others significant to them. A relatively greater feeling of responsibility concerning the welfare of others was also reported. For instance:

"I worry more about kids in general - particularly my sister's. I'd die if anything happened to my nephews and nieces. It's been three years now but sometimes I ring her at all hours just to check if they're alright. If I take them out anywhere I'm very safety conscious. I used to be much more easy going in that respect than I am now - it (bereavement) just makes you think, that's all".

(comments of a 36 year old unwaged, separated woman concerning the death of her son).
In short, there was a marked tendency to protect others in an attempt to avoid further loss situations - presumably, protection of self would also be a direct result of the pursuit of such a strategy.
Category 2 - Typical Reactions

This category contained the majority of the respondent group as a whole (forty-eight in all). The reactions were characterised by their similarity to those cited by previous researchers in the area in terms of both intensity and duration of reaction. In comparison with category 1, the obsessive review of events preceding the death tended to result in the expression of anger and reproach directed against others. Although feelings of guilt were expressed they were usually transient in nature. In short there was a tendency among this group of respondents to express rather more anger than guilt. Furthermore, the expression of anger differed from that reported by members of category 1. Specifically, these respondents' anger was characterised by its diffuse nature - being directed and experienced towards others in general as well as specific individuals or incidents. Over half of the respondents in this category expressed the view that the deceased was in some way to blame for their death and the researchers impression supports that of Parkes (1976) who described the emotional tone of his interviewees anger in terms of "general irritability and bitterness". Such expression was relatively uncommon with respect to category 1 - none of whose respondents reported feeling that the deceased was in any way to "blame" for the death. Neither the expressions of shock or confusion associated with the violation of "taken for granted" assumptions nor the duration of time before the respondents felt, to some degree, recovered appeared
to significantly differ between these categories\(^2\).

Again, overall changes in personal philosophy were not reported by this respondent group, however, changes in personal relationships were. These changes were qualitatively different from those reported by members of category 1. Whilst an increase in anxiety and concern was reported, there was a tendency in this response group to direct it towards self rather than others. Also, a marked hostility towards others which often resulted in the termination of relationships which were significant prior to the death was frequently reported. Whilst such hostility was reported by a minority (4) of members of category 1 it differed insomuch that its nature was transient rather than enduring and co-existed with an understanding as to why the acts or omissions producing the emotion occurred. Members of category 1 tended to describe their personal relationships as being stronger (in the long term) whilst members of category 2 described degrees of strain or total disruption (again, in the long term). For instance:

"I don't want to say anything bad about my daughter but she could have done more. She deserted me when I needed help and I resent that - it hurts as well. Our relationship's nothing to what it was before her father died - strained and distant - that just about sums it up I think."

(Comments of a 56 year old unwaged, houseworker concerning the death of her husband).

\(^2\) In fact the average time indicated by members of category 1 (13 months) was shorter than that indicated by members of category 2 (17 months).
The tendency appeared to be towards the protection of self, largely by the means of enlisting the protection of others, in order to avoid further loss situations.
Category 3 - Mild Typical Reactions

This category contained twelve respondents and was characterised by two main factors. Firstly, a relatively mild reaction to the death and secondly, a reaction of a relatively short duration. The reactions described by these respondents were distinctive insomuch that there was a marked absence of any review of events preceding the death together with a virtual absence of expressions of guilt, self reproach or anger. Resignation, acceptance and sadness were the most frequently expressed emotions. When compared to categories 1 and 2 relatively little evidence to suggest any violation of these respondent's "taken for granted" assumptions could be found. For instance:

"Well, I was shattered for the first six weeks or so. We'd been married for well over 50 years and that's a long time to be together. Although we didn't know about his blood pressure and wasn't expecting anything like that (her husband's death) you half expect it anyway at our age - sooner or later. He was a lovely man and I miss him terrible but we'd had a good life together and I can't complain really".

(comments of a 72 year old retired machinist concerning the death of her husband).

None of the members of this category reported any changes in their personal philosophy or relationships following the death.

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3 The difference was marked - 8 weeks being the average time period indicated by these respondents. Followed by a period (average 4 - 6 months) during which disorganisation and loneliness were reported.
Category 4 - Prolonged Typical Reactions

Only four respondents were allocated to this category and two main factors were characteristic of it. Firstly, a reaction essentially similar to that reported by respondents in category 3 and secondly its prolonged duration. In all cases the reaction was perceived to be on-going at the time of interview, the bereavement having occurred at least two years previously. The only difference noted between this category and category 3 was the fact that none of these respondents appeared to have any personal relationships other than the one they had enjoyed with the deceased. For instance:

"Oh, I know we had a good life together - better than most I reckon but I do miss him. The good Lord must have had his reasons and we'll be re-united eternity, I know that ... it's just awful lonely waiting, and that's what I'm doing - just waiting ... I haven't seen a soul to talk to for days".

(Comments of a 76 year old homemaker concerning the death of her husband).

None of the respondents reported any changes in their personal philosophy or relationships following the death.
The Properties of the Categories

Two major variations in the distribution of the properties were noted. One occurring between categories 1 and 2 and the other between categories $1 + 2$ and $3 + 4$. The other variations noted will be discussed in connection with the two major ones.

The major difference, in terms of the distribution of properties between categories 1 and 2 appeared to be related to the property of nurturing and closeness. Whilst all of the respondents in both categories described their relationship with the deceased as having been close, category 1 respondents tended to identify the relationship in terms of the bereaved having nurtured the deceased. Category 2 respondents tended to identify the opposite relationship, i.e. one in which the deceased nurtured the bereaved. Whilst the distribution of this property displayed intra categorical variance with respect to categories 3 and 4, the comments of some of the respondents allocated to category 3 were of considerable interest. Specifically, whilst all categories described relationships which entailed both closeness and nurturance, some members of category 3 identified these elements in the past rather than the present tense. This was particularly evident with respect to elderly respondents' reactions to the death of a sibling. In all

\[1\] It was interesting to note that parents who had lost a child under 10 years of age tended to identify the relationship in terms of nurturance only. However, three of them reported being particularly distressed by the fact that they had been denied an anticipated future closeness with the child.
relevant cases the "distancing" of the relationship was seen as a natural consequence of maturity rather than as a result of bad feeling between siblings. For example:

"We were right close as lads - as thick as thieves. We had some grand times together. He was a bugger my brother - active and joking to the end. We drifted apart a bit when we got older but that's only natural. I thought about him a lot for a couple of months after he died - good memories. Yes, it was a sad day when old (respondent's brother) got dragged into the flames".

(comments of a 68 year old retired, accountant concerning the death of his brother).

Respondents in all categories tended to identify themselves as being of primary bereaved status. The exceptions were ten members of category 2, all of whom had lost a parent, leaving a surviving parent who was seen by the respondents to be of primary bereaved status. There was also a marked tendency for respondents to indicate that their bereavement status had been legitimated by others. The obvious exceptions were members of category 4 who did not appear to have access to others in general. However, two members of category 1 were also exceptions to this general tendency.¹ Both had lost adult, married sons who had left a surviving spouse who was seen by the respondents to be of primary bereaved status. It was interesting to note that these two respondents disputed the status of the spouse and were characteristically critical of them.

¹ Whilst personally claiming primary bereaved status both respondents acknowledged that socially another, ie the deceased's spouse held such a status.
The main variance between categories 1 + 2 and 3 + 4 was related to the distribution of the property of death related knowledge and beliefs. The form this variance took was in terms of both amount and application of the property. Despite considerable intra-categorical variance in amounts of knowledge and beliefs available to respondents, members of categories 1 + 2 tended to report less death related knowledge and fewer beliefs than the respondents in the other categories. Also, with respect to beliefs - less certainty was expressed by members of categories 1 + 2. However, the most interesting difference between the categories did not lie in the differential amounts of knowledge and beliefs available to respondents but in differences relating to the application of them. Respondents in categories 1 + 2, whilst holding at least some death related knowledge and beliefs did not appear to apply them to self or significant others, ie knowledge and beliefs were expressed in terms of a realisation that certain death-related events happen - but not to them. This was not the case with respect to members of categories 3 + 4, all of whom expressed views in terms of the personal relevance of death related issues and applied their knowledge and beliefs accordingly.\(^1\) The implications of these points will be fully discussed in Chapter 9.

\(^1\) In terms of the theoretical framework adopted, members of categories 3 + 4 showed indications of having death-related constructs incorporated into their core-role structure. As Bannister and Fransella (1980) indicate: "Core role constructs are those by which we ... try to anticipate our own future directions and activities". 1980, pp. 33 – 4.
CHAPTER SEVEN

ATYPICAL REACTIONS: THE CATEGORIES

Introduction

This chapter is concerned with those reactions which could not be readily subsumed under the heading of "reactions considered within the range of normal by previous researchers". However, the reactions cited in this chapter did resemble some of the reactions identified and considered abnormal by previous researchers. Three categories emerged which differed from each other in terms of the timing and duration of the reactions described by respondents. They also differed significantly from the reactions described in Chapter 6. Details of the respondents and the categories to which they were allocated are given in Appendix 5(b). It is proposed firstly, to describe the reactions relevant to each category in terms of both a comparison between categories and with previous research findings. Secondly, it is proposed to effect a comparison between the categories in terms of the differential distribution of the properties outlined in Chapter 5.
Category 5: Delayed Atypical Reactions

Twenty four respondents were allocated to this category. As the title suggests, the category was characterised by a delay in onset of any reaction to the death. Whilst members of the categories expounded in Chapter 6 described a period of shock (lasting from a few hours to a few weeks) followed by a reaction to the death, these respondents described a somewhat different response pattern. Whilst all described a period of shock of similar duration, the reaction to the death itself was delayed. In the vast majority of cases (22) the respondents reported deliberately delaying the onset or at least the expression, of their reaction to the death. The reason given for this was in terms of protecting others (invariably the individual who held primary bereaved status) from their reaction. For instance:

"Well, there was so much to do, making the arrangements and everything, and looking after my mum of course. I had to put a brave face on. I suppose I thought "If you just hold on for a bit longer she'll be alright and then you can let go". I just don't know, anyway, then it was sort of too late, nobody knew what was the matter with me. I didn't say anything because it was well over a year after he (respondent's father) died and it should have been all over and done with by then".

(Comments of a 29 year old machinist concerning the death of her father)
For the remaining two members of this category such strenuous efforts to control their emotions were unnecessary in the long term because the reactions described were essentially similar to those identified by Volkan (1975) in which an intellectual acknowledgement of the death co-existed with an emotional denial of it. For example:

"It's not touched me at all. I felt terrible for about 10 days and then it happened, like an iron gate clanging shut in my mind. I've never felt anything about my father's death since - I know that he's dead, I just don't feel anything about it".

(Comments of a 34 year old office clerk concerning her reaction to the death of her father)

Whilst Bretholb's (1980) review of the relevant literature identifies "absence of conscious grieving" as a "disordered variant" of grief, his description of the possible range of relevant reactions is not dissimilar to the reactions described by members of this category. However, the theoretical framework adopted in the present research suggests radically different reasons as to why such responses occur. A similar point applies to Volkan's contentions concerning delayed reactions. Whilst the researcher would support his descriptive analysis of such cases ... i.e. that such responses occur when the bereaved individual becomes fixated in the initial reactions to the death and cannot resolve the conflicts experienced, the theoretical framework adopted suggests a different explanation of why such a response pattern is initially adopted. However, these points will be fully discussed in Chapter 9.
When an overt reaction to the death occurred (in all cases over three months after the relevant death), the descriptions of it were essentially similar to those given by members of category 2. However, the reaction was compounded by persistent attempts at control because the respondents felt that they "should be over it". Compared with category 2, more resentment and hostility was expressed by members of this category the majority of which was directed towards the deceased, the primary bereaved person and, if applicable, the spouse or sexual partner. For instance:

"I never thought about it at the time. I was too busy running myself into the ground, making myself ill looking after her (respondent's mother). I've thought about it a lot since though. My dad used to play the same game with her - letting her bitch on and on about things and always letting her have her own way. It was his bloody weakness that left me in such a mess with her - he never got any thanks for it, she never cared much for him anyway. I used to sit there and absorb all of that venom like a sponge - never said a word. She was over it inside a year, buggered off with somebody else. She said some terrible things to me - I'll never forgive her for any of it - never".

(Comments of a 34 year old unemployed receptionist concerning the death of her father)

Whilst bereavement related changes in personal philosophy and/or relationships were also similar to those reported by members of category 2, two differences were noted. Firstly, members of this category
tended to feel their experiences had permanently changed them insomuch that they were "harder" at the time of interview than they had been prior to the death. However, the vast majority of them (22) felt they had recovered to some degree from their experience and the subsequent changes in attitude were viewed positively\(^1\). Secondly, the disruption of personal relationships significant to the respondent prior to the death was more marked in this category. This should not be surprising since considerably more hostility was also expressed. For instance:

"It broke the relationship. I felt that he was useless to me. I don't know what I expected from him really - for him to throw his arms around me or something ... anyway there was none of that, he wouldn't even talk about it. He was of no help whatsoever. I remember sitting looking at him one day and thinking, "you bastard" - I wasn't sorry when it finished".

(Comments of a 27 year old nurse concerning her fiance's response to her reaction to the death of her father)

\(^1\) Whilst members of category 2 reported feeling that they had recovered to some degree from their reaction to the death and reported a similar change in attitude, their assessment of the change was characteristically ambivalent rather than positive.
Category 6: Prolonged Atypical Reaction

Twelve respondents were allocated to this category and, as the title suggests, the category was characterised by a prolonged reaction to the death which did not appear to be amenable to the typical process of moderation and abatement considered "normal" by previous researchers. In terms of the intensity and the nature of the reaction experienced, similarities with category 1 were noted in the majority of cases, i.e. ten. However, intra categorical variance was observed with respect to two respondents (11 and 12, Table 2b, Appendix 3), consequently, their reactions will be documented separately. In all cases the relevant bereavement had occurred at least thirty months prior to the interview and all of the respondents described their reaction to the death as on-going.

With respect to the majority of members of this category the reactions to the death they described were essentially similar to those documented in connection with category 1. However, four qualitative differences were noted. Firstly, the expressions of self reproach were much more pronounced. Specifically, whilst members of category 1 expressed the view that they may have contributed towards the death of their relatives, members of this category stated (usually quite blandly) such a view as fact - despite, in all cases little evidence to support such an assertion. For instance:

"I just know it's my fault that's all. He was my son and now he's dead, so I couldn't have done right by him and that's the end of it".

(Comments of a 36 year old unwaged woman concerning the death of her son)
Secondly, feelings of personal worthlessness were also frequently expressed - such feelings were not reported by members of category 1.

Thirdly, members of this category expressed relatively little anger towards others, the general consensus, despite in some cases overwhelming evidence to the contrary, was that everyone had "done their best".

For example:

"Oh, I suppose they did their best. A lot of mistakes were made I know - but they all thought they were doing the right thing. It was my fault really, I probably didn't tell them things properly - couldn't really talk to them".

(Comments of a 49 year old unwaged homeworker concerning the death of her mother)

Fourthly, in terms of the respondents "taken-for-granted" assumptions concerning "reality", their "worlds" had effectively been shattered by the death. All of the relevant respondents reported that despite making exhaustive efforts, the death still did not make "sense" ie to their "selves". For instance:

"I think I can accept that it's happened (respondent's sister's death) but I still can't understand it. I've tried and I've tried but I still can't understand how that could have happened".

(Comments of a 19 year old factory worker concerning the death of her sister)

1 Whilst members of category 1 described feeling that life itself was meaningless and that they could see no point in continuing with it (particularly during the first year following the bereavement), none of them described subjective feelings of worthlessness.
At the time of the interview these respondents did not feel that they had in any way recovered - or indeed could recover from the effects of their bereavement. Overall changes in personal philosophy were described in terms of references to the old "self" which was believed to have gone forever. The present and the future, were seen in terms of isolation and bleakness. Whilst few members of this category reported having many close personal relationships other than with the deceased, those who did so reported changes. In these four cases the relationships had terminated due, according to the respondents, to their own lack of interest in the relationships in particular and others in general.

The two respondents whose reactions differed to the majority of members of this category were both women who had lost their husbands. Their reactions to the deaths were similar to those described in connection with category 2. A great deal of anger and bitterness towards the environment in general was expressed by these respondents. The intensity of their grief was presented, in the opinion of the researcher, almost with pride, for instance:

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1 In connection with the tendency to withdraw from interacting with others it was interesting to note that all four respondents reported daily "conversations" with the deceased which had been maintained for a number of years - possibly contributing towards a situation in which the bereaved did not require others to interact with (since they were still maintaining their interaction with the deceased).

2 It was interesting to note that whilst over half of the respondents in category 2 reported feeling that the deceased was in some way to blame for their own death, neither of these respondents expressed such a view. In fact both claimed that the deceased's G.P. had directly caused the death.
"Oh its (respondents reaction to the death of her husband) as bad as it ever was. I'll never get over it. The doctor still comes round but I've told him he's wasting his time. He killed my husband you know - ineptitude rather than negligence I reckon. He comes around because he still feels guilty. I tell him he needn't bother - I'm having none of it. He once said to me: "You know, Mrs - there are two types of widow, those who remarry again and those who never get over it". Yes, I thought, and I'm the last sort, so you needn't bother coming round here telling me to get out more often".

(Comments of a 68 year old retired unwaged homeworker concerning her doctor's intervention after the death of her husband)

Neither of these women had any close personal relationships other than that with the deceased prior to or after the death of their spouse. Neither of them reported any changes in their personal philosophy - rather, both expressed the view that the death had acted as a confirmation of their already pessimistic assessment of the world in general. For example:

"Well, it just had to happen didn't it. Nothing good's ever happened to me. I had all of this grief with my mother and sister, and I've suffered ill health for years myself. My husband always thought I'd die first but I knew different - I'm not that lucky".

(Comments of the previously cited respondent)

Whilst previous researchers agree that a prolonged reaction to the death is "abnormal", considerable variance in intensity of response has been noted (Bowlby 1980). However, despite qualitatively different
reactions all members of this category recounted their experience in terms (considered characteristic of such a response by previous researchers in the area) of what can best be described as despair. As Gorer (1965) indicates, "despair is almost palpable to the lay interviewer; the toneless voice, the flaccid face muscles, the halting speech in short sentences ...".
Category 7: Absent Atypical Reaction

Only one respondent was allocated to this category and the problems associated with its generation have been discussed in Chapter 4. Consequently, it is proposed to offer an outline of the relevant respondent's reaction to the death, together with a consideration of the distribution of the properties. It is not proposed to include this category in any subsequent comparisons of the differential distribution of properties between categories since the size of the category would render such a comparison (and the associated attempt at generalisation) meaningless.

As the title suggests the reaction was characterised by two main factors, ie an apparent absence of any reaction to the death and evidence of severe social and personal disorganisation. The respondent reported no period of shock or disbelief following the death, merely surprise that her husband had died "leaving no cleaning up" to be done. She reported feeling that since she and her husband had experienced such a happy life together and her husband had been such a wonderful person, she had "nothing to feel miserable about". She reported no changes in personal philosophy or relationships following the death.

However, there was considerable evidence to suggest that her reaction be considered atypical\(^1\) in terms of previous research.

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\(^1\) It must be said that the researcher's and the interviewer's views were at variance concerning this issue. The interviewer noted that despite some of the respondents comments appearing "strange", that his overall impression was that the respondent was extremely "well balanced and adjusted to the death".
Specifically, her comments concerning her relationship with her husband and her reaction to his death bordered upon the euphoric. Bowlby's (1980) review of the area includes apparently euphoric reactions to death under the heading of "disordered variants". Despite the available evidence being confusing and inconclusive, the majority of it implies that such a reaction is unlikely to be maintained in the long term. Furthermore, the respondent reported temporal confusion concerning exactly when her husband died, how long she had been bereaved, and the sequence and timing of previous bereavements she had experienced. She also reported being confused concerning time in general, assuming that her "memory must be going".

In terms of the properties of the category the respondent felt herself to be of primary bereaved status. However, she received little, although appropriate, legitimation of her status from others - hardly surprising since she did not feel she needed the support of others. Nevertheless, it must be said that few others were available to her. It was interesting to note that this respondent was the only member of the respondent group as a whole (who perceived themselves to be of primary bereaved status) to report offering condolences to a person of perceived secondary bereavement status (in this case the respondent's daughter). The respondent strongly identified her relationship with the deceased in terms of the deceased having nurtured her. The evidence

1 In fact she was the only respondent to report such confusion (her bereavement had occurred approximately nine months prior to the interview). All other respondents were certain as to the time elapsed since their bereavement and most volunteered the exact date of death in support of their assessment.
concerning closeness was somewhat inconclusive since the respondent implied that her husband had enjoyed many close relationships with others (including herself). This respondent had a relatively high amount of knowledge concerning the physical reality of death and the practicalities associated with the disposal of bodies and the distribution of the deceased's effects. However, her death-related beliefs were few and best characterised by the term "nominal christianity" - about which she expressed a high degree of uncertainty.

\[1\] The respondent's knowledge came from her involvement in these matters concerning the deaths of several of her relatives prior to the death of her husband
The Properties of the Categories

Two major variations in the distribution of the properties were noted. One related to the property of self perception of bereavement status and the other to nurturing and closeness. No discernable difference was observed in connection with the distribution of the property of death-related knowledge and beliefs. The property of legitimation of bereavement status by others displayed intra categorical variance with respect to category 6, thus creating considerable difficulties in relation to inter categorical comparisons.

Members of category 5 perceived themselves to be of secondary bereaved status, whilst members of category 6 tended to perceive themselves to be of primary bereaved status. Furthermore, members of category 5 identified their relationship with the deceased in terms of the deceased having nurtured them. Members of category 6 tended to identify the opposite relationship, i.e. the bereaved having nurtured the deceased. All respondents described their relationship with the deceased in terms of closeness. As has been previously stated, no difference in the inter categorical distribution of the property of death related knowledge and beliefs were noted.

1 The issue of intra categorical variation will be discussed fully in Chapter 9.
The distribution of the property of legitimation of bereavement status by others is of considerable interest. Whilst members of category 5 reported that they had received appropriate legitimation of their bereavement status by others, they all felt that such legitimation was essentially unhelpful to them - the possible range of reasons for this have already been discussed in Chapter 5. However, despite the intra categorical variance pertaining to this property in connection with category 6, its members also tended to assess the legitimation received from others as unhelpful. This point is of interest insomuch that Gorer (1965) has suggested that perception of others as unhelpful is, in itself, contra-indicative of a "normal" post-bereavement pattern of recovery. With respect to category 6, the reasons given for perceiving others to be unhelpful varied considerably. Specifically, three respondents reported having no others significant to them. Five respondents reported receiving appropriate legitimation of their primary bereaved status by others. Three expressed the view that although, personally they felt they were of primary bereaved status, another held such status socially - consequently they felt the legitimation they received inappropriate. Finally, one respondent rejected legitimation of primary bereaved status and preferred to adopt secondary bereaved status and thus reported inappropriate legitimation of her bereavement status by others. However, in all cases the respondents reported finding their interactions with others to be unhelpful.
CHAPTER EIGHT

THE INDETERMINATE GROUP: THE CATEGORIES

Introduction

This chapter is concerned with those reactions which were not amenable to categorisation in terms of the range of reactions covered by previous research in the area. Four categories emerged which differed both from each other and from those described in Chapter 6 and 7. Details of the respondents and the categories to which they were allocated are given in Appendix 5(c). It is proposed firstly, to describe the reactions relevant to each category in terms of both a comparison between categories and with previous research findings. Secondly, it is proposed to effect a comparison between the categories in terms of the differential distribution of the properties outlined in Chapter 5.
Category 8: The Relationship Between the Bereaved and the Deceased

Eight respondents were allocated to this category. The category was characterised by all of the respondents reporting experiencing no reaction to the relevant death and no subsequent changes in personal philosophy and/or relationships. The respondents either expressed considerable personal dislike of the deceased or expressed little knowledge of the deceased. In all cases these factors had been characteristic of the relationship for some years prior to the death. For example:

"Oh, it had been going on for years. I despised him - it was him that killed my mother. Venomous old sod. I only lived with him because I had nowhere else to go, it was as simple as that. I wasn't glad when he died, I wasn't anything - as far as I was concerned he hadn't existed for years".

(Comments of a 39 year old unwaged homeworker concerning the death of her father)

Or:

"I'd never been close to my brother, he was a lot older than me. We'd never kept in touch over the years either - I can't say his death affected me in any way at all - nothing like my husband's or my sister's".

(Comments of a 69 year old retired factory worker concerning the death of her brother)
Category 9: The Social Context in which the Bereavement Occurred

Nine respondents were allocated to this category which was characterised by an extremely mild (av. duration 6 weeks) reaction to the death. Members of this category reported feeling a mixture of pity and guilt in connection with their relationship with the deceased. However, this was related to the deceased's terminal illness rather than the death itself. It was interesting to note that all of the relevant deaths had been preceded by an extremely long terminal illness (in one case fifteen years) which had resulted in the deceased experiencing a high degree of physical, psychological and social regression from which there was little hope of recovery in the short or long term.¹

For instance:

"I was glad that she died. God, she was a mess for months before that. Looking at her I couldn't believe that that pathetic shell of a human being was my mother - it wasn't. She wouldn't have wanted that for herself, so it was for the best".

(Comments of a 38 year old architect concerning the death of his mother)

¹ The researcher strongly suspects that psychological regression was the key factor since respondents in other categories had experienced relatives suffering extremely high degrees of physical regression (in one case total paralysis). With reference to members of this category, six of their relatives had suffered from some form of dementia prior to death, one from multiple sclerosis and two from strokes.
None of these respondents reported any anger following the deaths - merely a mixture of sadness and relief. Feelings of guilt had a muted quality and were usually expressed in terms of postulating the possibility of having been capable of providing greater comfort for the deceased rather than (as in categories 1, 2, 5 and 6) having been capable of somehow preventing the death. In no cases were the deceased considered to be at fault in terms of causing their illnesses or subsequent deaths.

It was interesting to note that violation of "taken for granted" assumptions took the form of violating previously held conceptions concerning the way people die - members of other categories\(^1\) appeared to be occupied with questions related to why and/or how the relevant deaths had occurred. For instance:

"I suppose I expected a dignified decline ending in a period of sleep or something. It was just that it was so degrading, she didn't know where she was or who she was at the end. I expected death to be dignified rather than demeaning".

(Comments of a 52 year old receptionist concerning the death of her sister)

It was equally interesting to note that whilst changes in personal relationships were not noted in connection with members of this category

\(^1\) That is, members of categories 1, 2, 5 and 6.
changes in personal philosophy were. In all cases the respondents reported an increase in fear concerning the circumstances of their own deaths. Four members of this category had gone so far as to extract a promise from their next of kin to terminate their lives if they were to suffer the same "decline" as the deceased. Dying, which had previously been seen to be distant and neutral had become part of a stark and frightening reality. For instance:

"I'd never been afraid of dying before, or of death for that matter. Not feeling anything any more sort of appealed to me - but having seen my husband ... I just hope I go quickly that's all, the thought of having to go through all that (her husband's terminal illness) - well, I still have nightmares about it".

(Comments of a 67 year old retired shopkeeper concerning the death of her husband)
Category 10: The Beliefs of the Bereaved

Nine respondents were allocated to this category. The category was characterised by an extremely muted reaction to the relevant deaths (similar to that described in category 3). The differentiating factor appeared to be that whilst members of category 3 described resignation in connection with their bereavement, members of this category described confirmation of a previously held system of beliefs concerning death-related issues\(^1\). Specifically, although sadness over the loss of the deceased was reported the loss was interpreted in terms of an opportunity to affirm previously held beliefs (all religious in origin). For instance:

"We salvationists don't mourn death we celebrate it. Although it's saddened me (death of respondents brother), I know it's all part of the plan and he's gone to a better place".

(Comments of a 48 year old unwaged homeworker concerning the death of her brother)

Members of category 3 reported bereavement in terms of a cruel, apparently meaningless, although temporary separation, whilst members of this category asserted that their bereavement had a purpose and a meaning (although they were unsure as to what it was). For instance:

\(^1\) It must be said that the level and integration of these respondent's beliefs was extremely high (relative to the respondent group as a whole). Their religious beliefs appeared to inform all of their life activities. In fact two were anglican clergymen, one an ardent Salvationist and one a methodist lay preacher.
"Of course, as Christians there are some things we just don't know. It is a question and test of faith".

(Comments of a retired Anglican clergyman (age range 60 - 69, age unspecified) concerning the death of his sister)

None of the members of this category expressed anger or guilt in relation to their reaction to the relevant death.

Taken-for-granted assumptions concerning the nature of "reality" were reported as having been affirmed (in the long term) by these respondents. For example:

"It raised some doubts in my mind, for a while anyway but I was persistent and in the end God helped me. God is always available to comfort the bereaved but sometimes you don't realise it and shut him out".

(Comments of a 52 year old unemployed warehouseman concerning the death of his father)

All respondents reported no changes in their personal relationships following their bereavement and all reported that their previously held personal philosophy pertaining to death-related issues had been strengthened by their experience¹.

¹ It was interesting to note that, in comparison with members of category 9, dying (even in the face of intense physical pain) was seen as dignified by these respondents. However, none of the deceased relevant to this category had been reported as suffering any degree of psychological regression prior to their deaths.
Category 11: The Beliefs of the Deceased

Eleven respondents were allocated to this category which was characterized by an absence of reaction to the death apart from mild expressions of nostalgia relating to the deceased. In all cases the deceased had discussed their deaths in great detail with the bereaved (for some years prior to their actual occurrence) and had expressed the view that they welcomed death for various reasons. For instance:

"My mother was a methodist and firmly believed that she and my father would be re-united in eternity. She'd made all of the arrangements and had told me about them over a year before she died. She was a very strong person, had led an extremely active life and had wanted death. I can't say that I mourn her at all - I miss her but I don't mourn her".

(Comments of a 57 year old clerical worker concerning the death of her mother)

It was interesting to note in comparison to category 10 that few of the respondents (two in all) held similar beliefs to the bereaved. No violations of 'taken for granted' assumptions were reported, nor were expressions of anger, guilt, or changes in personal philosophy and/or relationships. For example:

---

1 The most common were advanced age and associated physical infirmity (five) and the possibility of being reunited with a relative, usually a spouse (three).

2 Three respondents expressed sadness rather than guilt over the fact that the deceased had not lived long enough to witness a life event that would have been important to them. In one case the birth of a grandchild and in the other two the weddings of grandchildren.
"No it's not changed anything, my brother wanted to die - life had become burdensome to him. I still think about him occasionally - usually about happy times, but other than that his death hasn't troubled me at all. It comes to us all in the end and he was prepared for it".

(Comments of a 72 year old retired teacher concerning the death of his brother)
The Properties of the Categories

Three major variations in the distribution of the properties were noted. Two occurred between categories 8 + 9 and 10 + 11. One related to the property of nurturing and closeness and the other to the property of death related knowledge and beliefs. The final variation pertained to the property of legitimation of bereavement status by others and occurred between category 8 and categories 9, 10 and 11. Other variations noted will be discussed in connection with the three major ones.

Intra-categorical variance was observed in connection with the properties of self perception of bereavement status and legitimation of bereavement status by others. Members of category 8 all reported that legitimation of bereavement status by others (whether primary or secondary) was inappropriate and reported finding such legitimation to be embarrassing rather than helpful. However, a consideration of the distribution of the property of nurturing and closeness gives some indication as to why this should be the case.

Intra-categorical variance of the property of nurturing and closeness was noted in connection with category 10. Members of category 11 tended to identify a relationship in which the bereaved nurtured the deceased. However, categories 8 and 9 were marked by the absence of indicators of the property. Even in cases where the bereaved had

1 Obviously, members of categories 8 and 9 were at variance with the respondent group as a whole concerning this issue. It was interesting to note (in connection with category 9) that the few indicators that were observed were in the past tense - as was the case with some members of category 3.
physically cared for the deceased for a number of years, this caring was reported in terms of social responsibility rather than indicators of nurturing and closeness. For instance:

"I did my duty by him - that's the best way I can put it. I lost all my love for him years before he died - when he started getting nasty to me, but he was still my husband and I did right by him and was seen to do right by him - that was the main thing".

(Comments of a 68 year old unwaged, retired homeworker, allocated to category 9, concerning the death of her husband)

The final variation in the distribution of properties was between categories 8 + 9 and 10 + 11 and related to the property of death related knowledge and beliefs. Whilst the distribution of this property was normal (relative to the respondent group as a whole) with reference to categories 8 + 9, members of categories 10 + 11 tended to report exceptionally high levels of both death related knowledge and beliefs. As indicated in the text, the source of such knowledge and beliefs varied. However, the implications of this observation will be discussed fully in the following chapter.
CHAPTER NINE

THE GENERATION OF THEORY: AN OVERVIEW

Introduction

The previous chapters have described the categories of reaction to bereavement which emerged as a result of comparative analyses of the data. The data was collected from individuals who, in the five years prior to the interview had lost a parent, child, sibling or spouse through death. The properties and indicators of categories have also been described and an attempt has been made to illustrate the influence other factors may have upon the reactions to bereavement outlined in the previous chapters.

This chapter is essentially concerned with the examination and formalisation of the relationships which emerged between the categories, their properties and other components of the model described in Chapter 4. The purpose of such an examination is to identify and facilitate the generation of hypotheses and the emergence of theory. Obviously, underlying such an examination are three main areas of consideration. Firstly, the principles governing the generation of grounded theory, secondly, the relevance and comparability of this research to previous research in the area and thirdly a consideration of the theoretical framework involved. Consequently, the first section of this chapter will consider the relationships which emerged between the components of
the model for the analysis of reactions to bereavement (as outlined in Chapter 4), in terms of the above-stated areas of consideration, and the second section of the chapter will be concerned with the formalisation and validation of the emergent theory.
The Relationships which Emerged Between the Components of the Model of the Analysis of Reactions to Bereavement

Review of the Model

The model described in Chapter 4 was demonstrated diagrammatically in the following way:

The Model of Reactions to Bereavement

1. Death Related Social and Cultural Factors
2. The Deceased
3. Bereavement related changes in Personal Philosophy and/or relationships
4. Official Support
5. Unofficial Support
6. Medical Personnel
7. Funeral Directors
8. Friends
9. Relatives

CATEGORY

PROPERTIES OF THE CATEGORY

INDICATORS OF THE PROPERTIES
The model was composed of four main areas of consideration, namely:

1. Structural Considerations. (Death Related Social and Cultural Factors).

2. External Validators. (The Deceased, Official and Unofficial Support).


4. Eventual Mode of Adjustment to Bereavement. (Bereavement related changes in Personal Philosophy and/or Relationships).

The categories of reactions to bereavement were at the centre of the analysis. Eleven categories emerged and categorisation was effected to provide a comparison between the emergent categories and previous research in the area. The relationship which emerged may be summarised in the following way (Figure 3).
Figure 3. A Summary of the Categories and their Relationship to Previous Research in the Area.

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Intense Typical Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 2</td>
<td>Typical Reactions</td>
</tr>
<tr>
<td>Category 3</td>
<td>Mild Typical Reactions</td>
</tr>
<tr>
<td>Category 4</td>
<td>Prolonged Typical Reactions</td>
</tr>
<tr>
<td>Category 5</td>
<td>Delayed Atypical Reactions</td>
</tr>
<tr>
<td>Category 6</td>
<td>Prolonged Atypical Reactions</td>
</tr>
<tr>
<td>Category 7</td>
<td>Absent Atypical Reactions</td>
</tr>
<tr>
<td>Category 8</td>
<td>The Relationship Between the Bereaved and the Deceased</td>
</tr>
<tr>
<td>Category 9</td>
<td>The Social Context in which the Bereavement Occurred</td>
</tr>
<tr>
<td>Category 10</td>
<td>The Beliefs of the Bereaved</td>
</tr>
<tr>
<td>Category 11</td>
<td>The Beliefs of the Deceased</td>
</tr>
</tbody>
</table>

Reactions considered within the range of normal by previous researchers in the area.

Reactions considered outside of the range of normal by previous researchers in the area.

Reactions which have not been considered by previous researchers in the area.

For reasons stated in Chapter 7, ie only one respondent fell into the category, category 7 will not be included in the main analysis.
Four properties of the categories were identified, these properties were discerned in all of the categories. The differences between the categories appeared to be related to the differential distribution of these properties. The properties may be summarised in the following way (Figure 4).

**Figure 4. A Summary of the Properties**

<table>
<thead>
<tr>
<th>Property 1</th>
<th>Self perception of bereavement status: primary and secondary bereavements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property 2</td>
<td>Legitimation of bereavement status by others: primary and secondary bereavements</td>
</tr>
<tr>
<td>Property 3</td>
<td>Nurturing and Closeness: The Qualitative Aspects of Caring Relationships</td>
</tr>
<tr>
<td>Property 4</td>
<td>Death Related Knowledge and Beliefs</td>
</tr>
</tbody>
</table>

Since it has been observed that the differential distribution of the properties apparently accounted for the differences observed between the categories of reaction to bereavement, the focus of the analysis of the emergent relationships will be upon the properties. That is, it is proposed to discuss the categories in terms of the differential distribution of the properties. The range of influence other elements of the model exercised will be identified within this frame of reference.
Obviously, the discussion will take place in the context of the theoretical framework which has been adopted by the researcher. The mode of discussion is dictated by the basic tenets of grounded theory. Specifically, grounded theory places a premium upon analysing the inter and intra categorical differences which emerge during the generation of theory. Ideally, the adoption of such a strategy should lead to the identification and testing of relevant hypotheses which facilitate the emergence, extension and refinement of the theory. It is in this way that the discussion will proceed. A similar strategy will be adopted with reference to the ongoing comparison between the previous research in the area and the findings of the present research project.
The Distribution of the Properties of Self Perception and Legitimation of Bereavement Status by Others: Primary and Secondary Bereavements

The rationale for a joint consideration of the above stated properties and the relationships which were observed between them have already been considered in Chapter 5 and need not be reviewed here. The relationship between bereavement status and access to support networks (both official and unofficial) has also been demonstrated. However, one of the most important relationships which emerged between the categories was related to the distribution of these properties.

Specifically, it was noted that the categories of reaction considered outside of the range of normal by previous researchers in the area appeared to represent prolongations and distortions of the categories considered within the range of normal by these researchers. Indeed, this is in keeping with the observations of previous researchers themselves (for example Marris (1974)) concerning this issue. Furthermore, it has previously been noted (Chapter 6) that Category 4 (prolonged typical reactions) was similar in factors other than duration to Category 3 (mild typical reactions) and could thus be considered as a prolongation of Category 3. The relationship which emerged may be demonstrated diagrammatically (Figure 5).
Figure 5. The Distribution of the Categories in terms of: Duration of Response; Previous Research in the Area and the Properties Relating to Bereavement Status

<table>
<thead>
<tr>
<th>Bereavement Status</th>
<th>Duration of Response (in years)</th>
<th>Categories of Reaction to Bereavement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not perceive the receipt of appropriate and/or helpful legitimation of bereavement status by others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 yrs</td>
<td>B Cat 6 Majority of respondents Prolonged Atypical Reactions</td>
<td></td>
</tr>
<tr>
<td>2 yrs</td>
<td>A Cat 1 Intense Typical Reactions</td>
<td></td>
</tr>
<tr>
<td>Perceived the receipt of appropriate and/or helpful legitimation of bereavement status by others</td>
<td>1 yr</td>
<td>Cat 2 Prolonged Typical Reactions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cat 3 Mild Typical Reactions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cat 8 Social Context</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cat 10, Cat 11 Beliefs of Bereaved, Bereav</td>
</tr>
<tr>
<td>0</td>
<td>C Cat 4 Delayed Atypical Reactions</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>Cat 5 Delayed Atypical Reactions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cat 9 Beliefs of Bereav</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cat 8 Relationship</td>
</tr>
</tbody>
</table>

A = Range of reactions considered normal by previous research
B = Range of reactions considered abnormal by previous research
C = Range of reactions not considered by previous research
Issues associated with bereavement status, its legitimation and the receipt of appropriate support have not been discussed by previous researchers in the area at any level. However, two researchers have identified possible areas of relevance in connection with atypical reactions to bereavement. Firstly, Lindemann (1944) made the observation, in connection with delayed reactions to bereavement, that (in terms of predispositions towards what he called "morbid" i.e. abnormal reactions) the social context in which the bereavement occurred seemed to be the important factor. Unfortunately, he neither analyses nor discusses the implications of this observation. Nevertheless, he did make the point, with some degree of surprise that an individual's previous history with reference to a predisposition to react to crises with "neurotic symptoms" did not appear to be the important causal element:

"In our study the most conspicuous forms of morbid identification were found in persons who had no former history of a tendency to psychoneurotic reactions".

p. 18 1944

Secondly, Gorer (1965) has noted that perceptions of the condolences and interventions of others as being unhelpful is, in itself, contraindicative of a normal outcome to bereavement.

As indicated in Figure 5, the difference between reactions considered normal and abnormal by previous research in the area (the relevant
categories are 1 to 6) appeared to be related to perceptions of the helpfulness and appropriateness of legitimation of bereavement status. This would support Gorer's (1965) observations. However, the utilisation of an essentially phenomenological framework makes the relevant import of such observations difficult to interpret. For instance, are the respondents referring to different kinds or levels of support or are references being made to similar kinds and levels of support from different individual perspectives? Nevertheless, one advantage of a reasonably large, representative sample covering a broad range of reactions to bereavement was that tentative generalisations could be made. Furthermore, the emergent theory has already identified that any variance between self perception of bereavement status and the legitimation of bereavement status by others is a source of considerable distress in itself. The range of such variance and its typical expression and outcome has been outlined in Chapter 5. Secondary bereavement status (helper) has also been identified in similar terms.

Category 5 (delayed atypical reactions) was comprised, in the main, of respondents who had lost a parent (usually a father). Its members perceived themselves to be of secondary bereaved status (helpers) and reported receiving legitimation appropriate to such status by others.¹

¹ In connection with Lindemann's (1944) observations, only two members of category 5, ie those whose reactions were similar to Volkan's (1975) description of abnormal reactions to bereavement reported having previous "nervous" problems. The majority of category members stressed that their experiences were incomprehensible to them since they, as one respondent put it "had never had any trouble with "nerves" before".
It has been noted that the reaction to bereavement reported by members of category 5 was similar to that reported by members of category 2 (typical reactions). Category 2 was comprised of respondents who had lost either a husband or a parent. It was interesting to note that eight members of category 2 who had lost a parent also perceived themselves to be of secondary bereaved status (helper) and reported receiving legitimation appropriate to such status by others. Since there was no immediately obvious reason why an apparently similar distribution of properties should result in categorical difference a comparative analysis was conducted. The results indicated that members of category 5 evaluated the support and legitimation of others in terms of it being unhelpful. Members of the subgroup of category 2, whilst identifying the majority of the support and legitimation received in those terms also identified some (usually only one) members of their unofficial support networks as making helpful interventions. Specifically members of the subgroup of category 2 tended to identify types of individuals the respondent group as a whole identified as helpful (usually in connection with the primary bereaved). They identified, for example, people who had undergone a similar experience, whilst members of category 5 did not report any access to such individuals. In fact, members of category 5 tended to identify their main source of support as being a male (usually a spouse) who had no prior experience of bereavement - a type of individual the respondent group as a whole identified as unhelpful irrespective of bereavement status.
Therefore, the available evidence would suggest that, with reference to the two relevant groups, differential access to appropriate support was the important factor. Furthermore, the evidence indicates that whilst the status of secondary bereaved (helper) is stressful in itself, appropriate support and legitimation by others, ie of a kind usually reserved for the holder of primary bereaved status, can ameliorate this distress. The support and legitimation appropriate to secondary bereaved status (helper) would appear to be at best neutral, and, at worst to aggravate this distress.

A similar comparative strategy was adopted in connection with the two respondents, both of whom had lost a husband, who were allocated to category 6 but described reactions similar to those reported in connection with category 2. The results indicated that neither of these women had any access to the range of support and legitimation considered helpful, both by comparable respondents in category 2 and the respondent group as a whole.

The situation with respect to the majority of members of category 6 (prolonged atypical reactions) was much more complex. Category 6 was comprised of respondents who had experienced various categories of loss. In fact all of the categories of loss covered by the research project were represented in this category. It had been noted that the reactions to bereavement described in connection with this category were similar
to those described in connection with category 1 (intense typical reactions), which also contained all of the categories of loss covered by the research project.

In terms of the relevant properties, members of category 1 tended to identify themselves as being of primary bereaved status, and to report receiving appropriate legitimation of bereavement status by others, which they evaluated as being as helpful as possible under the circumstances. Members of category 6 displayed considerable variance with respect to both properties. However, four members either held or adopted secondary bereaved status for various reasons, and the attendant stressful implications of such a position have already been indicated. Furthermore, three members of this category did not appear to have any access to the legitimation of others, i.e. a difference in the level of support was identified\(^1\).

The remaining five members of category 6 were of considerable interest. They all identified themselves as being of primary bereaved status and reported receiving appropriate legitimation of such status by others which they evaluated as being unhelpful. The subsequent analysis revealed no discernable difference in terms of either the level or kind of support

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\(^1\) In this section levels of support are considered solely in terms of access and availability. Issues arising from the constant rejection of offers of support and sustained hostility to others significant to the bereaved before their bereavement will be addressed in the following section of this chapter.
received by this group of respondents and the comparable members of category 1. Therefore, it would appear that individual perceptions of the same type of legitimation and support was an important factor. In fact, the analysis of the possible range of explanations for this observations led to the identification of an aspect of the property of nurturing and closeness, the implications of which had not previously been noted. Consequently, these observations led to a refinement of the category. However, this point will be fully discussed in the following section.

With reference to the remaining categories, ie category 3 (mild typical reactions) and category 4 (prolonged typical reactions), the difference appeared to be in the level of support received. Specifically category 3 was comprised of respondents in the older age range who had lost a parent, spouse or sibling, and category 4 was comprised of respondents in the older age range who had lost a parent or spouse. Members of category 4 reported having no access to the legitimation of others from whom to receive support. Alternatively, the comparable members of category 3 reported access to appropriate legitimation and support. In relation to category 4 the unavailability of others related to the fact that they had outlived the majority of their friends and relatives, the remainder not being within easy travelling distance. It is saddening to note that the evidence for this suggestion came from the numerous previous losses by death which were reported. However, this
was not the case with respect to members of category 6 who did not have access to the legitimation and support of others. The two members whose reactions to bereavement were similar to those described in connection with category 2 had access to official, although not unofficial, support. It has previously been noted (Chapter 5) that professional support networks are unlikely to provide adequate legitimation in themselves, due to the focus upon the immediate post bereavement period and the nature of the relationship, ie present orientated rather than past/present or present/future orientated. The position of the three other members of category 6, who reported a similar lack of access to legitimation and support, appeared to be related to the nature of their relationship with the deceased, ie intense and exclusive, and the context in which the bereavement occurred. They had all nursed the deceased through a long terminal illness and devoted all of their time and energy to this task - in the process they had lost the few other significant relationships they held. It was interesting to note that the previously mentioned respondents and members of category 4 all reported holding the "two-way" conversations with the deceased which have been outlined in Chapter 5.

To summarise this section, the observed relationship between normal and abnormal reactions to bereavement (in terms of previous research) may be stated in the following way.

\[1\] Obviously official support need not be concentrated in such areas. For instance a present/future focus of support could easily be adopted which would be more appropriate to the nature of the experiences of the recently bereaved. Indeed, Black (1980) has recommended such an approach with respect to bereavement counselling and Smith (1989) has considered social work intervention in a medical setting from the position of past/present and past/present/future interventions with respect to the terminally ill and their families. Unfortunately, the present research indicates that such approaches have not been adopted with respect to the respondents who contributed to this project.
Factors influencing the level and nature of support received by respondents have been identified and discussed, and it is concluded that the absence (for whatever reason) of the legitimation and support of others, in terms of both levels and types of support, is an important contributory factor to the prolongation and distortion of reactions to bereavement. Furthermore, the receipt of appropriate legitimation and associated support, the persistent rejection of such support, and the evaluation of it as unhelpful, has been associated with atypical reactions to bereavement.
The Distribution of the Property of Nurturing and Closeness: The Qualitative Aspects of Caring Relationships

The distribution of this property was an important factor with respect to three major areas of consideration. Firstly, in connection with the relationship which emerged between the categories generated by the present research and the observations of previous researchers in the area. Secondly, the relationship which emerged between two of the four categories which could not be accounted for in terms of previous research and thirdly, in terms of the relationship which emerged between the reported range of outcomes of reactions to bereavement.

With reference to the first area of consideration it has been noted that four categories of the present research could be subsumed under the range of reactions considered normal by previous researchers. The relevant categories are 1 to 4. The difference between two of these categories, ie category 1 (intense typical reactions) and category 2 (typical reactions) appeared to lie in the distribution of the property of nurturing and closeness. Specifically, members of category 1 typically identified their relationship with the deceased in terms of the bereaved having nurtured the deceased. Members of category 2 tended to identify the opposite relationship, ie one in which the deceased nurtured the bereaved. It has also been noted that categories 1 and 2 are related to categories 5 and 6 (reactions considered atypical by previous researchers in the area). Again, this relationship could be accounted for in terms of the distribution of the property of nurturing and
Figure 6. The Relationship which Emerged Between Categories 1, 2, 5 and 6 in Terms of the Distribution of the Property of Nurturing and Closeness

<table>
<thead>
<tr>
<th></th>
<th>Relationships in which the Bereaved Nurtured the Deceased</th>
<th>Relationships in which the Deceased Nurtured the Bereaved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reactions considered abnormal by previous researchers (already identified in terms of exaggerations and distortions of reactions considered normal).</td>
<td>Category 6 (majority)</td>
<td>Category 6 (minority)</td>
</tr>
<tr>
<td>Reactions considered normal by previous researchers in the area</td>
<td>Category 1</td>
<td>Category 2</td>
</tr>
</tbody>
</table>
closeness\(^1\). The relationship which emerged between these categories may be demonstrated diagrammatically (Figure 6).

Categories 8 (the Relationship between the Bereaved and the Deceased) and 9 (The Social Context in which the Bereavement Occurred) were characterised by the absence of the property, thus indicating its importance in terms of being a necessary pre condition for the reaction to bereavement noted by previous researchers to occur. Obviously, this situation could arise for a number of reasons. With respect to category 8 it would seem that the property never had been an important element in the relationship between the bereaved and the deceased. The case of category 9 is somewhat more complex. In these cases the property had apparently ceased to become an important factor in the relationship for some time prior to the death. It was interesting to note that the reactions of members of this category were similar to those described in category 3. The difference appeared to be in the way the relationship had ceased to become important in this respect. In the case of members of category 3, this appeared to be a consequence of maturation whilst in the case of category 9 it would

\(^1\) Members of all of the relevant categories identified their relationship with the deceased in terms of closeness
appear to be a consequence of a degenerative disease. Members of
category 9 felt that their experiences had seriously marred their
memory of the deceased, whilst members of category 3 felt their
memory of the deceased was clear and intact. With respect to members
of category 9 the researcher would offer the tentative suggestion that
the bereaved had "grieved" the loss of the nurturing element of the
relationship some time prior to the actual death. The remaining
relationship with the deceased would presumably be somewhat barren and
its continuance might act as a constant invalidation of the bereaved's
perception of the deceased's "real self". Consequently, the deceased's
physical death would be seen as a relief (as it was) since, for the
bereaved, they had been "socially" dead for some time.

The distribution of this property was also related to the eventual
mode of adjustment to bereavement adopted by respondents. Specifically,
members of category 1 reported an increase in concern over the welfare
of others and, in the long term, a strengthening of personal relation­
ships which were significant to them. Members of category 2 reported
an increase in concern over their own welfare and again, in the long
term, a weakening of personal relationships which were significant to
them. In terms of the theoretical framework adopted, the researcher
has previously suggested that members of category 1 tended to regain
control of their "world" and significant others in it by their own
actions, whilst members of category 2 tended to expect their significant
others to take over the deceased's previous control of their "world"
for them (hence placing considerable strain upon their other significant relationships).

Obviously, these observations seriously question both the basic premises and the validity of previous research in the area. However, it is proposed to defer discussion of this topic until all of the relationships between the categories generated by the present research have been documented.

Finally, it has been noted that the responses of five members of category 6 led to a reappraisal and refinement of the category. Specifically, whilst it had been noted that reciprocity implied repayment, the consequences of failing to "repay" had not been outlined. In the cases of the relevant members of category 6, in all instances the respondents perceived a gross imbalance in their relationship with the deceased. The deceased had died leaving the bereaved with a considerable debt which could not then be repaid. In these cases the bereaved refused all offers of support and condolence and steadfastly refused to forgive themselves. The researcher suspected that the only mode of repayment available to the bereaved was the stubborn perpetuation of their reaction to bereavement. For instance:

"I killed her. I always used to do everything practical for her, and the one time I didn't bother she died because of my negligence. I'll never forgive myself - never. I've robbed my own flesh and blood of life and I'll never forget it - or ever enjoy the rest of mine (life)".

(Comments of a member of category 6 who did not wish to be identified individually)

1 In two cases it would appear that the deceased's death was a direct result of the negligence of the bereaved.
The Distribution of the Property of Death-Related Knowledge and Beliefs

The distribution of this property was an important factor with respect to two major areas of consideration. Firstly, in connection with the relationship which emerged between the categories generated by the present research and the observations of previous researchers in the area, and secondly, the relationship which emerged between two of the four categories which could not be accounted for in terms of previous research.

With reference to the first area, a major difference between the four categories of the present research which could be subsumed under the range of reactions considered normal by previous researchers, was related to the distribution of this property (the relevant categories are 1 to 4). Specifically, it was found that categories 1 (intense typical reactions) and 2 (typical reactions) reported a low exposure level to death-related knowledge and beliefs, and a high degree of uncertainty concerning this area, whilst categories 3 (mild typical reactions) and 4 (prolonged typical reactions) reported a high exposure level to the property and a high degree of certainty concerning such issues.

As indicated in Chapter 1 the observations of previous researchers pertaining to death-related knowledge and beliefs are both tentative and unstructured.\(^1\) Therefore, since there is no integrated body of knowledge

\(^1\) This observation does not include any consideration of death-related rituals as the issue has previously been discussed in Appendix 4.
concerning this area, the observations of previous researchers will only be referred to where relevant.

The main difference, in terms of the reaction to bereavement reported by categories 1 + 2 and 3 + 4 appeared to lie in the area of violation of taken-for-granted assumptions concerning death-related issues. Death was apparently part of the "worlds" of members of categories 3 and 4. In Marris's (1974) terms they had apparently developed a "structure of meaning" (in Kelly's (1955) terms a "construct system") to cope with death-related issues. For such respondents the painful search for the meaning of their experience, and the necessity to re-locate their selves on a past, present and future continuum was apparently pre-empted by such a system.

Parkes (1972) has suggested, in connection with widows, that women who had prior warning of their husband's imminent death (usually in the case of cancer sufferers) tended to recover from their reaction to bereavement rather better than a comparable group of women whose husband's had either died without warning or for whom death was only a possibility (usually in the case of heart disease). He accounts for this by postulating that the women who were given time to contemplate their husbands' deaths had the opportunity to develop a coping strategy within which to incorporate the event. The present research would support this observation insomuch that a comparison of a similar sub-sample of widows (eight members of category 2) indicated that those who had expected the death of their spouse tended to experience a less severe
reaction to the death than those who had not. Nevertheless, it must be said that the difference between the two groups was not marked enough to warrant\(^1\) recategorisation in these cases.

It was noted that there was a difference in age-range between members of the relevant categories (ie 1 + 2 and 3 + 4). Specifically, members of categories 1 and 2 tended to be in the younger age range whilst members of categories 3 and 4 tended to be in the older age range. Obviously, such a difference would not be noted by previous researchers in the area because they have concentrated largely upon reactions to deaths which have occurred amongst the younger age-groups, ie no attempt at comparative analysis has been conducted with respect to this issue. However, the theoretical framework and the model for the analysis of reactions to bereavement adopted in the present research offers an explanation of this difference in terms of death-related social and cultural factors.

Specifically, the explanation which would be suggested by the research findings is as follows. Social and cultural factors operate to pre-empt any meaningful consideration of death-related issues until one either has personal experience of them or is approaching "old age" (since, in cultural terms, death and old age are associated with each other). It is the confrontation of these issues which results in the

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\(^1\) Specifically, the differences observed were similar to those observed by Parkes (1972). Firstly, the time the respondents who had been "warned" indicated that they took to commence recovering from the experience was less than that indicated by the comparative group, and secondly, the reactions of the group which had been warned appeared to be qualitatively less intense.
development of the construct systems which are implied by the responses of members of categories 3 and 4, within which death is seen as relevant to self as well as others. Presumably, a belief in the possibility of being reunited with the deceased (in the short term) is also an important factor. Consequently, respondents in the older age range would be likely to already have an integrated system of ideas pertaining to death-related issues within which to locate the relevant death. Alternatively, respondents in the younger age range would be likely to be either developing or consolidating their ideas concerning death-related issues. Hence the greater tendency for members of this age range to report less certainty concerning much of their death-related knowledge and beliefs. In connection with the observations of Parkes (1972) it would seem likely that any opportunity, prior to the death of a significant other to anticipate it, would be of assistance to the bereaved in this respect.

Another relationship which emerged from the comparison of the distribution of this property between age ranges, related to the relevance of the age of the deceased. It was noted that respondents in the older age range seemed not to be able to "account" for the deaths of members of the younger generation (presumably because of the cultural association between death and old age) and, in these cases, reported reactions to the bereavement similar to reactions reported by members of the younger age range. Also, respondents in the younger age range tended to report less
195.

severe reactions to deaths occurring in the older age range than they
did in connection with the deaths of younger people\textsuperscript{1}. Consequently,
the "timeliness" hypothesis which has been forwarded by Bowlby (1980)
and Parkes (1972) and is outlined in Chapter 1 would be supported by
these observations. However, the researcher would stress that
"timeliness" may be both culturally and personally determined, and
appropriateness at one level does not necessarily imply acceptance at
the other.

The application of these generations to Categories 10 (the
beliefs of the bereaved) and 11 (the beliefs of the deceased) are of
interest. In the case of category 10, in terms of the explanatory
framework adopted, the respondents, through their religious beliefs,
had apparently developed an integrated system of beliefs pertaining to
death-related issues. However, it was noted that although the age
range of the respondents varied, only three (out of nine) deceased
individuals were under 69 years of age at the time of death.
Consequently, it is impossible to say whether or not such frameworks
would lead to a similar reaction in connection with death occurring in
the younger age range. An analysis of the available evidence (from
reports of previous losses and the responses to the preliminary ques-
tionnaires given by those who refused a second interview) indicates
that they may not. Specifically, three respondents reported that the

\textsuperscript{1} It was extremely interesting to note (in connection with the younger
age range) that intra generational deaths, ie in terms of the respondent
and the deceased apparently invoked a greater consideration of issues
pertaining to the bereaved's own mortality than did inter generational
deaths.
death of a person in the younger age range, (in two cases a son and in one an adult daughter) had destroyed their previously held, and devoutly adhered to religious faith. Furthermore, an analysis of those who completed a preliminary questionnaire but declined a second interview, revealed 20 questionnaires in which high levels of religiosity and social and personal disruption were reported in connection with the death of a person in the younger age range. A further four were found which related to the death of a person in the older age range. None of these respondents gave a reason for refusing a further interview, but the researcher would hypothesise that whilst religious belief systems offer a helpful framework, (in terms of reactions to bereavement), within which to account for deaths which occur in the older age range, they are not as helpful with respect to deaths occurring in the younger age range.

In connection with category 10, the deceased apparently anticipated their own deaths and "prepared" the bereaved (some of whom were in the younger age range), presumably in a way similar to the previously outlined suggestion by Parkes (1972). This was apparently of great assistance to the bereaved. However, the relevant deceased individuals were all in the older age range and the present research offers little indication as to whether or not such 'preparation from a younger
deceased individual would be equally helpful to the bereaved.\(^1\)

To summarise this section, the observed relationships may be stated in the following way. Factors influencing the development of the death-related construct systems held by the respondent group have been identified and discussed. It is concluded that the development of such systems is facilitated by personal exposure to death-related issues. The loss by death of a significant other and the age of both the respondent and the deceased were important factors in this respect. Individuals who had apparently developed such a system tended to experience less severe reactions to bereavement than individuals who had not. However, it would appear, (at least with reference to the present research), that the death-related construct systems held by the respondents were likely to be of less assistance in cases where the deceased had died 'prematurely', presumably because the cultural association between death and old age tends to be incorporated into personal construct systems.

\(^1\) In the cases where the women in category 2 knew of their husbands' imminent deaths, they were informed by a member of their official support network, and their husbands were not informed. None of the respondents interviewed in connection with the relevant categories reported that an individual in the younger age range had been told that they were dying. Consequently, an opportunity to discuss the matter did not arise.
An Overview

This section of the chapter focuses upon two major areas of concern. Firstly, the formal statement of the relationships which have been discussed in the previous section; specifically, the relationships which emerged between the present research and previous research in the area, and the relationships which emerged between the categories themselves. Secondly, whilst the previous sections have demonstrated the relationships between the categories of the theory and have created and tested (as far as possible) hypotheses grounded in data, it is necessary to demonstrate the reliability and validity of the theory. This will be done by attempting to account for the observations made by the respondents in connection with their previous losses by death (a section of the data which has not yet been analysed), and then by describing how changing one of the variables altered the reported reaction to bereavement. This should demonstrate two properties of grounded theory thought of as essential by Glaser and Strauss (1967), ie the fit of the theory and its control. It is not proposed to demonstrate the other two properties, generality and understanding, separately. It is argued that generality has been shown throughout the description of the categories and, as Kratz (1978) has indicated,
understanding cannot realistically be demonstrated until the theory is actually presented to the people it most concerns, bereaved individuals themselves\(^1\).

\(^1\) It must be said that elements of the theory have already been presented 'officially' to members of the caring professions and 'unofficially' to members of the bereaved population and the results have been encouraging.
A Formal Statement of the Relationships which Emerged between the Present Research and Previous Research in the Area

One of the main objectives of the research project was to effect a comparison with the previous research in the area (as outlined in Chapter 1). The results of this comparison may now be formally stated.

It has been demonstrated that previous research in the area has been, in the main, focussed upon the reactions of women (in the younger age range) to the deaths of husbands or children (also, in the younger age range). The explanations of the observed reactions to bereavement have been concentrated at the level of the individual's psychological management (or otherwise) of bereavement, rather than in the area of the psychosocial context in which the bereavement occurs. The implications of these tendencies, as exemplified by the present research, may be stated in the following way.

Previous researchers have concentrated their analyses upon a group of individuals who would almost certainly hold primary bereaved status and would be unlikely to have developed an adequate death-related construct system within which to incorporate the relevant death. Consequently, it should not be surprising to note that issues arising from bereavement status and the generation of death-related construct systems have not been addressed by previous research in the area. The results of the present research indicate that the reliability and validity of many of the assumptions of previous researchers in the area must be seriously questioned, other than in the context of the reactions of holders of primary bereaved status in the younger age range, to the death of a significant other in the younger age range.
The range of reactions to death observed amongst members of the older age range is a case in point. Whilst little previous research has been conducted into this area the results, as outlined in Chapter 1, have been contradictory and confusing. The present research would indicate that the reactions to death as observed in the older age range would be dependent upon a number of potentially contradictory contributory factors. Specifically, whilst increasing age has been associated with an increased likelihood of individuals having developed a construct system within which to locate death-related issues (at least with respect to death in old age) it has also been associated with the decreased likelihood that the bereaved individual will receive appropriate post bereavement support (due to their fewer social contacts and the implications of the "low social worth" others attach to deaths which occur in the older age range). Therefore, a range of reactions (depending upon the interaction of the relevant variables) would be expected in terms of the present research.\(^1\)

Another associated implication of the tendency of previous research in the area to concentrate upon reactions reported by relatively young holders of primary bereaved status relates to the importance of support by others (particularly members of the bereaved's unofficial support

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\(^1\) Whilst a range of relevant reactions have been described in connection with the present research, it must be made clear that it is not being suggested that these cover the whole range of possible reactions which may occur in connection with the older age group.
network). Since this group of individuals is one which is extremely likely to receive a relatively high degree of support from others - the importance of the supportive function of others in itself, and the implications of inappropriate or absent support networks have not previously been identified.

The final area in which a relationship between past and present research has been identified is extremely difficult to interpret. Nevertheless, an interpretation will be offered in the form of a tentative hypothesis rather than a theory grounded in data. Specifically, the present research has identified two distinct types of reaction to bereavement which could be subsumed under the range of reactions considered normal by previous researchers in the area (ie categories 1 and 2). Furthermore, the counterparts of these reactions have been tentatively identified within the range of reactions considered abnormal by previous researchers in the area (ie categories 5 and 6) and the reactions themselves would appear to be associated with distinctly different modes of adjustment to bereavement. In terms of relevant social relationships it is not at all easy to see why previous researchers should not have made a similar distinction, since all of the relevant respondents tended to be in the younger age range, to be of primary bereaved status, and many were reacting to the death of a child or husband. However, the main area of empirical support for the
prevailing explanatory framework adopted within this area (i.e., that
derived from attachment theory) has been derived from the reactions
of women to the death of their husbands and, in terms of the present
research, the reactions noted in connection with this category of loss
were almost identical to those reported by previous researchers in the
area. Consequently, it seems reasonable to suggest that this data has
formed the 'core' of previous researchers' observations pertaining to
normal and abnormal reactions to bereavement, and any differences noted
have been arranged in terms of variance from this pattern. In this way
it is possible to envisage how relationships between certain variables
may have been overlooked. Within the framework derived from attachment
theory, Parkes (1972) has drawn attention to the similarities between a
widow's reaction to the loss of her husband and a child's reaction to
the loss of her "mother"1. Even within this framework it is not
impossible to conceive of the variations in reactions observed in
connection with the present research. Specifically, the reaction to
bereavement noted in connection with category 1 could be interpreted in
terms of the loss of a person for whom thebereaved has provided care
and protection, while the reactions noted in connection with category
2 in terms of the loss of a person who has provided care and protection
for the bereaved. To use Parkes's (1972) own analogy, there seems no

1 Parkes (1972) uses the term mother in preference to primary caregiver.
reason why a different range of reactions and emotions may not be

evoked in connection with perceiving oneself to be abandoned
(abandoned child) to those evoked in connection with perceiving oneself
to be an abandoner (an abandoning mother).¹

¹ A dichotomy is not being suggested - rather a continuum covering a range
of responses. The concept of repayment (outlined in Chapter 5)
is also of relevance. For instance, an adult who is in a close
relationship with an elderly parent, to whom they are "repaying"
nurturance, may well be in a position of experiencing a reaction
similar to those described by members of category 6, in connection
with the death of that parent, since inadequate support by others, due
to the low social worth attached to the deceased, might be expected.
Reactions to bereavement were at the centre of the analysis, and eleven categories of reactions emerged. The relationship between the categories was identified as being related to the distribution of four properties. The relevant relationships which emerged have been discussed in the preceding sections of this Chapter. It is now proposed to present a summary of the categories which indicates both the types of social relationships relevant to the categories, and the distribution of the properties.

It must be stressed that it is not being claimed that the range of reactions to bereavement covered by the present research is representative of the whole range of possible reactions. Questions arising from the possible relevance of other properties and other possible variations (of which there must be many) in the distribution of properties, are questions for future research. Nevertheless, the relationships which emerged may be summarised in the following way (Figure 7).
<table>
<thead>
<tr>
<th>Categories</th>
<th>Social Relationships of the category (in terms of the Present Research)</th>
<th>The Property of Self Perception of Bereavement Status</th>
<th>The Property of Legitimation of Bereavement Status by Others</th>
<th>The Property of Nurturing and Closeness, the Qualitative Aspects of Caring Relationships</th>
<th>The Property of death related knowledge and Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1:</td>
<td>Loss of child, wife, or adult to whom one is repaying nurturance (all losses covered by research project)</td>
<td>Primary Bereaved Status</td>
<td>Appropriate Legitimation by others</td>
<td>Close (the bereaved nurtured the deceased)</td>
<td>No integrated system of relevant knowledge or beliefs</td>
</tr>
<tr>
<td>Intense Typical Reactions</td>
<td></td>
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<tr>
<td>(14 respondents)</td>
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</tr>
<tr>
<td>Category 2</td>
<td>Loss of husband or parent (in early adulthood)</td>
<td>Primary Bereaved Status, Secondary Bereaved Status and Secondary Bereaved Status (helper)</td>
<td>Appropriate Legitimation by others</td>
<td>Close (the deceased nurtured the bereaved)</td>
<td>No integrated system of relevant knowledge or beliefs</td>
</tr>
<tr>
<td>Typical Reactions</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(48 respondents)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Category 3</td>
<td>Loss of parent, sibling or spouse</td>
<td>Primary Bereaved Status and Secondary Bereaved Status</td>
<td>Appropriate Legitimation by others</td>
<td>Close (some in past tense) the bereaved nurtured the deceased and the deceased nurtured the bereaved</td>
<td>An integrated system of relevant knowledge and beliefs</td>
</tr>
<tr>
<td>Mild Typical Reactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12 respondents)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Categories</td>
<td>Social Relationships of the category (in terms of the Present Research)</td>
<td>The Property of Self Perception of Bereavement Status</td>
<td>The Property of Legitimation of Bereavement Status by Others</td>
<td>The Property of Nurturing and Closeness, the Qualitative Aspects of Caring Relationships</td>
<td>The Property of death related knowledge and Beliefs</td>
</tr>
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<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Category 4</td>
<td>Prolonged Typical Reactions (4 respondents)</td>
<td>Loss of parent or spouse</td>
<td>Inappropriate Legitimation by others</td>
<td>Close, the bereaved nurtured the deceased and the deceased nurtured the bereaved</td>
<td>An integrated system of relevant knowledge and beliefs</td>
</tr>
<tr>
<td>Category 5</td>
<td>Delayed Atypical Reactions (24 respondents)</td>
<td>Loss of parent (usually father) in one case loss of sibling</td>
<td>Secondary Bereaved Status (helper)</td>
<td>Close, the deceased nurtured the bereaved</td>
<td>No integrated system of relevant knowledge and beliefs</td>
</tr>
<tr>
<td>Category 6</td>
<td>Prolonged Atypical Reactions (12 respondents)</td>
<td>Loss of child, wife or adult to whom one is repaying nurturance (all losses covered by research project)</td>
<td>Primary Bereaved Status</td>
<td>Close, the bereaved nurtured the deceased. Close, failure to repay the &quot;gift&quot;</td>
<td>No integrated system of relevant knowledge or beliefs</td>
</tr>
<tr>
<td>Category 7</td>
<td>Absent Atypical Reaction (1 respondent)</td>
<td>Loss of husband</td>
<td>Inappropriate Legitimation by others</td>
<td>Close, the deceased nurtured the bereaved</td>
<td>No integrated system of relevant knowledge or beliefs</td>
</tr>
<tr>
<td>Categories</td>
<td>Social Relationships of the category (in terms of the Present Research)</td>
<td>The Property of Self Perception of Bereavement Status</td>
<td>The Property of Legitimation of Bereavement Status by Others</td>
<td>The Property of Nurturing and Closeness, the Qua...</td>
<td>The Property of Death Related and Beliefs Caring Relationships</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Category 8</td>
<td>Loss of parent, sibling or spouse</td>
<td>Primary and Secondary Bereaved Status</td>
<td>Appropriate Legitimation by others</td>
<td>Neither close nor nurturing</td>
<td>No integrated system of relevant knowledge or beliefs</td>
</tr>
<tr>
<td>The Relationship between the Bereaved and the Deceased (8 respondents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 9</td>
<td>Loss of parent, sibling or spouse</td>
<td>Primary and Secondary Bereaved Status</td>
<td>Appropriate Legitimation by others</td>
<td>Close (most in past tense). No nurturing element</td>
<td>No integrated system of relevant knowledge and beliefs (2 exceptions)</td>
</tr>
<tr>
<td>(The Social context in which the bereavement occurred (9 respondents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 10</td>
<td>Loss of parent, sibling or spouse</td>
<td>Primary and Secondary Bereaved Status</td>
<td>Appropriate Legitimation by others</td>
<td>Close, (some in past tense) deceased nurtured bereaved and bereaved nurtured deceased</td>
<td>Integrated system of knowledge and beliefs</td>
</tr>
<tr>
<td>The Beliefs of the Bereaved (9 respondents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Categories</td>
<td>Social Relationships of the category (in terms of the Present Research)</td>
<td>The Property of Self Perception of Bereavement Status</td>
<td>The Property of Legitimation of Bereavement Status by Others</td>
<td>The Property of Nurturing and Closeness, the Qualitative Aspects of Caring Relationships</td>
<td>The Property of death related knowledge and beliefs</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Category II The Beliefs of the Deceased (11 respondents)</td>
<td>Loss of parent, sibling or spouse</td>
<td>Primary and Secondary Bereaved Status</td>
<td>Appropriate Legitimation by others</td>
<td>Close, bereaved nurtured the deceased</td>
<td>Integrated system of knowledge and beliefs</td>
</tr>
</tbody>
</table>
The Demonstration of Fit and Control

The data which was used to demonstrate the fit and control of the theory is derived from the section of the semi-structured interview schedule concerned with previous losses. This data had not previously been analysed. This situation arose because it was initially intended to use the data in connection with a hypothesis forwarded by Bowlby (1980) which was taken to suggest that experience of bereavement in childhood might predispose an individual to experience difficulty in coping with bereavements occurring in adulthood. However, since few respondents reported bereavements occurring in childhood such an analysis was not feasible. Also, the respondents (particularly those in the older age range had experienced so many bereavements prior to the relevant death that their responses tended to take the form of a brief outline of previous bereavements, together with a statement of whether or not they felt the reactions were similar. The majority of respondents (88%) stressed there was no similarity between their past and present reactions to bereavement whilst the remaining 12% reported similar reactions. However, within this section of the data six respondents were identified who had effectively given another semi-structured interview in connection with a previous loss and it is these interviews which will be used to demonstrate the fit and control of the theory.

1 It was retrospectively realised that a better demonstration of both fit and control could have been derived from return-visits to those who, at the time of interview, had been bereaved for less than one year. However, since the researcher was concerned to protect the anonymity of respondents she had destroyed all details of their identities and places of residence. Therefore, this strategy was impossible to adopt.
To demonstrate fit, it should be possible to categorise the six reactions to previous losses by death in terms of the eleven categories generated by the data. Indeed, this proved possible and the results may be demonstrated diagrammatically (Figure 8).

Figure 8. A Comparative Analysis of the Intra Individual Differences in Responses to Bereavement

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Present Bereavement</th>
<th>Previous Bereavement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Category 4</td>
<td>Category 1</td>
</tr>
<tr>
<td></td>
<td>Mild Typical Reaction</td>
<td>Intense Typical Reaction</td>
</tr>
<tr>
<td>2</td>
<td>Category 1</td>
<td>Category 2</td>
</tr>
<tr>
<td></td>
<td>Intense Typical Reaction</td>
<td>Typical Reaction</td>
</tr>
<tr>
<td>3</td>
<td>Category 8</td>
<td>Category 1</td>
</tr>
<tr>
<td></td>
<td>Relationship between the Bereaved and the Deceased</td>
<td>Intense Typical Reaction</td>
</tr>
<tr>
<td>4</td>
<td>Category 2</td>
<td>Category 4</td>
</tr>
<tr>
<td></td>
<td>Typical Reaction</td>
<td>Mild Typical Reaction</td>
</tr>
<tr>
<td>5</td>
<td>Category 2</td>
<td>Category 6</td>
</tr>
<tr>
<td></td>
<td>Typical Reaction</td>
<td>Prolonged Atypical Reaction</td>
</tr>
<tr>
<td>6</td>
<td>Category 6</td>
<td>Category 2</td>
</tr>
<tr>
<td></td>
<td>Prolonged Atypical Reaction</td>
<td>Typical Reaction</td>
</tr>
</tbody>
</table>

Therefore, using the conceptualisations underlying the relationship which emerged between the categories of reaction to bereavement, data which had not previously been analysed were effectively categorised. The categorisation of previously uncategorised data provided proof of the fit of the
emergent theory.

The demonstration of control was slightly more complex. Specifically, it is essential, when constructing grounded theory to present it in such a way that dependent as well as independent variables can be clearly distinguished. This strategy enables insight into exactly where change may be introduced, and what the possible outcomes are likely to be. In this analysis the dependent variables are the categories of reaction to bereavement and a change in categorisation should be effected if any of the independent variables are manipulated. In these cases, differential distributions of the properties, commensurate with those which would have been expected from an analysis of the formal statement of the relationships which emerged between the categories, were noted. Therefore, it was concluded that the theory generated from the model for the analysis of bereavement displayed both fit and control.
CHAPTER TEN

Summary and Conclusions

Introduction

There were two main objectives of this research project which may be described in the following way. The first objective was to investigate the reactions to bereavement experienced by a random sample of individuals who, in the five years prior to the research project, had lost by death, a parent, child, sibling or spouse. The second objective was to observe the importance of factors (if any) which were related to areas which were identified as being inadequately analysed by previous researchers, and, related to this, to effect a comparison between the findings of past and present research.

These objectives were pursued by using a theoretical perspective primarily derived from the phenomenological perspective of Berger and Luckmann (1967) and aspects of Kelly's (1955) Personal Construct Theory. The data were collected by means of a preliminary questionnaire and a semi-structured interview. The preliminary questionnaire was designed to identify individuals relevant to the study, and to provide a background against which the semi-structured interviews could be visualised. The semi-structured interviews were designed to provide information concerning the areas which had been identified as being inadequately analysed by previous researchers. Firstly, issues arising from the
bereaved's perception and evaluation of others significant to the bereavement situation and the bereavement situation itself. Secondly, issues arising from the nature of the relationship between the bereaved and the deceased and thirdly, issues arising from the possibility of different adjustments to "commonsense reality" being necessitated by the loss of different types of social and personal relationships.

The analysis of data took place at two levels. Firstly, at the level of description, the data derived from the relevant preliminary questionnaires were presented to provide background material against which the reactions to bereavement (reported in detail in the semi-structured interviews) could be interpreted. At the second level of analysis data from the semi-structured interviews were used to generate grounded theory in order to develop relevant theoretical insights into the reactions to bereavement reported by the respondents. Consequently, the first section of this chapter will be concerned with summarising the data generated by the preliminary questionnaires, the second with summarising the emergent theory and the third with the conclusions which may be drawn from the present study with respect to the areas which had been identified as having been inadequately analysed by previous research.
Summary of the Material which Provided a Background to the

Emergent Theory

Those who agreed to participate in the research typically experienced a higher degree of social and personal disruption following the relevant death than those who did not agree to participate. Since a higher degree of social and personal disruption was associated with deaths occurring in the younger age range, the data from which the theory emerged contained rather fewer deaths from the older age ranges than would have been expected. Whilst men were as likely to agree to participate in the research project as women, only 43 out of the 152 respondents were male. All categories of loss by death were represented. Specifically, (in a declining order of frequency) parent, spouse, sibling and child.

The respondents were broadly representative of the research locale as a whole and came from all age ranges. The majority were married, both at the time of the bereavement and at the time of the interview (excluding the majority of those who had lost a spouse). The period of time elapsed between the relevant bereavement and the interview varied from a few weeks to five years.

Relatively few of the respondents expressed a high degree of religiosity at the time of the death and few had changed their religious beliefs as a consequence of it. However, the vast majority attended the funeral service which was held for the deceased and made some gesture or token of mourning in connection with it. The majority of respondents

\(^1\) Obviously, this comment refers only to those who completed the preliminary questionnaire.
wore dark clothing on the day of the funeral service and sent a floral tribute to that service. Although other gestures or tokens of mourning were made, few were continued outside of the immediate period of time surrounding the funeral service.

Deaths in all age ranges from a variety of causes were identified. The majority of these deaths occurred in a hospital. The majority of respondents were not present at the death.
Summary of the Emergent Theory

Analysis of the data led to the emergence of a model for the analysis of reactions to bereavement. Factors influencing reactions to bereavement were found to be: death-related social and cultural factors; the receipt of official and unofficial support; the deceased; perception of bereavement status by self and others; nurturing and closeness aspects of the relationship between the bereaved and the deceased, and death-related knowledge and beliefs.

Different reactions to bereavement could be distinguished and eleven categories of reaction to bereavement subsequently emerged and were categorised in terms of their relationship with previous research in the area. The categories were characterised by the differential distribution of the above-stated factors influencing reactions to bereavement.

The categorisation of previously uncategorised data provided proof of the fit of the emergent theory. When an independent variable of the model for the analysis of reactions to bereavement was manipulated, this led to a change in the category of reaction to bereavement, the dependent variable. The manipulation of an independent variable demonstrated control of the emergent theory.
Conclusions

The conclusions which may be drawn from the present research project are related to the independent variables which were demonstrated to affect reported reactions to bereavement. The conclusions will be grouped in terms of their relationship to the three issues which were identified as previously being inadequately researched.

In connection with issues arising from the bereaved's perception and evaluation of others significant to the bereavement situation, the following conclusions may be drawn. Bereaved individuals perceived themselves to be of either primary, secondary (helper), or secondary bereavement status and expected to receive social legitimation of their bereavement status from others relevant to the bereavement situation. Failure by others, for whatever reason to provide appropriate legitimation caused the bereaved considerable personal distress and was associated with atypical reactions to bereavement. The receipt of appropriate legitimation and the evaluation of it as unhelpful was also associated with atypical reactions to bereavement. Perceptions related to the inadequate provision of legitimation were common and frequently resulted in severe criticism and permanent damage to the relationship between the bereaved and relevant other/s.

Interventions of others perceived to be helpful were those which appropriately facilitated and time-limited reactions to bereavement. Interventions which affirmed the bereaved individual's past identity
and differentiated it from their present distress, and interventions which differentiated their present distress from the possibility of their future adjustment to the situation were also highly valued. The majority of helpful interventions were identified as originating from a few key members of the bereaved's unofficial support network. Professional support networks were not considered helpful in this respect but were identified as valuable sources of relevant information and knowledge concerning the practicalities associated with coping with the present, i.e., the bereavement situation itself.

Interventions considered unhelpful were those which sought to repress rather than facilitate reactions to bereavement and those which either prematurely "time-limited" or prolonged such reactions. Voyeurism and mis-information concerning details of the relevant death and reaction to it were also considered to be unhelpful.

The conclusions arising from the bereavement situation itself related to the bereaved's consideration of death-related issues. Bereaved individuals who, prior to the relevant bereavement, had developed an explanatory framework (irrespective of source or content) within which to account for death-related issues, experienced relatively less severe reactions to bereavement than those who had not developed such a framework.
Bereaved individuals identified nurturing and closeness as the most important elements of their relationship with the deceased. Nurturing referred to feelings of personal responsibility for the well-being of the other, and closeness to the validating function of relationships. The distribution of these elements were, within relationships, symmetrical, reciprocal and governed by a triple set of norms: the obligations to give, to receive and to repay. Different reactions to bereavement were noted in connection with the distribution of these elements, both inside and outside of the range of reactions considered by previous researchers in the area. Failure to reciprocate giving, receiving or repaying was associated with atypical reactions to bereavement. If the relationship had never been characterised by either nurturing or closeness, no reaction (in terms of those outlined by previous research) occurred. If the relationship had been characterised by either nurturing or closeness in the past, but not the present, a comparatively mild reaction to the death was reported. Qualitatively different reactions were reported in relationships in which the bereaved felt they had nurtured the deceased, and relationships in which the bereaved felt the deceased had nurtured them.

Finally, the conclusions arising from different adjustments to "commonsense reality" being necessitated by the loss of different types of social and personal relationships were as follows. It was concluded that deaths occurring in old age necessitated fewer adjustments to "commonsense reality" than deaths occurring in the younger age ranges.
Also, the different adjustments effected varied with the nature of the relationship between the bereaved and the deceased. Success in effecting such adjustments was related to the receipt of helpful legitimation from others relevant to the bereavement situation.
Appendix 1

INTERVIEW SCHEDULES
A. The Preliminary Questionnaire

Interview Schedule

QUESTIONNAIRE

NUMBER

AREA

TIME

(Please ring appropriate response)

SEX OF RESPONDENT M/F

Age of Respondent 1 2 3 4 5 6 7 8 9+

Occupation of Respondent

Marital Status M S D W Sep.

Please Note

If the original respondent refers you to someone else in the household

IF YES

Sex of original respondent M/F

Age of original respondent 1 2 3 4 5 6 7 8 9+

Reason for Referral (if known)
Q.1.
Have you ever attended a funeral or cremation YES / NO

IF YES:
Q.1A.
How long ago was the last time you attended a funeral or cremation
A. Less than 6 months ago.
B. Less than 1 yr. ago.
C. More than 1 yr. less than 3 yrs.
D. 3 yrs. up to and including 5 yrs.
E. Over 5 yrs.

IF NO:
Q.1B.
Is this because you have never lost a friend or relative through death? YES / NO

IF ANSWER TO Q.1B. IS YES, THANK RESPONDENT, LEAVE. IF THE ANSWER IS NO, GO ON TO Q.1C.
Q.1C.  
How long ago was the last time you lost a friend or relative through death?  
A. Less than 6 months ago.  
B. Less than 1 yr. ago.  
C. More than 1 yr. less than 3 yrs.  
D. 3 yrs. up to and including 5 yrs.  
E. Over 5 yrs.  

Q.1D.  
Would you tell me why you have never attended a funeral or cremation?  
A. Ill health as a consequence of bereavement.  
B. General ill health.  
C. Too far away to travel (excluding ill health)  
D. Atheism.  
E. Restrictive religious belief (state below).  
F. Other reasons (state below).  

E: COMMENTS  

F: COMMENTS
Q.2

Attenders - Who was the funeral or cremation for?

Non-Attenders - Who did you lose through death?

CLASS I.

A1. Mother / Father
B1. Wife / Husband
C1. Sister / Brother
D1. Child (MALE / FEMALE)

CLASS 2

A2. Grandmother / father
B2. Grand-daughter / son
C2. Aunt / Uncle
D2. Cousin (MALE / FEMALE)
E2. Other blood relation (state)

F2. In-law (state)

G2. Other (state relationship)

IF THE ANSWER TO Q.2 RELATES TO CLASS 1 GO STRAIGHT TO Q.3. IF THE ANSWER TO Q.2 RELATES TO CLASS 2 AND WAS LESS THAN FIVE YEARS AGO ASK Q.2A BEFORE Q.3.
Q.2A.
Apart from that bereavement, have you lost a member of your immediate family through death during the last five years. Immediate family means parents, brothers/sisters, husband/wife and children. If yes, who?

YES / NO

A1. Mother / Father
B1. Wife / Husband
C1. Sister / Brother
D1. Child (MALE / FEMALE)

IF ANSWER TO Q.2A IS YES, CONTINUE QUESTIONS CONCERNING THE "IMMEDIATE" FAMILY BEREAVEMENT, PLEASE MAKE SURE THIS IS CLEAR TO THE RESPONDENT.

IF NO, CONTINUE THE QUESTIONS CONCERNING THE MOST RECENT BEREAVEMENT.

Q.3 (FOR FUNERAL AND CREMATION ATTENDERS AND NON-ATTENDERS)
What type of religious denominational service was the funeral or cremation of your

A. Church of England
B. Methodist
C. Roman Catholic
D. Baptist

(If respondent hesitates give A and B as examples)
E. Jewish
F. Muslem
G. Hindu
H. Don't know
I. Other (state which)
Q.4.
Would you describe yourself as being of any religious denomination? YES / NO
A. Church of England
B. Methodist
C. Roman Catholic
D. Baptist
E. Jewish
F. Muslim
G. Hindu
H. Don't know
I. Other (state which)

Q.5.
How often do you normally attend a religious service? A. More than once a week
B. Weekly
C. Less than once a week but up to and including once a month
D. Special occasions only
E. Never
(If respondent answers "E" please ask "Do you go to weddings and funerals - if YES code as "D" - if NO code "E".


Q.6.

Do you ever observe any private religious services or say private prayers?
If yes, how often?

A. More than once a day
B. Daily
C. Less frequently
D. Only on special occasions

Q.7. (INDICATE MORE THAN ONE LETTER IF APPROPRIATE)

On the day of the burial/cremation, did you wear any mourning clothes or anything you would not normally wear at other times? If yes, what?

A. Armband
B. Tie
C. Major Apparel
D. Can't remember
E. Other (state what)

E. COMMENTS
Q.8.
Did you wear mourning after the day of the funeral, if yes, for how long did you wear it? YES / NO
A. Less than one week
B. More than one week less than one month
C. More than one month less than three months
D. Over three months
E. Can't remember

Q.9.
Did you do any of the following things in connection with your bereavement:

A. Draw your blinds or curtains on the day of the funeral YES / NO
B. Send or receive mourning cards YES / NO
C. Send a floral tribute YES / NO
D. Pay your respects to the body before the funeral/cremation YES / NO
E. Send a cash tribute to a nominated charity? If yes, which charity? CHARITY
F. Give up any leisure activities for a time after the funeral/cremation? YES / NO

IF THE ANSWER TO Q.9(F) IS YES, WHAT ACTIVITIES WERE GIVEN UP AND FOR HOW LONG?

COMMENTS RE: Q.9(F)

Q.10
Other than the above, did you make any other gestures/tokens/symbols of mourning, if yes, what were these?*

*FOR EXAMPLE, HAVE A GRAVESTONE ERECTED, HAVE DETAILS OF THE DEATH PUBLISHED IN A LOCAL NEWSPAPER, VISIT THE GRAVE OR CREMATORIUM AFTER THE BURIAL/CREMATION SERVICE.

COMMENTS
Q.11

Where did your _____________ die?  
A. His/her home  
B. Hospital  
C. Don't know  
D. Elsewhere (state where)  

Q.12

How old was your _____________ when s/he died?  

Q.13

Were you present at your _____________'s death?  
YES / NO  

Q.14

Do you know the cause of your _____________'s death?  


Q.15
Immediately after your bereavement (that is, in the first few days) did you receive any special visits of condolence or offers of help from neighbours or relatives?

YES - NEIGHBOURS
YES - RELATIVES
NO

Q.16
In the first six months after your bereavement, do you think you saw more, less, or the same as usual of your relatives?

MORE
LESS
SAME

Q.17
In the first six months after your bereavement, do you think you saw more, less, or the same as usual of your friends?

MORE
LESS
SAME
Q.18
In the first six months after MORE your bereavement, do you think LESS you went out socially more or SAME less often - or about the same?

Q.19
In the first six months after GAINED your bereavement, do you think LOST you gained weight, lost weight, SAME or stayed the same?

Q.20
In the first six months after BETTER your bereavement, do you think WORSE you slept better, worse or the SAME same as usual?
Q.21
In the first six months after your bereavement, do you think that your general physical health worsened, got better or stayed the same?

IF HEALTH IS THOUGHT TO HAVE WORSENED - IN WHAT WAY?

COMMENTS

IF THE BEREAVEMENT IN QUESTION WAS RELATED TO A CLASS 2 RELATIVE OR OTHER, OR WAS MORE THAN FIVE YEARS AGO, THANK THE RESPONDENT AND LEAVE.
IF THE BEREAVEMENT IN QUESTION WAS RELATED TO A CLASS 1 RELATIVE AND OCCURRED LESS THAN FIVE YEARS AGO, GO ON TO Q.23.

Q.22
Would you be willing to allow (me/somebody) to talk to you in greater depth about your experiences since your bereavement? YES / NO
IF THE ANSWER TO Q.22 IS NO: GIVE THE RESPONDENT A LETTER AND S.A.E. ATTEMPT TO ASCERTAIN THE REASON FOR REFUSAL (IF POSSIBLE). THANK THE RESPONDENT AND LEAVE.

IF THE ANSWER TO Q.22 IS YES:

(i) VOLUNTEERS

GIVE DETAILS OF THE INTERVIEWER AND ARRANGE TIME, DATE (AS SOON AS POSSIBLE), AND PLACE OF INTERVIEW. THANK THE RESPONDENT AND LEAVE.

(ii) INTERVIEWERS

IF THE RESPONDENT REQUESTS A FURTHER INTERVIEW IMMEDIATELY, CONDUCT IT - IF NOT ARRANGE A MUTUALLY CONVENIENT TIME (AS (i)).

(i) and (ii)

PLEASE ENSURE THAT ALL RESPONDENTS AGREEING TO BE INTERVIEWED ARE ISSUED WITH THE LETTER OF INTRODUCTION WHICH STRESSES THE CONFIDENTIALITY OF SUCH INTERVIEWS.
B. The Semi-Structured Interview

Interview Schedule

Area 1 - Unofficial Support Network

1. Have you any family and friends living in the immediate area, or outside of the immediate area?

   Probe for check list

2. Were any of these people helpful to you after your bereavement (or during the deceased's terminal illness if applicable)?

3. Were any of these people unhelpful to you after your bereavement (or during the deceased's terminal illness if applicable)?

   Probe for in what ways. Check that all people mentioned in connection with Q.1 have been discussed. Make sure respondent is discussing both practical and emotional support - if not probe for details.

4. Who do you think was the most helpful to you during this period of time. Why do you think this was?
5. Do you think that any of your family or friends could have been of more assistance to you after your bereavement (or during the deceased's terminal illness if applicable)?

Probe for in what ways

6. Do you think you were of help to any of your family or friends after your bereavement?

Probe for in what ways and in connection with whom

7. Do you feel that more/any help would have been of assistance to you after your bereavement (or during the deceased's terminal illness if applicable)?

Probe for the nature of the help required and why such interventions would have been considered helpful.
Area 2 - Official Support Network

Probe for the range of official support relevant to the respondent. Some will have had contact with only a few members of official support networks and some with none. Ascertain checklist.

Examples for interviewers

Doctors - GP's, hospital doctors, consultants.

Nurses - District nurses, hospital nurses, "Marie Curie" nurses, health visitors

Clergy - Hospital and/or community based

Social - Hospital and/or community based workers

Funeral Directors

Solicitors/Lawyers

Registrar of the Death

Stonemason (erection of a headstone in cases of burial)

Coroner

Police

Others (for example, insurance company representatives, representatives of religious or self-help groups, Red Cross, Etc.).

Probe to ascertain the frequency of contact with the relevant members of the respondents official support network (including details of contact during the deceased's terminal illness - if applicable)
Interviewers please note:

THE FOLLOWING TWO QUESTIONS ARE TO BE ASKED IN CONNECTION WITH ALL IDENTIFIED MEMBERS OF THE RESPONDENTS UNOFFICIAL SUPPORT NETWORK.

1. Did you find the --- helpful or unhelpful?

Probe for the reasons why the respondent found this to be the case.

2. In what ways, if any, do you think the --- could have been more helpful?

3. Did you contact any of the people you have previously mentioned after the funeral service of your ---?

Probe for reasons and results of contacts (if any)

4. Did any of the people you have previously mentioned contact you after the funeral service of your ---?

5. Did you contact any other professional person or groups after the funeral service of your --- in connection with your bereavement?

Probe for reasons and results of contacts (if any)
6. Did anyone else contact you in connection with your bereavement (and/or during the deceased's terminal illness if applicable)?

Probe for reasons and results of contacts (if any)

7. Did you contact anyone else in connection with your bereavement (and/or during the deceased's terminal illness if applicable)?

Probe for reasons and results of contact (if any)

8. Do you feel that more/any help would have been of assistance to you after your bereavement (or during the deceased's terminal illness if applicable)?

Probe for the nature of the help required and why such interventions would have been considered helpful.
Area 3. The Death

1. Do you remember anything about the day your ___ died?

   __________

   Probe for details of memories (if applicable)

   __________

Interviewers please note:

   ONLY TO BE ASKED IN CASES WHERE THE RESPONDENT WAS NOT
   PRESENT AT THE DEATH.

2. Do you remember who told you that your ___ had died, did you
   find the manner in which you were told helpful or unhelpful?

   __________

   Probe for reasons

   __________

3. Can you remember what your reactions were immediately after
   your ___ (or respondent had been told of the death) died?

   __________

   If the respondent reports feelings of shock or disbelief
   ask them to estimate how long this experience lasted

   __________

4. How long was it between the death of your ___ and the funeral
   service, how did you feel during that period of time?
5. Did you find the funeral service helpful or unhelpful?

________

Probe for reasons

________

6. Could you tell me something about your religious beliefs, for instance, do you believe in an afterlife?

________

As much detail as possible. If the respondent believes in an afterlife enquire as to whether or not this belief entails a belief in being reunited with the deceased.

________

7. Did you find your religious beliefs to be helpful or unhelpful to you in connection with your bereavement.

________

Probe for reasons

________

8. Have you changed or questioned your religious beliefs in connection with the death of your ---?

________

If applicable, probe for in what ways and reasons given

________

9. Do you ever go back to the grave/crematorium. Do you find this helpful or unhelpful?
Probe for reasons

10. Could you tell me something about your relationship with your ---, for instance, what was the most important way to you that the relationship was special?

As much detail as possible
Area 4. Reactions after the Death, up to and Including the First Year of Bereavement

Interviewers please note:

PROBE FOR AS MUCH DETAIL AS POSSIBLE THROUGHOUT THIS SECTION OF THE INTERVIEW.

1. How did you feel after the funeral service of your ---?

2. Immediately, after that period of time, how did you feel then?

3. Did your feelings change during the first year (if applicable) following your ---'s death?

   Probe for in what ways

4. During the first year following the death of your ---, did you ever see or feel you saw your ---?

5. As for 4, substitute, did you ever hear ---?

6. As for 4 and 5, substitute, did you ever dream about your ---?

7. Have you had any similar experiences since that period of time (ie the first year of bereavement, if applicable)?
Interviewers please note:

IF RESPONDENT HAS ANSWERED YES TO ANY OF QUESTIONS 4 - 7
ASK QUESTION 8. IF NOT, GO ON TO QUESTION 9.

8. How did you/do you interpret these experiences?

9. Do you feel any better now than you did during the first year
(or whatever time period is applicable) of your bereavement?
(if so, when does the respondent think that s/he started to feel
better)?

10. Have you kept anything to remind you of your ---?

If yes, probe for what has been kept for why?

11. How often do you think about your --- now. How does this compare
with how often you thought about him/her during the first year
(or whatever period of time is applicable) following the death?
Area 5. Previous Experiences of Bereavement

1. Have you had any previous experience of bereavement?

----------

Probe for check list

----------

Interviewers please note:

THE FOLLOWING QUESTION IS TO BE ASKED IN CONNECTION WITH ALL PREVIOUS BEREAVEMENTS. ALLOW THE RESPONDENT FREEDOM TO CONCENTRATE UPON A PARTICULAR BEREAVEMENT IF APPLICABLE.

2. How did your reaction to the death of your --- (previous bereavement) compared with your reaction to the death of your --- (present bereavement). Why do you think this was?

----------

Probe for as much detail as possible. If necessary conduct a separate, complete interview schedule in connection with the previous bereavement/s

----------
Area 6. Changes in Philosophy or Attitude Connected with the Bereavement

1. Do you think your experience/s of bereavement have changed you in any way?

   ________

   Probe for in what ways and reasons

   ________

2. Do you think your personal relationships have been permanently affected by your experience/s of bereavement?

   ________

   Probe for in what ways and in connection with whom.

   ________
Changes in the Structure of the Preliminary Questionnaire and Semi-Structured Interview Schedule which were made as a result of the Pilot Study

1. Preliminary Questionnaire

Age-range extended from 7 (70+) to 9 (90+)

Interviewers instructed to indicate on preliminary questionnaire (Q.3) whether the deceased was buried or cremated (by underlining the appropriate mode of disposal of the body).

Q.3. Muslem and Hindu added to the coded list of religious denominations

Relevant instructions to interviewers other than the researcher added.

2. Semi-Structured Interview

Area 3. Question 6 was initially a series of detailed questions. However, it was found unnecessary to ask such questions since the majority of respondents spontaneously answered them.

Area 4. Initially contained a series of detailed questions which were omitted because they were answered spontaneously in connection with the remaining questions in area 4.

Area 5. It was decided to conduct, if the respondent requested it, an interview in connection with previous experiences of bereavement. This decision was made because 6 respondents who took part in the pilot study indicated a preference for talking in detail about the death that disturbed them most and this was not necessarily their most recent bereavement.
Appendix 2

INSTRUCTIONS TO INTERVIEWERS
T. The Preliminary Questionnaires

(i) Role-play of most appropriate method of approaching respondents and instructions concerning how to cope with refusals (and probable refusal rate).

(ii) Role-play of conducting a preliminary questionnaire. Identification of, and instructions concerning areas in which some respondents gave ambiguous answers.

(iii) Each interviewer conducted her own pilot study. Their result rates were checked, ie with the researcher's pilot study, and potential sources of error identified and indicated before the interviewer took part in the main study.

(iv) All questionnaires were checked upon (usually daily) receipt. Questionnaires which were incomplete were eliminated from the study.
2. The Semi-Structured Interview Schedules

(i) The three weeks prior to conducting the main study were spent in the following way:

A. Discussion of previous research in the area of reactions to bereavement and the potential contribution of the present research.

B. Discussion of the results and indications of the pilot study.

C. Discussion of the methodology utilised in probing for details, i.e., Heron's (1975) intervention technique.

D. Role-play of the use of the technique.

E. Evaluation of inter-interviewer reliability concerning the coding and undertaking of such interventions.

F. Example of a completed semi-structured interview and role-play of the completion of a complete interview schedule.

(ii) Each interviewer conducted their own small pilot study (five completed semi-structured interviews). The information was checked by the researcher for inter and intra-interviewer reliability. As far as possible, all sources of error and omission were eliminated before the interviewer took part in the main study. However, all completed interviews were checked upon receipt and interviews which were incomplete were eliminated from the study.
Appendix 3

QUESTIONNAIRE AND STATISTICAL TABLES
### Table 1  Members of the survey sample who could not be contacted

<table>
<thead>
<tr>
<th>REASON FOR NON-CONTACT</th>
<th>NUMBER</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupants of household not at home</td>
<td>479</td>
<td>85.2</td>
</tr>
<tr>
<td>Unoccupied dwellings</td>
<td>17</td>
<td>3.0</td>
</tr>
<tr>
<td>Could not communicate due to language difficulties</td>
<td>51</td>
<td>9.1</td>
</tr>
<tr>
<td>Respondents who were too ill to be interviewed</td>
<td>15</td>
<td>2.7</td>
</tr>
<tr>
<td>Total number of those who could not be contacted</td>
<td>562</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 2 Members of the survey sample who refused to participate in the survey at any level

<table>
<thead>
<tr>
<th>REASON GIVEN FOR REFUSAL</th>
<th>NUMBER</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic of Questionnaire</td>
<td>3</td>
<td>1.8</td>
</tr>
<tr>
<td>Going out or &quot;too busy&quot;</td>
<td>28</td>
<td>16.5</td>
</tr>
<tr>
<td>Refused to listen to verbal introduction</td>
<td>50</td>
<td>29.4</td>
</tr>
<tr>
<td>Refused on the grounds of having no experience of bereavement</td>
<td>32</td>
<td>18.8</td>
</tr>
<tr>
<td>No specific reason given</td>
<td>57</td>
<td>33.5</td>
</tr>
<tr>
<td>Total number of those who refused to participate in the survey</td>
<td>170</td>
<td>100.0</td>
</tr>
</tbody>
</table>
**Table 3**  A summary of those members of the survey sample who completed preliminary questionnaires

<table>
<thead>
<tr>
<th>CATEGORY OF INCLUSION IN THE SURVEY</th>
<th>NUMBER</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those who had never lost a friend or relative through death</td>
<td>59</td>
<td>5.7</td>
</tr>
<tr>
<td>Those whose bereavement did not fall within the research criteria.</td>
<td>626</td>
<td>60.5</td>
</tr>
<tr>
<td>(Either because of the time elapsed since the relevant bereavement or because of the relationship between the bereaved and the deceased)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those whose bereavement was within the research criteria but who refused a further interview</td>
<td>117</td>
<td>11.3</td>
</tr>
<tr>
<td>Those whose bereavement was within the research criteria who initially agreed to a further interview</td>
<td>191</td>
<td>18.5</td>
</tr>
<tr>
<td>Those whose bereavement did not fall within the research criteria but who requested a further interview</td>
<td>41</td>
<td>4.0</td>
</tr>
<tr>
<td>Total number of completed preliminary questionnaires</td>
<td>1034</td>
<td>100.0</td>
</tr>
</tbody>
</table>

N.B. Preliminary questionnaires excluded from the summary

43 preliminary questionnaires were excluded from the summary on the grounds that they were incomplete. 18 were incomplete due to respondents refusing to answer one or more questions. 16 were incomplete because the respondent could not remember the answer to one or more questions. The remaining 9 incomplete questionnaires were attributed to interviewer error.
Table 4  Chi Squared: Degrees of social and personal disruption and level of participation in the survey

A. Method of Scoring (relevant questions 16 - 22) of the preliminary questionnaire

- Q.16 Yes = 1  (any category of condolence maximum 2)
  - No = 0

- Q.17 - 19
  - More = 1
  - Less = 1
  - Same = 0

- Q.20
  - Gained = 1
  - Lost = 1
  - Same = 0

- Q.21
  - Better = 1
  - Worse = 1
  - Same = 0

- Q.22
  - Better = 1
  - Same = 0

B. Rationale for Scoring

Since any deviation from normal routine was taken to be indicative of disruption, no weight is given to the favourable/unfavourable aspects of its direction. However, most people reporting weight gain, better sleeping habits and better health were those who had been involved in nursing their relative during their terminal illness, and many stressed that the degree of improvement had not restored them to their usual level of functioning. With reference to questions 17 - 19, whilst it might be argued that less social interaction might well be considered unfavourable in terms of eventual outcome (relative to more), many respondents indicated that, after an initial increase in contact they then had less contact with their friends and relatives. Therefore, the implications of having greater contact with others was by no means clear at this level of analysis.
C. Chi Squared

Low Social and Personal Disruption  Score = 1 - 4
High Social and Personal Disruption  Score = 5 - 8

<table>
<thead>
<tr>
<th></th>
<th>High Score Social/Personal Disruption</th>
<th>Low Score Social/Personal Disruption</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those accepting a further interview</td>
<td>143</td>
<td>48</td>
<td>191</td>
</tr>
<tr>
<td>Those refusing a further interview</td>
<td>63</td>
<td>54</td>
<td>117</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>206</td>
<td>102</td>
<td>308</td>
</tr>
</tbody>
</table>

\[ X^2 = 13.53 \text{ df } 1 \text{ p } > 0.001 \]
A. Definition

A death was considered to be timely if it occurred after the deceased had reached 70 years of age. All other deaths were considered to be untimely.

B. Rationale for such a Definition

Obviously, "timeliness" is a socially and historically specific concept. As Carr (1981) indicates:

"If you had been born at the beginning of this century, your life expectancy at birth would have been 44 years if you were male or 48 years if you were female. If you were born today, your initial life expectancy would be 70 years or 76 years respectively".

1981: p. 295

It was decided to use the lower age, ie 70 years because the research itself (at the level of the preliminary questionnaires) suggested that many people in the community take "three score years and ten" to be the average life expectancy and it was the respondents' perceptions of the timeliness or otherwise of the deaths which was believed to be the important factor.
### C. Chi Squared

<table>
<thead>
<tr>
<th></th>
<th>Timely Deaths</th>
<th>Untimely Deaths</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those accepting a further interview</td>
<td>81</td>
<td>110</td>
<td>191</td>
</tr>
<tr>
<td>Those refusing a further interview</td>
<td>66</td>
<td>51</td>
<td>117</td>
</tr>
<tr>
<td></td>
<td>147</td>
<td>161</td>
<td>308</td>
</tr>
</tbody>
</table>

\[ X^2 = 5.15 \text{ df 1 } p > 0.05 \]
Table 6. Chi Squared; Women/Men and Refusal of a Further Interview

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those accepting a further interview</td>
<td>142</td>
<td>49</td>
<td>191</td>
</tr>
<tr>
<td>Those refusing a further interview</td>
<td>88</td>
<td>29</td>
<td>117</td>
</tr>
<tr>
<td></td>
<td>230</td>
<td>78</td>
<td>308</td>
</tr>
</tbody>
</table>

\[ X^2 = 0.0015 \text{ df 1. Not Significant} \]
Table 7. A summary of those interviews conducted with respondents who fell outside of the research criteria for inclusion in the main analysis

<table>
<thead>
<tr>
<th>Category of Loss</th>
<th>Total (Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of an aunt</td>
<td>3</td>
</tr>
<tr>
<td>Death of a pet</td>
<td>1</td>
</tr>
<tr>
<td>Serious illness of a relative (husband)</td>
<td>2</td>
</tr>
<tr>
<td>Death of a friend of the same sex as the respondent</td>
<td>2</td>
</tr>
<tr>
<td>Death of a friend of the opposite sex to the respondent</td>
<td>1</td>
</tr>
<tr>
<td>Experience of the bereavement of others in a professional capacity</td>
<td>1</td>
</tr>
<tr>
<td>A bereavement encompassed by the main research criteria but occurring more than five years prior to initial contact</td>
<td>17</td>
</tr>
</tbody>
</table>

Total of those to be referred to in the main analysis 27

Fourteen people were excluded from the analysis due to the lack of relevance of their interviews. None of these people had lost a friend or relative through death at any time and all were concerned to discuss general aspects of death related issues rather than bereavement in particular.

The total number of individuals who requested a further interview and did not fall within the criteria for inclusion in the main sample is forty one.
**Table 8**  A summary of those respondents who initially agreed to a further interview but were excluded from the Main Analysis

<table>
<thead>
<tr>
<th>Category of Exclusion</th>
<th>Total (Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent sexual harrassment of interviewer</td>
<td>2</td>
</tr>
<tr>
<td>Those who initially agreed but subsequently declined after reconsideration</td>
<td>6</td>
</tr>
<tr>
<td>Those who were unable to give a further interview due to prolonged absence from home</td>
<td>2</td>
</tr>
<tr>
<td>Those who were unable to be contacted after more than two return visits had been made and a letter sent requesting an alternative appointment</td>
<td>5</td>
</tr>
<tr>
<td>Those interviews duly completed but excluded due to interviewer error. (Failure to ask all questions)</td>
<td>24</td>
</tr>
<tr>
<td><strong>TOTAL EXCLUDED</strong></td>
<td><strong>39</strong></td>
</tr>
</tbody>
</table>
Table 9. Rationale and Summary of the Assessment of Religiosity

A. Method of Scoring (relevant questions 4 - 6) of the preliminary Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.4</td>
<td>YES = 1  No or Atheist = 0</td>
</tr>
<tr>
<td>Q.5</td>
<td>A = 4  B = 3  C = 2  D = 1  E = 0</td>
</tr>
<tr>
<td>Q.6</td>
<td>A = 4  No = 0  B = 3  C = 2  D = 1</td>
</tr>
</tbody>
</table>

Combined Scores and Associated Rank of Religiosity

<table>
<thead>
<tr>
<th>Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1 - 3</td>
<td>Low</td>
</tr>
<tr>
<td>4 - 6</td>
<td>Moderate</td>
</tr>
<tr>
<td>7 - 9</td>
<td>High</td>
</tr>
</tbody>
</table>
B. Summary of Scoring

Very few individuals scored 0 because most people who described themselves as being of no religious denomination and never saying private prayers did attend religious services on special occasions and would thus (scoring 1) be incorporated into the low rank. The commonest pattern of low religiosity was, being a member of a particular religious denomination, attending religious services on special occasions only and never saying private prayers (scoring 2). The commonest pattern of moderate religiosity was, being a member of a particular religious denomination, attending religious services at least once a month and saying private prayers daily, usually in the evening (scoring 6). The commonest pattern of high religiosity was, being a member of a religious denomination, attending religious services weekly and saying private prayers more than once daily, usually morning and evening (scoring 8).

Two major problems were encountered in the implementation of such an assessment. Firstly, the Hindu respondents frequently held religious services in their homes but attended them outside of their homes much less frequently. Consequently, the combined attendance score was included in Q.5, thus leaving Q.6 relating, in these cases, to private prayers only. Secondly, most of the Moslem women interviewed were not allowed to attend religious ceremonies. No compensation in terms of adjusted scores was made in these cases though upon reflection, two Moslem women were ranked "moderate" when a more realistic appraisal (derived from the second interviews) would have indicated high religiosity in these cases.
Table 10. Summary of Gestures/Tokens and Symbols of Mourning other than Clothing

<table>
<thead>
<tr>
<th>CATEGORY OF GESTURE</th>
<th>BURIALS</th>
<th>CREMATIONS</th>
<th>TOTAL(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>Closed blinds or curtains on the day of the funeral</td>
<td>27</td>
<td>45</td>
<td>72</td>
</tr>
<tr>
<td>Sent or received mourning cards</td>
<td>25</td>
<td>51</td>
<td>76</td>
</tr>
<tr>
<td>Sent a floral tribute to the funeral service</td>
<td>76</td>
<td>54</td>
<td>130</td>
</tr>
<tr>
<td>Sent a cash tribute to a nominated charity</td>
<td>15</td>
<td>60</td>
<td>75</td>
</tr>
<tr>
<td>Gave up leisure activities after the funeral service</td>
<td>3</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Had a gravestone erected</td>
<td>12</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Had details of the death published in a newspaper</td>
<td>30</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>Visited the grave or crematorium after the burial service</td>
<td>30</td>
<td>24</td>
<td>54</td>
</tr>
<tr>
<td>Other symbols of mourning</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>No gestures of mourning</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

\(^1\) % is in terms of the respondent group as a whole (N = 152). Since the overwhelming tendency was to make more than one gesture or token of mourning the total number of gestures obviously exceeds 152.
Appendix 4

The Relevance of Death-Related Rituals to the Present Research Project
Whilst previous research (particularly Gorer (1965) and Marris (1974) has indicated that the ritual management of death was an important factor in terms of assisting bereaved individuals to cope with their reaction to bereavement, the present research did not support this assertion. Specifically, the respondent group as a whole did not consider death-related rituals as important issues in any way that is not referred to in the main body of the thesis.

Since the comparison was necessarily conducted within the constraints of the present research project, it might be the case that the respondent group's exposure to the ritual management of death was so uniformly low that no effective comparison could be made. However, Vizedom (1976) has effected an exhaustive review of the available comparative literature and concludes that it has yet to be demonstrated that death-related rituals actually facilitate death-related transitions for the bereaved. Consequently, it must be concluded that whilst the present research neither validates nor invalidates the contentions of previous researchers in the area, the available evidence suggests that such contentions must be interpreted with care. Obviously, since such contentions did not form part of the respondents' "taken-for-granted" death-related realities they have not been included in the consideration of the components of the model for the analysis of reactions to bereavement.
Appendix 5

THE RESPONDENTS AND THE CATEGORIES TO WHICH THEY WERE ALLOCATED
### Table 1a. Intense Typical Reactions to the Death: The Respondents and the Deceased

<table>
<thead>
<tr>
<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondents Age Range (in years)</th>
<th>Sex</th>
<th>Deceased Age Range (in years)</th>
<th>Time Elapsed (in years) Since Bereavement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mother</td>
<td>40 - 49</td>
<td>F</td>
<td>60 - 69</td>
<td>3 - 5</td>
</tr>
<tr>
<td>2</td>
<td>Mother</td>
<td>50 - 59</td>
<td>F</td>
<td>70 - 79</td>
<td>1 - 3</td>
</tr>
<tr>
<td>3</td>
<td>Mother</td>
<td>50 - 59</td>
<td>F</td>
<td>70 - 79</td>
<td>1 - 3</td>
</tr>
<tr>
<td>4</td>
<td>Mother</td>
<td>60 - 69</td>
<td>F</td>
<td>70 - 79</td>
<td>3 - 5</td>
</tr>
<tr>
<td>5</td>
<td>Mother</td>
<td>70 - 79</td>
<td>F</td>
<td>90 - 99</td>
<td>1 - 3</td>
</tr>
<tr>
<td>6</td>
<td>Son</td>
<td>30 - 39</td>
<td>F</td>
<td>0 - 9</td>
<td>1 - 3</td>
</tr>
<tr>
<td>7</td>
<td>Son</td>
<td>30 - 39</td>
<td>F</td>
<td>0 - 9</td>
<td>3 - 5</td>
</tr>
<tr>
<td>8</td>
<td>Son</td>
<td>30 - 39</td>
<td>M</td>
<td>0 - 9</td>
<td>3 - 5</td>
</tr>
<tr>
<td>9</td>
<td>Adult Son</td>
<td>60 - 69</td>
<td>F</td>
<td>40 - 49</td>
<td>3 - 5</td>
</tr>
<tr>
<td>10</td>
<td>Adult Son</td>
<td>70 - 79</td>
<td>F</td>
<td>40 - 49</td>
<td>1 - 3</td>
</tr>
<tr>
<td>11</td>
<td>Sister</td>
<td>70 - 79</td>
<td>M</td>
<td>90 - 99</td>
<td>1 - 3</td>
</tr>
<tr>
<td>12</td>
<td>Husband</td>
<td>60 - 69</td>
<td>F</td>
<td>80 - 89</td>
<td>3 - 5</td>
</tr>
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<td>13</td>
<td>Wife</td>
<td>30 - 39</td>
<td>M</td>
<td>30 - 39</td>
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</tr>
<tr>
<td>14</td>
<td>Wife</td>
<td>40 - 49</td>
<td>M</td>
<td>40 - 49</td>
<td>1 - 3</td>
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</tbody>
</table>
Table 2a. Typical Reactions to the Death: The Respondents and the Deceased - The Death of a Parent

<table>
<thead>
<tr>
<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondents Age Range (in years)</th>
<th>Sex</th>
<th>Deceased Age Range (in years)</th>
<th>Time Elapsed (in years) Since Bereavement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mother</td>
<td>30 - 39</td>
<td>M</td>
<td>50 - 59</td>
<td>4 - 1</td>
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<tr>
<td>2</td>
<td>Mother</td>
<td>20 - 29</td>
<td>M</td>
<td>40 - 49</td>
<td>3 - 5</td>
</tr>
<tr>
<td>3</td>
<td>Mother</td>
<td>Under 20</td>
<td>F</td>
<td>30 - 39</td>
<td>3 - 5</td>
</tr>
<tr>
<td>4</td>
<td>Mother</td>
<td>Under 20</td>
<td>M</td>
<td>30 - 39</td>
<td>3 - 5</td>
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<td>Mother</td>
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<td>60 - 69</td>
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<td>70 - 79</td>
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<td>F</td>
<td>60 - 69</td>
<td>3 - 5</td>
</tr>
</tbody>
</table>

1 For the purposes of clarity, this category has been divided into those who had lost a parent and those who had lost a spouse. Table 3 refers to the latter group of respondents.
Table 3a.  Typical Reactions to the Death: The Respondents and the Deceased - The Death of a Spouse

<table>
<thead>
<tr>
<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondents</th>
<th>Deceased</th>
<th>Time Elapsed (in years)</th>
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<td>Age Range (in years)</td>
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<td>F</td>
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<td>Husband</td>
<td>50 - 59</td>
<td>F</td>
<td>60 - 69</td>
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<td>F</td>
<td>50 - 59</td>
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</table>
## Table 4a. Mild Typical Reactions to the Death: The Respondents and the Deceased

<table>
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<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondent Age Range (in years)</th>
<th>Respondent Sex</th>
<th>Deceased Age Range (in years)</th>
<th>Time Elapsed (in years) Since Bereavement</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Mother</td>
<td>60 - 69</td>
<td>F</td>
<td>80 - 89</td>
<td>3 - 5</td>
</tr>
<tr>
<td>2</td>
<td>Mother</td>
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<td>M</td>
<td>80 - 89</td>
<td>3 - 5</td>
</tr>
<tr>
<td>3</td>
<td>Father</td>
<td>70 - 79</td>
<td>F</td>
<td>90 - 99</td>
<td>1 - 3</td>
</tr>
<tr>
<td>4</td>
<td>Father</td>
<td>60 - 69</td>
<td>M</td>
<td>70 - 79</td>
<td>3 - 5</td>
</tr>
<tr>
<td>5</td>
<td>Sister</td>
<td>70 - 79</td>
<td>M</td>
<td>70 - 79</td>
<td>0 - ½</td>
</tr>
<tr>
<td>6</td>
<td>Brother</td>
<td>60 - 69</td>
<td>M</td>
<td>70 - 79</td>
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<tr>
<td>7</td>
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<td>1 - 3</td>
</tr>
<tr>
<td>8</td>
<td>Brother</td>
<td>70 - 79</td>
<td>M</td>
<td>70 - 79</td>
<td>1 - 3</td>
</tr>
<tr>
<td>9</td>
<td>Wife</td>
<td>70 - 79</td>
<td>M</td>
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<td>Wife</td>
<td>70 - 79</td>
<td>M</td>
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<td>Husband</td>
<td>70 - 79</td>
<td>F</td>
<td>80 - 89</td>
<td>½ - 1</td>
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</table>
Table 5a. Prolonged Typical Reactions to the Death: The Respondents and the Deceased

<table>
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<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondents Age Range (in years)</th>
<th>Sex</th>
<th>Deceased Age Range (in years)</th>
<th>Time Elapsed (in years) Since Bereavement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Father</td>
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<td>80 - 89</td>
<td>1 - 3</td>
</tr>
<tr>
<td>2</td>
<td>Wife</td>
<td>70 - 79</td>
<td>M</td>
<td>60 - 69</td>
<td>1 - 3</td>
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<td>Wife</td>
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<td>M</td>
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<td>70 - 79</td>
<td>F</td>
<td>70 - 79</td>
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</table>
b. Atypical Reactions: The Categories

Table 1b.  Delayed Atypical Reactions to the Death: The Respondents and the Deceased

<table>
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<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondents Age Range (in years)</th>
<th>Sex</th>
<th>Deceased Age Range (in years)</th>
<th>Time Elapsed Since Bereavement</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Mother</td>
<td>40 - 49</td>
<td>M</td>
<td>60 - 69</td>
<td>1 - 3</td>
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<td>2</td>
<td>Mother</td>
<td>50 - 59</td>
<td>M</td>
<td>70 - 79</td>
<td>1 - 3</td>
</tr>
<tr>
<td>3</td>
<td>Mother</td>
<td>60 - 69</td>
<td>M</td>
<td>80 - 89</td>
<td>3 - 5</td>
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<td>4</td>
<td>Mother</td>
<td>60 - 69</td>
<td>F</td>
<td>80 - 89</td>
<td>3 - 5</td>
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<td>5</td>
<td>Mother</td>
<td>60 - 69</td>
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<td>80 - 89</td>
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<td>M</td>
<td>60 - 69</td>
<td>3 - 5</td>
</tr>
<tr>
<td>7</td>
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<td>F</td>
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<td>8</td>
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<td>F</td>
<td>50 - 59</td>
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<tr>
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<td>60 - 69</td>
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<tr>
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Table 3b. Absent Atypical Reaction to the Death: The Respondent and the Deceased

<table>
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<tr>
<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondent Age Range (in years)</th>
<th>Sex</th>
<th>Deceased Age Range (in years)</th>
<th>Time Elapsed Since Bereavement (in years)</th>
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### The "Indeterminate" Group: The Categories

**Table lc. The Relationship between the Bereaved and the Deceased:**

**The Respondents and the Deceased**

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<tr>
<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondents Age Range (in years)</th>
<th>Sex</th>
<th>Deceased Age Range (in years)</th>
<th>Time Elapsed (in years) Since Bereavement</th>
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<td>F</td>
<td>30 - 39</td>
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Table 2c. The Social Context in which the Bereavement Occurred:

The Respondents and the Deceased

<table>
<thead>
<tr>
<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondents Age Range (in years)</th>
<th>Respondents Sex</th>
<th>Deceased Age Range (in years)</th>
<th>Time Elapsed (in years) Since Bereavement</th>
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<td>F</td>
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<td>F</td>
<td>70 - 79</td>
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Table 3c. The Beliefs of the Bereaved: The Respondents and the Deceased

<table>
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<th>Respondent Number</th>
<th>Category of Loss</th>
<th>Respondents Age Range (in years)</th>
<th>Sex</th>
<th>Deceased Age Range (in years)</th>
<th>Time Elapsed Since Bereavement</th>
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<td>M</td>
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</table>
BIBLIOGRAPHY


The two main objectives of this research project may be described in the following way. The first objective was to investigate the reactions to bereavement experienced by a random sample of individuals who had lost a parent, child, sibling, or spouse by death. The second objective was to observe the importance of factors (if any) which were related to areas identified as being inadequately analysed by previous researchers. Specifically, these areas were: 1.) issues arising from the bereaved's perception of others significant to the bereavement situation and the situation itself; 2.) the nature of the relationship between the bereaved and the deceased; 3.) different adjustments to "commonsense reality" being necessitated by the loss of different relationships.

These objectives were pursued by using a theoretical perspective derived from the phenomenological insights of Berger and Luckmann (1967), and aspects of Kelly's (1955) Personal Construct Theory. The data were collected by means of a preliminary questionnaire designed to identify individuals relevant to the study, and a semi-structured interview designed to provide information concerning the areas which had been identified as being inadequately analysed. The data were used to generate grounded theory, a mode of analysis initially expounded by Glaser and Strauss (1967).

Different reactions to bereavement were identified and categorised in terms of their relationship to previous research in the area. The following factors were found to influence reactions to bereavement: 1.) death-related social and cultural factors; 2.) the receipt of official and unofficial support; 3.) the deceased; 4.) perception of bereavement status by self and others; 5.) the nurturing and closeness aspects of the relationship between the bereaved and the deceased; 6.) death-related knowledge and beliefs. Eleven categories of reaction emerged and were characterised by the differential distribution of the above-stated factors.