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An Exploration into Positive Emotions Following Bereavement – Relief and Guilt

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Middlesex University and Metanoia Institute

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By Professional Studies

2023

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Firstly, I would like to thank the six people who participated in this study. They graciously gave me their time; and their warm, honest and open accounts regarding bereavement experiences, provided the bedrock for this study.

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Abstract

The possible presence of positive emotions within the bereavement experience is rarely acknowledged by either bereavement literature and research, and the wider socio-cultural context of the western world. This situation raises issues relating to the deemed appropriateness or otherwise of such emotions as judged by society, others, and the individual themselves; the meanings given to such emotions by the bereaved individual, lay-persons, researchers and clinicians; and the impact of such emotions and their perceived meanings on the individual and their family / friends.

This study seeks to illuminate the possible presence of positive emotions in the bereavement experience; to understand better the contexts in which this phenomenon may arise, the meanings which the bereaved may assign to their emotions; and whether these add to the complexity of the bereavement processes at play. A qualitative methodology, specifically Interpretative Phenomenological Analysis (IPA) was used in order to capture rich descriptions of how individuals perceived the presence of positive emotions following a bereavement, and how they made sense of this experience in terms of both personal and social worlds.

Individual interviews of six participants were transcribed and analysed. The findings of this study illustrated that positive emotions in the bereavement experience can arise in the context of caregiving, prolonged illness, a stressful dying experience, and where death was desired, particularly if by the dying person. Positive emotions co-existed with other emotions during the bereavement experience; with 'relief' appearing as the most frequently described positive emotion. Meanings of the bereavement experience were made, including those relating to the presence of positive emotions. While on one hand there was a personal acceptance of such emotions, on the other a sense of social taboo and deviation from the social norm was also illustrated. None of the participants appeared to suffer from any adverse outcome to their mourning processes in terms of complex or delayed grief, as a result of their bereavement experience; and a number of positive outcomes were identified in regard to their lives, their sense of self, and their relationships.

Keywords: relief, liberation, positive emotions, bereavement, care-giving, prolonged dying process, attachment, resilience, personal growth, mourning processes.

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Chapter 1: Introduction

Chapter Overview

In this chapter I introduce the topic of this research study, that is the presence of positive emotions for some people in the grieving process; and explain why I was drawn to this topic, and how it could be relevant to the field of counselling psychology and psychotherapy. I also highlight in this chapter and again in the literature review as to some of the controversy existing around this topic, and hence why it is worthy of further exploration. I also present my objectives for this study and the methodological approach I adopted to meet these objectives.

"It's such a relief to be able to talk about the relief." (Pam, in session, 2017)

As I grow older, I find my thoughts more often contemplating death; not my own, but rather of those I have known and am deeply attached to. This situation is not surprising, considering my parents are in their 80s, and both have cancer; my husband works as a 'stabilisation adviser' for the UK government and often travels to hostile environments; my sister-in-law recently died of an inoperable brain tumour; and my mother-in-law died soon after following a difficult period of grief where she struggled with the loss of her husband two years earlier. As a practicing psychotherapist, I have also observed in my clients the variety and complexity of emotions, experiences and meanings following bereavements of significant people in their lives. What, on one hand, is commonplace and a human given; is on the other hand, a complex and idiosyncratic experience, and often intensely distressing.

This contemplation of my own past and future experiences of bereavement, as well as my clinical work, has led me to explore the topics of bereavement, grief and mourning, and their processes. My initial objectives for this exploration were to understand the emotions, symptoms and processes following bereavement, to help relieve some of the distress of bereavement for my clients; and, to some extent, prepare for and assist in the anticipated distress that I too am likely to experience in future bereavements.

As my exploration progressed, I became aware of changing attitudes in the research and clinical fields of bereavement, as well as contested assumptions and models of grief (Wortman & Silver, 1989, 2011; Bonanno & Kaltman, 1999; Neimeyer, 2000; Stroebe et al, 2008a). One growing area of interest is the phenomenon of 'positive' feelings and emotions sometimes experienced by individuals following a loss of someone close to them.

Such a phenomenon arose whilst I was working with a bereaved client, a few years ago. Pam (a pseudonym) had sought my services following the recent death of her dog. She wanted to explore her emotions as they appeared complex and confusing to her. She was tearful and upset, but as our sessions continued much of her narrative related to the relationship she had had with her husband, who had died two years earlier. Pam's story was one of an abusive marriage, where her husband was overtly controlling, narcissistic, violent and drunk. Pam initially appeared 'stuck' in her grief but as she talked, and I bore witness to her experiences and emotions involving her husband and his death, something within her changed and she was able to start engaging in life and making plans for the future. Perhaps, like many therapists, my initial interventions and questions for Pam focused on exploring difficult 'negative' / distressing emotions and meanings. However, as I heard more and more about her marriage I began to wonder if some of Pam's confusion regarding her emotions related to the presence of positive emotions, and that she was too ashamed to name these. In one session when I tentatively voiced my thoughts, Pam burst into tears, and then looked at me with a big smile on her face. 'Yes' she confirmed and then relayed me her experience relating to relief and sense of freedom upon the death of her husband; and also, her inability to share this with anyone for fear of condemnation. My 'normalisation' of this experience in light of her relationship with her husband enabled her to continue to discuss this experience, noting 'it's such a relief to talk about the relief'. Pam continued to gain clarity and acceptance of her experience and emotions, and engage in her life and future.

I was struck by the realisation that if I had followed a more traditional line of thought, I might never have considered the presence of positive emotions following the death of her husband; and, if Pam had raised these, I might have treated them as a defence or denial against the pain of grief (Freud, 1917; Deutsch, 1937; Bowlby, 1969, 1973, 1980; Horowitz, 1990; Parkes, 1983, 1985, 2005). I was also acutely aware of my own

fearfulness of mentioning the presence of any positive feelings upon the death of her husband. The 'social taboo' of daring mention that a person might be happy, pleased, or relieved at the death of another person; and how such a suggestion, however tentatively delivered, might be received by my 'grieving' client. Pam's confirmation that she too had feared the condemnation of others, and hence had not been able to tell anyone of her feelings highlighted the social context and messaging around this phenomenon.

The Problem

The experience of 'positive' emotions following a bereavement thus I believe, raises issues relating to the deemed appropriateness or otherwise of such emotions as judged by society, others, and the individual themselves; the meanings given to such emotions by the bereaved individual, lay-persons, researchers and clinicians; and the impact of such emotions and their perceived meanings on the individual and their family / friends. It also raises the question: where does this leave individuals with a deemed 'socially inappropriate' or deemed 'clinically unhelpful' experience of bereavement? Alone with their experience, unable to tell anyone for fear of social disapproval; feeling abnormal, shame and guilt for not experiencing emotions that they 'should' following a bereavement; feeling confused regarding their experience, sense of self, and relationships with either the deceased or the living?

I also suspect that there are practising therapists, like me, who would welcome some clarity on this phenomenon; to recognise the social messages that influence our reluctance to broach the topic with clients, and our own shame and fear of social disapproval for doing so; to understand better the contexts in which this phenomenon may have arisen, the meanings which our clients may assign to their emotions; and whether these add to the complexity of the bereavement processes at play.

I also believe that in the context of contemporary western societies where people are living to advanced ages, perhaps with debilitating conditions such as dementia or cancer; and with the onus of care, both in terms of decision-making and financial, falling on families, and the stress and distress this can generate, that the likelihood of positive emotions and meanings arising for the bereaved upon the death of a cared for relative, during their mourning processes will increase. It thus seems timely and relevant to explore this phenomenon further.

Objectives

My intentions for this research study were thus to explore in more detail the phenomenon of experiencing positive emotions following a bereavement; to capture its essence, particularly in terms of the meanings and impact it has for those experiencing this phenomenon. My hope is that by illuminating the lived experience of this phenomenon for bereaved people, that a greater understanding may be achieved for myself and other clinicians, and that we will feel more confident in broaching this topic whilst working with bereaved clients. In addition, I would like to think that this study could contribute to the currently sparse information available on this phenomenon in the literature on bereavement; and in some small way facilitate the need, I believe, for greater understanding and acceptance in wider society of bereavement experiences, emotions, and meanings that diverge from more traditional expectations.

In order to do this, I have adopted a qualitative interpretative phenomenological approach. That is, a qualitative methodology, which as Carla Willig (2013) noted, 'enables exploration of how people make sense of and experience their world within a socio-cultural context'; and an interpretative phenomenological analysis (IPA) approach, in that it seeks to explore how individuals perceive a particular situation they have experienced, and how they made sense of this experience in terms of both their personal and social worlds (Smith and Osborn, 2008).

I have thus sought to capture the essence of the lived experience of bereaved people who have experienced positive emotions following their bereavement, through the use of semi-structured interviews that were audio recorded, transcribed and analysed by myself.

Definitions

At this point it may be helpful for the reader to define what I understand 'bereavement' to mean, and how it might differ from 'grief' and 'mourning'. In the 'real world' these terms are used interchangeably; however, I find in clinical practice there is some advantage in holding a conceptual distinction, particularly in terms of clarifying symptoms of grief and the processes of mourning. In the field of research, authors such as John Archer (2003), James Averill (1968), Therese Rando (1993), Colin

Murray Parkes (2006) and Margaret Stroebe et al (2008a) also make this distinction and offer the following broadly agreed definitions:

Bereavement - the situation of having lost someone significant through death.

Grief – the primarily emotional (affective) reaction to the loss of a loved object / person, that also incorporates psychological and physical manifestations.

Mourning – the public ‘display of grief’, that is shaped by the beliefs and practices of a given society or cultural group.

Psychoanalytical perspectives have given the term ‘mourning’ a wider construct to include the conscious and unconscious psychological processes following a loss. Authors such as Therese Rando (1993) promote these processes as necessary to undo the psychosocial attachment to the object / person lost, to assist in the adaptation to the loss, and to enable the mourner to live in a healthy way in the new world without the deceased. Robert Neimeyer (2001) focuses on how these processes involve negotiation and meaning-making, to enable bereaved people to make sense of, and manage, the changed nature of the relationship with the deceased person.

There is considerable debate within the field as to what the processes of mourning might be; and the extent to which these processes are intrapsychic or intersubjective / socially constructed (Charmaz, 1980; Rando, 1993; Neimeyer, 2001; Valentine, 2006; Stroebe et al, 2008a). For the purpose of this study, I shall refer to these ‘processes’ as *mourning processes*, distinct from the concept of ‘mourning’ as defined above.

I have hesitated over the concept of ‘*positive emotions*’ not wanting to place a value judgement on any emotions that might arise during the bereavement process. Initially I considered specifying the emotion I was most interested in exploring, that is ‘relief’; however, I was concerned that to do so, might narrow down the study, and miss an opportunity to investigate other less-known emotions following a bereavement such as pleasure, joy, euphoria, serenity, hope, happiness, gratitude, and/ or inspiration. I have thus used the term ‘positive emotions’ on the basis that by using this broad concept the participants in this study could make their own interpretation. For the purpose of this study, I have adopted a definition of positive emotions that has consensus among many researchers; that is positive emotions are ‘*pleasant*

multicomponent response tendencies incorporating muscle tension, hormone release, cardiovascular changes, facial expression, attention, and cognition, among other changes— that unfold over a relatively short time span’ and ‘typically begin with an individual’s assessment of the personal meaning of some antecedent event’ (Fredrickson & Cohn, 2008: 778).

Limitations

This research study was undertaken during a global pandemic that occurred from early 2020 to the current date. In general, the world was experiencing a significant number of additional deaths from Covid-19, and hence the sensitivity of the research topic linking positive emotions to death and bereavement was heightened, for myself as the researcher, and I believe for those potential participants reflecting on death and bereavement. This situation impacted on the number of participants taking part in the study; partly I suspect due to the difficulty of talking about the topic under investigation; and partly due to the prevention of meeting participants face-to-face during restricted periods. Time limitations relating to the submission of this study as part fulfilment of my Doctorate course also prevented additional recruitment and interviews to take place, during the latest lifting of restrictions. The small number of participants were also limited in terms of ethnicity and culture (all white, from a western culture) and age (none younger than 50 years old). I have attempted to address these limitations by offering a detailed examination of all six participant cases. Notwithstanding I also take some comfort from Steen Halling (2002) who advises:

‘Given the shortage of phenomenological exploration of so many areas, it is likely that even modest or limited studies could make a useful contribution to the understanding of human experiences. If we ourselves are honest and forthright about the limitations of such studies, then there is no reason to hold back....Let us not be too reticent to speak truth as we find it’. (2002:36).

Chapter Summary

As a practicing psychotherapist, and from my own personal experiences and observations, I am aware that although commonplace, the experience of bereavement is both complex and idiosyncratic, and often intensely distressing. Research, literature, theories, therapeutic interventions, and western societies in general have primarily focused on the distress and negative aspects of bereavement; limiting discussion,

knowledge, and acceptance of possible positive emotions, meanings and outcomes in the experience. Those who 'voice' such, fear condemnation. This study seeks to shine a light on this phenomenon, increase understanding for myself and other clinicians, contribute to broadening the literature on bereavement, and perhaps facilitate a greater understanding and acceptance in wider society of bereavement experiences.

Chapter 2: Literature Review

Chapter Overview

This chapter presents the literature review I undertook prior to the research study; providing a brief description of the history of seminal psychological theories on grief, bereavement and mourning processes, and their primary focus; followed by contemporary but perhaps less well-known theories; and then, more specifically the literature relating to the presence of positive emotions during bereavement. It also illustrates how the literature review supports the problem statement provided in the previous chapter, and that although literature on the presence and role of positive emotions in the mourning process has grown substantially over the last decade or so, this information has yet to be incorporated into wider society and its beliefs around bereavement and mourning. There also appears to be a sparse presence of qualitative research studies on the phenomenon, limiting the depth of knowledge on this topic.

'Loss is nothing else but change, and change is nature's delight.' (Aurelius, M., 1992)

Bereavement, grief and mourning are often related terms used in connection to surviving the death of a significant other person in our lives. Grief has been defined as the subjective, emotional response to the loss of that person (Charmaz, 1980). In western societies, 'loss' is often seen as a negative concept, particularly when it is characterized by finality and lack of choice. Hence the loss of a significant person from one's life through death is also commonly perceived as a negative event. Indeed, we send the bereaved our 'condolences' in the form of cards often entitled 'With Sympathy'. Even the application of the word 'bereaved' for someone who has lost another through death, and which originated from Old English meaning 'reaved' or 'robbed' of something precious, supports this negative perception. However, as Volkart and Michael (1977) point out, how loss via death is experienced and expressed differs widely among cultural groups under different social conditions. They identify that in some cultures, death 'represents a gain for the deceased and improvement in his prospects and status, and that mourning for his loss is inappropriate' (1977: 197).

Notwithstanding these cultural differences, Ester Shapiro (1996) raises the issue of 'fit' in that to understand how an individual from a culture is functioning in bereavement, one needs not only to understand their culture, but also to examine the fit between how they are grieving and what their culture appears to ask of bereaved people.

From a western cultural perspective, where loss and death are commonly considered to be negative events; the presence of positive emotions following a bereavement, or even the suggestion of such a phenomenon existing can challenge both societal norms and individual beliefs. Camille Wortman and Roxanne Silver (1987) comment on the resistance they received from their research interviewees, who were required in one study to ask parents whose child had died how often they had experienced happiness afterwards, and in another to ask hospital patients with a permanent paralysing injury whether they had experienced positive emotions following this incident. This resistance stemmed from a disbelief that people could experience positive emotions following such losses; and a horror that to ask people experiencing such situations questions about positive emotions would be cruel and insensitive. However, in recent years there has been published academic papers and some research evidence to suggest that the presence of positive emotions following a loss, including bereavement, is more common than first thought, and may be related to a process of resilience (Kelter & Bonanno, 1997; Bonanno et al, 1999; Bonanno et al, 2002; Bonanno, 2004, 2005; Ong et al, 2004) and / or due to an improvement in psychological well-being (Horowitz, 1985; Wheaton, 1990; Bodnar & Kiecolt-Glaser, 1994; Schulz et al, 2003). As yet, knowledge regarding the presence of positive emotions following a bereavement is not widely acknowledged in western societies, nor considered part of the normal trajectory of mourning processes (Wortman & Boerner, 2011). Rather western societal beliefs around bereavement, grief, and mourning processes have been strongly influenced by psychological and psychoanalytic theories and, I would contend, societal systems and values regarding individualism, independence, self-sufficiency, productivity, and privatization and how these relate to old age, dying, death, bereavement, and mourning rituals (Charmaz, 1980).

To assist the reader, I present a brief description of the history of seminal psychological theories on grief, bereavement and mourning processes, and their primary focus; followed by contemporary but perhaps less well-known theories. I then look more

specifically at the literature relating to the presence of positive emotions during bereavement.

Traditional Psychological Theories on Grief and Bereavement

Psychological research and theoretical ideas (and the debates arising from these) have since the early 1900s, largely focused on the identification of the symptoms of grief, stage models of grief, and the processes of mourning (Deutsch, 1937; Klein, 1940; Fenichel, 1945; Bowlby, 1969, 1973, 1980; Kubler-Ross, 1969, 2005; Rando, 1988); and what might be considered non-pathological and/or pathological (Lindemann, 1944; Anderson, 1949; Parkes, 1985; Wortman & Cohen-Silver, 1989; Rando, 1993; Archer, 2003). The latter becomes particularly relevant to practice and to the interventions, if any, taken.

'It is also well worth notice that, although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on its being overcome after a certain lapse of time, and we look upon any interference with it as useless or even harmful.' (Freud, 1917:243-244).

One of the first historically documented theoretical accounts of mourning was provided by Sigmund Freud (1917) in his paper 'Mourning and Melancholia', in which he explored the difference between grief (mourning) and depression (melancholia). He presented mourning as a non-pathological process, albeit painful and slow, necessary for the libido to detach from the 'loved' object. Resistance occurs, but is normally and naturally worked through. He compared this to the pathological condition of melancholia, which although arising from identical circumstances (i.e. the loss of a loved object), has the additional symptom of the loss of self-regard. He cited 'ambivalence' towards the object as the cause of this pathology. Freud's views of the mourning process and of its pathological features have strongly influenced psychological theory, research, and practice up to the present.

Another influential framework in this field has been John Bowlby's attachment theory (Bowlby, 1969, 1973, 1980). Bowlby proposed that individuals form instinctive attachments to significant people in their lives (initially between a child and their primary caregiver, and later between adults). He suggested that when these attachments are threatened (e.g. by separation) powerful attachment behaviours are

activated, in order to achieve reunion. However, in the situation of bereavement where a permanent separation has occurred, such behaviours become dysfunctional. Consequently, bereaved individuals struggle between opposing forces of activated attachment behaviour and the reality of the permanent loss. In order to deal with these opposing forces, Bowlby suggested that the bereaved person's response included four aspects: initial numbness, disbelief, or shock; yearning or searching for the lost person, accompanied by anxiety, anger and protest; despair and disorganization as the bereaved gives up the search, accompanied by feelings of depression and hopelessness; and reorganisation or recovery as the loss is accepted, and there is a gradual return to former interests. Individual differences were explained, via the attachment history and style of the individual. For example, those individuals with anxious-preoccupied and highly dependent attachments would be more likely to react with intense and prolonged grief when a spouse or partner dies. Delayed grief or lack of grief would be more likely to arise in those individuals with anxious-avoidant attachments.

Several theorists focused on Bowlby's concept of 'conflicted grief' and expanded their research into pathological patterns or processes of mourning. Beverley Raphael (1983) proposed a number of pathological patterns following bereavement, including chronic unresolved grief reactions, or conversely, absent, suppressed or inhibited grief reactions. In 1984, the Institute of Medicine published a report summarising the existing knowledge of bereavement. The report drew a number of conclusions, including on 'absent grief', which was considered a form of pathological mourning that *'represents some form of personality pathology'* and *'persons who show no evidence of having begun grieving should receive professional help'* (Institute of Medicine, 1984:65). The concept of absent grief being a sign of pathological mourning gained support among researchers and clinicians working in the field of bereavement. In 1993 a survey of international researchers and clinicians demonstrated that the majority (65%) endorsed the belief that "absent" grief existed, that it typically stemmed from denial or inhibition, and that it was generally maladaptive in the long run (Middleton et al, 1993).

Therese Rando (1988, 1993) also expanded on Bowlby's concept of 'conflicted grief'. She identified six key processes of mourning and used the term 'complicated mourning' to describe the situation when these processes had been compromised.

The processes were: 1. Recognize the loss; 2. React to the separation; 3. Recollect and re-experience the deceased and the relationship; 4. Relinquish the old attachments to the deceased and the old assumptive world; 5. Readjust to move adaptively into the new world without forgetting the old; 6. Reinvest emotional energy into rewarding new investments. These processes were considered necessary to promote health in the bereaved individual, and thus provided a useful blueprint for interventions where these processes were compromised. She advocated the importance of having this position recognised and treated within the psychological profession. Although Rando acknowledged that many bereaved individuals could derive positive benefits and meaning from major loss (1993:42), she considered that a recognition of such benefits existed alongside the pain and price of the loss of a loved one. To not recognise the latter would be considered a threat to 'healthy mourning'.

Several other theorists have focused on Bowlby's suggestion that bereaved people experience stages of grief (Kubler-Ross, 1969; Horowitz, 1976, 1985; Ramsay & Happee, 1977; Sanders, 1989). Perhaps the most well-known 'stages of grief' model, familiar to both lay persons and clinicians is that proposed by Elizabeth Kubler-Ross (1969) in her book 'On Death and Dying'. The model suggested that both dying and bereaved people go through the same stages of denial, anger, bargaining, depression, and ultimately acceptance. Although Kubler-Ross in her subsequent book 'On Grief and Grieving' (2005) clarified that the 'stages of grief' were never intended to be treated as a 'typical' response to loss, but rather a description of a response that many people experienced; her stages of grief model did and still does influence the common understanding of grief in western societies.

Contemporary Psychological Theories on Grief and Bereavement Emotions

Perhaps inevitably, psychological research, theory and practice have traditionally focused on the distress and pain following bereavement, the difficulties that arise in the process of mourning, and the motivation to prevent or relieve the suffering of bereaved persons. This approach has led to a number of assumptions and wider societal / cultural narratives regarding grief and mourning that exist as beliefs and knowledge within individuals, families, societies, and clinical communities. These include the expectation that depression is inevitable following loss; distress is necessary; positive emotions are absent following a loss; it is necessary to work

through or process a loss; and that recovery and resolution are to be expected following a loss (Wortman & Cohen-Silver, 1989; Wortman & Boerner, 2011). Grief is considered a normal, natural reaction to loss (Bowlby, 1990; Archer, 1999) and is comprised of one or more various emotions including separation pain, anxiety, yearning, helplessness, anger, guilt, depression, anhedonia, frustration, loneliness, and abandonment (Rando, 1993).

Since the 1990s, there has been emerging research and literature challenging the more traditional positions on grief and mourning, and the types of emotions that may arise. Jennifer Elison and Chris McGonigle (2003) wrote a moving account in a book entitled 'Liberating Losses', relating both their experiences of bereavement following the deaths of their husbands, and that of others who had encountered the emotion of 'relief' in their mourning process. They described themselves as 'atypical grievers in a society that assumes every death is a tragedy' (2003:75).

George Bonanno's research into the individual differences in the mourning process has led him to produce an Integrative component model to explain these. The four components relate to 1. The context in which the loss occurs; 2. The subjective meaning associated with the loss; 3. Changes in the representation of the lost loved one over time; and 4. The role of coping and emotion regulation processes that can mitigate or exacerbate the stress of loss (Bonanno & Kaltman, 1999). This model challenges the traditional psychodynamic approach by predicting that recovery is most likely when negative grief-related emotions are regulated or minimised, and positive emotions are instigated or enhanced (Bonanno, 2001).

Similarly, the dual process model of coping (Stroebe & Schut, 1999) draws on two key methods of coping that the bereaved adopt; loss-orientated coping (where the bereaved person focuses on and tries to process or resolve some aspect of the loss), and restoration-orientated coping (where the bereaved person attempts to adapt or master the challenges inherent in daily life). Individual differences can be understood based on which of the two methods are applied and for how long. The model suggests that there are inherent costs (as well as benefits) in these coping methods but that oscillation between the two can minimise these.

Both models imply that stress followed by resilience or coping are natural reactions to the loss of a loved one. How a person appraises their situation and their resources to

cope will influence the amount of stress experienced in bereavement (Lazarus & Folkman, 1984). This appraisal could be influenced by a number of factors including the bereaved person's sense of self, the meanings they gave to their relationship with the deceased, and the meanings they give to the loss; concurring to some extent with the more traditional psychodynamic models of mourning. However where these models diverge from the traditional models relate to the debate as to whether 'absent distress' or the presence of positive emotions are viewed as pathological or representing a lack of/ or insecure attachment (Deutsch, 1937; Bowlby, 1980; Raphael, 1983; Institute of Medicine (US), 1984; Horowitz, 1990; Rando, 1993), or whether they are non-pathological perhaps representing part of healthy resilience / coping mechanisms (Wortman & Silver, 1989; Folkman, 1997a, 2001; Stroebe et al, 2008a; Bonanno et al, 2004).

The debate is further complicated by the meanings and reactions to their experience of positive emotions and relief that bereaved people give, and receive from others (including family, friends, wider society and clinicians). What might indeed be a normal healthy resilience to bereavement might generate, through meanings and reactions, psychologically something less helpful or healthy. Elison and McGonigle (2003), and Bonanno (2009) cite cases where the bereaved person experiences guilt and shame at the positive emotions they experience in their grief. Intense guilt and shame are recognised as factors that might adversely impact on the grieving process (Raphael, 1983; Rando, 1993; Kaufman, 1996; Humphrey, 2009; Buckley & Fleming, 2011, Li et al, 2019).

The key role of meaning-making has dominated contemporary research into bereavement, addressing both individual differences and socio-cultural issues. Robert Neimeyer's (2000, 2001) 'meaning reconstruction perspective' has been instrumental in influencing much meaning-making research. He notes that humans have a tendency to organize experience in narrative form, and to create a meaningful plot structure in order to make sense of troubling transitions in our lives. Major losses, such as the bereavement of a significant other, can undercut efforts to maintain a coherent self-narrative, as the significant other on whom our life stories depend are removed. Roles are lost (e.g. a wife is no longer a wife when her husband dies) and previous shared life plans for the future can no longer be achieved together. Bereavement therefore requires us to 'relearn the self' and 'relearn the world' in the wake of loss (Attig, 1996).

To do this, we draw on resources beyond private thoughts and feelings, which are the systems beyond the individual. The self is constituted and reconstituted in relation to the social and cultural environment (Neimeyer et al, 2002).

It is therefore, plausible that the emotions following a bereavement not only represent the meanings and narratives constructed from the event, the sense of self, the relationship with the deceased, and the individual's perceived future; but also include the meanings made from the presence of these emotions and the validation or not they receive from external social systems.

The Presence of Positive Emotions in Bereavement

As described above, until recently theories and research studies on bereavement and grief gave very little attention to the presence of positive emotions; and if mentioned at all, typically viewed them as indicative of denial and an impediment to the mourning process (Freud, 1917; Deutsch, 1937; Bowlby, 1980; Horowitz, 1990; Parkes, 1983, 1985, 2005; Sanders, 1993).

It wasn't until the late 1980s that attention began to focus on whether positive emotions were present in the mourning process, and whether they might actually have a beneficial role. Roxane Silver and Camille Wortman, and their colleagues, undertook an 18-month longitudinal study relating to coping for 124 parents following the loss of a child from sudden infant death syndrome (SIDS) (Downey et al, 1990; McIntosh et al, 1993). They used a structured interview to illicit responses on a number of themes, including 'well-being' which was measured using the 40-item Affects Balance Scale (Derogatis, 1975), and the Bradburn Well-being Scale (Bradburn, 1969). Their results demonstrated that positive affect was indeed present at all three interview points (3 weeks, 3 months, and 18 months, since death), and was reported to be more frequent than negative affect at the second and third interviews. At all three interviews feelings of happiness were at least as intense as feelings of sadness for all of the respondents; and at the second and third interviews respondents reported their feelings of happiness were significantly more intense than their feelings of sadness.

A number of other studies have also corroborated the presence of positive emotions during bereavement. In 1997, George Bonanno and Dacher Keltner published the results of an interesting study exploring the assumption that the expression of positive emotions following a bereavement may indicate a denial of loss, and/ or act as an

impediment to the mourning process (Bonanno & Keltner, 1997). Conjugally bereaved participants (n=33) were required to complete a number of self-reported questionnaires between 3 and 6-month loss, to measure health, depression, grief, and the impact of the event/ loss. These questionnaires were then repeated at 14 and 25 months post lost. A structured 30 item grief symptom interview was conducted at 6 months post loss, followed by a semi-structured narrative interview some 2-3 weeks later. During the narrative interview facial expressions of emotion (anger, contempt, disgust, fear, sadness, surprise, enjoyment, and amusement) were coded, as participants discussed their relation with their deceased spouse. The results not only demonstrated that both negative and positive emotions were prevalent, with the most common being anger (expressed by 60% of participants), enjoyment (also expressed by 60% of participants) and amusement (expressed by 55% of participants); but also that those participants who had expressed positive emotions (enjoyment and amusement) at 3-6 months post-loss correlated with reduced grief through 25 months, whilst those participants expressing negative emotions at 3-6 months were correlated with more severe grief and poor perceived health through 25 months of bereavement. Although there were a number of limitations to the study, not least due to the small sample sizes, it did pose the possibility that positive emotions could be present following a bereavement, and that they might be there to serve a useful purpose in the mourning process. Bonanno and Keltner suggested that the expression of positive emotion could signal a willingness or an ability to maintain social contact, whilst the minimization of negative emotion may allow for more active problem-focus and facilitate supportive responses from others.

In the same year, Susan Folkman and Nancy Stein published a study analysing the bereavement narratives of 30 men whose partners had died within the previous month (Folkman, 1997a, 1997b; Stein et al, 1997). The data came from the University of California, San Francisco (UCSF) Coping Project; a longitudinal study in the 1990s, looking at the effects of caregiving and bereavement on the mental and physical health of gay men who were caring for terminally ill partners with AIDS. Caregivers were assessed on stress, coping, social support, and mood in bimonthly face-to-face interviews for the first 2 years, and then 6 monthly for an additional 3 years. Those whose partners (n=30) had died prior to 1997 were given two additional interviews, at 2 weeks and 4 weeks following the death. A 12 month follow up measure on well-being

was also undertaken using four different measures of psychological well-being. Analysis of the bereavement narratives evidenced that 80% of the 30 respondents demonstrated positive emotions following the deaths of their partners, compared to 61% conveying negative emotions.

Similar results were repeated with data sourced from the same Project in 2002 (Moskowitz, Folkman and Acree, 2002) when a larger number of the original participants had experienced the death of their partner. Eighty-six of these participants took part in a 1-month post bereavement interview consisting of quantitative and qualitative measures, including the Positive States of Mind Scale (POSM) (Horowitz, Alder, and Kegeles, 1988), and bereavement narratives. Although elevated levels of psychological stress and depression were found post-bereavement, the findings also demonstrated the presence of high levels of positive psychological states post-bereavement. In addition, the results demonstrated that at 1-month post-bereavement, high scores on the POSM, optimism and low-level use of cognitive escape/ avoidance were associated with a more rapid decline in depression scores. Optimism, good social support and the use of distancing (Folkman & Lazarus, 1988) predicted a higher score on the PSOM at 1-month post-bereavement. These findings highlighted factors that could be protective with respect to both positive and negative psychological states; as well as coping processes that could be associated with each type of outcome.

Interestingly, the aspect of the wider study on coping with the stress of caregiving to a terminally ill partner also generated results relating to the presence of positive emotions. When the larger group of participants (n=253) were asked to report levels of positive psychological states using the Positive States of Mind Scale (Horowitz, Alder, and Kegeles, 1988) and a modified version of the Bradburn Well-being Scale (Bradburn, 1969), high levels of positive psychological states were found throughout the caregiving process, alongside elevated levels of depression and stress. These studies suggested that the presence of positive emotions and states in stressful situations such as caregiving and bereavement, were not unusual, and that they might have a beneficial adaptive function in the role of coping.

During the same period the development in positive psychology (Seligman & Csikszentmihalyi, 2000) was fuelling interest in the role of positive emotions in general.

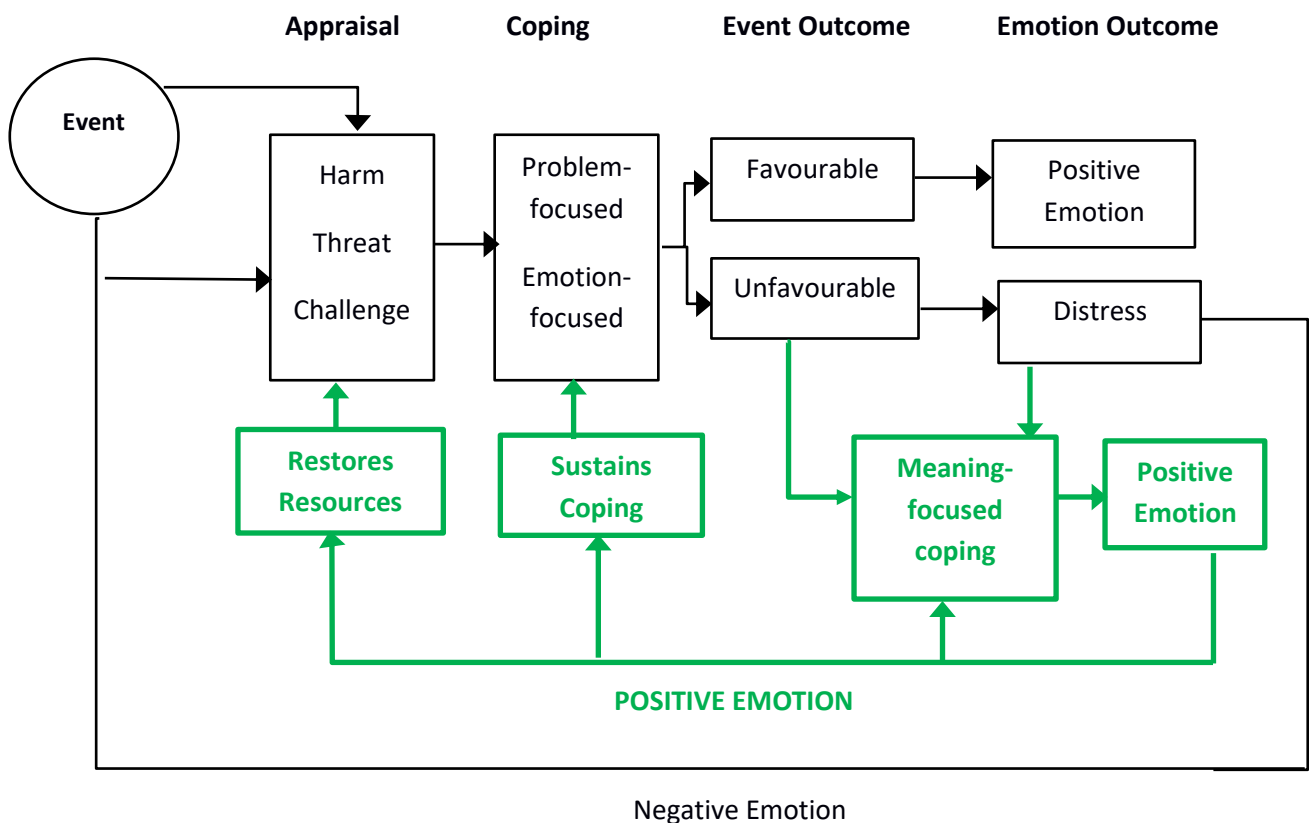
In 1998, Barbara Fredrickson produced a ground-breaking 'Broaden and Build' model of positive emotions (Fredrickson, 1998) that provided a framework for studies showing that positive emotions broaden the individual's thought-action repertoire; as opposed to negative emotions that tend to narrow the thought-action repertoire in order to deal with life-threatening situations that require quick and decisive action. By broadening the person's thought-action repertoire this in turn builds the person's social, intellectual and physical resources. These improved personal resources then increased positive emotion; a reciprocal association. Fredrickson also posed that positive emotions may have an undoing effect of negative emotions citing two studies that she had undertaken demonstrating such an effect (Fredrickson & Levenson, 1998). Furthermore, Fredrickson and her colleagues later published a study demonstrating that positive emotions buffered resilient people against depression and contributed to thriving in the aftermath of the 9/11 terrorist event (Fredrickson et al, 2003). She also found that positive emotions accelerated cardiovascular recovery from laboratory-induced negative emotional arousal in people high and low in trait resilience, and helped individuals find positive meanings in negative situations (Tugade & Fredrickson, 2004). Such studies had important implications for research into resilience and resilient traits; as well as stress and coping models, suggesting that positive emotions played a greater role in these processes than originally thought.

Indeed, Susan Folkman was so convinced by this growing knowledge that she revised the Lazarus and Folkman (1984) model of stress and coping process to include the presence and role of positive emotions (Folkman, 1997b, 2001, 2008).

The revised stress and coping model (Figure 2.1) illustrates how negative and positive emotions might co-occur during stressful periods; and how a failed resolution triggers meaning-focused coping, which in turn generates positive emotions and their underlying appraisals. These positive emotions and appraisals restore coping resources and provide the motivation needed to sustain problem-focused coping over the long-term. In addition, positive emotions are shown to provide relief from distress. Folkman defined meaning-focused coping as 'appraisal-based coping in which the person draws on his or her beliefs, values, and existential goals to motivate and sustain coping and well-being during a difficult time' (Folkman, 2008: 7). Her research led her to refine meaning-focused coping into five categories: benefit finding, benefit reminding, adaptive goal processes, reordering priorities, and infusing ordinary events

with positive meaning (Folkman & Moskowitz, 2007). Folkman also posed that the stress and coping process model might be applicable (with some further adaptations) to the mourning process, that could contribute to more effective clinical practical with bereaved individuals (Folkman, 2001).

Figure 2.1. Revised Stress and Coping Model (source: Folkman, 2008)



These contemporary studies and theories suggest that positive emotions are more prevalent, and perhaps less 'atypical' following a bereavement than previous literature has suggested. There is an opportunity for this study to explore whether this a modern phenomenon connected to changing societal circumstances and attitudes relating to family structures, care of the dying, modes of dying, and death itself; or perhaps a 'taboo' topic that in western societies although present cannot be easily discussed. In addition, these studies and theories also suggest a beneficial and adaptive role for the presence of positive emotions, in general and following a bereavement, that could be significant in the development of future interventions for clinicians seeking to help and support bereaved clients. This study thus seeks to explore whether the positive emotions experienced by participants served a positive function in their process of

mourning. Meaning-making is also cited as having a key role in the experience of emotions, bereavement and grief, and hence I believe a significant factor to be explored in this study.

Chapter Summary

Although literature on the presence and role of positive emotions in the mourning process has grown substantially over the last decade or so, this information has yet to be incorporated into wider society and its beliefs around bereavement and mourning; and many researchers agree that further examination of this topic is needed in order to aid practical clinical application (Folkman, 2001; Ong et al, 2004; Wortman and Boerner, 2011). There are also still many unknowns regarding the variability of bereavement experiences for individuals, and as yet no one comprehensive model of bereavement to explain this. What is apparent, is that a sea change is occurring in the field of bereavement research and thought, and past models and theories are being re-examined, expanded upon, or even replaced. The majority of studies relating to positive emotions following a bereavement have used quantitative methods to establish the presence of positive emotions, to identify correlations between positive emotions and outcomes, and to test theories on coping and resilience and the role of positive emotions in these. However, there are few documented qualitative studies exploring the experience of positive emotions in the aftermath of a bereavement for individuals. Margaret Stroebe and her colleagues (2003:239) have noted that, 'Qualitative research provides an alternative paradigm for bereavement research, one that has the potential to add depth to the assessment of the grieving process, through the use of a broad range of techniques for study design, data collection, analysis, and interpretation'. It is thus the endeavour of this study to contribute to the gap in qualitative literature on this phenomenon.

Chapter 3: Methodology and Methods

Chapter Overview

In this chapter I present the research methods design and rationale and my role as the researcher. I discuss the selection and recruitment of participants, their demographics and relevant information, and instrumentation used to collect data. In addition, I explain how the data gathered was analysed / explicated in accordance with Interpretative Phenomenological Analysis (IPA). I also present the values I hold that influenced my choice of methods, along with the ethics I applied for this study.

'Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape'. (Lewis, C. S., 1961:50)

Research Objectives and Questions

As previously presented the research objectives for this study were derived from my desire to seek a greater understanding of the experience of bereavement, from both a personal interest, and from a professional interest to better serve my clients who wish to explore and gain support for their own bereavements. From a chance encounter with a client, the presence of positive emotions such as relief during the mourning process was brought to my attention and piqued my interest. Exploration into the literature demonstrated that there was sparse information relating to this phenomenon, and that there were also mixed opinions in the field of psychology on the rationale behind the presence of positive emotions in the mourning process. As a clinician, I was curious as to whether these mixed opinions, as well as the unknown quality of this phenomenon, reflected the complex factors of individual differences, relationships with the deceased, coping styles, nature and contexts of deaths, and social mores in which the individual was embedded.

Hence, in conducting this research, my aim was to explore further, bereaved people's experiences of positive emotions following the death of a loved one by using the following questions as a framework for this study;

1. In what context did the positive emotions arise following bereavement for the individuals concerned?
2. What meanings did they make of these emotions?
3. How did these meanings impact on their sense of self, their lives and relationships with others?

Research Values, Philosophy and Methodology

Elaine Kasket (2012) cites a number of values that counselling psychology holds and advises that it is these values that we should aim to apply in all aspects of our work, whether it be clinical, training, research, management or supervision. These values include:

- Prioritisation of client's subjective and intersubjective experiencing;
- Focus on facilitating growth and actualisation of potential;
- Orientation towards empowering clients;
- Commitment to a democratic, non-hierarchical relationship;
- Appreciation of client as unique.

Within this research I endeavoured to apply these values, where the clients in this respect were the research participants.

In addition, as a psychotherapist and trainee counselling psychologist undertaking an 'integrative' course, my clinical experiences and training, along with the above values, my own personal values and philosophies on life, my views of reality and beliefs about how knowledge is created, and the research questions themselves, influenced the methodology and methods I chose to use.

The methodology I selected for this research was influenced by my philosophical position of constructivism - interpretivism (Finlay & Ballinger, 2006). That is, although I believe there is a world out there existing independently of our consciousness, it only becomes a world of meaning when meaning-making beings make sense of it. Such meaning is shaped by the individual's socio-cultural context. Reality is thus both socially constructed and subjectively determined. I also recognise there are multiple meanings and subjective realities, and these can change over time for both individuals and societies. Hence, I am interested in questions and methodologies that seek to

discover how specific constructions came about and the meanings people give them. Thus, I have adopted a qualitative research approach, which as Willig (2013) has noted, enables exploration of how people make sense of and experience their world within a socio-cultural context. Unlike quantitative research, qualitative studies do not test a hypothesis (i.e. a suggested explanation or theoretical assumption defined then tested by the researcher), but rather seek to make sense of the phenomenon under investigation through the meanings participants themselves attribute.

Design and Rationale

For this study, I have used a phenomenological methodology as it facilitates the capture of rich descriptions and personal meanings of lived experiences. Specifically, I have chosen an Interpretative Phenomenological Analysis (IPA) approach (Smith, 1996; Smith and Osborn, 2008; Smith et al, 2009) as being suitable for this study, in that it is able to explore how individuals perceive a particular situation, in this case the presence of positive emotions following a bereavement, and how these individuals make sense of this experience in terms of both their personal and social worlds.

IPA developed in the mid-1990s, becoming a popular qualitative approach in psychological and health research. It is underpinned theoretically by hermeneutic phenomenology and philosophy, in particular that associated with Martin Heidegger (Heidegger, 1962/1927). For Heidegger, phenomenology is an examination of a thing, both its hidden and presented parts, to gain a deeper understanding both in terms of perception, and also meaning/interpretation. This is where Heidegger's philosophy diverges from Edmund Husserl's (considered the father of phenomenology), who sought to examine human experience in the way that it occurred, in its own terms, to identify and describe the essential qualities (the essence) of that experience. For Husserl (1927), phenomenological inquiry primarily focused on what was experienced in the consciousness of the individual. For Heidegger, focus was given to interpretation or hermeneutics, and the seeking of meaning, which he considered an active part of phenomenological inquiry.

In accordance with Heidegger's philosophy, IPA is not only concerned with capturing how a phenomenon appears in descriptive terms, but also in using interpretation in facilitating and making sense of this appearance. IPA assumes a connection between people's talk and their thinking and emotional state, though at the same recognises

that this connection is complicated. People are not always able to express what they are thinking and feeling, or there may be reasons why they do not wish to self-disclose, hence the IPA researcher is required to interpret people's mental and emotional state from what they say. Interpretation is thus done by the participant as they make sense and meaning of the phenomenon, but also by the researcher as they make sense of the participant and their meaning-making; a double hermeneutic (Smith et al, 2009). Interpretation by the researcher in IPA is applied by combining two broad positions; hermeneutics of empathy, and hermeneutics of suspicion or questioning (Ricoeur, 1970). Thus, the IPA researcher seeks to understand the phenomenon from the participants view (an insider perspective), whilst also seeking to question and analyse what is being said (an outsider perspective) by drawing on other knowledge (be it theoretical, clinical, social-cultural, etc).

In order to understand the essential qualities of a phenomenon IPA researchers engage in the process of a hermeneutic circle. That is as they explore the phenomenon, they begin to understand and interpretate the thing under exploration, and revise their fore-sights (biases, pre-understandings, or judgements).

'Thus the phenomenon, the thing itself, influences the interpretation which in turn can influence the fore-structure, which can then itself influence the interpretation. One can hold a number of conceptions and these are compared, contrasted and modified as part of the sense-making process'. (Smith et al, 2009:26)

Hence in IPA, as in the practice of psychotherapy, there is a belief that fore-sights are inevitably always present. In order for these not to hinder the examination of a phenomenon, a spirit of openness and reflective practices are adopted. Openness to what emerges when exploring the phenomenon (e.g. as individuals describe their experiences); and awareness of the researcher's fore-sights, and their replacements with new meanings as the process of interpretation continues.

The process of the hermeneutic circle occurs throughout the research endeavour, during the literature review, the collection of data, the analysing of the data, and the write up. Initially there is an understanding of the whole (whether this be the researcher's biography, or a participant's transcript), and then there is an understanding of the parts (e.g. the encounter with a participant, or the codes and

themes that emerge from the participant's transcript). There is oscillation between the understandings of the whole and the parts; and the parts make sense of the whole, and the whole makes sense of the parts. This hermeneutic circle continues until a new understanding emerges.

IPA is also influenced by idiography, that is a concern with the particular. Particular in terms of detail and the depth of the analysis; and in terms of the individual(s) who have experienced the phenomenon. IPA thus utilizes small, purposively-selected samples of participants, exploring their particular contexts and personal perspectives. It does not eschew generalizations, but rather locates them in the particular and hence develops them more cautiously. Hence Jonathan Smith and his colleagues advise, 'we would emphasize the importance of the positive process of engaging with the participant more than in the process of bracketing prior concerns, in the sense that the skilful attention to the former inevitably facilitates the latter' (2009:35). The idiographic approach does not preclude the knowledge gained from the individual encounter from making a useful contribution to the wider psychological literature and clinical community. This in itself can be seen as a version of the hermeneutic circle process, the relationship between the parts and the whole.

Rationale for Selecting IPA

When determining which qualitative approach might be best suited to this study and the research questions posed, I considered a number of options including Grounded Theory, Narrative Analysis, and Thematic Analysis as well as other variants of phenomenological inquiry. These approaches share many common aspects with IPA in that they are interested in how people make sense of the world and they experience events. They seek to describe and to varying degrees, explain events and experiences, but never to predict (Willig, 2013). However, there are some differences that have guided my decision towards IPA rather than the other approaches. Grounded theory for instance involves the progressive identification and integration of categories of meaning from data. It's key aim is to produce a theory as the end product; to explain a phenomenon. This approach could be enlightening if exploring specific aspects of positive emotions in the mourning process, for example, what role do positive emotions play in the mourning process for some people, or what are the categories of positive emotions that people

experience in the mourning process? However, there is still some doubt whether the philosophical origins of Grounded theory from a positivism-inductivism position can successfully incorporate a social-constructionist perspective without fundamentally changing the approach itself (Willig, 2013). In particular, the requirement to reach 'theoretical saturation', where the researcher continues to sample and code data until no new categories or variations of existing categories can be identified, would be a challenge in this study not only because of the philosophical assumptions that consider this possible and the challenge this poses for the social constructivist perspective; but also due to the time limits imposed as a requirement for completion of the dissertation for the academic course associated with this study; coupled with the sensitive nature of the topic of bereavement and the related potential difficulties in recruiting participants who have experienced this. Terrah Akard and colleagues (2014) note that, 'Grief studies using 'opt in' approaches (participants only contacted if they responded to an introductory letter) have reported low participation rates of 29 and 35%'. Thus, I found IPA was a more suitable approach in terms of its philosophical orientations, its suitability for the open and exploratory nature of the research questions; and its idiographic acceptance that enables research relating to a small number of participants (even to a single case study).

Thematic analysis is a method for recognizing and organizing patterns in content and meaning, and as such underpins many other methods of qualitative data analysis (Willig, 2013). It describes data in rich detail, and has the potential to interpret various aspects of the research topic (Boyatzis, 1998). Unlike IPA it is not wedded to any pre-existing theoretical framework, thus enabling the researcher to clarify and utilise their own theoretical framework in the thematic analysis (Braun and Clarke, 2006). This theoretical 'flexibility' can be seen as an attractive option for a researcher (and indeed I did initially opt for this methodology for this study). However, one of the difficulties of using this methodology, I found, is that the concept of thematic analysis being considered a methodology in its own right is only very recent, and many academic institutions have yet to be convinced. Another limitation is that without a strong theoretical framework to anchor the analytical claims made, a thematic analysis study is mostly descriptive, and its interpretative power is limited (Braun and Clarke, 2006). As a novice researcher, interested in capturing and contrasting the richness of experience, and wishing to analyse beyond description, IPA with its pre-existing

theoretical framework of hermeneutic phenomenology, became a more appropriate choice.

Narrative analysis was another approach that held attraction for me in this study. It has long been argued that human narratives are an essential part of meaning-making (Ricoeur, 1984; Bruner, 1990) and are active in constructing self-identity (Murray, 1999; Hiles and Aermak, 2008). Narrative analysis focuses on how participants structure their narrative, its function and its social and/ or psychological implications. Unlike IPA, the narrative (and its associated transcript) is not broken down into themes, but instead viewed as a whole, so that the content and structure of the narrative can be studied. Narrative analysis considers that it is not the parts that are significant in human life, but rather *how* the parts are integrated to create a whole – which is meaning (Josselson, 2011). It argues that meaning and experience is constructed through shared use of language, hence why its focus is on how participants tell their story. Although I agree that language can be productive, I also see it as reflective. In my bid to explore people's lived experience of positive emotions following a bereavement I thus wanted a methodology that would focus more on the content of participant narratives regarding this experience, rather than how participants used language when talking with me (based on the assumption that the experience was being wholly constructed during the interview). That said, Smith and his colleagues (2009:98) note that IPA can draw on ideas from discourse / narrative analysis when examining emergent themes, by considering their specific function within the transcript (i.e. how has the participant positioned themselves for the purpose of the listener). They do however warn that this consideration should always be done with a commitment to the experiential.

Other phenomenological approaches exist, and can be broadly divided into two categories; descriptive and hermeneutic; based on the philosophical traditions of Husserl and Heidegger, respectively (Finlay, 2011). Whilst descriptive phenomenological approaches seek to reveal and describe the 'essence' of a phenomenon by staying close to what is presented; interpretative or hermeneutic approaches seek to unveil hidden meanings of lived experience. There are also differences between the approaches with regard to the focus on generalising phenomena (often presented in descriptive approaches) and the focus on individual subjective experience (as presented in most hermeneutic approaches). I was drawn

to IPA as a hermeneutic approach in order to explore both explicit and implicit meanings and the contexts these relate to in terms of the participant, myself as the researcher, and the research as a whole. I also anticipated that my training as a psychotherapist would assist in the exploration and interpretation of the individual subjective experience.

Limitations of Interpretative Phenomenological Analysis

Frederick Wertz (2011: 134) notes that a phenomenological approach is not an appropriate method for investigating physical (i.e. environmental, biological, evolutionary) phenomena and processes; for constructing abstract theories and models; for testing causal hypotheses; for estimating empirical magnitude, frequency, and prevalence; or for assessing quantitative relationships among variables. Research questions and studies interested in these aspects will require an alternative or combined approach.

Smith and his colleagues (2009: 56) also note that IPA requires 'rich' data, in that participants tell their stories, speak freely and reflectively, and develop and express their ideas and concerns at some length. They thus encourage the use of diaries, or semi-structured one-to-one interviews with open questions and an empathic open attitude from the researcher, by which means to gain access to accounts/ data. Notwithstanding these approaches, there is an assumption that participants are able to discuss sensitive topics freely. My work as a psychotherapist has demonstrated that this is by no means the case, even with clients who have freely chosen to engage in therapy. Psychological defenses may result in intellectualization, generalizations, paucity of language, or confused/ muddled narration; there may be a mistrust of others which takes many sessions to reduce; or an undeveloped ability to reflect and gain access to the participant's own thoughts and feelings. This means that not all participants will provide the rich data that is required in IPA.

Likewise, there is an assumption that the researcher has a developed aptitude for reflection; and can put aside biases, psychological defenses, and manage any transferences that arise, to engage in an open and non-defensive discussion with participants. In my experience, it took a number of years working with clients, and my own personal therapy to develop these attributes; and even now I would own that I have 'blind spots', and can be surprised / taken off-guard with unexpected

transferential encounters. In addition, the researcher may simply fail to ask during the interview, particular questions in relation to the participants narratives that could have revealed more information about a phenomenon. Such missed opportunities may only become apparent during the analytic process or writing up of the study, when it might not be possible to ask for further clarification from the participant.

Although IPA does not claim to be generalizable to a larger population (Smith et al, 2009), it has been criticized for being potentially 'subjective, intuitive and impressionistic', which in turn can make establishing important variables difficult (Malim et al., 1992, cited in Pringle et al., 2011: 21). Whilst this may indeed be true, it doesn't take into account the hermeneutic philosophy of IPA, and the potential contribution that IPA studies can make to the wider literature: gaining insight into the individual can also generate insight into the whole.

Researcher's Role and Reflexivity

In IPA the role of the researcher is clearly acknowledged. The researcher is not seen as a mere conduit by which data from participants is collected and presented; but rather the researcher is seen as an active component that will facilitate meanings for the participants as they narrate their experience, and hence to some degree contribute partly to the construction of the experience under exploration. In addition, as the participant makes sense of their experience with the researcher, so too is the researcher making sense of the participant making sense of their experience. Smith et al (2009) describes this process as a 'double hermeneutic'. Whereas Husserl thus considered the need for the researcher to 'bracket' their own preconceptions and fore-knowledge to gain access to the essence of the phenomenon under exploration, Smith et al (2009) recognise that bracketing by the researcher can never be totally achieved. At best the researcher should aim to adopt an attitude of empathic inquiry and openness to the participants narrative; whilst attempting to be conscious through reflection of their own projections and fore-meanings before and as they arise. Where reflection 'in-action' (Schon, 1983) does occur, it enables the researcher to control and chose how they might act on the generated thoughts and feelings arising at the time. However, there will be reflections, reflection 'on-action', where the researcher will only be able to see how they influenced the participants narrative and the data collected after the interview.

The IPA researcher also has a key role in the interpretation of the data once it is collected. Smith et al (2009) note the analysis and writing up of the data is a joint product of the participant (via their narrative and transcript) and the researcher (through their reflective consideration of the participant's point of view, and a psychological focus on meaning-making). 'The end result is always an account of how the researcher thinks the participant is thinking' (Smith et al, 2009: 80).

In order to enable the reader to assess my role and impact on the study data, analysis, and conclusion I have sought to be sufficiently visible in my writing throughout this dissertation. I have also documented my preconceptions, thoughts and reflections relating to bereavement and the presence of positive emotions in the mourning process in the following chapter.

During the study, to aid in my role as an IPA researcher, I kept a reflexive journal on my thoughts and experiences as I progressed through the research and my conversations with participants. This journal was then used to provide a means by which I could reflect on the complexities of my presence in the research (Holliday, 2002); to process my thoughts and feelings when communicating with participants and to enable me to be aware of my biases (Etherington, 2004; Valentine, 2007). I also engaged in my own personal therapy during the research project to further assist in my reflexivity and, with the help of my therapist, identify and explore my own 'blind spots / biases'.

Recruitment and Participant Selection

In accordance with an IPA approach, participants were a homogenous sample, in that, using purposive sampling, the research question was significant. Thus, participants for this study comprised of individuals who had suffered a bereavement of someone, and experienced 'positive emotions' following the death. Participants were approached via an advertisement displayed at the private therapist centre where I currently practice, an advertisement via email to local therapists and organisations working with bereaved clients, and an advertisement in a local 'Death Café'. I undertook an initial screening (via a telephone call) to ensure that vulnerable potential participants such as the recently bereaved (within 1 year); those with little or no support; children; and/or those currently experiencing distress or depression (as

classified on the PHQ-9 scale and my own observations) were not included in the sample of participants.

A small number of participants were sourced (six participants), partly reflecting the time constraints in which to carry out this study and the difficulty working around the Covid restrictions relating to social distancing and lockdown; but also to ensure that there would be sufficient in-depth engagement with each individual case, whilst enabling a detailed examination of similarity and difference as required by the IPA approach (Smith et al, 2009).

The first participant was someone known to me, a Counselling Psychologist colleague, who having experienced positive emotions following the deaths of her parents, was willing to participate in the study, and to act as a pilot interviewee. The pilot interview enabled her to provide useful feedback on my interview questions, style, rapport; and her experience of the interview as a whole. She was also able to comment on the 'working relationship' aspect of the study in terms of how I screened participants prior to the interview; opened and ended the interview; discussed (hypothetically in her case) how I might manage a participant's distress during the interview; sought 'informed participant consent', described key ethical considerations, debriefed the participant at the end of the interview; and followed-up via email. I was then able to use her experience and feedback of being a participant in this study with subsequent participants, in order to ensure that we might all mutually benefited from the encounter and could be richer for the experience.

Further details regarding descriptions of each participant, and the context of their bereavements are provided in Chapter 5.

Data Collection

In collecting data, I was guided by Kasket's values, as previously outlined. By using a qualitative approach, the participant's individual story, experience and meaning-making was prioritised and valued.

Semi-structured interviews/ conversations took place at the therapist centre I practiced in, a safe and quiet place that provided a confidential setting, in an accessible location. These conversations between each participant and myself, were audio-recorded, in order to obtain a rich, detailed account of the participant's narrative, including

establishing rapport between myself and the participant, without the disruption of note taking. Interviews lasted between one to two hours.

Participants were invited to tell the story of their bereavement; and to assist them in this process and encourage a rich narrative, I focused on questions relating to cultural context; their feelings, thoughts, attitudes and ideas; the significance of other people; and their choices and actions, based on values, beliefs and aims (see appendix 4 for interview guide). Smith and Osborn (2008) noted that the advantage of the semi-structured interview was that it could provide flexibility, enabling questions to be modified in light of the participants' responses; to follow interesting lines of enquiry and to go into novel areas; and to establish a rapport between the interviewer and participant).

I personally transcribed all the audio-recordings (appendix 5), in order to remain 'close to the speakers' meanings (Etherington, 2000) and to provide further opportunity for reflexivity. The transcripts were returned to each participant in order for them to highlight parts of the story that they felt were the most important from their point of view, and for them to offer further comments, clarification and meaning should they wish to do so. All the participants offered further brief clarifying comments either in person, by telephone, or by email; and relevant notes of these were made.

Data Analysis

The interview data was analysed using the IPA steps suggested by Smith and his colleagues (2009), in order to capture how participants experienced and made sense of their emotions following bereavement. Undertaking such an analysis had the advantage of providing a rich description of the data set, unearthing unanticipated insights, as well as highlighting similarities and differences. The use of an IPA analysis also allowed for both social and psychological interpretations of the data.

I followed the step-by-step guide provided by Smith and his colleagues (2009) to ensure that the analysis was coherent, convincing, and grounded in the data. The steps involved include:

1. Reading and re-reading

Listening to the audio-recording, and then reading through the transcript a number of times, becoming familiar with the account.

2. Initial noting – explanatory commenting

Whilst maintaining an open-mind, noting anything of interest within the transcript. Undertaking descriptive comments (describing the content of what the participant is saying – key objects, events, experiences in the participant’s lifeworld); linguistic comments (noting the specific use of the language by the participant – how content and meaning are presented); and conceptual comments (annotating at a more interrogative and conceptual level – drawing on my own experiential and professional knowledge to make sense of the participant). Table 3.1 provides an extract of my initial note taking at this stage for ‘Maggie’ (participant 1). These notes were generated whilst reviewing a printed paper copy of the initial transcript, and replaying the audio tape.

Table 3.1: Step 2- Extract of initial notes for ‘Maggie’ (PA01).

Transcript lines	Transcript text	Researcher’s initial notes (step 2) Key: Descriptive comments (plain text), <i>linguistic comments (italics)</i> , <u>conceptual comments (underlined)</u>
3	Er. [Pause][Sigh] I might find it hard to find things to say. Well I. I guess I could talk about anybody, but maybe the last person was my mother	Some hesitation as to where to begin. <u>Perhaps a reflection of difficult emotions and memories, or complex thoughts?</u>
4	(J: Hmmm) And, er, I guess she had dementia for, oh god, I don’t even know, memory is really bad. I don’t know, ten years, maybe. And then	Difficulty recalling length of time, blamed on poor memory. <u>Self-blame? Sense of times blurred – indication of stress, or magnitude of events experienced?</u>
5	she’d been in a nursing home for about four years. (J: Okay). Um, so yeah, during that time, that was, it was just horrendous. It was	Mum had dementia, and then moved in to a nursing home. <i>Verbal emphasis on ‘horrendous’, and then the word repeated.</i>
6	horrendous for the whole time really, was horrendous. Um. And then after she went into the nursing home, which was just like unbearably	Other words added to experience ‘unbearable horrible’ and ‘hideous’. ‘Unbearable’, ‘I couldn’t stand it at all’. <u>Sense of personal resilience not strong enough to withstand the experience? Personal failing or magnitude of what the situation required?</u>
7	horrible, or for me. I don’t think it was unbearably horrible for her. Like, like I couldn’t stand it at all, I just. It was just hideous. And then I felt	Clarified personal experience ‘for me’, not for Mum. <u>What was horrendous about the situation; mum’s dementia and the loss of the mum she knew, mum’s loss of her, mum’s mental deterioration, mum’s regression from independent adult; or the nursing home, loss of familiar home and possessions, stark institution, loss of independence, infantization, loss of sense of person, waiting to die? Stressful experience?</u>
8	like, I had to keep going to visit her. I felt guilty, like I wasn’t going enough. And I use to absolutely hate going. Um.	‘And then I felt I had to keep going to visit her’. <u>Sense of duty, but then guilt because ‘I wasn’t going enough’ and not wanting to go, ‘absolutely hate going’? Not wanting to see mum – questioning relationship with mum, love; questioning who am I that doesn’t want to be with my mum? Tension within self.</u> <i>Use of ‘I felt I had to’.</i> <u>Felt I had no choice. Trapped?</u>

3. Developing emergent themes

Analysing the exploratory comments made in stage 2, to identify emergent themes; ‘phrases which speak to the psychological essence of the piece, containing enough peculiarity to be grounded and enough abstraction to be conceptual’ (Smith et al, 2009: 95). Whilst identifying emergent themes I also looked for interrelationships, connections and patterns between exploratory comments. Table 3.2 illustrates an extract from the creation of emergent themes for ‘Maggie’. At this stage both the original transcript and the initial comments were displayed and reviewed to assist in the development of themes.

Table 3.2: Step 3-Extract of emergent themes for ‘Maggie’ (PA01)

	Transcript lines	Emergent themes (step 3)
J1	1 2	
P1	3 4 5 6 7 8	Magnitude of events relating to bereavement. Significant life event. Complexity. Emotionally difficult to process. Time period – death 10 years ago Time – in nursing home for 4 years. Horrendous situation prior to death – illness and care home. Stressful situation for child of person. Situation requiring resilience that wasn’t there. Unable to cope. Trapped in sense of duty. Tension between duty and not wanting to go – outcome – guilt.

4. Searching for connections across emergent themes

Clustering similar related themes, by looking for patterns and connections between them. This was done using the processes of:

- *Abstraction* - putting similar themes together and developing a new name for the cluster; a 'super-ordinate' theme.
- *Subsumption* – elevating an emergent theme to a super-ordinate status to bring together a series of related themes.
- *Polarization* – examining transcripts for the oppositional relationships between emergent themes by focusing upon differences instead of similarity.
- *Contextualization* – identifying the contextual elements of the narrative with regard to temporal, cultural and narrative themes.
- *Function* – examining themes for their specific function within the transcript, that is how the participant presents the self within the interview, and to what purpose in regard to the interviewer/ listener.

Table 3.3: Step 4-Extract of clustering themes for 'Maggie' (PA01)

Abstraction	Subsumption	Polarization	Contextualisation	Function
<p><i>Experience of care home</i> Horrendous situation prior to death – illness and care home. (lines 3-8)</p> <p>Stressful situation for child of person. (lines 3-8)</p> <p>Situation requiring resilience that wasn't there. Unable to cope. (lines 3-8)</p> <p>View of nursing home – not a good place, uncaring, not bothered. (lines 10-18)</p> <p>Care home situation – traumatic. (lines 33-45)</p> <p>Nursing home – poor quality of life for residents. Poor healthcare. (lines 33-45)</p> <p>Caregivers negligent or causing harm deliberately? Uncertainty, doubts, paranoia. (lines 33-45)</p>	<p><i>Caregiving. Who does it? Transitional Roles</i> Daughter not caring for parent at home – possible societal pressure to? (lines 10-18)</p> <p>Decline of mother – unable to care for self, nor able to offer care to daughter. Transition from parent to dependent. (lines 10-18)</p> <p>Who makes decisions regarding care of parents? (lines 174-180)</p> <p>Decline of aging parents due to illness. Parents unable to care for children, but rather require care. (lines 287-292)</p> <p>Aging decline process - gaining responsibility and role of carer. Losing freedom. (lines 287-292)</p> <p>Care beyond her capacity. Care requiring resilience/ strength. (line 315)</p>	<p><i>Anticipated death and/ or sudden death.</i> (Lines 65-73)</p>	<p><i>Situation prior to death - temporal</i> Time – in nursing home for 4 years. (lines 3-8)</p> <p>Prolonged period of time prior to death. (lines 20-28)</p>	<p><i>Suffering self</i> – prior to death, period in care home for mother. Let me know difficulty of situation. (lines 3-18)</p> <p><i>Stressed Self</i> – (lines 10-28) prior to death, period in care home for mother.</p> <p><i>Acceptable self</i> - through shared desire with brother for situation of care home to end (even though it meant mum's death) (lines 21-22)</p> <p><i>Traumatised self</i> – (lines 33-45) prior to death, period in care home for mother.</p> <p><i>Unsupported/ carrying burden alone</i> (lines 48-61) – responsibilities and duty to mum prior to death.</p>

Table 3.3 illustrates how themes were clustered. The writing in bold provides the super-ordinate theme title, with the text below indicating the subordinate themes that fell within this. The subordinate themes are sourced from the previous stage. The colour of the text, in this case green, is used to identify the participant for stage 6 of the analysis, where the table was physically cut to compare and contrast themes with other participants.

5. Continue the analysis with other cases

Repeating the previous steps for each case, looking for similarities and differences to previous cases, and new emerging themes.

6. Looking for patterns across cases

Having tabulated each previous stage using tables in Microsoft Word, and highlighting each case in different colours, whilst also keeping track of transcript line numbers, as detailed in the previous tables (3.1-3.3), I then printed out and cut up each table to separate the super-ordinate themes for each case and compare these between cases. I was then able to move themes around to explore spatial representations of how they might relate to each other both in terms of similarities and differences. In this way I was able to identify ways in which participants represented unique idiosyncratic instances and also ways in which participants shared higher order qualities. Once completed I then created a master table of themes for the group as a whole. Table 3.4 illustrates an extract of the master table of themes for the group as a whole. The numbers on the table relate to the text lines on the original transcripts and serve as a reference. A version of the whole table is attached at appendix 6.

Table 3.4: Step 6- Extract of master table of themes

<i>Bereavement Contexts – A Challenging Dying Process and Context</i>	PA01	PA02	PA03	PA04	PA05	PA06
Care-giving and Bereavement	3-8 10-18 33-45		6-23 27-31 33-36 47-55 58-66 139-150 156-165 222-225 287-288 298-299	1-23 66-84 85-89 90-103 105-120 169-183 297-312 376-380 405-428	1-61 63-91 93-120 122-130 132-141 146-155 188-196 229-240	

			310-312 362-374			
Who cares for the ill and dying and how?	10-18 174-180 287-292 315		6-23 27-31 33-36 47-55 58-66 139-150 156-165 222-225 287-288 298-299 310-312 362-374	24-64 24-64	163-185 188-196	

Validity / Trustworthiness

Carla Willig (2013) notes that the concepts of reliability, representativeness, validity, generalizability, objectivity are not, in their current forms, meaningfully applicable to qualitative research. This has led to a debate as to how qualitative research might be evaluated. For the purposes of this study, I applied criteria provided by Robert Elliot and colleagues (1999):

- *Owning one's perspective* – I have already explained my interest in this research and my philosophical position with regard to data collection and analysis. As previously indicated, I also kept a reflexive journal throughout the study which was then used in the analysis and write up of the study to help acknowledge my role as the researcher within the study, identify my pre-conceptions, and influence on data collection and analysis. The following Chapter 4, provides additional transparency regarding my role in this study.
- *Situating the sample* – as you will read in Chapter 5, I have described participants and their life circumstances in enough detail to allow the reader to assess the relevance and applicability of the findings, whilst maintaining the anonymity of my participants in accordance with ethical considerations.
- *Grounding in examples* – Examples of the data collected and the interpretations given to these have been provided, in order for the reader to assess the fit between the two.
- *Providing credibility checks* – A pilot interview and analysis with a trusted colleague and Counselling Psychologist to ascertain best practice (re. questions, style, location, length of time) was undertaken. Using this

knowledge, I then applied it to my research. After interviewing my participants, I also sought their opinions of the transcripts I created, and made transparent any differences between us. In addition, I kept a reflexive journal of my experiences and used this to consider and present my presence in the research. My interpretations were also checked by my research supervisor to ensure that these were plausible and related to the data collected.

- *Coherence* – I aimed to present my analyses in a coherent and integrated manner.
- *Resonating with readers* – I have sought to present this study in such a way as to stimulate resonance in the reader, in order that they might feel the research has clarified and expanded their understanding and appreciation of the experiences of people following a bereavement.

Ethical Considerations

Ethical approval for the study was sought and obtained from the Metanoia Institute's Ethics Committee. A consent form and information sheet about the research was given to the participants to read and consent to, including information about how data would be used, and steps to maintain confidentiality. A copy of the consent form, information sheet, and ethics approval letter from the Metanoia Institute's Ethics Committee are attached at appendices 1, 2, 3 respectively. At the beginning of each discussion, participants were reminded verbally about confidentiality and their right to withdraw at any time (though if they withdraw once the study was written the researcher retained the right to use aggregate data from the study). All names and identifying details from the discussions were changed for transcription, and participants were offered access to completed transcripts to ensure exclusion of identifying details and accuracy. Audio – tapes will be destroyed once the requisite ten-year retention period has elapsed, and will be stored in an encrypted password protected computer file.

The information sheet highlighted to participants that taking part in a study on the subject of bereavement had the potential to be emotionally provocative, and it was recommended that they give this due consideration before agreeing to participate.

Participants were given the opportunity to ask questions before and after the interviews, and were debriefed on an individual basis. Due to the sensitive nature of the topic, I was mindful of the impact of the discussions on any participant, particularly

any signs of significant distress, high levels of depression, or high levels of anxiety. Where observed, I drew this to the attention of the participant and stopped the discussions. Participants were then invited to either take a break, to focus on another issue, or to stop the interview and withdraw from the study. In addition, I clarified in the information sheet that although some participants may find talking about their experiences therapeutic/beneficial, that this research project was not offering therapy but rather researching the topic of bereavement. It was made clear that my role was purely that of researcher and therefore it was unethical for me to use this research as a means of recruiting future clients.

The research was conducted in line with BPS Code of Ethics and Conduct (2009) standards of protection of research participants, and aimed as far as possible to treat participants in a way that did not compromise their well-being. The following points were observed:

- If exploration of the subject matter leads to apparent distress to any participant, the discussion could be ended with no pressure or expectation for any participants to continue.
- A list of agencies that provide confidential support was provided at the debriefing stage.

Self-care

Due to the sensitive nature of the topic, it was necessary to consider the impact of this study on my own well-being. Sensitive aspects included the possibility of experiencing participants in distress; the required immersion of myself as the qualitative researcher, in the data; and my own emotional experiences of bereavement that include painful yearning.

As previously discussed, I aimed to promote self-reflection through the use of a reflexive journal and personal therapy. Although primarily used to reflect on the complexities of my presence in the research (Holliday, 2002); to process my thoughts and feelings when communicating with participants and to enable me to be aware of my biases (Etherington, 2004; Valentine, 2007); these tools also increased my own self-awareness. This process in turn led to enhanced self-empathy, as well as increased psychological health (Corey, 2001). Along with my therapist, I was also in a

position to monitor my mental and emotional well-being, and use therapy sessions for support as well as reflection.

In addition, I ensured that the time spent on the study was balanced with 'study-free' activities, people and discussions. I also undertook regular exercise, good sleep hygiene, and good nutrition. Further, I reduced my client work load, to ensure that I did not overload myself with work/ study commitments; and to reduce the emotional demands on my compassion and empathy (Vincett, 2018).

Finally, I also undertook a risk assessment as part of the ethical process required by the Metanoia Institute; and again, later with regards to the Covid-19 pandemic, ensuring that the setting for the interviews followed relevant hygiene, ventilation and social distancing requirements.

Chapter Summary

Interpretative Phenomenological Analysis (IPA) was chosen as an appropriate methodology in order to answer the research questions posed around the topic of positive emotions experienced in bereavement; and was compatible with my own personal values and philosophies on life, reality, and knowledge. Data was collected from six participants via an audio-taped single semi-structured interview for each participant, transcribed, and then analysed following the step-by-step guide provided by Smith and colleagues (2009). My role as interviewer, transcriber, analyst, and author of this study has been an active component, and I have sought to acknowledge my contribution to the construction of the experience under exploration in my writing.

Chapter 4: Reflexivity

Chapter Overview

This chapter provides a reflexive account of myself, my bereavement experiences and observations, and my subsequent preconceptions, thoughts and reflections. It is hoped that by providing this level of transparency, the reader will be able to assess my role and influence on this study; and contribute to the 'validity and trustworthiness' of this piece of qualitative research.

"I measure every grief I meet, with analytic eyes" (Dickinson, E., 2016: 153)

In order to enable the reader to assess my role and impact on the study data, analysis, and conclusion I have sought to be sufficiently visible in my writing throughout this dissertation. This chapter offers further transparency, and clarifies my preconceptions, thoughts and reflections relating to bereavement and the presence of positive emotions in the mourning process.

Who am I and my Bereavements?

I am a British white, heterosexual, middle-aged female embedded in a western society. I was born and raised in a working-class family, though now as a practicing private psychotherapist and doctorate student I would place myself in a 'technical middle class' socio-economic category (Savage et al, 2013). I have been in a relationship with my husband for some 31 years, and would cite this as my most significant current attachment. Other key attachments in my life have included my paternal grandparents (now deceased), my parents, and my twin sister.

My earliest experience with death and bereavement related to that of my mother's father, who died when she was 13 years old. This was a significant event in her life, and one that heavily influenced her sense of self, world view, and subsequent relationships. She often talked about her father, particularly with visiting members of her family, though always in terms of her sorrow at what she had lost. The family visited his grave on an annual basis. For my mother her deceased father appeared to have the status of a 'saint' and her 'one true love'. Her husband and children could never

make her feel as loved and treasured as her father had, and were doomed to fail in their attempts to do so. Perhaps not surprisingly, I developed a somewhat dismissive almost angry attitude to the dead, rejecting concepts of afterlife, mourning rituals, and continuing bonds. I felt that the dead, should be 'dead and buried', and that the living should focus on their living relationships.

This attitude changed somewhat upon the death of my own beloved paternal grandparents in my early 20s. My grandmother died unexpectedly and suddenly from an internal haemorrhage whilst visiting a friend; whilst my grandfather died a year later in hospital after a long battle with skin cancer. My initial feelings upon their deaths were of sorrow and sadness. There was no sense of relief for the death of my grandfather, even though I observed his body was destroying him. I wanted only to have him alive in my life. Overtime, I was able to appreciate how fortunately I was to have had them in my world, and to retain memories of them both. I still even after many years, have moments of 'missing' them, wishing they were alive to discuss aspects of life. Although I attended the funerals of my grandparents, I have never had the desire to visit their graves. For me, it is my memories and mementos that activate my sense of them and my continuing attachment, rather than a headstone. I'm aware that I hold a view that once the living essence of a person has died, I perceive that what is left is the shell of the body. I wonder if such a perception would change if I was present at the point of death. An event I have yet to experience.

Since these deaths, I have experienced subsequent bereavements relating to my maternal grandmother, an aunt, a neighbour, my parent-in-laws and my sister-in-law. Each bereavement experience has been unique, though with common emotions of sadness. Unexpectedly (due to our more distance relationship) the death of my sister-in-law Kay, from an inoperable brain tumour, generated stronger feelings of grief than I had anticipated. I think this was indicative of a more significant attachment than I had appreciated; recognising only after her death, how much I had admired and liked Kay, and the 'twinship' connection we had via our 'daughter-in-law' roles to my husband's parents. Kay's 'humanistic' funeral, which she organised herself, was a unique and memorable experience, that I hadn't experienced in any other such event. Since her death I have experienced regret that I didn't support her more in her dying process; and a form of 'yearning' for her whenever I meet up with my brother-in-law.

To date, I have not experienced the intense pain of grief that I have observed in others, from my bereavements, though anticipate that this experience will occur with the loss of my husband, due to the significance of our attachment. Neither have I experienced delayed grief nor complex grief, where long-term functioning has been compromised, and/or obsessive thoughts regarding the loss have prevailed. I have noticed however, that the sorrow and sadness in my bereavements has never completely disappeared, though neither has the warmth and love when I remember the deceased.

With regard to positive emotions following a bereavement, I have not experienced such to the extent that they were noticeable at the time. Perhaps a little bit of relief following my mother-in-law's death, relating to the cessation of her unhappiness, my uncomfortable emotions of pity; and the obligations of organising her care and practical living tasks since the death of her husband two years earlier. The dominant emotion in this bereavement experience was sadness, not at my loss, but rather for her, and how the final years of her life had ended in misery.

I do wonder if the challenging relationship I have with my own mother, will give rise to a set of strong mix of emotions upon her death, and whether 'relief' and even a sense of liberation from the stress and hurt of the relationship will be present. I recognise, that currently I hold no judgement regarding such emotions, and that my training in psychotherapy has enabled me to be open to their presence and to accept them should they arise. Notwithstanding this, I am also very aware of the potential for social condemnation, offence, and upset should such emotions be publicly discussed or displayed; and the potential for tensions within myself regarding the presence of these emotions and the permanent loss of this attachment. I wonder too, if my curiosity in this topic has not only been fuelled by my experience with my client 'Pam', but is also to justify my acceptance of such emotions should they arise in connection with my mother's death.

Observations of Bereavement and Preconceptions

Both my personal observations of bereaved family members as well as my training and practice as a psychotherapist have further influenced my perspectives and knowledge on bereavement. As mentioned in the introduction of this study, I observed the difficulties of my mother-in-law's bereavement following the death of her husband. She was overwhelmed with grief, as well as with anger towards him for leaving her.

She struggled to function, partly due to the strength of her emotions, but also due to her lack of knowledge and experience of living independently. She had relied on him to undertake many of the tasks relating to finances and managing a house. What struck me the most was her apparent desire to demonstrate to others her bereaved status (and her pain). Similarly with the image of Queen Victoria after the death of Prince Albert, my mother-in-law subsequently always wore black or dark clothing, refused to attend social events that might be pleasurable noting that it would be too soon to do so (even after a period of two years since his death); and revealed no forms of positive emotions, if indeed she experienced any. She required the family to undertake all her practical household tasks, and bemoaned the fact that neither of her children or grandchildren offered to move her into their homes. She continued to blame her husband for abandoning her, and held him culpable for any 'adverse' events that arose since his death. In myself I recognised the perspective that I believed her prolonged mourning and dependency on others was hindering her ability and apparent desire to re-engage with life. That I too shared the western socio-cultural perspective that independent functioning in adulthood was a healthy and desirable status (Charmaz, 1980).

Sadly, my mother-in-law suffered a stroke, and after many months in a hospital rehabilitation ward she moved to a private care-home. Tragically her stay was short-lived, she had a fall during the night during her first week, and although when found in the morning she was transferred to hospital, she died a week later of 'acute pneumonia'. I'm aware from this tragic experience, and from listening to my clients' narratives on death and bereavement that I have a perspective on 'good and bad' deaths. Ideally a good death would be 'disease-free' where one slips away painlessly during sleep in one's own home. I am also aware from my personal experiences and the statistics relating to death that this scenario is rare. Death from long-term non-communicable chronic diseases such as heart disease, dementia, stroke, cancer, and respiratory disease accounted for 74% of global deaths in 2019 (World Health Organisation, 2019). In England in 2016, almost half of deaths occurred in a hospital, compared to 23.5% occurring within people's own homes (Public Health England, 2018). I also value people's choice to choose a dignified death, and hence support both the use of hospices, and the concept of euthanasia; though recognise the social complexities, particularly around the latter.

The Study Interviews and My Presence

I am immensely grateful to all the participants who took part in this study; for their bravery and openness in talking about a potentially stigmatising and/ or painful experience. I was hopeful prior to the interviews that my training and experience as a psychotherapist would facilitate in the interview process; by providing a professional, non-judgemental, and 'safe' environment in which the participant could feel at ease to talk and feel they were being listened to; and that a rapport between myself and each participant could be established to aid in a flexible, spontaneous and responsive conversation (Finlay, 2011). I was also aware that both my professional status, and my manner, might lead participants into emotional disclosures similar to a therapy session, beyond the terms of the research. On reflection, I believe that I did achieve a reasonable balance between utilising my therapeutic skills whilst maintaining the boundaries of a research interview.

Establishing a 'safe' and 'non-judgemental' environment for the participants began with the wording on the recruitment literature that explained that the purpose of the study was to explore the experience of positive emotions following a bereavement (appendix 7). No words were used that might suggest a judgement of those who had indeed experienced such; and enough information was provided to reassure participants that they were not be judged negatively, that their interviews and identities would be anonymous, and that their narratives would be treated with respect and used to help the therapy profession.

Prior to the interviews (during contact correspondence and the screening call) I ensured that I presented an attitude of warmth, openness, respect and gratitude towards participants; and this continued throughout the interviews. I also used empathic attunement to ensure that I followed the participant's emotional presentation (e.g. laughter, curiosity, sadness, etc) and offered an appropriate response, including summarising and paraphrasing, so that participants experienced my interest, respect, understanding, and acceptance of their narratives (Rogers, 1957). This in turn I hoped would foster cognitive exploration, and promoted reflective functioning in my participants (Bohart et al., 2002). I adopted a non-defensive attitude with humility (Timulak, 2011) to further cement a 'safe' environment for my participants to explore their experiences, and hopefully to encourage them to lower their own defences should these arise. When my own defensive transferences or biases arose, I acknowledged

these for further investigation within my reflexive journal or in discussion with my therapist, but attempted not to reveal or act on these during the interview. I'm aware however that some of my preconceptions did influence my interest and subsequent questions when following the participants narratives (for example, around care for elderly relatives, difficult maternal relationships, and the introjection of a 'critical voice').

There were also moments when I sometimes found myself sitting with the tension of fearing that the data being generated would not be relevant or useful for the research study questions; whilst also wanting to respect and honour the narrative of the participant regardless of how it was being presented. In a therapy session where a strong therapeutic relationship had been established (and would be ongoing) I might well interrupt a client and ask a direct question to delve deeper into the psychological and emotional world of the client. To do so in a research interview where no such on-going therapeutic relationship existed, would, I felt be ethically inappropriate. I noticed that sometimes these tensions resulted in my remaining silent for long periods whilst the participants talked; and at other times, particularly if the participant's narrative was moving away from their personal experience and meaning into generalisations, I would question or summarise referring to the personal.

Interestingly there were moments when I recognised a participant's defensive resistance to my questioning, leaving me with a dilemma as to how handle such. In a therapy session I would gently raise the matter with my clients opening up the issue for further exploration. In the case of this study, I deemed it inappropriate to raise the matter, so simply allowed the defence to be. At times I would change the issue under discussion if I sensed a strong resistance to discuss the matter further.

Overall, I believe that these therapeutic 'skills' and 'way of being' helped the participants in this study to generate rich descriptive narratives. Interestingly I noticed that my presence and role for the participants varied throughout their narratives. At times I observed I was their confidant, a sympathetic 'ear', a facilitator of exploration, a 'blank screen' to reflect on, a validator, a comforter, and a playmate who could share humour; and at other times a representative of a judging society who they might need to justify themselves to.

My Changing Perceptions

With regard to the presence of positive emotions within the bereavement process, my training and experience as a psychotherapist have informed my beliefs and attitude towards such. On the whole, I adopt an attitude of openness and curiosity towards such, and attempt to facilitate this approach in my clients. At the start of this study, and prior to my encounter with 'Pam', I held the view that positive emotions in the mourning process were rare, and may well be a form of defence to deflect attention from more painful emotions. My encounter with Pam widened my perspective to recognise that positive emotions in the mourning process may also reflect the complex relationship that one has had with the deceased, and the removal of toxic elements within that relationship that were damaging to the individual prior to bereavement. As I continued with this study, my perspective has widened considerably to encompass other rationales for the presence of positive emotions including the context of the bereavement, including the emotions and meanings arising prior to, during and after the dying process; the relationship between the bereaved and deceased; the meanings given to the death; a possible period of anticipatory grief; a possible increased well-being for the bereaved, due to the change in circumstances; and a possible form of human resilience that enables the survivor to endure the painful elements of grief and to re-engage in life.

Chapter Summary

My perspective on bereavement, mourning processes, and mourning rituals have developed and changed over the course of my life as a result of personal and professional experiences, and the influence of socio-cultural norms and taboos. This study and my encounter with the participants have further altered my perspective, broadened my knowledge and understanding of the rationales for the presence of positive emotions in the bereavement experience. I anticipate that my perspective on bereavement will continue to alter, as I experience further personal and professional encounters with death and loss; and continue with practitioner-research into this evolving topic.

Chapter 5: Results & Analysis

Chapter Overview

In this chapter I present in more detail the six participants who took part in this study; the research findings combining both the data provided in the form of transcripts, and my interpretative phenomenological analysis of these. I have presented my analysis by selecting those higher order 'Super-ordinate' themes that emerged from my analysis of lower-order 'Sub-ordinate' themes, and relate to the research study questions. I have used extracts from the transcripts to support my findings, and to provide transparency between the narratives provided by the participants and my interpretations of these.

"Joy and grief were mingled in the cup; but there were no bitter tears: for even grief arose so softened, and clothed in such sweet and tender recollections, that it became a solemn pleasure, and lost all character of pain." (Dickens, C., 1838:205)

Introduction

The results and analysis in an IPA study evolve through the processes of moving from the particular to the shared, and from the descriptive to the interpretative; with a commitment on behalf of the researcher to an understanding of each participant's point of view, and a psychological focus on personal meaning-making (Smith et al, 2009). To facilitate these processes, I followed the analytical steps provided by Smith et al (2009) and detailed in my previous chapter.

The results of these steps, coupled with the organisation and formatting of the emergent material enabled me to present a personal and individual summary of each participant's bereavement experiences with regard to the presence of positive emotions following the death of someone close to them; and to identify five higher-order 'super-ordinate' themes that related to the focus of the study questions, and to the personal narratives provided by the participants. The super-ordinate themes were:

- 1) A challenging dying process and context
- 2) Attachments
- 3) Diverse emotions
- 4) Meanings made of positive emotions
- 5) Outcomes

Each super-ordinate theme was relevant to at least half of the participants, as were the associated sub-ordinate themes. For transparency and ease of reference I have documented this relevance in Table 5.2. I have also provided a full narrative on each theme, evidenced by detailed commentary on transcript extracts, to take the reader through my analysis and interpretations. To this end I hope to provide coherence and plausibility to my interpretations, which have been guided by supervision, as well as my psychological training and knowledge, and reflections on my own perceptions, conceptions and processes.

Full transcripts are available in appendix 5. The extracts provided in this chapter have been altered slightly to replace references to P (participant) with a more personalised pseudonym, for readability and to ensure that the participant can be experienced by the reader in a personal sense; and to replace utterances of reassurance/ active listening by the interviewer, again for readability and flow of text.

The Participants

In total six people agreed to participate in this study. Their demographic details and relationships to the deceased are summarised below, along with the positive emotions experienced in Table 5.1. I also provide further details regarding each participant and a summary of their narrative, so as to enliven their presence for the reader, and to offer as much transparency as possible for the data collected (albeit within the limitations of my brief contact with each participant). A pseudonym has been given to each participant, in order to maintain anonymity, whilst preserving individuality and the ‘realness’ of the person.

Table 5.1 Summary of Participant Demographic Data

Participant	Current Age	Gender	Relationship of the deceased to the participant	Approx. time since bereavement occurred	Positive Emotions Experienced
Maggie	52	Female	1. Mother 2. Father	1. 10 years 2. 15 years	Relationship Relief Stress Relief

					Emotional Relief Joy Freedom/ liberation/ release Gratitude Spiritual loving Altruistic happiness
Alison	84	Female	1. Mother 2. Close Friend 3. Close Friend 4. Neighbour/ friend	1. 50 years 2. 20 years 3. 55 years 4. 6 years	Gratitude Fortunate/ blessed Altruistic happiness
Sandra	53	Female	1. Mother 2. Mother-in-law	1. 6 years 2. 6 years	Stress Relief Emotional Relief Freedom/ liberation/ release Caregiving Relief Altruistic Relief Relationship Relief Pleasure Increased compassion/empathy
Carl	55	Male	1. Mother 2. Mother-in-law	1. 6 years 2. 6 years	Stress Relief Emotional Relief Freedom/ liberation/ release Invigorated Joy Caregiving Relief Increased compassion/ empathy
Louise	49	Female	1. Friend/ Recipient of Care	1. 11 years	Caregiving Relief Relationship Relief Freedom/ liberation/ release
Jane	75	Female	1. Mother 2. Sister	1. 30 years 2. 20 years	Altruistic Relief Gratitude Emotional Relief Peace

'Maggie'

As mentioned previously, Maggie was a counselling psychologist and friend of the researcher, who kindly volunteered to be a pilot interviewee, as well as a participant in this study. Maggie was a white female, in her 50s, with a professional career, who lived by herself with her dog. She had one sister, who lived in another country, and a step-brother who she wasn't close to. Maggie's narrative related to the death of her divorced parents over 10 years ago. She described her painful earlier relationships with each of them, where neither parent provided the warm, loving, attentive relationship that throughout her life she needed and desired from them. Her father died first rather unexpectedly (although he had been suffering from illness), in his home at the bottom of the stairs whilst reading a letter he had received. He lived alone

and was found by a neighbour. Having left instructions regarding his funeral, and will, Maggie felt grateful that he had been so organised and removed the stress she might otherwise have experienced in dealing with the practicalities of his death. This gratitude was fuelled further by discovering that her father had bequeathed her a sum of money, which she was in need of. She also discovered a different perspective of her father at his funeral, from his friends who spoke fondly of him. Later Maggie experienced her father's spiritual presence, a warm loving spirit, unlike the person she thought she had known. She felt that death had freed him to become the person he really was, and created a new positive relationship for them both.

Maggie's experience of her mum's death was very different. Her mum had suffered from dementia for a number of years prior to her death, and was living in a care-home, some distance from Maggie. Maggie describes these years as horrendous, traumatic, and stressful. Despite her difficult relationship with her mother, she still felt duty-bound to visit regularly, and subsequently found herself witnessing her mother's decline. She felt the care-home was impersonal and neglectful. In addition, not being able to meet the costs of the care-home constantly loomed, adding to the stress of the situation, along with Maggie's pity towards her mother and her situation. Her mother eventually died in the care-home, not in a peaceful way, but after a number of attempts to resuscitate her. Maggie found this information upsetting, as she knew her mother had at one time agreed to a 'do not resuscitate order' (DNR), that had subsequently been lost. Her mother left no instructions upon her death, and Maggie felt the burden of having to organise some form of memorial and sort out the practicalities of her mother's death. Perhaps not surprisingly amongst many other emotions, once her mother had been cremated and the memorial complete, Maggie experience relief. Relief from the stressful situation relating to her mother's life in the care home and the practical tasks upon her death; relief from a painful relationship with her mother and her sense of duty to maintain the relationship regardless; and relief from her own difficult emotions such as pity, guilt, and fear of social condemnation. Sometime later, Maggie realised that she had also been liberated from a lifelong experience with depression.

'Alison'

Alison was the oldest of the participants at the age of eighty-four. She lived with her husband and dogs, and was a mother and grandmother. She worked as a volunteer

counsellor at a local bereavement charity. Alison had experienced many bereavements, both with regard to personal loss, and professionally through her voluntary work. Alison's narrative demonstrated her commitment to stoicism, a philosophy that she had adopted throughout her life and in terms of bereavement. Although she cited the pain of grief that was present in her personal losses, she also held the view that as part of the 'recovery' process one ideally should seek to move to a position of gratitude; gratitude for still being alive when the deceased other had died; and gratitude towards the deceased other for having shared in one's life. She noted she felt blessed and fortunate to have had the deceased people in her life; two of which had helped her through depression and an unhappy marriage, by offering her love and kindness. The context of these latter relationships had created additional complexity during the bereavement process, as being 'the other woman' her grief was disenfranchised, in terms of being unable to make public her grief, to discuss it, or to take part in any mourning ceremonies.

Alison had also experienced altruistic relief for the death of her neighbour and friend who wanted to die, to end his suffering. This did not prohibit her from 'missing' him in her life, though she was able to recognise that accompanying her yearning was a feeling of contentment that his desire for death had been fulfilled.

'Sandra'

Sandra was a mother of four grown children, in her fifties, living with her husband Carl (the 5th participant in this study). Sandra's narrative described a 'double bereavement', relating to the deaths of her mother and mother-in-law both from cancer. Their deaths fell a week apart; first Sandra's mother, and then her mother-in-law. She described her life prior to and up to the funerals of her mother and mother-in-law as immensely stressful. She had had a difficult relationship with her mother-in-law, complicated further by the housing situation where Sandra and Carl lived with her mother-in-law, and Sandra had become her 'carer' many years prior to her death. The 'burden of care', coupled with the stress of her own mother's illness and subsequent death, left her feeling oppressed, unsupported by professional health providers, and resentful towards her mother-in-law. The deaths, once the final 'death work' (that is all the practical tasks involved with the mourning ceremonies, selling property, executing the will, etc) had been completed, were followed by a huge sense of relief. Relief that the stressful situation of caring for her mother-in-law, and the dying process for both these

relatives had ended. Relief from painful and unwanted emotions, including the pain and guilt of watching her mother die from a 'horrible' disease and pressuring her daughter to end her suffering; and the resentment she felt towards her mother-in-law. Altruistic relief she felt at the end of her mother's suffering. And finally, a strong sense of freedom, liberation, release, joy and pleasure created by the death and removal of her mother-in-law from the house. Interestingly Sandra noted this sense of relief has continued into the present day, when she notes both her and Carl comment on how fortunate they are to no longer have to repeat the stressful experience of caring for and supporting elderly parents through the dying process.

'Carl'

Carl was a white male, in his mid-fifties, living with his wife. As the husband of Sandra (above), Carl's narrative had many similarities to Sandra's including the contextual situation of care, and the stress of managing the dying process, particularly in relation to his own mother. Perhaps not surprisingly, Carl had a more loving attachment to his own mother, and hence did not find her presence in the house as challenging or stressful as his wife did. Notwithstanding this, Carl did note that the tensions between his wife and mother, could create divided loyalties for him. The dying process in terms of his mother's illness; dealing with hospital appointments, care and staff; his mother's requests to return home; coupled with his concern for his wife's mental well-being; depleted support from his wife due to the demands of her own mother's dying process; and his attempts to manage work commitments, took a toll on his own mental health. Only once the situation changed, upon the deaths of his mother and mother-in-law, did he realise how stressed and unhappy he had been during this period. Similar to Sandra, in his bereavement process he experienced strong relief and sense of release, relating to the end of this stressful situation. Interestingly, these emotions also took the form of physical action with Carl releasing all his past stress into knocking down the wet room wall in his mother's part of the house. He notes that since the death of his mother, he feels he has a 'new lease of life', a sense of freedom, with no ties or care obligations to worry about. He also notes how much more relaxed he is at home now, and how the mutual support and care between him and Sandra has been restored.

Carl also adopted a philosophy of not focusing on memories of the last few stressful months of his mother's life. He noted he didn't want to define his mother by those last few months. Instead, he focuses on other memories of her that make him feel happy.

'Louise'

Louise was a white female, 49 years old, living on her own. She had a professional career, but at the time of the bereavement that she discussed in her narrative, she was taking a career break following a number of stressful events including cancer, unsuccessful IVF treatment, and an increasingly unhappy marriage, that subsequently ended in divorce. The bereavement related to a friend Louise had met at her local church. Her friend (I will call her Ivy, not her real name) was an elderly widowed lady, who having suffered a stroke was looking for a helper/carer, so that she might remain in her own home. Louise took on this role, and describes how the friendship changed. She found the role of carer for Ivy grew increasingly burdensome, and required her to be 'available' 7 days of the week, for a period of 2-3 years. Louise found herself resenting the time she had to spend with Ivy, whilst also noting that Ivy, following a second stroke, had become more aggressive towards her, sometimes addressing her as 'Girl'. Louise felt trapped, not wanting to hurt Ivy's feelings by leaving her, and also knowing that Ivy, despite her aggression, had become dependent upon her.

Following a further stroke and heart attack that required Ivy to go to hospital, where she died, Louise notes that the experience of relief and the sense of freedom was almost instant. The day after hearing of Ivy's death, upon waking in the morning, she realised that she didn't have to get up and go to Ivy's, that she was no longer tied to this obligation. She could now regain her life and pursue other options relating to her career.

Louise also felt comforted by her Christian religion, believing that Ivy was now in a better place with her dead husband and son. However not withstanding this, Louise also experienced guilt alongside her feelings of relief, for the relief itself, and for the earlier resentment she had felt towards Ivy while she was alive. Louise explained how she holds two positions on her experience of relief; noting on one hand that she views it as an understandable emotion in light of the circumstances she found herself in; whilst on the other feeling that it shouldn't be present in the bereavement process, that it was somehow wrong. She worries that the emotion of relief will be present when her

own parents die, particularly if she finds herself in a position of carer again; and that guilt will accompany the relief, and society will disapprove and condemn her.

'Jane'

Jane was a white woman in her seventies, living with her husband. Her narrative related to the deaths of her sister and mother over 20 years ago. Both these relatives died of cancer, and the dying process was drawn out and long. Jane describes how this influenced the emotions she experienced in bereavement; that she felt thankful and relief when they finally died, as it ended their suffering and her own. In addition, Jane describes how peaceful she felt at the death of her mother, how her own suffering (in witnessing her mother's suffering) disappeared instantly. She knew her mother was dying and she had not only accepted this, but actually wanted her mother to die, so that they might both be released from their suffering.

Jane also describes how the deaths of her mother and sister offered relief from not only the pain of suffering, but also the powerlessness, the sense of not being able to help the loved one with the illness, nor the dying process.

Jane also explained how her sister had written letters prior to her death, in order to leave mementos to those she loved, and how after the bereavement process Jane was able to access positive emotions and thoughts such as warmth, fond memories, and gratitude that these people had been in her life. She noted that she believed that the process of grief moved through stages, and that accessing these later emotions she felt, was only possible after grief had subsided. The early relief and gratitude she'd experienced upon these deaths she felt were exceptional due to the circumstances of the illness and suffering of the dying process.

Overview of Superordinate Themes

To remind the reader, the research questions relating to this study were:

1. In what context did the positive emotions arise following bereavement for the individuals concerned?
2. What meanings did they make of these emotions?
3. How did these meanings impact on their sense of self, their lives and relationships with others?

The data analysis of the narratives provided during the semi-structured interviews, generated a substantial number of themes, many relevant to the research questions; and others, though interesting, less relevant to the focus of this study. These latter themes have not been included in this chapter. Instead, I have focused on patterns across the narratives looking for higher order concepts / superordinate themes which the participants share, whilst attempting to acknowledge the unique idiosyncratic essence of the subordinate themes of each participant falling within these. There are overlaps within the themes, though I have attempted in my writing and organisation, to clarify such.

The first superordinate theme, '*A challenging dying process and context*', captures how, for all but one of the participants, the lead up to the death and bereavement was experienced as a stressful, traumatic, or distressing experience due to the context of the dying process from prolonged illness and care. Other factors, such as the unmet desires of the dying person; and the perception of social norms, taboos, and assumptions; also adversely contributed to the participants experience of the dying process.

The second superordinate theme, '*Attachments*', captures how, for all but one of the participants, how difficulties were present in their relationships with the deceased, and how their deaths released the bereaved from these.

The third superordinate theme, '*Diverse emotions*', captures both the nature of the positive emotions experienced and the range of other emotions presence prior to and during the bereavement process.

The fourth superordinate theme, '*Meanings made*', captures the meanings that each participant made from their bereavement experience and the emotions that arose. These provided some insights into the rationale for the presence of positive emotions, on a personal level, as well as in terms of a personal philosophies/beliefs on death and bereavement in general. The meanings were sometimes complex and contradictory resulting in internal tensions for the participants, particularly if at odds with their sense of self and other values/ beliefs.

The fifth superordinate theme, '*Outcomes*', relates to the outcomes for the participants; in terms of outcomes or impacts of their bereavement emotions and the meanings

made of these on their bereavement process, their sense of self, and their relationships with others, including the deceased.

Table 5.2 Table of Themes

Superordinate Themes	Subordinate Themes	Maggie	Alison	Sandra	Carl	Louise	Jane
A Challenging Dying Process and Context	Care-giving and Bereavement	X		X	X	X	
	Terminal and Extended Illness/ A Prolonged Dying Process	X	X	X	X	X	X
	Nature of Death – ‘Good or Bad’.	X	X	X	X	X	X
	Death Wish	X	X	X	X		X
	Pressure from socio-cultural norms and breaking social taboos	X	X	X	X	X	X
Attachments	Difficult Attachments	X		X	X	X	X
Diverse Emotions	Stress-relief	X		X	X		
	Caregiving-relief	X		X	X	X	
	Emotional-relief	X		X		X	X
	Altruistic-relief	X	X	X		X	X
	Relationship-relief	X		X	X	X	
	Guilt	X		X	X	X	
	Absence of Grief or Not?*	X a	X	X a	X	X a	X
Meanings made of positive emotions	Personal acceptance of positive bereavement emotions	X	X	X	X	X	X
Outcomes	Actions following the death	X	X	X	X	X	
	Positive impact on relationship with the self.	X	X	X			
	Positive impact on relationship with others and/ or the deceased	X	X	X	X		

* ‘a’ denoting absence

A Challenging Dying Process and Context

The first superordinate theme, ‘*A challenging dying process and context*’, captures how, for all the participants their experience of the dying process of the person was significant for their subsequent experience of bereavement, and the emotions and

meanings that arose in connection with this. This was evident in their narratives, with a large proportion of the interview spent discussing the lead up to the bereavement and what they experienced prior to the death; in the language they used to describe and emphasize their experience; and their reflections on their bereavement experience, emotions and meanings, and how others might share such experiences if faced with a similar situation/ context.

Within this super-ordinate theme, five key sub-ordinate themes were identified, and are described and evidenced as follows.

Sub-ordinate Theme 1. Care-giving and bereavement

Three of the participants, Carl, Sandra, and Louise had been directly caring for the dying person for a substantial period of time prior to the actual death, whilst Maggie had been indirectly responsible for the care of her mother who had been in a nursing home some four years prior to her death. All of them described how the role of carer had taken its toll on their own well-being, had imposed restrictions on their lives, and / or had grown to be an unwanted burden.

Carl, in relation to his mum: For years before that, things were getting steadily more and more, constraining, I found, in that, in living with my mum was quite difficult. In that she, she wasn't demanding in the sense that she wanted this done, that done, and everything done, but she was quietly demanding. So she would sort of, gently, you know, things would be, fall on my shoulders or [Sandra's] shoulders to do things. And, at the time they weren't anything substantial but, you had that, and then she was getting ill, and then you had the worry of that and the hospital and everything. And it, it started to make me feel quite stressed. I was feeling stressed. I didn't really think of it as stress at the time, but afterwards, I think, 'Bloody hell, I was sort of like super stressed', and didn't really realise it. (lines 5-15)

Sandra, in relation to Carl's mum: And although, [Carl] loved his mum, I think he recognised the fact that it was hard, um, but I didn't, I didn't love her. I didn't have any feelings towards her at all. So I just resented the fact I had been stuck with her for the last 10 years. (lines 161-165)

She was just really, she was really domineering and she wouldn't do things she didn't want to do, and she expected us to give up her, our lives to look after her. If we ever wanted to go on holiday, she would make sure she was either ill or she fell over. I mean, I'm sure she didn't fall over on purpose but she always managed to do it. So, we'd have to cancel our holidays or, you

know, so it was all those things. She felt it was her right to expect us to, to look after her, and, um, you know. And we'd have odd little tiffs, and I kept saying to her, 'But we're entitled to our life too', and um, she didn't see that. She felt we should look after her. And it, you just had no freedom, you felt like, you know you couldn't go out for the day, because you'd think, 'Oh my god, I've got to get back by one o'clock because she'll be expecting her lunch'.. (lines 209-220)

Carl and Sandra describe some of the tensions that arose living and caring for Carl's elderly mother for a period of over 10 years before she died. Carl's narrative suggests some downplaying of the tensions at first, *'at the time they weren't anything substantial, but...'*, perhaps demonstrating his loyalty to his mum, a loving relationship, or not wanting to 'speak ill of the dead'. He may also have been less embroiled with the day-to-day tensions of care being absent from the house with his work. However, his use of the word *'constraining'* suggests that the role of carer, imposed unwanted limitations on his life. He clarifies that these limitations increased over time and in connection with his mother's ill health, which added an extra component of anxiety and stress to the care role. It also added the involvement of medical care, which seemed to cause him additional stress, *'and then she was getting ill, and then you had the worry of that and the hospital and everything'*. His narrative ends with an awareness, as he speaks, of the stress he felt at the time of caring for his mother, particularly near the end of her life when she was ill. His words move from, *'quite stressed'*, to a repeated *'I was feeling stressed'*, to a strong *'Bloody hell, I was sort of like super stressed'*. Interestingly at the time he was unaware of the level of stress he was feeling, and it was only once the stress was removed did he then realise that it had been present. Possibly the extensive time period of care, and the creeping nature of the increasing responsibilities and difficult events, hid the mounting level of stress that Carl was experiencing.

Sandra's narrative and her tone of voice demonstrates her stronger feelings towards her situation as a carer. She didn't have a loving relationship with her mother-in-law and resented her role as carer for someone she didn't love or even like over such a long period of time. This can be seen in her repeated emphasis, *'I didn't like her, I just didn't like her, and so it was very hard with someone you don't like'* (lines 159-160). I also sense that her narrative is seeking understanding and acceptance from me the listener as to why she found the role of carer for her mother-in-law so difficult, perhaps

aware of the social assumptions that women are 'naturally' caring / nurturing and that to feel resentful of this role might appear strange and even 'unnatural' to some. Sandra also found the role constraining, '*..you just had no freedom...*', and describes how the role of carer for someone at home was relentless with few holidays, or days off. I sense perhaps that the care of her husband's mother fell largely on Sandra's shoulders as she worked locally part-time, and perhaps reflected socio-cultural norms in that the care of relatives was traditionally seen as 'women's work', and may still be the case for many.

Sandra : ..if she came home, I knew that, that, um, I would have more carers coming in and out, and I would have a huge responsibility for care. And I'm no nurse, I knew I couldn't do it, I would be rubbish. And then I would feel guilty because I was putting a lot of it on to [Carl]. You know, because I would be saying, 'Oh you go in to see to your mum', you know, 'She's your mum'. And that I would have felt guilty about. (lines 144-149)

It's not like it used to be. I mean people used to bung their old ones in a care home, there were places. It's not like that anymore, you have to fight for everything. And it's just so stressful. And also a lot of people are working, you know. Before, wives were at home, they looked after granny and the kids, didn't they. But people are working now, and they are trying to juggle... (lines 353-359)

Sandra's narrative also illustrates the stress that she felt during the later period of care for her mother-in-law, '*I knew I couldn't do it*', '*I was putting a lot of it on to Carl*', '*..it's just so stressful*'. She refers to having '*to fight for everything*', and elsewhere in her narrative states, '*You have to fight for every bit of care. It just doesn't fall into place, you have to fight for it. You have to fight for all the funding, and it's a battle*' (line 281-282). Not only does Sandra portray how stressful she felt the situation prior to the death of her mother-in-law, but also how she felt unsupported and even hindered by the State in her role as carer.

Louise's narrative also describes the growing constraints of being a carer to Ivy for 3 years, though Louise and Ivy lived in separate houses and were not related.

Louise, as an employed carer to Ivy: Um, so it started off I used to go in about 2 hours a day, twice a day, to do meals, to make her bed, to help washing and dressing and cleaning. Um, and as I say, er, that, overall I did this for about 2 and a half, to 3 years. And there was a

deterioration with [Ivy's] health. And I remember it, very much our relationship changed. You know, as she got older, and as she got sort of less helpful, sorry not less helpful, less independent, um she relied on me more and more. (lines 22-28)

And we were quite close, and I know she enjoyed talking to me, and I enjoyed talking to her, but, towards the end she had a second stroke, and then she really did need more sort of one to one personal care. So, it was very difficult because I started to resent having to spend so much time. I mean it was 7 days a week. It was full on. (lines 36-40)

Um, and it was hard, because I felt obliged out of sort of sense of duty to stick with [Ivy] and, as I say, in the end it became a little bit of a burden. And I couldn't get myself out of it. Um, because I didn't want to hurt her, I didn't want to upset her. (lines 43-46)

Um, and I felt quite guilty, but I definitely, the last sort of 6, 7 months of her life, I really didn't enjoy working for her. Um, as she lost her sort of ability to do things, and as I say, she had a second stroke, um, her personality changed as well. She actually became quite aggressive, her memory would go, she would be quite snappy. (lines 48-52)

As carers Carl, Sandra, and Louise all noted that the role of carer, imposed restrictions on their lives and became a burden. I also wonder if the role of being 'cared-for' held tensions for Carl's mother and Ivy. The narratives report that both wanted more from their carer's, perhaps to allay a fear of their own vulnerability; or to meet needs for social company, to feel loved, or a sense of dependency. This was experienced by the carers as unreasonable demands and a growing burden. Ill health may have also taken its toll on the feelings and moods of the cared-for, resulting in 'grumpiness' towards their carers or demanding behaviour. For whatever reasons, this seemed to cause a rupture in the relationships, adding stress and unhappiness to the situation.

Maggie's situation differed in that her mother suffered from dementia for some ten years and then was placed in a care home for some four years prior to her death. Notwithstanding the fact that others were involved in the day-to-day care of her mother, Maggie still experienced this situation as stressful and distressing. She gives strong emphasis to this in her narrative:

Maggie: And then after she went into the nursing home, which was just like unbearably horrible, or for me. I don't think it was unbearably horrible for her. Like, like I couldn't stand it

at all, I just. It was just hideous. And then I felt like, I had to keep going to visit her. I felt guilty, like I wasn't going enough. And I use to absolutely hate going. (lines 6-8)

It's almost like, for me, it felt like I couldn't bear, her suffering. Except, like she wasn't really, that's like it was odd. Like, it was something like an unbearable level of pity. (lines 10-11)

But maybe it was just something about, I couldn't, cope with the idea with her being in this place. Just, it just seemed so awful. It wasn't a very good home. And again, I don't think she particularly noticed. You know, sometimes I'd go in and like, a couple of her teeth were missing, and her teeth had just fallen out .And they hadn't like contacted me, and then, um. They weren't bothered. I just felt like she wasn't being looked after, and she couldn't look after herself, do you know what I mean. (lines 12-16)

And also I was a bit anxious because, the home that she was in, she was paying for. She had enough money from the sale of the house, so she. And the money was running out, so I was quite anxious that, because I think that what they charge was more than the local authority. So I was like, really dreading moving her, because I think like the whole thing was about, at least she'd now got used to this place. (lines 22-25)

Maggie cites a number of reasons throughout her narrative as to why this situation was so distressing for her. She was concerned that the care-home was neglecting her mother, and felt pity and distress at watching her mother suffer. She was also worried that lack of money would become an issue, and that her mother would have to face the distress of being moved to unfamiliar accommodation.

In addition, she expresses guilt regarding not visiting often enough. The later perhaps reflects social messages regarding what it means to be a 'good daughter', the possible stigma of not following a more traditional social norm of caring directly for one's mother in one's own home, and/ or not ensuring that her mother was in 'a good home'. She certainly seemed to hold a tension regarding the need for a mother to have professional care in a care-home versus not feeling that her mother was in the right place; '*I couldn't, cope with the idea with her being in this place*'. A sense of powerless regarding this situation seems to have been prevalent for Maggie, as with the other 'carer' participants, trapped in a situation that they couldn't alter.

Sub-ordinate Theme 2. Terminal illness and a prolonged dying process

All of the participants cited bereavements where the individuals had suffered from terminal illnesses prior to their deaths. On one hand knowledge that the individual was dying enabled some of the participants to emotionally 'prepare' for the death; whereas on the other, for most of the participants, it seemed to prolong the distress for the observer of the dying process and the stress of the situation. The event of the death was thus a relief from this distress and stress.

Alison on close friend: Um, but because I had then, 2 or 3 years before he died, I did actually see him. I went to have lunch with him when he'd finished a whole lot of, um, er, you know, treatments and things, but, in fact I saw him once or twice, while he had it. But in the end he went into a hospice, and I, therefore I was prepared. If you see what I mean? (lines 346-348)

Carl on his mum: ...but for me it was like this, I'd already been, my mum had already been diagnosed with terminal cancer, so you were like, it was like, you were reaching the end of the road if you know what I mean. You knew their end, but it was defined that it's going to happen in the next. When we first got told they said she could live for 3 or 4 years or whatever. So, you sort of prepare yourself in a way for that to happen. Even though you know it's going to happen you still build up all these stresses along the way. So it was a relief. (lines 210-217)

Sandra on her mum: And she wanted to die, her body was a mess, the skin cancer was eating her up. It was just horrible, so, it, for her I was relieved, when it happened. (lines 30-31)

Maggie on her parents: There's something horrendously pitiful about seeing your parents so frail, and you know, like little babies, you know, not understanding things. It's just feels, something awful about it. (lines 291-292)

Jane on her mother and sister: And when you've been living with it for a while, which is as I say, if it's a, if it's a, you know that it's not a sudden death and you know it's going to happen. 'Cos you don't prepare yourself for it really, but you know it's going to happen, and you actually reach a stage where you want it to happen. (lines 26-29)

The presence of illness in the dying process, and the involvement of medical care in the process appeared to add to the stress of the dying process for Carl and Sandra, requiring long journeys and visits to hospitals, and unnecessary medical treatment.

Sandra on her mum and Carl's mum: *Yeah, the run up was awful. Because [Carl's] mum kept falling over. [Carl] went to work and all the time we were waiting for phone calls and we couldn't get any help. And even in hospital they told us to clear out her room, because they were going to send her home with a hospital bed and a hoist. And I'm thinking, 'How am I going to cope with a, with that in my house', you know. And also I thought, we had my mum at the [name of hospital], [Carl's] mum at [name of other hospital], it was like a 3 hour round trip of visiting. (lines 58-65)*

Carl on his mum: *My Mum was ill as well, you know, so we were both under stress, and that wasn't brilliant for us really. Because it wasn't a happy house, really. At the time. Um, so when it did happen, I mean there was a week of horribleness, because [Sandra's] mum died, and then they were trying to get my mum to come out of hospital and come home. And that was stressful, because I was going in there every day and they were trying to give her physiotherapy to get her on her feet, and she was, the poor woman was dying (Carl: laughs). You know, so I was getting super stressed at that, so I blew up at them in the end, and said that, you know, 'What are you trying to do, you're trying to...' (lines 30-38)*

The led up to Carl's mother's death and the apparent denial of the medical establishment to recognise that she was dying, perhaps reflects a bias towards healing and rehabilitation in medical settings; or possibly a desire for Carl's mother to die at home. The latter might have reflected the pressure on hospitals in the UK to 'unblock' beds; or to facilitate a 'good death' generally believed to be a death in one's home. In Carl's narrative elsewhere he was aware that this was his mother's preference, '*And during that week the doctors kept saying, well my Mum kept saying, 'Can I come home, I want to come home'' (lines 57-59).*

Sub-ordinate Theme 3. Nature of death – a good or bad death?

This leads us on to the death itself and the meanings and emotions related to this event. The majority of the participants conceptualised whether the death had been good or not, and how this influenced their emotions. A 'bad death' where the dying person was perceived to have suffered, added to the distress and stress of the bereavement process, though sometimes mixed with relief that the stress of the dying process was now over. A 'good death' was conceptualised by being in one's home, having a peaceful death, and/ or being surrounded by one's family. It too brought stress-relief that the dying process was over for both the dying and the bereaved; but mixed with a sense of peace and gratitude.

Louise on Ivy's death: *And so, when she did eventually pass, and I remember it was quite sad because she'd had this stroke, she'd come out of hospital, and I remember that they had literally just left her downstairs in the house, in a bed. They'd brought a bed downstairs. She had a big, big house, 5 bedroom house. And um, they just left her. And when I went in that morning, you know, she'd soiled herself, the bedding was all dirty. Um, she was in a terrible state, and I, and I remember feeling terrible that she'd been left like that, and guilty. Um, and then, the next, by the next week, you know, she deteriorated quite badly, and then she passed on. Um, and she died in hospital, again they'd taken her in. I think she had a heart attack. They'd taken her in, and then she didn't make it. (lines 76-86)*

Louise describes how Ivy's death in hospital caused her to feel sad, guilty, and upset at the circumstances. Similar to Carl's experience there seems to have been a desire from the hospital to send their patient home despite Ivy's poor health and likelihood of dying.

Maggie on her mother's death: *So they were trying to resuscitate her. So I don't know now, when they first phoned me, she might have been still alive, I don't know. And that's the thing like, it did upset me that...Because apparently she got up in the middle of the night, I think she was getting, she started getting really confused like, like she might have wet the bed, she started wetting the bed, and, to try and go to the toilet. And then, [pause] it, she seems like she fallen over and had a heart attack, or something. And then they found her, and they were trying to resuscitate her. I think then, she, everything, I don't know, she was, managed it for a bit, and then she died again, you know. And I just, that was the last thing that I would have wanted. I think that's awful, like she just didn't want that. (lines 78-84)*

Maggie's mother died in the night at the care home in circumstances that Maggie describes as 'awful'. Maggie, who lived many miles away from the care-home, was notified by telephone at the time. Her sense of dread that her mother might have died and the additional duties required of her to manage this situation caused her to delay answering. When she did finally answer the call and was told her mother had died, she initially felt relief that the stress of the care-home situation, and the difficult relationship she had with her mother were over. However, upon hearing of the circumstances of her mother's death she felt upset for the way her mother might have experienced death, and anxious for her mother's after-life, 'Like, she's just restless and really like confused and frightened' (line 372). She also experienced further

stresses relating to the subsequent bereavement rituals/ work (i.e. cremation, goodbye ceremony) and the feeling that she was being judged by others and found wanting in the choices she was making.

Maggie's knowledge of her father's death was very different, and could be classed as a 'good death'. He died in his own home, and she was notified of the death by a neighbour. Rather than be overwhelmed or distressed by the event she felt at peace with the news of his death, and the subsequent bereavement rituals that he had pre-planned.

Maggie on her father's death: I mean, he was still, it was really nice, he was still sort of alright, living at home. And he di...he just died, he was half way down the stairs. Apparently, he'd had a letter, and he had a letter in his hand, and he sat down on the stairs and died. And they found him, a neighbour found him [laughs] half way down the stairs, sitting on the stairs. They said he looked fine. So, so I thought, 'That's nice'. He didn't, I mean he'd had a lot of operations, but you know, he was still doing his own thing. So it was like, what a nice way to go. Just 'oh, I feel a bit tired, I'll just sit down on the stairs'. [Slaps hand on table] Dead. So, that's great that he died in a, nice easy way, you know. (lines 301-305)

And it was really nice, um, 'cos you have all this instruction about what to do with his, I really quite enjoyed going through the process of 'cos it was like, I knew I couldn't do it wrong. (lines 337-338)

Jane also noted that she too felt peaceful at her mother's death, who died in hospital with her children around her.

Jane on her mother's death: Um, there was a peace. You became at peace, with yourself as well. Because you knew, as I say, you didn't have to suffer it anymore. Which is selfish, but, not only were they suffering, you were suffering. And that was taken away. You didn't have that anymore. (lines 21-24)

Sub-ordinate Theme 4. Death wish

This theme captures the desire for death, either for the dying person, or for the soon to be bereaved. Where the person wanted to die, the bereaved experienced a sense of altruistic relief and happiness that the dying person's wishes had been fulfilled, and that suffering for both the dying and bereaved was at an end.

Alison on her neighbour: *I was so glad for him when he died because almost the first time when I went to visit him after he was ill, oo, um 5, 6 years ago, he said, 'I'm fed..', he'd been widowed for a long time, and had a very happy marriage, and 3 lovely daughters, er grown up of course, um. He was longing to die, because his health was so bad, he couldn't do all the things he wanted, had done all his life. And he was dependent on a carer, and, um. (line 303-306)*

Jane on the death of her mother and sister: *But when you know somebody you love has been given that, er, diagnosis and you know they are going to die, not only are they suffering, but you suffer as well. So when that death comes that suffering, is gone. You don't have to suffer anymore, with them. So that sort of is a positive thing. (lines 5-9)*

But you don't have to feel guilty about that. Especially if they know themselves, that this is the only way out. They're not going to get better. They're ready to go, so you feel, yeah. It's a, it is a relief. (lines 31-33)

Carl on the death of his mother: *She obviously did suffer because she knew she was dying and she couldn't eat things. And you could see she was turning into a hu, you know, like a skeleton. She couldn't move in the end. Um, so, from that point of view, you just wanted it to be over, you know. (lines 235-238)*

It was horrible but, it was a, I wanted it to happen because she was, she was very unhappy with it all, you know. (lines 394-395)

It was more complicated where the bereaved person perceived themselves as solely wanting the death of the person, in that they often considered this as a social taboo, and something that they had to hide for fear of hurting others, or being seen as a bad person.

Maggie and Sandra admitted to being in this latter category, both because of the difficult and somewhat painful relationships they had had with the deceased.

Maggie on the death of her parents: *..I feel like I've been, like with all, with everyone who's died, its almost like I wait, that I've been waiting my whole life for my family to die, so I could feel better. Like, it's like quite a big, big...Like I've been waiting for it. (lines 193-194)*

Particularly if I said it, the way that I feel, it would just like, 'I'm so happy my parents are dead'. You know, it sounds like, 'whoer', a bit of a societal taboo, isn't it? (line 254-255)

Sandra on the death of her mother-in-law: I mean I do feel slightly guilty about [Carl's] mum, because um, I was, majorly pleased when she died. (lines 132-133)

Um, [Carl] I can talk to anything, so he knows all of it. He knows how I feel, he knows I felt guilty that I was glad his mum had died and, he's fine, I can talk to him. The kids I don't talk to it about. Especially not [names of younger son and daughter] because [name of mother-in-law] was their proper grandparent. (lines 316-319)

And you do think people might think that. You know, that you're a bit, you know, callous about the fact that you're pleased that they're no longer here and they died. (lines 336-338)

Sandra's narrative explains how she was caught between the tensions of her mother wanting to die, and how she too wanted her mother's suffering to end; whilst knowing that the hospital was trying to keep her mother alive by providing oxygen.

Sandra on the death of her mother: And, um, I also felt bad with mum, her oxygen levels dropped, and she had, they'd given her a mask to keep her alive, and she was refusing to wear it. And on that last day that she died we were all, my sister, myself, and my son [name of son] were sat with her. And she pushed the mask away and...you know those comedy things where they, they take that, they take a deep breath and you think, 'Oh that's the last one', and then you wait for ages and you think, 'Oh that's it and she's died', and then she would take another deep breath and you would think, 'Arh'. (Sandra and Interviewer laugh). And then, I kept, I felt terrible because I kept waiting for it to be her last breath, you know.. And that really, for days that bothered me, because I felt, 'Oh god', I wanted that to be her last breath. That, that worried me, for a few days after. And then I kept thinking, 'Oh my god, when that was happening should we have gone and got somebody', you know. We sat and watched that happening. Should one of us have gone and said to the nurse, 'I think something is going on'. But none of us did. We just sat there. Because we knew that was what she wanted. We just let her go. That, that worried me for a while. Even though I knew that was what she wanted, um, that did bother me for a bit. (lines 107-124)

It seems from Sandra's narrative that the awareness of wanting her mother to die, and not preventing it, 'We just sat there. We just let her go' caused her some guilt and anxiety. 'Should we have gone and got somebody' suggests she felt she was breaking

some social taboo or hospital rule regarding letting somebody die; whilst *'that bothered me, because I felt, oh god, I wanted that to be her last breath'*, that she was perhaps contradicting both social and personal values by wanting her mother to die.

Sub-ordinate Theme 5. Pressure from socio-cultural norms, and breaking social taboos

This theme relates to the embeddedness of the all the participants in their socio-cultural context and how the norms, assumptions and taboos had impacted on the meanings they made before, during and after the bereavement, and their perspectives on the emotions that arose from these meanings. This could result in tensions within the self, in how the participant thought they 'should be' experiencing the dying process and bereavement, and how they actually were experiencing these processes. I have offered interpretations of the socio-cultural influences in relation to individual themes, whilst also presenting the pressure of socio-cultural norms and taboos as a theme in their own right.

Experiencing positive emotions during bereavement

Four of the participants noted at some point in their narrative that their experience of at least one form of positive emotion had been 'selfish', suggesting a belief that either society or they themselves deemed them to be in the wrong for experiencing this.

For Maggie, this 'selfishness' related to the relief she felt from the end of the distressing situation with her mother in the care home; and from the relief she experienced from being able to avoid the possible duty of care of looking after her father via his death.

Maggie on the death of her mother: *Yeah. I mean, I think a lot of it was purely selfish, in that... I mean, I found it traumatic and I still don't quite....I wasn't even close to my mother. (lines 33-34)*

Maggie on the death of her father: *Yeah. I mean, in both cases, probably more selfish, just like, 'I don't have to, er'. You know, because he was getting worse, you know, I suppose. And I just don't want any, and I think he probably did, it was never said, but I think probably particularly with my dad, and 'cos I'm like the ..well my sister's in the States anyway, but I'm like, you know, oh unmarried daughter, no children. I think, maybe that was somewhere in my mind, some expectation, 'well if I get really unwell, you'll come and look after me'. And that would have been like, 'oh my god'. Like, I can't imagine anything worse. (lines 307-311)*

Maggie's narrative relating to her mother suggests that the fact that she found the care home situation so distressing was confusing for her as she wasn't particularly close to her mother, and hence the relief that followed when this came to an end was unreasonable. With regard to her father Maggie touches on a number of social assumptions relating to the assumption that elderly people become frail and need care, that elderly men need to be looked after by women, and that an unmarried childless daughter has a duty to care for her elderly parents. Feeling relief that she avoided this duty, or the possible tension of not complying with this duty, if she had chosen to resist, and the description of this being selfish suggests a perception that she was wrong to feel this, and / or that I (as the interviewer) or society as a whole would deem her to be so.

Sandra's description of her feelings as selfish also related to the sense of relief of avoiding further care of either her mother-in-law, and the possible additional care of her dying mother.

Sandra in relation to her mother-in-law: *Um, [Carl's] mum's relief was more selfish from my point of view, because I knew I couldn't cope with her coming home. I mean, I just couldn't cope with it. (lines 140-142)*

Sandra in relation to her mother: *And, um, so I was relieved when mum died because it was what she wanted, and..And also selfishly, because I couldn't cope if she came home. Because we'd, my sister and I had had 3 weeks before she went into hospital with round the clock care. And I'm not a nurse and I can't, I couldn't do it. And the relief when she did die, and that, and I didn't have to do that was immense. (lines 19-23)*

Similar to Maggie's narrative, Sandra appeared to be wrestling with a tension of feeling she should care for her mother-in-law and mother, and that perhaps it was expected of her, versus the fact she didn't feel capable of being able to do so (and perhaps didn't want to). She then felt the relief of avoiding these situations a sign of her 'selfishness', putting her own needs/ desires before that of the dying relatives or the medical establishments that wanted to discharge them.

The end of care duties for Louise upon Ivy's death also gave rise to relief, that she described as 'selfish. The laughter suggests an awareness that what she is about to

say is 'taboo', and perhaps seeks to soften the words to avoid judgement from either myself (as the interviewer) or society as a whole.

Louise on Ivy's death: *Um, but I remember the, the positive thing that sort of I (Louise: laughs) remember, and this is purely selfish really. Is I remember, the relief, the next day, when I didn't have to go in. (lines 86-88)*

Whilst describing the sense of peace she experienced upon the deaths of her mother and sister and the relief that theirs and her suffering had come to end, Jane also uses the words '*which is selfish*' (line 22), suggesting perhaps a tension within herself that despite the sorrow the deaths caused, she also benefited from the event itself, because it removed her own distress.

Perhaps Jane also felt the relief at the end of her own suffering, was inconsequential compared to the suffering of her relatives, whose end was only achieved through their own deaths. I suspect, on reflection, that socio-culturally, the feelings of the dying are assumed a greater importance than that of the soon-to-be bereaved, either because we honour the magnitude of this event for the dying, and / or we seek not to add to any distress they may be feeling. This is perhaps captured in Jane's statement:

Jane on the deaths of her mother and sister: *. I mean you can try and support as much as you like, but at the end of the day they're the ones who've got that battle, that fight. They're the ones who are facing death, it's not you, it's them. (lines 40-43)*

Revealing bereavement emotions to others

Not only were all the participants aware of social norms regarding the type of emotions they were experiencing in their bereavements, but also where, when and to whom they could reveal bereavement emotions, positive or otherwise.

Maggie revealed that she hadn't spoken to anyone in detail regarding the positive emotions she had experienced in her bereavements. Her narrative suggests that the perceived rarity and strangeness of the experience, as well as the social assumption that death of a parent is a tragedy, gave her reason for caution.

Maggie: *I don't think it's wrong. I mean, it does feel quite strange. And its, I haven't met anyone who's said that to the same extent. I've heard people who might say, you know that they've had a really, really horrible parent, I suppose, um. I don't know. And who knows, I haven't talked to anyone else in any great detail about it. (lines 191-193)*

And so, I think by a lot of people's conventional standards I can see, you know, and there are certainly some people that I've spoken to, and the way that they've talked about a parent dying, and they've talked about in general terms. Like, you know, its always like a terrible, such a tragic, you know, experience when your parent dies. So I do sort of feel like I probably wouldn't say much to them. But I could imagine those sort of people, they would just not understand, you know. (lines 250-253)

The one emotion Maggie did feel able to reveal was sadness at her mother's bereavement ceremony, though her narrative suggests that she had a strong awareness of what emotions would be socially acceptable and even expected at such a ceremony, and that she was governed by these perceived 'rules'.

Maggie: You know, when I, in this thing that I organised so there were like, speeches are a bit grand, but you know, if anyone wanted to say anything, and I'd written some stuff about my mum, so. I cried, I had a bit of a cry when I read it, um. So, yeah, it felt more like, I need to be seen to be doing, not quite the right thing, but something that's acceptable to other people. (lines 161-164).

Alison's situation was a little different in that her bereavement emotions of sadness, pain and yearning, that she felt towards her two close male friends couldn't be easily revealed due to the clandestine nature of her relationships with these men.

Alison: I rang his wife and said, 'I'm just ringing to say I haven't asked for tickets because unfortunately we've got a regimental old boys lunch in [name of town] that day. And she said, 'Oh, you haven't heard?', and I said, 'What?', and she said, 'Oh, I, you haven't heard, I lost my [name of husband]'. I had to talk to her for 20 minutes. Um, and then of course, the worse part was when [name of man] who was the one in [name of employer] who I loved, he died of terminal cancer. And I knew it was terminal. And we were actually in [name of country] but I still managed to go and have lunch with him and his wife; who didnt' know. She knew I was his secretary and was fond of him, but she didn't.....But in both cases you can't talk about....., being devastated by losing somebody else's husband. So it is difficult. (lines 69-75)

I remember after [name of man] died, [name of daughter] my daughter was singing in um, a solo, I think, in her choir, school choir, in a service, in um, the cathedral. And we were going. And um, and when we got there, and it was the day after I think I heard he had died. And I told my oldest daughter that's what happened, um I'm not sure if I told my husband. Anyhow, I felt I couldn't go in, I just couldn't, because I knew I'd well up (lines 181-185).

She was however able to talk to her GP, her narrative suggesting that she could take advantage of the contract of confidentiality that he worked under.

Alison: And I had a very nice doctor at the time, and so as doctors, I thought I could tell him and I did. I knew that [name of man] went to the same Practice, or at least I think I did, but he had a different doctor. He had a woman doctor, and mine was a man, in the same Practice. And I didn't mention names, I just said what had happened, and how I was feeling. And this I suppose was about 2 or 3 weeks after he'd died. And I just felt I needed, you know, help. (lines 168-171).

Similar to Maggie, Sandra was aware that there were some people, like her husband's cousin, who would not understand the presence of positive emotions in the bereavement experience.

Sandra: 'Cos [name of man] next door, [Carl's] cousin, his mum died um, she died just before my mum. So, and he had a totally different relationship with her. I mean he was at the care home every day and he was feeding her. He would not have understood the relief, you know. Because he was not relieved, even though he had done a lot of caring, he wasn't relieved when his mum had died. So I couldn't mention to someone like him, 'cos he would think I was hard and callous. And you do think people might think that. You know, that you're a bit, you know, callous about the fact that you're pleased that their no longer here and they died. (lines 330-338)

Sandra's narrative suggests that the fear of being judged for having experienced relief and pleasure in her bereavement experience, prevents her from revealing these. She does however have some 'safe' people in her life that she can reveal her experience to, her husband, though with caution as to his own mother's death, particularly when close to her death, so as not to hurt him; and to her sister.

Sandra: Um, no. [Carl] and I are quite close, we, I had to be careful what I said about, I couldn't say, 'Oo I'm glad your mum's dead' (lines 47-48).

Um, [Carl] I can talk to anything, so he knows all of it. He knows how I feel, he knows I felt guilty that I was glad his mum had died and, he's fine, I can talk to him. The kids I don't talk to it about. Especially not [names of younger son and daughter] because [name of mother-in-law] was their proper grandparent. Um, um, [names of older son and daughter] we do talk about mum's death and they, um, I think they all felt the same as me. They were relieved,

because they didn't like to see her like that, and they knew she wanted to die. And I do talk to my sister about mum. I mean the fact she came to dinner yesterday and I said I was doing this with you, and she said, I mean we did talk a bit about the relief. And she's the same, she was relieved when mum had gone. Because it, it just took it, she was struggling too. So, yeah, I can talk to them, yeah (lines 316-326).

Carl found he only talked to Sandra about his bereavement feelings, because he felt that he didn't need to talk to anyone else.

Carl: Um, I don't, I didn't really analyse it in the sense that I thought, 'Am I, could I talk to anybody about it', because I only really talk to [Sandra] about it, to be honest. Um, I sort of, people at work, I spoke to a little bit, but not really very much. A couple of my close friends at work would sort of ask me how I was, and you know. But I didn't feel the need to talk to anybody else apart from [Sandra]. Um, and I don't, I think if I'd have spoken to other people it wouldn't have bothered me, I wouldn't have felt guilty showing that I'd felt a sense of relief. (lines 192-198)

Carl's narrative suggests that for him he wasn't aware of any social taboo regarding talking about positive emotions in his bereavement experience, but rather the need to talk to anyone other than his wife wasn't required. I also wonder from his narrative, 'A couple of my close friends at work would sort of ask me how I was, and you know', whether this reflects a wider socio-cultural norm regarding men and discussion of their feelings. There is an awkwardness in the language that suggests to me a similar awkwardness in the conversations he might have had with work colleagues.

Carl does cite an example when he did reveal his feelings and that was at the funeral of his estranged father.

Carl: I mean my dad died, and I never really knew, because my dad left when I was young. And I just started to get to see him again, so a gap of sort of, I don't know, 20 years or something. And then he got, unexpectedly ill, and died. So, I didn't really have a big relationship with my dad. So although it was upsetting when he died, and I got emotional at the funeral, um, (Carl: Laughs) 'cos you would. Meeting all his brothers and whatever. (lines 454-459)

Although Carl's narrative suggests that getting emotional and upset at a funeral is expected and accepted, 'cos you would', his laughter suggests he is slightly uncomfortable in telling me this.

Louise notes that like Maggie and Sandra, she had to hide her positive feelings in relation to Ivy's death, particularly in relation to Ivy's family and friends.

Louise: Yeah. Yeah. And I also think it is less acceptable. When it's your parents its less acceptable. Like from yourself, and from society, but, er. You know, when it's somebody perhaps you're not quite as close to, a neighbour or a friend, then it is sort of easier for people to accept that. Um, but obviously I never told, er, you know, any of [Ivy]'s relatives or friends that I was actually quite relieved when she died. Um, yeah, I wouldn't, I wouldn't tell them that. I think socially it's not acceptable to express that kind of emotion. You know. (lines 220-226).

Her narrative suggests that societal norms relating to having positive emotions are also linked to her own values regarding how one should feel at the death of one's parents, '*And I also think it is less acceptable. When it's your parents its less acceptable. Like from yourself, and from society*'. Understandably perhaps that she should fear feeling positive emotions at the future death of her parents, and the accompanying guilt that she anticipates will accompany them.

Louise: I sometimes feel a bit worried that I'm gonna be exactly the same, and feel exactly the same (Louise: laughs) with mum. I, I, I don't, already, it's like I'm preparing myself knowing that, maybe I won't feel quite as sad as I thought I should be. Should feel. You know. (lines 117-120)

For Louise it appears that there is an additional social and personal taboo at play, with regard to the experience of bereavement relating to one's parents. For her the closeness of this relationship, and perhaps the loyalty a child 'should' have to their parents, requires one to be profoundly sad at their death.

Jane's reluctance to talk about and reveal her bereavement emotions not only related to the deemed socially inappropriateness of talking about or revealing positive emotions such as relief, but also due a perceived difficulty in talking about death and bereavement in general in western societies, and in the society of her own family.

Jane: People don't know what to say to start with. Um, but as a family we've never talked about it. But that might just be my family, how they cope with it. I don't know. (lines 89-91)

In myself I was, but other people didn't know what I was feeling. Other people didn't know how I was reacting to it. But within myself, I did. (lines 117-118)

People don't want to know, when you're grieving. It's not something people want to talk about. It's what I said, it's a shame because sometimes you do need to be telling people. But don't forget other people are also going through their emotions, and they might have completely different emotions about it. Even the same person who has died, they might feel totally different about that death, that you feel yourself. 'Cos, you know, I mean a lot depends on your relationship with that person and how you view that death. (lines 120-126)

Interviewer: Yes. Did you also sense, I don't know, to actually say out loud to someone, 'Oh, isn't it a relief that [name of sister] gone', (Jane: No), would that have felt socially unacceptable?

Jane: It might have done, it could have done to some people. So you don't say it, I didn't say it, but yeah, it could have upset people if I'd have said that. (lines 139-143)

Jane's narrative suggests she was unable to talk or reveal her feelings either out of consideration for those around her who were also experiencing the bereavement, or a perceived awareness that other people didn't want to be on the receiving end of someone else's distressing emotions of grief. Her narrative, '*In myself I was, but other people didn't know what I was feeling. Other people didn't know how I was reacting to it. But within myself, I did*', suggests that her emotions were kept hidden inside her, and that this perhaps contributed to a sense of isolation for her in her bereavement, as well as the idiosyncratic nature of her emotions. Certainly, Jane's narrative expresses some regret that she couldn't share or reveal her experience of bereavement, '*it's a shame because sometimes you do need to be telling people*'.

Attachments

The second super-ordinate theme captures the significance of the relationship between the deceased and bereaved and how this influences the bereavement process. Difficult attachments that contained interpersonal unhappiness and pain, particularly for the bereaved, appeared to generate mixed meanings and emotions, including for four of the participants an experience of 'relationship' relief, that is the relief at the end of the relationship. I discuss this latter concept in the following super-ordinate theme of 'Diverse Emotions'.

Sub-ordinate theme 1: Difficult attachments

All but one of the participants suggested difficulties in their attachments with at least one of the bereaved people that they had chosen to discuss. Maggie's narrative clarifies some of the difficulties she had experienced in her relationships with her parents.

Maggie on her mother: *The last time that I'd actually seen her in the home was the only time she'd ever been like this. She was an absolutely bitch. She was being vile like. Like she would occasionally be when I was like a kid, but like, absolutely vile to me and my stepbrother. She wouldn't speak to us. She was being so, just vile. And we just went 'okay we're go, and come back another day'. And then I didn't see her again. So the last time I saw her she was just really, really nasty. But, to be honest, for that reason, I was really dreading...like if she does that....I mean, in a way, its like that was...it wasn't upsetting in a sad way, but its just....I remember being a kid, like she's like, it was almost like, she's like evil, the way like she'll look at me, and like... So I was like, 'oh my god, if she's going to start doing this, how am I going to cope with that?'. So...um. Yeah, that was the last time I saw her so I think again, it was like, 'thank god'. You know, 'if this is going to carry on, Jesus Christ, this is going to make it worse than it even is'. So yes, it was just like, 'gwahhh , it's all done. I don't have to do that anymore'. (lines 90-99)*

Maggie on her father: *My dad was an absolute fucker, he really was. The shiftiest dad you can ever possibly imagine. I mean he wasn't abusive, but like, he had nothing to do with us, to the point he didn't speak to me, and he didn't look at me. Like, he was vile, he was just like, an angry lump of vileness. (lines 330-332)*

Maggie on the death of her parents: *It just released me from the whole family, like, being stuck in like a, I might say a curse. There's like a family curse, and while they were alive, like I have to carry the family curse. And now when they're dead it's like, I don't have to anymore. (lines 235-236)*

There is a strong suggestion in Maggie's narrative, that neither parent was successful in meeting her self-needs as a child, particularly in terms of nurture, attention and positive feedback. Her interpretation of their perceived neglect and hostility towards her left her feeling bad about herself. Maggie notes in post-interview correspondence,

'I basically felt that while they were alive, I was defined on their terms and whatever I tried, couldn't actually be anything else. I often said it felt like being branded. And that other people

could see it. So I think at some level it felt impossible to exist while they were alive. Hence why at some level I always wanted them not to exist, so that I could. I wasn't wishing them dead so much, just not wanting them to exist.'

Sandra had a similar experience upon the death of her mother, in that she found she was finally free of her mother's criticism of her and could accept herself on her own terms.

Sandra on her mother: Mum was quite domineering, so to have that freedom away....I mean it took me ages.....Even when I left home, if I broke something I would think, 'Oh my god, what would mum say'. You know, and then I kept thinking, 'Don't be stupid. This is your own home you can break what you like'. But you know, she still had that presence, so when she died, I no longer had to worry what mum thought. (lines 230-234).

Sandra's narrative suggests that her mother's criticism had been internalised so that Sandra was constantly on guard and anxious regarding how her 'external and internal critical mother' would react. Interestingly both ceased to exist upon the death of her mother, resulting in a sense of freedom and acceptance for Sandra. She also experienced a sense of liberation with her mother-in-law's death, having never formed a friendly attachment to her, though being responsible for her care.

The nature of these relatives for Sandra as dominant ('*a difficult woman*' – line 209; '*she was really domineering*' – lines 209-210; '*she expected us to give up our lives to look after her*' – lines 210-211), explains the sense of freedom and liberation she gained from the removal, via death, of their domination and oppression.

Sandra on both mothers: So, you, it's all those things that you realise how, how dominant people can be in your life, and how free you can be when they are no longer there. (lines 235-236)

Carl also experienced his mother as '*quietly demanding*' (line 8) which was one of the factors contributing to the stress and limitations of the care situation, which in turn was removed via his mother's death. He too thus experienced a sense of relief, though perceives this more as a release from stress and responsibility as opposed to relief from the cessation of his relationship with his mother.

Carl: But it was later on when my mum became ill, it became difficult. Um, so, yeah. So that all disappeared when my mum died. And the house changed in a big way. It sort of, it felt like,

I don't know, it was much more relaxed. It was much, I don't want to be horrible to my mum in that sense and say that she caused it all, 'cos she didn't. It was just the way, you know, just living, you know, if I lived with [Sandra's] mum it would have been the same I suspect. It was just a change in the way the house felt, and all those, sort of responsibilities disappeared in a way, and it was just me and [Sandra] and the kids, whatever. So, it felt like, a big weight lifted from my shoulders. (lines 90-103)

Louise also experienced difficulties in her relationship with Ivy. Whilst admiring and liking Ivy in the early stages of their relationship, this changed by the time Ivy died. Some of the reasons for this related to the care situation and the burden of the role; Ivy's change in personality following a number of strokes; and the perceived demands of Ivy.

Louise on Ivy: Um, and she went from being this sort of paragon on Christian virtue, to quite this elderly, nasty mean lady, and, and. (lines 55-56)

So, in the end, I gotta be honest, I, I, you know, I didn't look up to her as well, I didn't feel fond of her as much. (lines 75-76)

And er, so it was, you know, I was sad in a way because I was fond of her. But at the same time I kind of felt, this huge sense of relief, that I was no, you know, I did, I felt tied to her. It was, not a burden, but I felt tied to her. And I knew talking to her family I got the impression they kind of felt the same way. You know, her daughter said to me, 'Mum can be very demanding. And she doesn't understand that we have our own lives and we've got other things to do as well'. And um, it was quite a different view to how we'd all looked at this lady in the church. And how we'd admired her, and you know, as I say. And I, so there was that sense of relief that I didn't have to, I no longer had to go through. (lines 93-101)

For Louise, her narrative suggests that Ivy had changed from an 'idealised other' (Kohut, 1971) to someone she couldn't admire and respect. Notwithstanding, her narrative displays loyalty to the memory of the Ivy that she did admire, noting that she had been fond of her (in the past), and that care of Ivy (and perhaps Ivy herself), 'was *not a burden*'. I wonder if socio-cultural norms of 'not speaking ill of the dead' influence Louise's language, or perhaps her own sense of self holds the tension of her mixed feelings towards Ivy. The latter appears to be the case when Louise states:

Louise: *I felt this sense of relief. I felt guilty as well, I felt guilty for feeling like that. Um, and guilty that, thinking, you know, maybe there were times I could have done more for her, and I didn't. Or maybe there were times when I felt I wasn't You know, I didn't feel as warm to her as I should have done. Sympathetic as I should have done. (lines 108-113)*

Jane also suggests that her feelings towards her mother were complex in that she not only loved her mother, but also felt a level of dependency upon her. Hence when her mother died, she felt angry, possibly due to the sense of abandonment of her mother leaving her.

Jane on her mother: *Yeah, because of the dependency on, my dependency on my mother.*

Interviewer: *So, what, feeling a bit lost, a bit, er?*

Jane: *Um, anger, anger. Which is not a positive feeling. Anger isn't a positive feeling. I didn't feel that with [name of sister].*

Interviewer: *So who were you angry at?*

Jane: *Her.*

Interviewer: *For leaving?*

Jane: *Most probably. Most probably. But even there, we knew it was going to happen. We knew she wasn't going to get better. (lines 64-72)*

Jane's narrative is sparse during this part of the interview, suggesting perhaps that the anger and hurt is still present, and/ or that she doesn't like admitting to feeling anger towards her deceased mother.

Diverse Emotions

The third super-ordinate theme captures the diverse mixture of the emotions present in the bereavement process for all the participants. These emotions appeared to arise out of the meanings made by the participants, both prior to the death and afterwards, during the bereavement process. The following table displays all the emotions cited by the participants.

Table 5.3 Table of Diverse Emotions

	Pre-death	Upon Death(s)	In Bereavement Process	Now
Maggie	Stress Distress Pity Powerlessness Depression Trapped Anxiety/ fear of being judged Worry Anger Guilt	Stress Anxiety Sadness Fear of news of death Relationship-relief Altruistic-relief Liberation Stress-relief	Anger Stress-relief Relationship-relief Liberated Happiness Emotional-relief Joy Gratitude Spiritual loving Altruistic happiness	Grief for unhappy childhood. Sadness Liberation Loss of depression Relationship-relief Happiness Joy Gladness
Alison	Unhappiness Depression Anxiety/ apprehension Sadness Anticipatory- grief Happiness Love	Shock Horror Devastation	Grief – yearning/ missing/ sorrow Disenfranchised-grief Warmth/ love Release from sorrow Gratitude Forgiveness Happiness Altruistic happiness	Gratitude Warmth/love Fortunate/ blessed
Sandra	Stress Distress Resentment Anxiety Oppression Trapped	Stress Guilt Resentment/ Anger Altruistic-relief Emotional-relief Stress-relief Caregiving-relief	Anxiety Anger Guilt Missing mum Stress-relief Liberation Relationship-relief Emotional-relief Caregiving-relief Pleasure	Anger Guilt Missing mum Liberation Unburdened Gratitude Stress-relief Acceptance Release from anxiety
Carl	Stress Worry Guilt Distress Anger	Frustration Guilt Grief – sorrow and missing Stress-relief	Guilt Acceptance Stress-relief Liberation Unburdened	Sadness and regret Guilt Gratitude Liberation Unburdened

	Hurt/ Unhappy Trapped		Caregiving-relief Emotional-relief Relationship-Relief Invigorated Joy Increased compassion/ empathy	Increased compassion/ empathy Relief from sorrow Caregiving-relief
Louise	Distress Resentment Trapped Guilt Pity Anger Upset Dislike	Pity Guilt Sadness Emotional-relief Caregiving-relief Altruistic-relief	Guilt Sadness Caregiving-relief Liberation Relationship-Relief	Guilt Regret Fear of future care-giving Fear of future emotions
Jane	Distress Suffering Powerless Anticipatory- grief Anxiety Acceptance/ desire for death	Sadness Grief - sorrow Peace Altruistic-relief Emotional-relief Thankfulness	Grief-missing, yearning, sorrow. Anger/ Hurt Abandonment Altruistic-relief Emotional-relief	Regret Release from sorrow Gratitude Warmth/ love Altruistic-relief

* Positive emotions – green Non-positive emotions - red

All the participants experienced a diverse mixture of both positive and non-positive emotions, prior to, during, and after the bereavement process. In general, as Table 5.3 illustrates, all but one of the participants had experienced stress and/ or distress during the dying process, prior to the deaths. This seemed to have a strong bearing on the experience of relief following the death, as they were almost instantly released from stress and distressing emotions. Relief also seemed to relate to different aspects whether as relief from stress, relief from unwanted or distressing emotions, relief from the role of caregiver, relief from a difficult relationship, or ‘altruistic’ relief that the dying person was no longer suffering.

Sub-ordinate theme 1 – Stress-relief

Prior to the deaths, three of the participants was experiencing high levels of stress relating to the dying process, and/ or the caregiving required before and during the

dying process. As a result of the death(s) nearly all the stress was removed and this was felt almost instantly by the bereaved participants as relief.

Maggie on her mother: *So, no in a way I was thinking like, this is going to go on and on forever. So it was totally out of the blue, when she died. Um. Yes, so I wasn't expecting it, but it was just like, 'oh my god, thank god that's not going to carry on, like forever'. (lines 26-28)*

Maggie's narrative has previously described the stress of the care-home environment that her mother lived in, the fear that her mother was being neglected, but feeling powerless to improve the situation; the anxiety of the dwindling finances that might require her mother to move; and the difficulty in her visits with her mother, both in terms of the long distance she had to travel to visit her, and the unknown and sometimes unpleasant behaviour of her mother towards her when she got there. She felt trapped in this situation, and thought, *'this is going to go on and on forever'*. When her mother died, she recognised that the stressful situation was at an end.

Sandra and Carl also experienced stress-relief upon the death of both their mothers, a week apart. Again their deaths represented the end of stressful and distressing dying processes mixed with long term illness, and the responsibilities of caregiving.

Sandra: *And it just, it was just hideous, and so, actually the relief when it was all gone was more than the grief to start with I think. (lines 65-66)*

Carl on his mother's death: *When she died, it kinda made, it was like a sort of huge valve being opened, in a funny kind of way. It was like, it had all finished, it was sort of like that was the end of that, and, I felt... I didn't feel happy, I wasn't happy at all, but I felt like a whole burden had gone. It's the wrong word to say, 'burden' I suppose, but just the whole situation had changed completely and I didn't have to deal with it anymore. And it made me feel, I don't know, a lot less stressed. Well, at the time I was, but it, you know, it made you realise how much pressure you were under, when it all stopped. (lines 16-23)*

Sandra and Carl's narratives both cite that with the deaths of their mothers the stressful situation of the dying processes, illness and care, was instantly removed. Their narratives emphasise the level of stress they were both under, as well as the magnitude of the relief when the stress was removed. Noticeably while Sandra's narrative suggests she was well aware of the stress she was experiencing at the time; Carl awareness only became apparent when the stress was removed.

The narratives of all three participants express their relief that they no longer have to go through the stress of elderly, ill, dying parents.

Maggie: No, its great [interviewer and Maggie laugh] [Maggie sings] 'Its great when your parents die'. [Interviewer laughs] No, when I hear other people. You know, people talking about, some of got elderly relatives, and I'm like, 'oh my god, I am so relieved'. (lines 229-230)

Sandra: Yeah. And you see other people going through it, and you think, 'Thank god that's not us'. You know, we've been there done it. (lines 83-84)

Carl: I see some of my colleagues at work who their parents now are starting to get to that point of their lives where they're becoming difficult, and needing more attention from their children, or whatever. And I'm thinking I haven't got that anymore. And although I miss my mum, and wouldn't wish her dead, it's sort of like, I'm never going to have to deal with that ever again. And its sort of a relief [Carl laughs]. It is a relief. 'Cos I know how terrible it was, you know, but, yeah. (lines 177-183)

The narratives demonstrate that the sense of relief still exists for these three participants, and is expressed through laughter, and in Maggie's case singing. I wonder if for Maggie, her singing '*It's great when your parents die*' not only expresses the strength of the joyfulness of her relief, and its continuing presence, but also perhaps an awareness of the how her words contradict the social norm and expected experience of grief for many people. Her singing may be to soften the words, or perhaps the opposite, to emphasize their potential shock-value. It's also possible that the words and singing reflect some of the anger she held towards her parents for their lack of nurture and warmth that she required from them.

The three participants narratives also suggest that the particular stress associated with the death of their parent(s) is perceived as unique to that relationship, and hence once parents are dead it can't be repeated.

Sub-ordinate theme 2 – Caregiving-relief

Four of the participants expressed relief from the role of caregiver or future threat of the role of caregiver. As previously mentioned, the role of caregiver was perceived and/ or experienced by these participants as being stressful, and restrictive on their lives.

In Maggie's case she feared that there was an unspoken expectation from her father that she would care for him ("well if I get really unwell, you'll come and look after me" – line 310); and hence his death freed her from having to make a decision with regard to this.

Maggie on her dad: *Like, I can't imagine anything worse. So, you know, purely, I mean a lot of it was purely selfish motives is like, 'I've spent my whole life having to put up with you, the last thing I want is to have to be more involved with you'. 'Don't tell me like to bloody have to come and care for you. (lines 311-313)*

In Maggie's narrative there is a suggestion that the role of caregiver to her father would be particularly undesirable to her because of their past relationship experiences, causing her to limit her contact with her father. Caring for him would force them together.

Similarly, Sandra had relationship difficulties with her mother-in-law so no longer wanted to resume her caregiving role once her mother-in-law had been taken to hospital for this reason; as well as the stress and adverse impact on her life of caregiving in general. She also feared that her mother would be transferred from the hospital to die at home (*'I'm not a nurse and I can't, I couldn't do it'* – line 22). Her reference to not being a nurse might relate to the overwhelming magnitude of the situation (i.e cancer was killing her mother), or even to the dying process itself, and that she saw this situation as requiring medical experience and knowledge that she didn't have.

Sandra on her mother: *And the relief when she did die, and that, and I didn't have to do that was immense. (lines 22-23)*

Sandra on her mother-in-law: *So of course when [Carl's] mum died, um there were loads of things because, I, if [Carl's] mum had lived and she'd come home and I was caring for her, I would resent the fact immensely that my mum had died and she hadn't. So that relief was incredible, you know, so I didn't have to cope with that. (lines 33-36)*

And, so, and we'd had, we'd lived, I'd lived with [name of mother-in-law] for over 10 years. The relief of not having her in my home was incredible. (lines 41-42)

Sandra's narrative captures the complexity of the situation she found herself in with both mothers seriously ill and dying at the same time. At first Sandra's stress relates to the potential care-giving role that she might have to take on with her own mother, and then the relief of not having to take on this role because her mother had died. Then in less than a week she is faced with the possibility of having to return to caring for her mother-in-law. She notes the resentment she would have felt in the situation of caring for her 'living' mother-in-law, whilst not caring for her own 'dead' mother. Her narrative suggests that not only does her relief relate to the avoidance of returning to the caregiving role of her mother-in-law, but also perhaps, to having to deal with the emotion of resentment towards her mother-in-law for continuing to live. Her narrative, '*resent the fact immensely*' emphasises the likely strength of this emotion, which might have led to tension within Sandra's sense of self, and/ or with the socio-cultural norms. Indeed Sandra's narrative, as follows, suggests she did perceive that society, in the form of the doctor, expected her to desire the care of her mother-in-law in her final days alive, leading to doubt and guilt within herself.

Sandra on her mother-in-law: *And the doctor said, 'Well what do you want me to do. Surely you don't want her to go into a home'. And I'm thinking, 'Well yeah I do actually'. But you know, you can't even say that to your doctor because they look at you as though you should be looking after them. And, you know, it makes you feel, then you think, 'Perhaps I should', and then you feel guilty about that. So of course then when they die you don't have to worry about any of that, you can't help be happy and relieved. (lines 368-374)*

Louise was also relieved that the role of caregiver was removed with Ivy's death, and that this she recognised this emotion almost immediately (*'I remember the relief, the next day, when I didn't have to go in'* – lines 87-88).

Louise: *And er, so it was, you know, I was sad in a way because I was fond of her. But at the same time I kind of felt, this huge sense of relief, that I was no, you know, I did, I felt tied to her. It was, not a burden, but I felt tied to her. (lines 93-95)*

Similar to the other participants who experienced 'caregiving' relief Louise's narrative emphasises the magnitude of the emotion. It was also mixed with a sense of liberation and freedom; that she had gained a huge part of her life that she could now choose what to do with. Experiencing relief did not prohibit other emotions in her bereavement

process, and her narrative notes that she also felt, 'sad in a way' because the fond part of their attachment had also ceased with Ivy's death.

Sub-ordinate theme 3 – Emotional-relief

This sub-ordinate theme captures the presence of distressing or unwanted emotions that arose for all but one of the participants prior to the death(s), and how with the deaths these emotions were removed. Table 5.3 highlights the pre-death emotions presented in the participants' narratives. Emotions such as stress, distress, pity, suffering/ torment, and powerlessness, due to the context of the dying process and its lead-up appeared difficult to experience; whilst emotions such as resentment, dislike, fear of social disapproval, and feeling trapped, suggested tensions within the 'self', and perhaps between the self and social-cultural norms/ expectations. With the death these emotions were largely removed, and the participants felt the relief and liberation from this.

Maggie on her mother: Yeah, so when I phoned back, and they were like, 'oh I'm so sorry your mum's died' and yeah I think, just straight away I was like, [sighs] 'Thank god' you know, 'that's...'. (lines 88-89)

Carl on his mother: But, so, I never forget being in there with her and she was asking me all these things about, 'What's it like to die', and..... I know, 'Is it going to be painful' and it was sort of like I couldn't really tell her if you know what I mean, but I tried to reassure her. So that was all building up, and it all felt like a huge pressure that I couldn't really. It was getting to the point where I couldn't cope with any of it, and I was almost going to the doctor saying, 'Look I can't cope with this anymore. It's just...'. But she died and then that was that huge, sort of like feeling of relief, because it had all gone away. (lines 66-73)

Sandra on her mother-in-law: So I was relieved when [Carl's] mum died, and that I didn't have to cope with all the resentment towards her for living, that, that, when my mum hadn't. Which isn't easy because I had to hide that bit from [Carl]. I couldn't say, you know. I think he was relieved his mum had gone, because it was an awful time, but, um, I did feel guilty I was relieved that she had died. (lines 97-102)

For Jane the removal of suffering from watching her mother die, was more than just relief, it also presented as a peacefulness, perhaps suggesting the level of torment she was under whilst witnessing the suffering of her mother's dying process, and how

calm had been restored upon the death ('*You became at peace, with yourself as well*' – line 21).

Jane also found there was relief from the dying process and the anticipatory grief of her sister's death.

Jane on her sister: *There's the relief for yourself, because you don't have to watch it anymore. You don't have to have that pain every time you go and see her, knowing this might be the last time, you'll see her. Um, yeah, and. (lines 55-57)*

Jane's narrative suggests that there is relief in finally reaching the point of death, and the separation this brings; it no longer tormented her.

Sub-ordinate theme 4 – Altruistic-relief

This subordinate theme captures a form of relief entitled altruistic relief, where the bereaved person has felt relief and to some extent happiness on behalf of the dying person, largely because their desire to die has been fulfilled, and/ or struggles in the dying process have come to end. This was the case for Alison for her neighbour ('*I was so glad for him when he died*' – line 303), Sandra for her mother ('*for her I was relieved*' – line 31), and also for Jane for her sister.

Jane on her sister: *Yeah, it was a relief. But as I say, it was also, and I'm thankful that she'd gone in a way. There was no point in her hanging on. Because it was just going to get worse. So it was better that she went when she did. (line 111-113)*

The altruistic relief and happiness Maggie experienced for her father arose from slightly different meanings. She was relieved that he no longer had to deal with shame and a loss of dignity with his age-related illnesses; and also she felt that via his death he had been freed from the difficulties he had faced during his life/ and the 'harsh' persona that had developed because of these.

Maggie on her father: *Well no he didn't get dementia, but he did like um, suffer physically. He had a lot of operations, and I think towards the end, he was like getting incontinent, he was like really embarrassed about it. Like ashamed. (lines 294-295)*

But like, almost like after he died I have this sort of feel..., sense of him of him as this really like, loving spiritual presence. Like, it wasn't, not like I was imagining, well you could say I was imagining it, but I wasn't expecting that, and it was like, 'Oh my god, how nice'. It was like,

'That wasn't really who you were. You were like caught up in all this', I think he was traumatised, 'Oh no, you were that person'. I have this sense of, you know. (lines 333-336)

And I think because he was really spiritual, as well, so I kind of feel like, he's going on to his next thing, um. So it's a good, it's a good thing for him. You know it's sort of a whole passing over would be a positive experience for him. (lines 365-366)

From Maggie's narrative, there is a description of a profound spiritual experience, where she perceived her father's spirit had been freed from the trappings of an embodied life and 'false' persona, and revealed itself to her as a loving spirit. In this moment her narrative suggests she was able to forgive him for his earthly mistakes, and wish him well for his future.

Louise also held spiritual beliefs regarding Ivy, and could wish her well in her future existence after death.

Louise on Ivy: And I also did believe because I mean, we came from a Christian background, I did believe she's gone on somewhere better. I believe that, um, that she had gone to heaven, and I felt that she's not in pain, that she's fully able bodied now. She can, you know, with her husband. Um, and her son, she'd lost an older son in his 20s I think, in a motorbike accident. So, she's with, I think [name of son], that's it, [name of son] his name was. She'd lost her son, so she used to talk about her son a lot. Um, and I felt like, 'No this is good, this is good. She's you know, she's in a better place'. I felt this sense of relief. (lines 101-109)

However, I also sensed from Louise's narrative, in the 'No' prior to 'this is good', that she needed to remind herself of her spiritual beliefs to help allay her guilt over the manner of Ivy's death, and Louise's change of feeling towards Ivy near the end of her life.

Sub-ordinate theme 5 – Relationship-relief

Five of the participants had experienced difficult attachments in their relationships with the deceased, and four of the participants described a form of relief they experienced via the death, of an end to the difficult aspects of that relationship. I have described much of these experiences with related narrative examples previously in the superordinate theme relating to 'Attachments'. However, in this section I seek to try and capture in more detail the essence of 'relationship-relief'.

In Maggie's case she notes that difficulties in the relationships with both her parents, strongly influenced all her bereavement experiences to date, in that she has experienced relief, happiness, and a sense of liberation/ freedom upon the death of all the deceased.

Maggie:.. I've been like, yeah, almost counting the days when, you know, my grandmother, my grandmother, then my step...., then my dad, then my stepdad, then my mum. It's like, 'Oh my god, they're all gone. Arhhh, it's like I can actually, you know, breathe a sigh of relief. They're all gone'. (lines 195-197)

Yeah, just being like. It's almost like isn't it, when you're like people are alive, you're caught in a web. The family structure, you're in that system. You can't get out of it. And when they're gone, it's like, well it's all dissolved. I'm just like an individual now. (line 199-200)

No, I think like, 'it's amazing they're dead, they're dead'. Like I'm not beholden to anybody. That's like amazing. It's like, yeah, so maybe...Like I'm not depressed anymore, and I can't say it's all down to that. It might be a part of it, you know. I was depressed all my life, until, I don't know, the last ten years. Er, so it definitely really helped me to....I don't think it was all of it by any means, but...(lines 230-233)

The latter comments from Maggie noting how the deaths of her parents contributed to the removal of her life-long depression, illustrate how profound she found the release from these attachments, and the impact they had had on her sense of self and well-being.

Carl and Sandra also experienced a type of 'relationship-relief' and Sandra captures it in her description of their home following Carl's mother's death:

Sandra on her mother-in-law: I mean, the whole, the house felt dark when she was in it. It was just like a big weight was lifted off and the whole house felt, like it was my house. You know, it felt like it was my house, and I could do what I liked in it and um. You know, it was their house. They bought it, although [Carl] paid the mortgage they bought it, and I never felt it was my home until she went. And all that went away and it, it was just a complete lightness came over the place. And, yeah, a complete, it was, it's hard to describe what a relief it felt when she wasn't here. (lines 173-181)

Carl on his mother: It was, yeah, it was completely, I don't know, it was like a watershed, sort of kind of thing. It was like everything was lifted, and everything changed, and, I could

look forward to my, to doing things in my life without an end. There was this end post with my mum, and my life was sort of, seemed to be coming to a point with this end point with my mum. And that had gone, so, I haven't got one now [Carl: Laughs]. So in a way I can just move forward. (lines 396-401)

Carl's narrative suggests that the death of his mother signified the emergence of his new life, one where he could look forward to doing things, without it ending in the death of his mother. His narrative provides a sense of liberation in this situation, and happy feelings regarding the future. It seems that through his attachment to his mother, and his life-long responsibility towards her care, her forthcoming death weighed heavy on him. With her death and the end of the attachment he no longer had this hanging over him and his life. I wonder in Carl's situation whether like Maggie, the death of his mother also freed him to become an individual. He explains elsewhere in his narrative how he had been looking after his mother since he was 16 years old, and how they had always lived together.

Carl on his mother: I'm the only child, and my dad left my mum when I was 16. So it was just me and my mum and it, I felt almost like I'd been looking after my mum for a long time. But before I met [Sandra] it was just me and my mum living here, and it sort of, you sort of feel like, sort of part, you know what, it's your family you know, and you are looking after them. But it carried on feeling like that, even after me getting married to [Sandra]. (lines 75-80)

Sandra has also described in her narrative how she experienced relationship-relief from her mother, in that her mother had been a dominant person in Sandra's life, and an internalised 'critical' parent. Upon the death of her mother, Sandra realised she no longer needed to worry about what her mother thought, nor had to heed the critical voice inside her head.

Sandra on her mother: And it was a relief, if I did anything, you know. Or it was even stupid things like say you cut, I'd cut my hair and I'd think, 'Oh god, I wonder what mum's going to say', you know. And then you have that sort of anxious moment 'til you see her, which way is it going to go. Is she going to be complimentary or is she going to say what she really thinks, which she would do. Um, but all of that went away, because I could do whatever I liked, and not have to worry about what mum thought. So yeah, so it, all that was lovely, yeah. And it doesn't mean I don't miss her, I'd love to share things with her, but all that has gone, and that

is lovely. I love this feeling now that [Carl] and I aren't answerable to anyone, except the kids, you know. We can do what we like, and there's no, we don't have to worry. (lines 242-253)

For Louise also, there is some suggestion, albeit in less direct language, that the relief she experienced with Ivy's death, was not only related to the end of the care-giving role, but also the end of a relationship that had changed and grown difficult following Ivy's strokes. In particular Ivy's dependency on Louise, as well as her aggressive comments reduced the warmth in their relationship ('*she would be quite snappy*' – line 52; '*this elderly, nasty, mean lady*' – line 56) . Louise felt trapped in the relationship as well as in the care-giving role ('*I did, I felt tied to her*' – line 56).

Louise on Ivy: *It lightened my load, it lightened my burden. It got me out of a situation that, to be honest, I wasn't, I didn't enjoy. So it enabled, it freed me up a little bit. (lines 268-269)*

Sub-ordinate theme 6 - Guilt

Four of the participants experienced the emotion of guilt either during the dying process, and/ or the bereavement process. Although not a positive emotion, I have included it as a theme as for two of the participants it arose in relation to the presence of positive emotions during the bereavement process.

Louise's narrative ('*I felt this sense of relief. I felt guilty as well, I felt guilty for feeling like that.*' – lines 108-109) notes that there was guilt in her bereavement process for a number of reasons. There is a suggestion that her experience of relief was perceived as wrong in some way, perhaps feeling that relief was a socially unacceptable emotion following a death, and/ or that it contradicted with her own internal value system and sense of self. After noting she felt guilty at feeling relief, she also notes in lines 110-112, that her guilt also related to perceiving that she had not done enough for Ivy, nor felt as warm towards her as she might have done. I also wonder if Louise felt somehow to blame for Ivy's death, that as her care-giver she was responsible for keeping her alive.

Similar to Louise, Sandra felt guilt at the relief and pleasure she experienced following the death of her mother-in-law ('*But, um, I did feel guilty I was relieved that she had died*' – line 101; '*because um, I was, majorly pleased when she died*' – lines 132-133). The pauses and 'ums' in her narrative as she reveals these positive emotions suggests an awareness that to voice the experience of having these emotions could be seen as

socially 'wrong', and that I as the interviewer may judge her (despite her knowing that this is the topic of research). The fact that she experienced guilt also suggests that she perceived these emotions as socially inappropriate at the time, and/ or contradicted her own internal values and sense of self.

Sandra on her Mother-in-law: And we've just been sorting out the loft and going through the last of [Carl's] mum stuff and I see all this stuff, and stuff she'd kept, and I do feel a bit guilty that I didn't like her. Now. I do feel guilty that I didn't like her, but, you know, you can't help it can you. (lines 204-207)

Sandra also expresses guilt that she didn't like her mother-in-law, and this guilt is expressed in the present tense suggesting that it is still present, albeit in a lesser form, using the terms 'slightly' and 'a bit'. There is also some suggestion in the words, 'I've just let that go now' (line 133), and 'you can't help it can you' (line 207), that she has accepted the emotions of relief and pleasure present in her bereavement process, and disliking her mother-in-law, and no longer finds a tension between having these emotions and her sense of self.

Sandra on her Mother's death: And then, I kept, I felt terrible because I kept waiting for it to be her last breath, you know. And that really, for days that bothered me, because I felt, 'Oh god', I wanted that to be her last breath. That, that worried me, for a few days after. And then I kept thinking, 'Oh my god, when that was happening should we have gone and got somebody', you know. We sat and watched that happening. Should one of us have gone and said to the nurse, 'I think something is going on'. But none of us did. We just sat there. Because we knew that was what she wanted. We just let her go. That, that worried me for a while. Even though I knew that was what she wanted, um, that did bother me for a bit. I mean you do feel awful about it, you know. (lines 114-125)

Although Sandra doesn't mention guilt with regard to her mother's death, there is definitely a suggestion of tension within her self immediately after the death, as to whether she had done something wrong in letting her mother die, whilst feeling a desire for her mother to die. Again, this might have been due to her perception of societal norms, particularly in a hospital, to preserve life for as long as possible; and/ or the knowledge that her mother had removed the oxygen mask that was keeping her alive and thus Sandra was observing her mother's euthanasia, contrary to the law of the UK; and/ or that Sandra desired her mother's death, a social taboo, and a

contradiction to her own sense of self as a carer/ good daughter. Not surprising perhaps that she experienced anxiety and worry in these circumstances and felt '*awful about it*'.

Neither of the other four participants experience guilt directly as a result of experiencing positive emotions; nevertheless, two of these did experience guilt in their bereavement process. For Carl the guilt related to failing to fulfil his mother's desire to die in her own home.

Carl on his mother: Because [Sandra's] mum had just died and she was really upset. It, it, after that my mum, they were trying to get my mum to come home within a week of her dying, [Sandra's] mum dying, they were trying to get her to come home. And I thought that she wouldn't be able to cope with my mum coming home, and then another person dying in front of her, 'cos that's all she was going to do. She'd have come home for a few days, and then died. And that was, that was difficult to get my head around, but. So I had this sort of like feeling of guilt that I never got her to come home, really. They sort of wanted her to come home, and they were trying to facilitate it by getting beds and things sorted out and arranged. But every time I spoke to the doctor he just said to me, 'She's much better here, she's much better to be in hospital. The nurses are here, they can give her morphine and whatever'. And that's what we did in the end, and I just kept going in and seeing her all the time. (lines 153-167).

Carl's narrative provides the sense of immense stress he was under at that time, wanting to protect his grieving wife, who had just lost her mother, whilst knowing that his own mother wished to return home to die. His narrative suggests that he abdicated the decision to the doctor who advised him to keep his mother in hospital. There is however some contradiction in his narrative in that the hospital appeared to be facilitating the discharge of his mother, and perhaps contributes to the guilt that Carl experienced at that time. Carl has explained in his narrative how his loyalties were often divided between his mother and his wife, and it seems that this situation continued up to his mother's death.

Carl: It was difficult, because I know [Sandra] didn't get on with my mum. They all tried to, but you could tell there was always a conflict there, you know, and sometimes it felt like I was choosing one before the other in a funny kind of way. (lines 80-83)

For Maggie, her guilt existed prior to and during her parents' deaths, and appeared to relate to her perception of being judged by other people as doing the wrong thing; whether it was in not providing direct care for parents at home, not visiting her mother enough in the care home, and not providing a socially correct 'funeral' ritual for her mother. I wonder if this sense of being in the wrong, and/ or fear of being judged, arises from her early life experiences with her parents and the messages they passed on to her regarding her sense of self.

Maggie on her mother: And I was going at first every, once a fortnight. Which I suppose to some..... The whole guilt thing as well, you know, because I know. Because some people would go, 'oh I go and visit my, you know, my mother is in a care home and I go and see her every day, or something'. And it's like, even though that felt like such a lot to me, because was I working full time then ? Oh, I don't know, it felt like it. But you know, I was working. So every other weekend, it would be a mother weekend, like, I'd have to go and see my mother. It felt like....I mean I never visited that much.... You know, I wasn't close to her. So suddenly it's like I have to see, my mother loads more, and in this horrible situation, and then feel, still feel bad, that it's not enough. (lines 55-60)

It wasn't so much guilt, but more like. It's a weird feeling. I assume other people are judging me. For not having done enough, somehow. Um. And I got, it was almost like I had the sense of like, I have to do the funeral properly, or otherwise people will, like, judge me. And I don't even know what that is, because she didn't even say. So I got really stressed about, that feeling, that.....(lines 111-113)

Maggie however did not experience shame or guilt for feeling relief, and perceives it more of a sign of the harmful experiences she endured in relation to her family.

Maggie on her experience of relief: Then again I think it a bit strange, but also at the same time I think, well, I think it's very informative. You know, because I don't think I'm a psychopath, so that the fact that I feel that way, its like, it does make me think, 'Shit, that's bad then'. You know, that's probably bad than I often admit to myself, that I've spent most of my life wanting my family all to be dead, then, that says something pretty awful with your experience of being in the family. Um. So yeah. Um. I wouldn't say, I don't feel like ashamed about it. (lines 256-260)

Maggie's mention of the word 'psychopath', although expressed in the negative, does suggest a perceived awareness that society in general may view an experience of positive emotions in a bereavement as belonging to an uncaring cold person.

Sub-ordinate theme 7 – Absence of Grief or not?

The participants narratives illustrate varying perspectives on whether they grieved for the dead, and whether the positive emotions they experienced impacted on their grief.

Alison and Jane clarified for them, grief was present and consisted of pain, sorrow, and yearning for the dead person. Their narratives suggested that they felt this part of the bereavement process was expected when someone close to one died, and that positive emotions of warmth, love and happiness would resurface once the bereaved person had gained 'relief from sorrow'.

Alison: 'Grief is the price you pay for loving'. So true. (line 144)

Er, missing you, missing you, missing you, longing to talk to you, wish you were here. Um, you know. Even now 20 years on when I'm trying to go to sleep, I will go back and count. I'll say to myself, 'I'll think of 5 wonderful things that [name of man] said to me', or '10 wonderful things [name of other man] said to me'. Or when we laughed, or which were the happiest day of my. You know in my memory, I take myself back to incidents that were pure joy. Um, I don't take myself back to the agony bits. I pick up the joys. (lines 194-197)

For Alison her narrative suggests that there is a conscious process of generating positive emotions by purposely focusing on joyful memories of her time together with her close relationships. I also wonder by doing this, Alison keeps the relationships alive. Jane generates a similar process by reading her sister's letters. However, I noticed a wobble in her voice which suggested that she experienced both sadness and warmth in her process.

Jane on her sister: And the fact that she wrote letters to us before she died. Um, which meant, you know, so that meant something to us, that she could do that. She did it for us. She wrote those letters to help us.

Interviewer: So what it gave you some comfort that you had her written word?

Jane: Yeah I've got it there [Jane's voice wobbles]. Yeah, it was positive. (lines 46-50)

Perhaps for Jane, her grief is still present, despite the length of time her sister died.

Carl's narrative suggested he experienced grief for his mum in the form of missing and sorrow.

Carl on his mum: *Afterwards, I didn't, it didn't, it was a relief. It was such a relief, I felt like, like I could do things again. That I could concentrate on things, and I could make commitments without having to worry about somebody else. So, it felt like a release in a way. Like I was allowed to do things. I didn't have to, have to tailor the things that I did around somebody else. And it was that kind of feeling, so it was, it was, I wouldn't say it was a good feeling, in the sense, it was a new feeling that felt, felt much, much, a 100 times better than it was before the death. You know what I mean (Carl: Laughs). It was just a sort of, yeah. And I felt I missed my mum, and all the, that sorrowful type of thing, that, 'My mum's died', and everything. (lines 385-394)*

However, for Carl the presence of relief and its magnitude appeared to dominate his bereavement process and minimise in comparison his experience of grief.

For the other three participants they note that there was an absence of grief or an emotion that they didn't consider to be grief.

Maggie: *I don't think I grieved at all. I don't think I've done any grieving. That's why its weird, isn't it. There isn't any, I don't even know what that would look like, what grief. What does that even mean. I haven't done any grieving, I suppose I have done like all the stuff I'm doing, like I guess over the last two years like all the therapeutic stuff. Like I do often do a huge amount of like grieving, but its more for how it was for me when I was little. So its more, and for my parents, like for my parents awful lives, and for my awful life with them. So not so much that they've died. It's not that. (lines 271-275)*

Maggie's narrative notes that she didn't grieve upon the deaths of her parents, but did undertake a process of grief since their deaths for her own childhood and what was lost (e.g. nurture, warmth, positive feedback, etc.) due to her parent's inability to provide this for their child.

Sandra on her mum: *I mean my grief for mum was more in the form of missing her, and our days out. Because I saw her every week, and, you know, I would phone her up and talk to her. It was that more than the grief bit for me. I missed her, I missed her more than I grieved for her I think. (lines 68-71).*

I think the, once the relief that we didn't have to deal with it all had gone, and mum had got what she wanted and I didn't have to look after [Carl's] mum, um and then the grief came in for mum. The missing her came in. Yep. And that is still here. I mean, every day I think I'd like to phone mum and tell her this or I'd like to share [name of participant's grandchild], that is there, but equally we are still relieved we haven't got them. (lines 74-79)

From Sandra's narrative, there is a suggestion that although she missed her mum, she didn't experience the sorrow and painful yearning, that often is associated with 'grief'. She thus doesn't categorise her experience as 'grief' per se.

Interestingly the 'missing' followed the early experience of altruistic-relief, caregiving-relief and stress-relief, and then remained to the current day. The narrative suggested that the initial relief was replaced with the missing, but then returned, and also exists to this present day.

Louise's narratives also cites that she didn't experience 'grief' per se upon the death of Ivy.

Louise on Ivy: Um, I, I, you know, it was a little bit sad when she died, as I said, and I sort of missed her at the church. Um, but no, I didn't, no generally I, I felt you know. If I'm honest, I didn't grieve that much at all. (lines 262-264)

There was a bit of sadness and missing, but not what Louise has perceived as grief. The use of the term, '*if I'm honest*', suggest there might be some guilt with regard to this, that Louise perceives that she should have experienced a stronger sense of grief.

Sandra and Louise's narratives suggest to me that grief as an emotion is perhaps categorised by socio-cultural norms, and hence is not necessarily a universal common emotion experienced by all humans. There seems to be a perception of what grief is (i.e. painful yearning and sorrow), and not as they experienced it following their bereavements.

Neither of the narratives from Maggie, Sandra nor Louise suggest that following the absence of grief as they perceived it, their bereavement process was compromised or led to complex grief.

Meanings Made of Positive Emotions

This super-ordinate theme captures the meanings made by the participants relating to the presence of positive emotions in their bereavement process. Much of the content of these meanings have been captured in the previous themes. However a subordinate theme relating to whether positive emotions were understood and accepted by the participants is worth noting.

Sub-ordinate theme 1: Personal acceptance of positive emotions

In general, all the participants accepted the presence of these emotions, and although there was some guilt experienced by two of the participants in relation to the presence of these emotions, there was also acceptance. Interestingly most of the participants interweaved their personal experience with that of a personal philosophy on bereavement and death. Some of the participants perceived that their experiences and philosophy did not necessarily follow current socio-cultural norms, but were nevertheless able to hold the differences without generating problematic tensions in the self. This did however cause them to exercise caution regarding to whom they revealed their bereavement process and experience, as detailed previously.

For Maggie, her narrative (*'I think it is a bit strange, but also at the same time I think, well, I think it's very informative'* - line 256) suggests that she although she considered the presence of positive emotions in her bereavement process rather unusual, she considers them to reflect the difficulties in her experience of family.

For Alison, positive emotions following a bereavement are both natural and desirable as part of a healthy bereavement process. She also believes positive emotions might arise depending on the circumstances of the death or the relationship one had with the deceased.

Alison: And following on that, [Alison reading from notes] 'Ask yourself what he or she would say if they were with us now. Remember you're still the person they loved and always will be. You are alive and you're lucky. Why not lead a life to make him or her proud of you'. Because in a way I sort of feel you owe it to them because they can't do it themselves, you know. (lines 137-140)

Well, I think that once you pass 70, er, because we've lost an awful lot of friends, I do think then you, you, your grief is, um, not so, not so painful when you lose a dear friend or family member as it is when you are younger, because you are expecting it. (lines 287-288)

And I said to her, I waited until we'd chatted, and then I said, 'I, I..', when you do counselling as you probably know, you get the feel what people want you to say, and I after, towards the end of our talk I said, 'Are you quite hoping he'll just slip away?'. And she said, 'Oh, I'm so glad that you just said it'. 'Because it is what I'm feeling, and I feel a bit guilty of whatever', you know. Um, so, it, there are, and then about a week ago, that was all about a month ago or more, and a week ago I saw his death in the papers. (lines 332-326)

Alison's narrative weaves between the personal and the general, and includes the interactions she has with friends and clients of the bereavement counselling service she volunteers for. I sense that her vast experience of death, her training as a bereavement counsellor, and her stoic nature strongly influences her perspectives and philosophy on bereavement and death.

For Sandra, her own experience of bereavement following the deaths of her mother and mother-in-law, strongly influenced her perspective on positive emotions in the bereavement process.

Sandra: I can remember [Carl's] mum's sister died and we spoke to her son, and, um I phoned him up and I said, 'I'm really sorry about Auntie [female name]', and he just, the first thing he said to me was, '[Sandra], it's a relief'. And I was thinking, 'Oh, that's a crap thing to say'. And then of course, as soon as it happened to us, I, you could completely understand what they meant. You know, it is a relief. Especially if they'd been poorly, and you know. (lines 274-279)

Sandra's narrative notes that initially she held the view, perhaps influenced by socio-cultural norms, that it was wrong to experience and talk about experiencing relief following a bereavement. However, having experienced this herself, she now perceives relief as a very understandable emotion in the event of an elderly person requiring care and the stress this engenders for their families.

Throughout Carl's narrative there appears a sense of acceptance of all his emotions, including the relief and invigoration he felt at the removal of stress and the caregiving role, via his mother's death. Like Alison, he suspects that the relationship between the bereaved and deceased also influences the emotions that arise.

Carl: It felt like a new lease, a new lease of life. You know, and it was weird, because it was a sort of similar thing with [Sandra] in a way. Because she had the same kind of, I don't know, she had the same, she'd have to tell you if she had the same feeling or not, but it, it felt like

she couldn't cope with looking after her mum and she didn't know what she was going to do. And she was probably feeling similar to me, you know. After her mum died it was sort of a sense of relief for her because she wouldn't have that responsibility anymore, and it was the same for me. I didn't have the responsibility of my mum anymore, and. So, for both of us it was a similar kind of feeling, I think. So, it was quite invigorating, because we could move forward, you know. (lines 405-414)

Um, but from my point of view with my mum, I was upset, but I wasn't upset for months afterwards, feeling tearful and that kind of thing. And hurting inside, I didn't feel like that about my mum, because I knew she'd led a good life, she was 86, 87. She, it wasn't like she'd been, she'd missed out on her life. She had her life, kind of thing, and. So I didn't feel like it was something that I had to worry about all the time. It was something that was, it was like, 'That's life', you know. If I get to 86 or 87 and pop my clogs, then fair enough, sort of thing. So, my way of dealing with it was to think, 'You've got to die of something'. She died of what, of that. And you know, you move on from that. (lines 420-428)

I think it depends, I mean, you could feel the same about somebody who isn't a close relative, or anything. Just that person, it's the person and your relationship with them, I think, will probably determine how you will react, to your, to that death, yeah. (line 471-474)

Again, similar to Alison, Carl's narrative also suggests an acceptance of death for elderly people, as in the case of both his mother and mother-in-law particularly if they are diagnosed with a terminal illness, and hence an experience of less grief and/ or a quicker release from sorrow.

Louise, despite experiencing some guilt regarding the presence of positive emotions in her bereavement experience, also holds a position of acceptance that such might exist, especially for people caring for elderly family and friends.

Louise: You sort of think that society doesn't expect or allow you to have those kinds of feelings. But actually, it is quite natural I think, if you've been, you know, as people get older and they deteriorate, and they lose their independence, you know. And they rely on people to take care of them, especially like personal care, and you know, when the body really starts to, to stop working and things. And the quality of life becomes quite poor, then I think it's quite natural to have some feelings of relief and a sense that it's over. Um, you know, I, you know, I think that that is probably a natural emotion to have, um, but at the same time it's, it's, yeah, it's seen as a taboo emotion. You are not supposed to feel like that, you are supposed to feel

terribly bereaved and, you know, upset that you've lost this person. You know, and maybe you do feel a little bit of that, you feel it both. You know, you can have both. You know, you can feel multiple feelings at the same time. (lines 245-257)

Louise narrative recognises that her experience on one hand was probably 'natural', whilst on the other contradicts the socio-cultural norms in the society she is embedded within. She is thus aware that she has experienced mixed emotions in her bereavement process, and carries a tension within the self and her values regarding the meanings of these. However, she has been able to hold the tension, and confirms elsewhere in her narrative that it didn't have an adverse impact on her bereavement process.

Jane too was open to the positive emotions she experienced, and did not judge herself for experiencing these.

Jane: Went with them. Because to me it's, that was part of the grieving process. (line 101)

Jane's narrative suggests that at the time, all the emotions she was experiencing related to her grief and bereavement process, and hence perhaps couldn't be altered.

Jane on her sister: 'Cos, you know, I mean a lot depends on your relationship with that person and how you view that death. So in a way, the death itself, in a strange way was a positive thing. Because it released her, and it released me. (lines 125-128)

Similarly, to the previous other participants, she perceives that the relationship with the person and the meanings you make of the death itself will influence the emotions you experience in the bereavement process.

Outcomes

This super-ordinate theme attempts to capture the outcomes for each participants bereavement process upon experiencing the mix of emotions that they did, including the presence of positive emotions.

Sub-ordinate theme 1: Actions following the death

All of the participants perceived that the deaths, subsequent emotions, and the meanings made, influenced their behaviours during and after the bereavement process.

For five of the participants this involved embracing a new life for themselves, with four of them citing their sense of liberation and feelings of relief and invigoration influencing this behaviour as well as the circumstantial changes in their lives.

For Maggie, her dad's death and the subsequent money he left her, solved her financial difficulties at the time, and enabled her to travel.

Maggie on her dad: *I like to think, though I'm sure its not true, that like it was all, you know. He did it, it was a plan, and then (Maggie: laughs) I'm sometimes so self-interested, 'cos it was just at a point I'd finished my [name of training course] not long ago, I'd been engaged to somebody and we'd broken up, and it was like, 'I don't know what I'm gonna do now, and like I lived in his house, I'd sold my flat. I'd lived in this house, we'd split up, I had to move out of his house and finish my training. I didn't have a job, I was like, 'what the fuck am I going to do'. My dad dies and I have this load of money. Like so I went to America for like six months. It was just, 'Oo, something can happen now'. So, it was like a whole new lease of life. Like him dying. (lines 320-325)*

The money was so timely, she almost wonders if her father had somehow planned her rescue. Although her narrative ridicules this idea, 'I'm so self-interested', she also appreciates his involvement, and perceives that he gave her a valuable gift. This had a profound impact on her relationship with her father, perceiving this as a loving act which she had otherwise not experienced from him. In her additional emailed comments after the interview she states;

'And venal as it sounds, because he left me quite a bit of money, it made a massive difference to my life after having felt financially very precarious for most of my life, particularly as I was single when he died and wasn't working at the time. It actually felt like the one thing I could feel really grateful to him for, one loving, fatherly thing that he'd done for me so the good of it far outweighed any sadness'.

For Sandra and Carl, the death of their mothers, and in particular Carl's mother resulted in their freedom from caregiving responsibilities and taking full ownership of their house. It also ended the highly stressful time leading up to the deaths, and a sense of the release and invigoration they experienced and how this related to their actions is illustrated in their narratives.

Carl on his mother: *You know it's weird because about a week after she died I went in to her room, because she'd got like this wet room in there, and, er, it used to be a sort of, what did it use to be, it used to be a corridor. And we turned it into a wet room. And I was so frustrated with, and it was such a relief that I then, 'cos I then decided that I would knock the wall down, and redo the room, and sort of like change it. So I took out all my frustration on this wall that I knocked down (Carl and Interviewer laugh). It was sort of like a big release, it was weird. I got the hammer out and smashed all this wall down and it felt like, 'Yes, I've sort of like made progress, and I feel like we're moving forward and..'. It just, I don't know, it was just a funny, strange kind of feeling really. (lines 141-150)*

Sandra on her mother-in-law: *I mean there were odd things in the garden that [Carl's] mum had put in, 'cos obviously it was her garden, originally. And I couldn't take out. I'll tell you what, as soon as she had died I cut them down. (Sandra: laughs). Because they were things I didn't want, so, you know. I was, I could do that. I had the freedom to do what I liked in the garden, you know. All those little things. Which were nice. (lines 399-404)*

Both Carl and Sandra's narratives suggest a vigour and energy following the deaths of their mothers that they sought to release by doing physical activity. The activities they choose related to their house and garden, reclaiming it for their own, and acknowledging the freedom they now perceived in their new lives together.

For Louise, her narrative also describes how in the light of Ivy's death, she now felt unburdened and free to pursue a new career (*'It freed me up a little bit'* – line 269).

Louise on Ivy: *And of course, yeah it allowed me to get back on perhaps the career path that I wanted. (lines 273-274)*

Unlike Sandra and Carl's narratives which provide a strong sense of relief, freedom and energy; I sense in Louise's narrative more of a hesitancy with the use of the terms, *'a little bit'* and *'perhaps'*. I wonder if this is because of the guilt she still experiences in relation to the positive emotions and meanings she made from Ivy's death; or perhaps because subsequent events in her life and career have not occurred as she would have ideally liked. I'm mindful that she informed me that she divorced from her husband in the years following Ivy's death.

For Alison, the experience of positive emotions was part of her personal philosophy on bereavement, and hence she consciously encouraged these only after a period of

grief. Her subsequent actions following the deaths thus initially related to her emotions of grief, where she sought to protect herself (*'I felt I couldn't go in, I just couldn't, because I knew I'd well up'* – line 185) and seek help.

Alison on the death of her close friend: *[name of son] said to me on the day that he died, he said to me, because I rang up and told him. He said, 'Mummy, if at any stage you need to talk, if it's 3 o'clock in the morning, just pick up the phone'. And I did, about 2 o'clock in the morning, you know my husband was asleep, and um, I talked to [name of son] for about 2 hours in the night. (lines 264-266)*

After a period of grief, Alison then did re-engage in life. Her narrative suggests that she perceived this almost as a duty that she owed the deceased, for the beneficial impact of their love for her, both emotionally and psychologically.

Alison in relation to her mother and two close friends: *And all my, um, thing with the people I counsel in [name of organisation] is trying to move them from being deadlocked sometimes in the grief, to thinking in terms of what would....say it is a girl and her husband is called John; what would John want me to be doing now?. Wouldn't he want me to be out there, joining the walking club, or something, you know. Not sitting at home crying all the time. And also I felt I had been so lucky to have so much love from those three wonderful people, my mother and the two chaps. So I feel because I'm alive I've got to lead a life that they would be proud of. You know I owe it to them, because they built me. And they sadly, through no fault of their own, have gone. But I'm still here, and I'm still the person that they, if you like, invested in psychologically, emotionally, you know. And I should be making use of that. (lines 79-85)*

Alison's narrative also serves as a reminder that following these deaths, she trained as a counsellor for a bereavement charity. It's possible that her desire to *'lead a life that they would be proud of'*, and to *'make use'* of the person they have invested in, had led her to this role. Her narrative also illustrates how she has developed a sense of meaning from their deaths, and a purpose for her own life.

Sub-ordinate theme 2: Positive impact on relationship with the self

This sub-ordinate theme seeks to capture the impact of the bereavement, including the process, emotions, and meanings made for the individual on their relationship with their self. None of the participants perceived that the bereavements had left a significant adverse impact on their relationship with the self; though as previously mentioned guilt was present for four of the participants, including for two, guilt with

regard to the presence of positive emotions in the bereavement process. In Maggie's case the deaths of her parents and the relationship-relief she experienced had a profound positive impact on her sense of self, in that she was released from her lifelong depression ('*I'm not depressed anymore*' – line 232), and sense of being a bad person.

Maggie: I felt defined in a very fundamental way by my family's (primarily my Mother's) depiction of who I was - bad, selfish, hateful, in the way. It's like they created a version of me that was always much stronger than any version I could come up with. In fact, who I actually was, was irrelevant. I was just what they created as only they had the power to create and I was just the creation. (That's sounding very Frankenstein's monster...) . When my step dad turned up my Mother passed the same version of me onto him so he took it up straightaway, almost worse than my Mum. So it basically felt that while they were alive, I was defined on their terms and whatever I tried, couldn't actually be anything else. I often said it felt like being branded. And that other people could see it. So I think at some level it felt impossible to exist while they were alive. (Additional comments in email)

Sandra found she had a similar experience with the death of her mother, in that she was no longer fearful of criticism from her mother; and her own inner critic (possibly an internal working model of her mother) disappeared following her mother's death.

Sandra on her mother: Even when I left home, if I broke something I would think, 'Oh my god, what would mum say'. You know, and then I kept thinking, 'Don't be stupid. This is your own home you can break what you like'. But you know, she still had that presence, so when she died, I no longer had to worry what mum thought. (lines 231-234)

For Alison, she describes how the living relationship with her close friend, and the love he offered, helped her when dealing with depression, low confidence, and an unhappy marriage. She notes that this relationship had a lasting impact on her sense of self, beyond his death.

Alison on close friend: [name of man] said to me, when he saw me sitting on the log, in the woods with the dogs, as they came by. He said, 'I thought I'd never seen anybody looking so unhappy as she does now'. He didn't even know me. Um, and I turned. He turned me in 2 years, that I had with him, from being that person, into the happiest person that I know. And I still am. (lines 214-216)

*And my husband who is half [nationality], half [nationality], and is volatile, if he loses his rag and says, 'Oh you're so this and so that', I just say, 'Oh, rubbish, rubbish, rubbish'. And it doesn't even bother me. And of course this is, if you, people are a bit of a bully, er, in the way, you know, lose their rag, um, if you don't rise and if you just wander off saying 'Oh, rubbish, rubbish, rubbish. No, oh, you're wasting your time. That's not even true'. You know, whereas before, 'cos I just think of [name of man] saying 'I adore you, and I think you're wonderful'.
(lines 218-221)*

Alison's narrative suggests that despite death, the relationship and love of her close friend still exists, and that she can draw on this to maintain her own sense of worth, even under heavy criticism from her husband.

Sub-ordinate theme 3: Positive impact on relationship with others and/or the deceased

This sub-ordinate theme seeks to present the positive impacts on relationships that occurred for 4 of the participants following the bereavement. Maggie's bereavement experience and its impact on her relationship with her father following his death is perhaps the most significant. Having experienced a difficult and cold/ critical relationship with both her parents whilst they were alive, she had a unique experience during the bereavement process of her father.

Maggie on her father: It was really nice when my dad died because, um, first of all I had the sense, this is gonna sound a bit weird if you're not spiritual at all. My dad was an absolute fucker, he really was. The shiftiest dad you can ever possibly imagine. I mean he wasn't abusive, but like, he had nothing to do with us, to the point he didn't speak to me, and he didn't look at me. Like, he was vile, he was just like, an angry lump of vileness. And then, um, after he died I suddenly had this sense of like, he was always really religious, even though like, 'You're a fucker, what's that about'. But like, almost like after he died I have this sort of feel..., sense of him of him as this really like, loving spiritual presence. Like, it wasn't, not like I was imagining, well you could say I was imagining it, but I wasn't expecting that, and it was like, 'Oh my god, how nice'. It was like, 'That wasn't really who you were. You were like caught up in all this', I think he was traumatised, 'Oh no, you were that person'. I have this sense of, you know. So it was like suddenly having a whole different relationship with this person. Um. And it was really nice, um, 'cos you have all this instruction about what to do with his, I really quite enjoyed going through the process of 'cos it was like, I knew I couldn't do it wrong. And that he had loads and loads of friends. And it was something really nice about talking to people

about him, and people telling me things about him. So, like, 'Oh', I suddenly got this completely different view of like, who he was as a person. So it was like, it was amazing in that sense. It was like so positive that, and all these people who thought he was great. And I felt really good about it that, 'oh great, he wasn't a total fucker'. I think some part of me knew he wasn't a total fucker, he was just a total fucking shit dad. But, that, it was really nice to know that other people saw these good things about him. Um. So you know, it was actually like a really, the most positive aspect, the most positive thing that ever happened in my relationship with my dad, was him dying. (lines 329-343)

For Maggie, the after-death experience of her father as a loving spiritual presence was unexpected but had a profound impact on her feelings towards him. Her narrative suggests it gave her a sense of deeper understanding of her father and the way he had been as a parent, and an ability to forgive him. Other events helped to cement this new experience of her father, including the fact that he had planned his funeral and left instructions for her, minimising any stress or anxiety that she might have felt; meeting and talking to his friends and gaining positive perspectives on her father; and his leaving her money at a time when she was in need.

Alison's narrative also suggests that she too had a sense of her male friend after he had died suddenly, and that she felt him talking to her.

Alison: Um, I knew, that in [name of man] case he literally dropped dead. He would have been appalled to know he was going to give me that anguish. As I would vice a versa. Um I wasn't angry with him. I could feel him apologising, you see what I mean (Alison: laughs) almost. 'I didn't mean to do this to you, I didn't mean to go, leave you with all of this'. With both of them, we agreed we would never part for ever. We would always keep each other in our lives, but in a contained way that didn't hurt anybody else. (lines 189-192)

Alison's laughter perhaps suggests that she recognises that I and/ or wider society may not accept that a deceased person can 'talk' to the living, and that she is slightly uncomfortable by what she is telling me. Her statement '*With both of them we agreed we would never part for ever*' suggests a permanency to her relationships, regardless of any form of separation, including death.

Indeed, Alison's narrative confirms her continuing relationship or bond with the deceased that she has loved, and who have loved her.

Alison: *One of my um, husband's friends who's wife died he has a huge portrait of her and he goes and talks to it. You know, you are still part of their [slight pause] life, all be it that they're not here. They've still in you. (lines 133-135)*

[Alison holds out hand to show rings] One of these is [name of man] and one of these is [name of man]. You know, they're with their, right there, they're just part of me. (lines 145-147)

Alison's comment '*you are still part of their life*', with a slight pause before the word 'life' may be a mix up of words and she meant to say '*they are still part of your life*'; but it may also indicate that for her the deceased continue to exist as an entity. The pause may then reflect that the word 'life' was out of place bearing in mind that the deceased were no longer alive. Her words, '*they're still in you*' and '*they're just part of me*', perhaps reflect the importance of these people in her life whilst living, and the impact they had on her sense of self; and that whilst she is alive, they continue to exist within her. In lines 78 and 140 Alison locates their presence as being in '*her heart and in her head*'. She may mean this literally, or figuratively, as in her thoughts, memories and continuing love for these people. I notice the romanticism in Alison's narrative describing the deceased ('*she was a wonderful woman*' - line 14; '*he was absolutely wonderful*' – line 24; '*felt I had been so lucky to have so much love from those three wonderful people*' – line 82). I wonder if this perspective developed after their deaths giving the continuing relationships a mythical quality; or is reinforcing a belief of Alison's and in wider society as 'not to speak ill of the dead'.

Carl and Sandra's narratives illustrate positive outcomes for relationships with the living, following the deaths of their mothers. Carl's narrative suggested that the lead up to the deaths of his and Sandra's mothers, and the stress they were both under, prevented them from enjoying their own relationship. The deaths of their mothers and the subsequent removal of the stressful dying and care processes helped reunite them.

Carl: *She was focusing on her mum, I was focusing on my mum, and we were like juggling trips to her mum, to my mum. It was all one day the [name of hospital], one day [name of other hospital], one day, you know. It was sort of, it got really bad [Carl: laughs]. Not, we weren't getting on, not that we weren't getting on with each other, it was just, we never had a life, you know. It was just managing mums kind of thing, and that had all, it was lifted away from us. (lines 306-312)*

While we were doing all these things, if was, you didn't have time to have fun, or enjoy each other's company in the same way. (lines 315-316)

Sandra also discovered her relationship with her step-father changed upon her mother's death.

Sandra on her stepfather: Well, when um, Mum was alive we never actually saw an awful lot of him, he was always at work and we never really meet a lot socially. But since Mum died he's become a much bigger part of all our lives. And it was almost like Mum crushed him and didn't give him a chance to shine. And then once Mum had gone, he came out of himself, and yeah. I mean he buys birthday presents, and Christmas, and you know, all this effort, which he never did when mum was alive. So, um, yeah. He's much better now that she's not here, in a way. (lines 302-308)

Sandra's narrative explains that whereas before, her stepfather had always been a distant figure somewhat eclipsed by his wife; upon her death Sandra found him willing to take a more active part in continuing and developing the relationship with her and her family.

Chapter Summary

The findings from this study have provided a rich and in-depth insight into the bereavement experiences of the six participants, generating a significant number of themes well beyond the scope of this study. The original transcripts and master theme table have been provided in the appendices should the reader wish to explore the themes beyond this study. In terms of the scope of this study the findings have illustrated that positive emotions in the bereavement experience can arise in the context of caregiving, prolonged illness, a stressful dying experience, and where death was desired, particularly if by the dying person. Positive emotions co-existed with other emotions during the bereavement experience; with 'relief' appearing as the most frequently described positive emotion. Meanings of the bereavement experience were made, including those relating to the presence of positive emotions. While on one hand there was a personal acceptance of such emotions, on the other a sense of social taboo and deviation from the social norm was also illustrated. None of the participants appeared to suffer from any adverse outcome to their mourning process in terms of complex or delayed grief, as a result of their bereavement experience; and indeed a

number of positive outcomes were identified in regard to their lives, their sense of self, and their relationships.

Chapter 6: Discussion

Chapter Overview

This Chapter discusses the findings of this study in relationship to the literature review presented in Chapter 2, and the wider literature on the generated themes. It also provides further clarity on the presence of positive emotions in the bereavement experience by identifying the specific emotion(s) to the specific contexts of caregiving, prolonged illness/ dying process, difficult attachments, and the socio-culture.

“I’ve told my children that when I die, to release balloons in the sky to celebrate that I graduated.” (Elisabeth Kubler-Ross: source www.ekrfoundation.org)

Introduction

The reader may recall that the main purpose of this study was to explore the experiences of bereaved people who were aware that positive emotions had been present in their grief and mourning process. What were these emotions; what was the immediate and wider context in which they arose; what meanings of these emotions were made by the bereaved and those around them; and how did the emotions and these meanings impact on the individual’s sense of self, their mourning process, and their relationships with others and the deceased?

The reasons why I felt this phenomenon was worth exploring was the lack of common knowledge among the general population regarding the possible presence of positive emotions in the mourning process, and to an extent the clinical population of counsellors, psychotherapists and psychologists that I belong to; and that further clarity on this phenomenon would be beneficial to all parties concerned. The recognition of possible social disapproval, that such emotions should not be present in a bereavement experience, or the assumption that they represent a defence or denial of the loss to the detriment of the individual’s mourning process, could be important issues in our clinical work with bereaved clients.

In addition, the context of contemporary western societies where people are living to advanced ages, perhaps with debilitating conditions such as dementia or cancer; and with the onus of care, both in terms of decision-making and financial, falling on families, and the stress and distress this can generate, the likelihood of positive emotions and meanings arising for the bereaved upon the death of a cared for relative, during their mourning processes will increase. It thus seemed timely and relevant to explore this phenomenon further.

Interpretation of Findings

This study presents the bereavement experiences of six participants, in relation to the phenomenon of positive emotions present in the mourning process. From the findings, it was discovered that a diverse range of emotions accompanied the 'positive emotions' during the mourning process, in accordance with previous research undertaken in this field (Bonanno & Keltner, 1997; Folkman, 1997a, 1997b; Stein et al, 1997; Moshowitz, Folkman & Acree, 2002). This suggests that presence of positive emotions is neither a defence nor denial of the pain of sorrow and loss. What was of particular interest was the positive emotion of 'relief' for five of the six participants, and the opportunity to further categorise the 'relief' into more detailed typology linked to the cause and meanings provided by these participants. That is relationship-relief, altruistic-relief, stress-relief, emotional-relief, and caregiving-relief. Such detail has the potential to complement and expand previous research findings that suggest positive emotions arise due an improvement in psychological well-being (Horowitz, 1985; Wheaton, 1990; Bodnar & Kiecolt-Glaser, 1994; Schulz et al, 2003), as well as providing new information relating to the emotion of relief within the mourning process itself. The findings also supported the notion of social disapproval with regard to the presence of positive emotions in the mourning process and awareness by the majority of participants that such existed. However, the findings also illustrated for all of the participants an acceptance of the presence of these emotions in their own personal bereavement experience; and for some a new empathic understanding as to why such emotions might arise for others.

This chapter discusses in more detail the relevance of the findings to the existing theoretical evidence base.

The Caregiving Context: Liberation, Caregiving Relief, and Stress Relief

There are almost seven million carers in the UK, that is one in ten people; and over the next 30 years the number of carers is predicted to increase by a further 3.4 million. Three in five people in the UK will be carers at some point in their lives. In addition, the number of people over 85 years old in the UK, the age group most likely to need care, is expected to increase by over 50% to 1.9 million over the next decade. (Statistics sourced from Carers UK, Policy Briefing, 2014). It can thus be surmised that the majority of people in the UK will require some form of caregiving prior to their death, and that subsequently those who are providing their care are likely to witness their dying process, and the related bereavement.

Three key hypotheses have been proposed to predict the experience of bereavement following a period of caregiving (Bass, Bowman & Noelker, 1991; Park & Folkman, 1997; Schulz et al, 1997). The first is a *cumulative stress perspective*, where the combined effects of caregiving stress and death deplete coping resources resulting in negative bereavement outcomes. The second is a *stress reduction perspective*, where death results in a significant decline in caregiving stressors and patient suffering, resulting in more positive bereavement outcomes relative to non-caregiving groups. The third is an *anticipatory bereavement perspective*, where death is anticipated, and hence much of the grief and mourning process occurs prior to the death itself. The anticipatory bereavement intensifies the distress and stress of the caregiving experience, but alleviates or reduces the distress after death.

The findings in the study presented here, support in particular the second, stress reduction perspective. Those participants involved in caregiving prior to the death of the individual, describe in detail their negative experience of caregiving; the imposed restrictions on their lives, the lack of freedom, the sense of feeling trapped in an unwanted situation, the relationship tensions between the carer and the person being cared-for, the high levels of stress during the dying process, and the sense of feeling burdened with the responsibility of care, with little support. There is of course a possibility that participants highlighted the negative experiences of caregiving to justify their subsequent feelings of relief and liberation upon the death and to aid in their personal reasoning and acceptance of such emotions without generating criticism from within themselves, from others, or from me as the interviewer. However, many studies have also documented the negative effects of caregiving, showing that caregivers are

at risk of psychological and physical ill-health, linked to chronic stress (Haley et al, 1988; Beigel et al, 1991; Schulz et al, 1997; Schulz & Sherwood, 2008).

This study's findings illustrated that the death of the care recipient, instigated for the bereaved caregiver, a significant and almost instant release from the role, burden and ties of caregiver; and the stress of the caregiving situation; consequently, generating feelings of relief and liberation in the bereavement process. The findings concurred with those of two qualitative retrospective studies relating to the bereavement experiences of caregivers for recipients with Alzheimer's Disease and Dementia (Jones & Martinson, 1992; and Almborg et al, 2000), that found the majority of caregivers reported feelings of relief after death.

In considering the theoretical models of bereavement detailed in chapter 2 and how they might account for caregiving and stress relief in the bereavement process of caregivers, the findings in this study suggest that relief reflected the perceived change/removal of a stressful situation (long-term caregiving), and the improvement in psychological well-being for the carer (Schulz et al, 2003). The findings also concur with the first three elements of Bonanno and Kaltman's (1999) four component model in that the caregiving context in which the loss occurred, the subjective meaning associated with the loss, and the changing representation of the lost relationship in terms of 'caregiver and care-recipient', were significant factors in the bereavement experiences of the study participants. The fourth component relating to coping and emotional regulation processes were less apparent. For our caregiving participants it appears that the stress of caregiving, the dying process, the immediate loss, and managing the subsequent 'death-work' in terms of funeral rituals, distribution of possessions, and other financial / practical matters was perceived (at the time of the interview, many years after the deaths) as almost one event. Their experience of relief from caregiving and stress thus may have contributed to their resilience and ability to cope with the loss at the time, as well as minimising the intensity of the negative grief-related emotions. This was unclear from the participant narratives during the original interviews, though none of the caregiving participants cited complex grief problems or depression following the deaths.

The Prolonged or Stressful Dying Process Context: Peacefulness, and Emotional Relief, Stress Relief, and Altruistic Relief

Mode of death can have a significant bearing on the emotions and meanings connected with the bereavement process of those left behind. Studies relating to those who have died from chronic illnesses such as cancer, AIDS, or dementia, where the dying process has been prolonged (Almberg et al, 2000; Schulz et al, 2003; Grundfeld et al, 2004; Waldrop, 2007) suggest that for the pre-bereaved, the extended illness and dying process is a distressing, stressful, and sometimes traumatic experience. Both the dying person and the pre-bereaved suffer from the ravages of the illness, and the decline of the dying person. Death from long-term non-communicable chronic diseases such as heart disease, dementia, stroke, cancer, and respiratory disease accounted for 74% of global deaths in 2019 (World Health Organisation, 2019). It is thus not uncommon for relatives and friends to experience the dying process of a person with a terminal illness.

In this study all the participants had experienced the dying process of someone with a terminal illness. The findings illustrated that for those participants regularly witnessing the decline of the person dying, the experience was distressing and generated emotions of distress, upset, pity, fear, guilt, and a sense of powerlessness in that there was nothing they could do to prevent the suffering of the dying person, or improve the process of dying. In addition, the presence of an illness involved some form of medical intervention, which then overlapped with the dying process. For four of the participants this added to the stress of the dying process, where a tension for the pre-bereaved existed between the medical treatment, particularly where it appeared to involve the maintenance of life, and the desire to achieve a good death and/ or the end of suffering for the dying person. The location in which the death might occur also appeared to cause tension between the pre-bereaved, the dying person and the medical establishment involved; with the later encouraging the death to take place at home, often in accordance with the views of the dying person; and the pre-bereaved feeling ill-equipped to take on this responsibility. These tensions highlight difficult social issues in the UK and other western countries, around death (knowledge, and support for families), palliative care, the attitudes and policies of medical establishments, and the possible legalisation of euthanasia (Charmaz, 1980; Mannix, 2018).

Death, in this study, was thus given the meaning by the participants, of a release from the situation both for themselves and for the dying person. Relief was thus present in the forms of emotional-relief from difficult and/ or painful emotions, including fear of the approaching death; stress-relief from the stress of the situation and context of the dying process; and altruistic-relief, in that the dying person was released from their suffering, the impacts of their illness, and the dying process itself. Peace, thankfulness and gratitude also accompanied the emotion of relief for the bereaved, upon the end of the dying process. Such findings concurred with those of Jennifer Ellison in her unpublished 1991 dissertation study cited in the book *Liberating Losses* (Elison & McGonigle, 2003: 26) where she noted 73 percent of participants (spouses whose partners had died of cancer in the previous two years) experienced relief and gratitude following their deaths. George Bonanno in his book *The Other Side of Sadness* (Bonanno, 2009: 85) describes this as 'the relief pattern' where following a period of exhaustion from care and anguish over a loved one's suffering, relief and calmness emerge when the suffering is finally over.

The study's findings with regard to the presence of positive emotions following a prolonged dying process, similar to the caregiving context, support bereavement models that focus on meaning-making and context of the loss (Bonanno & Kaltman, 1999). There is less clarity on whether the study findings support the concept of resilience, that is the ability to maintain a stable equilibrium, a relatively healthy level of psychological and physical functioning, and a capacity for generative experiences and positive emotions (Bonanno et al, 2001). Indeed, most of the participants recall high levels of distress and stress prior to the death, perhaps indicating that during the dying process resilience was low. However, none of participants cited problems with chronic grief or depression following the deaths, and their experience of relief and other positive emotions could indicate their ability to 'bounce-back' after a period of adversity, and adjust to their changing circumstances (Wheaton, 1990; Bonanno et al, 2001).

Difficult Attachments: Liberation and Relationship Relief.

In chapter 2, I noted the significant influence that John Bowlby's Attachment Theory (Bowlby, 1980) had on the field of bereavement research and clinical practice. His work was used not only to explain the rationale for grief and mourning processes (i.e. the struggle between attachment behaviours and the reality of a permanent loss); but

also to explain individual differences in grief and mourning processes via attachment styles. That is those with anxious-preoccupied or anxious-avoidant attachment styles were more vulnerable to pathological mourning processes.

Subsequent studies seeking to confirm or challenge the application of attachment theory and attachment styles to bereavement experiences have provided interesting yet inconclusive outcomes. One of the key reasons for this I suspect is the likelihood that multiple factors beyond personality and attachment styles influence the bereavement experience. Such factors could include context and circumstances of the death; the quality and nature of the relationship; the availability or not of practical, social and financial support; the ages of the people involved, and the meanings made regarding the loss. In general though, such studies have found support for the idea that secure attachment facilitates emotional adjustment during bereavement, and that anxious-preoccupied styles, particular where high dependency on the other person existed, can result in prolonged grief/ chronic mourning processes and depression (Van Doorn et al, 1989; Wayment & Vierthaler, 2002; Mikulincer & Shaver, 2003; Waskowic & Chartier, 2003; Fraley & Bonanno, 2004). With regard to anxious-avoidant styles findings are more mixed, with many studies finding no significant association with pathological grief or depression and this attachment dimension (Field & Sundin, 2001; Fraley & Bonanno, 2004; Wayment & Vierthaler, 2002). The Wayment and Vierthaler study (2002) did find higher levels of somatic symptoms in bereaved people with this attachment style, and suggested that avoidant defences were blocking conscious access to anxiety and depression, but that these could be identified in the less conscious somatic reactions to loss. The Franley and Bonanno study (2004) found the by dividing the anxious-avoidant style group into two sub-categories, fearful-avoidant and dismissive-avoidant (Bartholomew & Horowitz, 1991) high levels of anxiety, depression, grief, and trauma-related symptoms up to 15 months after the bereavement were identified in the first category. The dismissive-avoidant group had similar results to those within the secure attachment style group; which was postulated to be due to either or both their lack of emotional attachment to the deceased person, and/ or their defence mechanisms that inhibit the activation of attachment systems (Mikulincer & Shaver, 2003; Franley & Bonanno, 2004).

The nature of the study forming this dissertation, as capturing a cross-sectional perspective of a small group of participants in a single interview does not enable the

findings to determine whether attachment styles of the participants were relevant or not to their bereavement experiences. However, the findings did provide information on the nature of the relationships between the bereaved and the deceased, and offered an insight into the meanings and emotions that arose in the mourning processes. A strong sense of liberation and relationship-relief arose for those bereaved participants, who cited tensions and challenges with the deceased person whilst alive. The freedom gained from the living relationship upon death, supports the idea of a cessation to the relationship upon death (and the responsibilities towards the other and the relationship); or perhaps the changing nature of the relationship (with the living person now having the choice to reframe the relationship into a more healing/beneficial form). What was particularly interesting to me, was the implied possible alteration to the bereaved person's internal working model (Bowlby, 1969) upon the death of their actual parent; with the study findings noting a loss of the internal critical/oppressive 'parent', and any lifelong anxiety and depression connected to this. Literature relating to therapeutic grief work has acknowledged the powerful impact bereavement can have on the sense of self in terms of fragmentation (Zaiger, 1985; Attig, 1996; Neimeyer et al, 2002; Worden, 2009), but rarely in terms of positive losses of harmful parts of the self, or gains. What might the explanation be to these change in the 'self' in such a situation? Might the self have finally achieved 'self-liberation', that is separation from that of the 'domineering' other via the death of the other (Kohut, 1971; Lessem, 2005). Or does the explanation relate to the changing nature of the relationship to the other, both externally and internally; a change in the power dynamics perhaps; or a final acceptance that the self-object (the now deceased other) will never provide the longed-for empathic response and hence a 'letting-go' of this particular relationship and unmet self-object need. An interesting topic for further exploration and research.

The Socio-Cultural Context: Acceptance and Guilt

As human beings we are embedded in a socio-cultural context, that contributes to our values, beliefs, thoughts, and sense of self, and that subsequently influences the meanings we make, our emotions, and our actions (Gilbert & Orlandi, 2011). It is thus acknowledged in the field of bereavement studies that the socio-cultural context does not only impact on the ways an individual publicly displays mourning, but also influences, shapes, defines and limits the actual mourning processes and grief of that

individual (Charmaz, 1980; Rosenblatt, 1988; Klapper et al, 1994; Shapiro, 1996; Doka, 2008).

The findings in this study confirmed that participants were aware of socio-cultural norms and expectations around death, grief, and bereavement, and that these existed both externally and internally for the individual. All the participants were embedded in a British society, having been born and lived the majority of their lives in Britain, with long-standing hereditary connections to this society. Issues relating to socio-cultural taboos, norms and expectations that were identifiable in the findings included the expectations for daughters / spouses to care for elderly and dying relatives, and the taboo of perceiving such a role as a burden; the social aspirations that life should be maintained for as long as possible, and that home is the best place to die; the inappropriateness of positive emotions, especially relief, in the bereavement experience, and the taboo of viewing death as a positive or desired event; the appropriate (and inappropriate) place and time to reveal 'grief' emotions; the expectation and appropriateness of sadness and grief to be the dominant emotions in the bereavement experience; the taboo nature of some relationships and requirement to hide grief; the taboo of speaking 'ill of the dead'; and the appropriate (and inappropriate) ways to carry out mourning rituals, and to 'honour' the dead (Appendix 6, master table analysis).

These findings concur with much of the social literature on bereavement (Klapper et al, 1994; Doka, 2008; Kastenbaum, 2008). From a psychological perspective there is a concern that should tensions exist between the expectations of society, the individual's personal bereavement experience, and their own internalised values and beliefs around bereavement, that the intrapsychic mourning processes of the individual could be adversely impacted upon, risking the development of 'complicated grief' (Raphael, 1983; Rando, 1993; Worden, 2009). However it is also debated that the concept of 'complicated grief' can be seen as a socio-cultural construction itself, where a 'professional psychological culture' embedded within western societies has pathologized certain bereavement experiences; noticeably the prolonged presence of intense grief, or the absence, masking or delay of grief; and the related impairment in occupational functioning (Stroebe et al, 2008a; Rosenblatt, 2018; Schuurman, 2018).

The study findings did report tensions between socio-cultural expectations and norms, and the participants personal experience of bereavement and /or internalised values and beliefs. In particular the presence of positive emotions such as relief, liberation and joy, and for some, the absence of intense sorrow and grief, resulted in the presence of guilt, anxiety, and 'feeling bad', and a caution regarding who they revealed their feelings to, for fear of offending/ hurting others or being socially judged/ criticised. However, none of the tensions appeared to be significantly problematic, and were resolved by the time of the interviews. I was particularly interested in the presence of personal acceptance of positive emotions in the bereavement process, and the possibility that this 'acceptance' was generated by their own personal bereavement experiences. Bowlby (1980) noted that by 'working through grief' involved working through one's internal working models of self and the world after the disorganisation of loss. Neimeyer (2001) also argues that a significant part of coping with loss involves the process of developing a new coherent and affirming narrative that incorporates the loss experience. The findings suggest that the participants were indeed altered by their bereavement experiences, and that a greater understanding and empathy towards themselves and others who had experienced positive emotions following a bereavement had developed. That said, they were still aware that positive emotions following a bereavement would be considered 'atypical' by their socio-culture in general; and hence would exercise caution in who they revealed their experience to.

Positive Outcomes and Personal Growth

Much consideration in the field of bereavement from a psychological aspect has historically been given to that of 'complicated grief', where an individual's natural mourning process has been compromised, resulting in prolonged impaired functioning (Deutsch, 1937; Lindemann, 1944; Rando, 1993; Middleton et al, 1996; Stroebe et al, 2008a; Worden, 2009). In addition, some contemporary research has continued to focus on the harmful aspects of bereavement in terms of adverse physical health, increased mortality; stress and depression (Williams, 2002; Stroebe et al, 2007; Prior et al, 2018). Interestingly, psychological research and literature is emerging with a focus on the potential positive outcomes of a bereavement, particularly in terms of personal growth. (Edmonds & Hooker, 1992; Nadeau, 1998; Davis et al, 1998; Wagner et al, 2007; Calhoun et al, 2010).

Lawrence Calhoun and colleagues (2010) cite five forms of potential personal growth that they have observed following bereavement, loss, or a traumatic event. That is, a change in self-concept with regard to increased self-reliance, sense of strength and confidence; changes in relationships with others, in particular increased closeness, and greater compassion towards others; developing new roles and skills (which may have previously been undertaken by the deceased) and embracing new possibilities; a greater appreciation of life and all that life has to offer, including a change in priorities; and spiritual and existential change, including reflective thought on interconnections with others, harmony, and mortality.

The findings from this study supported the perspective that positive outcomes including personal growth could indeed arise following a bereavement. In addition to the previously mentioned increased understanding and empathy towards others who experienced similar positive emotions following a death of someone close; the findings also indicated embracing new possibilities including travel, redeveloping 'home', and pursuing new careers and priorities; developing closer relationships with the living, and positive continuing bonds with the deceased, and a greater appreciation for life. The findings also indicated that for some a profound change in the self may occur in terms of the decrease/ removal of lifelong depression, and one's inner critic/ internalised working model of a 'critical parent', and the subsequent increase in acceptance of the 'authentic' self (Kohut, 1971). These examples could certainly be added to the taxonomy of personal growth following a bereavement, albeit with further exploration.

Whether, and how, the presence of positive outcomes and personal growth might be related to the presence of positive emotions in the bereavement process is unclear from the findings. It is possible that the positive emotions that arose, particularly in the early stages of bereavement, from the positive meanings generated from the dying and bereavement processes, subsequently helped in the role of coping, emotional regulation, and balancing negative grief related emotions (Bonanno, 2001; Folkman, 2008). Certainly, the findings did not support the view that the positive emotions and/ or any lack of grief resulted in complicated grief or delayed grief (Deutsch, 1937; Raphael, 1983; Rando, 1993). It is also possible that presence of positive emotions in the bereavement process did encourage novel, varied, and exploratory thoughts and actions for participants, as noted in Fredrickson's Broaden and Build theory (Fredrickson, 1998), that then contributed to the positive outcomes and personal

growth cited in the findings. Further exploration, beyond this study, could add clarity to this issue.

Chapter Summary

The findings of this study have concurred with a number of other studies relating to bereavement experiences, particularly in association with the stress and challenges of care-giving and a prolonged dying process involving terminal illness, and the relief experienced by the bereaved once this situation has ceased, albeit from the death of the dying person. The study has also generated the emergence of a typology of relief, identifying five different forms based on context and meanings-made by the bereaved. That is relationship-relief, altruistic-relief, stress-relief, emotional-relief, and caregiving-relief. This has expanded the literature currently existing in relation to 'relief' in the mourning process; and supports the theory that positive emotions arise from an improvement in psychological well-being. From the study findings there is however, less clarity regarding whether the presence of positive emotions in the bereavement experience represent a form of resilience; or are directly related to positive outcomes and personal growth.

Chapter 7: Conclusions, Limitations, & Recommendations

Chapter Overview

This chapter presents what has been gained already from this research, and possible implications for future areas of study. It also identifies limitations of the study and how these might be addressed in future studies.

“Tears are sometimes an inappropriate response to death. When a life has been lived completely honestly, completely successfully, or just completely, the correct response to death’s perfect punctuation mark is a smile”. (Julie Burchill, in Water, 2001: 111)

This study sought to contribute to the literature and research relating to bereavement, by exploring the topic of positive emotions being present in the bereavement experience. By undertaking an interpretative phenomenological analysis, this study was able to generate in-depth data from six participants that was both ‘rich’ in description and meanings, and insightful with regards to the positive emotions that might arise in a person’s bereavement experience, their possible context, the meanings made, and their impact on the bereaved in terms of relationships, and sense of self. The findings have proved useful for my own therapeutic work with bereaved clients, with regard to an awareness that such emotions may be present in the bereavement experience, particularly in situations where care-giving, prolonged illness, a stressful dying process, and/ or challenging relationships have existed prior to death; and that these may be difficult for the client to ‘voice’ in the socio-cultural context in which they are embedded. I also feel more informed and hence confident in exploring and normalising with my clients the different positive emotions that might arise, including the various forms of ‘relief’ following a death. It is hoped that further dissemination of these findings, will benefit other therapists and clinicians; create interest in further research on this topic; and eventually contribute to the general knowledge and acceptance in society of the presence of positive emotions within bereavement experiences.

Limitations

Due to time restrictions, the sensitive topic under investigation, and the advent of an international pandemic, participants for this study were limited, with regards to numbers, and diversity in terms of age, gender, culture, and ethnicity. It would thus be useful to carry out similar research with participants of more diverse characteristics, to explore what themes might arise from their experiences and meanings, and to be able to add a further 'part to the whole'. Further exploration in how cultural diversity impacts on the presence of positive emotions in the mourning process, and their meaning and impact on the individual's sense of self in a western context, might very well generate interesting additional experiences. The individual's bereavement experience and the meanings made, will be embedded and influenced by two or more cultures. One might also assume that where familial cultural customs and meanings around the dying process, death, and bereavement, differ widely from those of the society in which individuals find themselves, then additional tensions within the self and with others could be prevalent. For instance, for many Balinese people visible sorrow is pathological because of the trouble it may bring (Wikan, 1988); and a bereaved Toraja person who appears to lack emotional equanimity could well be seen by other Toraja as at greater risk of physical and mental difficulties, and punishment from the ancestors (Hollan, 1992). Alternatively, catatonic grief lasting many years would not commonly be seen as pathological in countries such as Egypt (Wikan, 1988); whilst in Iran grief can also commonly include feelings of duty, the moral rightness of anger at being victimized, and identification with the kin of religious martyrs (Good et al, 1985).

Interestingly none of the participants in this study had sought therapy for their bereavement experiences, nor appeared to have experienced difficulties with chronic grief. It could thus be said that this study had the advantage of exploring the experiences of a more representative group of individuals in wider society, rather than those with bereavement difficulties who have traditionally been sourced in research studies (Carr, 2005), and hence may be presenting only the negative and difficult aspects of loss. It could also be posed however, that such a group would thus hold no interest for the therapeutic community. I disagree, in that not all of my clients seek help for psychotherapeutic change. Some come for emotional support and understanding whilst they navigate and make sense of the difficult events that human beings are subjected to in life. The loss of someone close, may well generate the need for such

support, whilst not falling under the definition of a pathology or clinical problem (Worden, 2009).

A further limitation of this study is its single cross-sectional snapshot of meanings made from bereavement experiences that occurred many years previously (Carr, 2005; Stroebe et al 2008b). It would be interesting to capture the meanings being made prior to death, during the early experience of bereavement, and then subsequent times thereafter. Such a longitudinal approach would not only reveal the meanings made at the time, rather than relying on memory, but also capture the changes in meanings as they were occurring. Increased encounters with the participants might also enable exploration of individual differences as factors influencing bereavement experiences and the presence of positive emotions.

Further Research and Implications

Contemporary changes in bereavement research reflect a growing consensus that the nature and trajectory of grief is broader and more diverse, than the previously held medical type model, that viewed grief as a pathological experience from which one must recover (Stroebe et al, 2008b). As documented in this study contemporary bereavement research is expanding to explore meaning-making perspectives, the influence of socio-cultural factors, resilience, and a wider range of bereavement outcomes including growth.

A number of issues arose in this study, that if further explored and disseminated into societal structures and policy, could facilitate perhaps a less distressing dying process and bereavement experience. In particular the stress of caregiving and the lack of perceived support from society; the experience of medical organisations within the dying process and the potential pressures and additional stress these place on the pre-bereaved; the perceived suffering of the dying process and potential trauma experienced by the observers; the lack of knowledge regarding the dying process; the legalisation of euthanasia; and the availability and use of hospices.

In addition, the presence of positive emotions in the bereavement experience, and the indication in this study findings that they might have assisted rather than hindered the mourning process, and contributed to positive outcomes following the losses, suggests that further research on the adaptive role of positive emotions in the mourning process is warranted. Particularly if by further exploration, therapeutic interventions can be

devised to instigate adaptive positive emotions and outcomes, and perhaps mitigate vulnerability to complex grief, depression, and debilitating distress.

The indication that bereavement experiences, particularly in terms of the cessation or alteration of the relationship with the deceased, can result in positive changes to the internal working model of the self, is an exciting area for further research and would certainly be relevant to the field of psychotherapy and psychology and its practice.

Clinical implications for Counselling Psychologists

Due to the commonality of death, and hence bereavement within the experience of human beings, many, if not all counselling psychologists will find themselves working with bereaved clients. This study has sought to introduce to counselling psychologists some of the issues and tensions within the field of bereavement research; to highlight the variations in bereavement responses; and to increase awareness and understanding in the possible presence of positive emotions in the bereavement process. It is hoped that this study has illustrated that positive emotions are worth exploring in the bereavement process of a client; to normalise these feelings, addressing possible associated feelings of confusion, shame, guilt, or fear of social disapproval and adverse judgement; and for the psychologist to reflect on their own biases, social influences, and assumptions regarding the meanings they make from the presence of positive emotions in the bereavement experiences of their clients.

In light of this study's findings how might counselling psychologists work with clients following a bereavement? Some clients will purposely have entered therapy to help with their grief, whilst others will experience a bereavement during therapy for other issues. For those clients that are experiencing positive emotions following the death, they may appear confused regarding the diverse emotions that have arisen. They may well avoid disclosing the presence of positive emotions, fearing critical judgement from the therapist, or feeling ashamed of these emotions aware that they do not 'fit' with the social norms of their culture with regard to the 'assumed' experience of grief. Others may be open to disclosing their emotions, albeit cautiously, using words like 'selfish' or 'bad' to describe these emotions, and 'but'; presenting an awareness of the mismatch between socio-cultural grieving norms and their actual lived experience, whilst also seeking reassurance and acceptance from their therapist.

Counselling Psychologists are ideally placed to offer the non-judgemental, open, empathic attitude required to reassure the client, and enable them to explore their emotions and experiences. This can facilitate understanding, self-acceptance, a coherent narrative, and an integrated self, which in turn can foster healthier functioning (Weiss, 1993; Stark, 2000).

In terms of formulating the client's difficulties and experiences, and the presence of positive emotions in the mourning process, Counselling Psychologists may find bereavement models that incorporate resilience, growth, and adaptive coping mechanisms, as well as meaning-making and context components such as that promoted by George Bonanno and Stacey Kaltman (1999) prove more useful when working with clients presenting positive emotions. In particular this study has demonstrated that contexts such as caregiving, an extended illness and/ or a prolonged dying process, a challenging relationship, and/ or where death was desired can result in the presence of relief, liberation, peacefulness, thankfulness, and gratitude. By incorporating and exploring meanings and contexts into their formulations, Counselling Psychologists will be better able to determine whether the client is utilising dysfunctional defences to avoid processing any painful elements of grief; or rather experiencing and utilising adaptive processes to promote well-being, resilience, and/ or positive growth.

An awareness of the wider socio-cultural context, including norms, values and expectations, in which the client is embedded, will also facilitate an understanding of any tensions present within the client, and/ or between the client and other people, which may be causing difficulties in the client's mourning process. This awareness will also highlight any tensions and biases within the Counselling Psychologist themselves when working with the client's experience; and enable them to utilise this knowledge for the benefit of the therapeutic work (Gilbert & Orlans, 2011).

Therapeutic interventions for client's experiencing positive emotions in their mourning process, may require less emphasis on the need to process the pain of grief, but rather a greater emphasis on enabling the client to understand and accept their experience; and to be met without judgement. Interventions relating to working with shame (Sanderson, 2015) may also be relevant.

With further research into the benefits of positive emotions during the mourning process, and how these might best be developed within bereaved clients; interventions may also expand to assist all bereaved clients in generating positive emotions and meanings during their mourning process.

Final Word

Notwithstanding the main focus of this study on positive emotions experienced during the bereavement process, it is not my intention to deny the commonly experienced emotions of distress, upset and pain, but rather to contribute to the expanding awareness of the variability within the bereavement experience. I'm mindful that clinical interventions need to be appropriate for the uniqueness of each client; and as Jordan and Neimeyer (2003: 782) have emphasised, *'It is a truism that grief is unique to each individual, yet this wisdom is rarely reflected in the design and delivery of services to the bereaved'*. From this study it has also been made apparent to me that the field of bereavement research has in the last 20 years or so undertaken a significant expansion in its understanding and knowledge relating to bereavement, and that this expansion continues. As a practicing clinician I will continue to review the emerging research in this field with interest, using findings to inform my work with clients.

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Appendices

Appendix 1: Participant Consent Form



Participant Identification Number:

CONSENT FORM

Title of Project: The experience of 'positive emotions' following bereavement: their meaning and impact for the bereaved.

Name of Researcher: Joanne Langdon

**Please initial
box**

1. I confirm that I have read and understand the information sheet datedfor the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without penalty.

3. I agree that this form that bears my name and signature may be seen by a designated auditor.

4. I agree that my non-identifiable research data may be stored in National Archives and be used anonymously by others for future research. I am assured that the confidentiality of my data will be upheld through the removal of any personal identifiers.

5. I understand that my interview will be recorded and subsequently transcribed.

6. I agree to take part in the above study.

Name of participant

Date

Signature

Researcher

Date

Signature

1 copy for participant; 1 copy for researcher;

'Completion of this questionnaire is deemed to be your consent to take part in this research.'

Appendix 2: Participant Information Sheet

Participant ID Code:.....

SECTION 1

1. Study title

The experience of 'positive emotions' following bereavement: their meaning and impact for the bereaved.

2. Invitation

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

3. What is the purpose of the study?

It is my intention by carrying out this research to explore further, bereaved peoples experiences of 'positive emotions' following the death of a loved one; the context in which these emotions might arise; how they were received by the individual and the people close to them; the impact they had; and whether the emotions, the meanings given and their impact were harmful or not to the person's mourning process.

Although this study will ultimately be used to support the completion of my Doctorate in Counselling Psychology and Psychotherapy; I also anticipate that by exploring the experience of positive emotions following bereavement and sharing my findings with participants (should they wish to receive a final copy of my dissertation), other therapists, and clients, that there will be an increased understanding of this phenomenon, for myself and others, which could contribute positively to both professionals and clients working with this phenomenon.

4. Why have you been chosen?

It is important that I talk to as many participants (over the age of 18 years old) as possible; and you have indicated that you are interested in taking part in this study. You have been invited to take part because you have experienced positive emotions following a bereavement of someone close to you. This may or may not have been the only emotions you experienced.

5. Do you have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you do decide to withdraw from the study then please inform me, the researcher, as soon as possible, and I will facilitate your withdrawal. If, for any reason, you wish to withdraw your data please contact me within two months of your participation. After this date it may not be possible to withdraw your individual data as the results may have already been published. However, as all data are anonymised, your individual data will not be identifiable in any way.

6. What will you have to do?

Once you have read this information sheet, and indicated to me (via email: jo.langdon@metanoia.ac.uk) that you would like to take part in this study, I will arrange a convenient time/ date to meet you at *The Practice Rooms, 26 Upper Borough Walls, Bath BA1 1RH*, in the centre of Bath. Although there is no parking at The Practice Rooms, there are nearby public car parks and public transport links, and I am happy to cover any costs incurred.

This meeting will take approximately 1-2 hours. You will be asked to tell me about your experience of positive emotions following a bereavement. You can start your narrative at any point that you feel makes

sense to you. If you are unsure where to start, or would like some help, I will prompt you with a question. In order to stay close to your experience you will do most of the talking, with just a few comments/ questions from me where helpful.

This meeting will be audio-taped, and afterwards I will transcribe the tape, and send you a copy (*should you desire one*). I would welcome any written feedback and additional comments/ clarifications/ thoughts you may have on the transcription (*this is optional, should you wish to do so*). (The transcription will be anonymised, so no names will be written).

7a. What are the possible benefits of taking part?

We hope that participating in the study will help you. Although, this cannot be guaranteed; professional experience and bereavement literature suggests that talking about bereavement can provide relief, a cathartic healing process, and a sense of control/ empowerment. (Notwithstanding this, you should be aware that you are participating in a research study, not receiving counselling or psychotherapy).

7b. What are the possible disadvantages of taking part?

You will be asked to share your bereavement experiences, and hence may find the recalling and recounting of these experiences painful and distressing both during and after the meeting.

I will attempt to be as respectful and sensitive as possible during this process, and should you appear distressed I will stop the interview and check whether you want to continue, take a break, or end the meeting. I will also provide all participants contact details of local therapists and organisations should they discover that they wish to obtain help in processing their bereavement experiences further or deal with any unmet issues.

8. Will your taking part in this study be kept confidential?

A number of procedures have been put in place to protect the confidentiality of participants. You will be allocated a participant code that will always be used to identify any data you provide. Your name or other personal details will not be associated with your data, for example, the consent form that you sign will be kept separate from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic data will be stored on a password protected computer. All information you provide will be treated in accordance with the UK Data Protection Act.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the Metanoia Institute Ethics Committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated member of the Ethics team.

See section 2 below, for further information on research participant privacy.

9. What will happen to the results of the research study?

The results of this study will be analysed and written up to form a dissertation, as part of the course requirement for the Doctorate in Counselling Psychology and Psychotherapy. (*I will present you with a copy should you desire one*). The results of this study may also be presented at conferences or in professional journal articles. However, the data will only be used by members of the research team and at no point will your personal information or data be revealed.

All participant data will be deleted / destroyed after 5 years from the date of final publication/ award of Doctorate. Prior to this all data will be stored securely.

10. Who has reviewed the study?

The study has received full ethical clearance from the Metanoia Institute Research Ethics committee (MREC) who reviewed the study.

11. Contact for further information

If you require further information, have any questions or would like to withdraw your data then please contact:

Joanne Langdon, Researcher
Email: jo.langdon@metanoia.ac.uk

Or,

Dr Julianna Challenor, Director of Studies (Research), Metanoia Institute.
Email: julianna.challenor@metanoia.ac.uk

Thank you for taking part in this study. You should keep this participant information sheet as it contains your participant code, important information and the research teams contact details

SECTION 2

Metanoia Institute Privacy Notice for Research Participants

The General Data Protection Regulation (GDPR) protects the rights of individuals by setting out certain rules as to what organisation can and cannot do with information about people. A key element to this is the principle to process individuals' data lawfully and fairly. This means we need to provide information on how we process personal data.

The Institute takes its obligation under the GDPR very seriously and will always ensure personal data is collected, handled, stored and shared in a secure manner. The following statements will outline what personal data we collect, how we use it and who we share it with. It will also provide guidance on your individual rights and how to make a complaint to the Information Commissioner's Officer (ICO), the regulator for data protection in the UK.

Why are we collecting your personal data?

We undertake research as part of our function and in our capacity as a teaching and research institution to advance education and learning. The specific purpose for data collection on this occasion is to explore bereaved peoples experiences of 'positive emotions' following the death of a loved one.

The legal basis for processing your personal data under GDPR on this occasion is Article 6(1a) consent of the data subject.

Transferring data outside Europe

In the majority of instances your data will be processed by Metanoia Institute researchers only or in collaboration with researchers at other UK or European institutions so will stay inside the EU and be protected by the requirements of the GDPR.

In any instances in which your data might be used as part of a collaboration with researchers based outside the EU all the necessary safeguards that are required under the GDPR for transferring data outside of the EU will be put in place. You will be informed if this is relevant for the specific study you are a participant of.

Your rights under data protection

Under the GDPR and the DPA you have the following rights:

- to obtain access to, and copies of, the personal data that we hold about you;
- to require that we cease processing your personal data if the processing is causing you damage or distress;
- to require us to correct the personal data we hold about you if it is incorrect;
- to require us to erase your personal data;

- to require us to restrict our data processing activities;
- to receive from us the personal data we hold about you which you have provided to us, in a reasonable format specified by you, including for the purpose of you transmitting that personal data to another data controller;
- to object, on grounds relating to your particular situation, to any of our particular processing activities where you feel this has a disproportionate impact on your rights.

Where Personal Information is processed as part of a research project, the extent to which these rights apply varies under the GDPR and the DPA. In particular, your rights to access, change, or move your information may be limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we may not be able to remove the information that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible. The Participant Information Sheet will detail up to what point in the study data can be withdrawn.

If you submit a data protection rights request to the Institute, you will be informed of the decision within one month. If it is considered necessary to refuse to comply with any of your data protection rights, you also have the right to complain about our decision to the UK supervisory authority for data protection, the Information Commissioner's Office.

None of the above precludes your right to withdraw consent from participating in the research study at any time.

Collecting and using personal data

Your 'data' will take the form of:

- i) a record of some basic participant details (name, gender, age, occupation, relationship to deceased person) including your contact details so that we might contact you to arrange a meeting, and, if you desire, send you copies of a transcript and/ or the completed research study.
- ii) a semi-structured interview, where you will be asked to tell the researcher about your experience of positive emotions following a bereavement. The interview will last approximately 1-2 hours, and will be audio-taped. Afterwards the interview recording will be transcribed and anonymised. The anonymised transcription will be analysed for themes, and will be replicated and published in whole and in sections within the researcher's dissertation and any subsequent professional journal articles.

Data sharing

Your information will usually be shared within the research team conducting the project you are participating in, mainly so that they can identify you as a participant and contact you about the research project.

Responsible members of the Institute may also be given access to personal data used in a research project for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your records. All of these people have a duty to keep your information, as a research participant, strictly confidential.

If we are working with other organisations and information is shared about you, we will inform you in the Participant Information Sheet. Information shared will be on a 'need to know' basis relative to achieving the research project's objectives, and with all appropriate safeguards in place to ensure the security of your information.

Storage and security

The Institute takes a robust approach to protecting the information it holds with its encrypted server and controlled access.

Retention

Under the GDPR and DPA personal data collected for research purposes can be kept indefinitely, providing there is no impact to you outside the parameters of the study you have consented to take part in.

Having stated the above, the length of time for which we keep your data will depend on a number of factors including the importance of the data, the funding requirements, the nature of the study, and the requirements of the publisher. Details will be given in the information sheet for each project.

Contact us

The Principal Investigator leading this research is

Joanne Langdon, Researcher
Email: jo.langdon@metanoia.ac.uk

In case you have concerns about this project you can contact:

Dr Julianna Challenor, Director of Studies (Research), Metanoia Institute.
Email: julianna.challenor@metanoia.ac.uk

The Institute's official contact details are:

Data Protection Officer
Metanoia Institute
W5 2QB
Tel: +44 (0)20 8579 2505
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Appendix 3: Ethics Committee Letter of Approval



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Joanne Elizabeth Langdon
Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)
Metanoia Institute

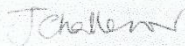
20th July 2020
Ref: 11/19-20

Dear Jo,

Re: The experience of 'positive emotions' following bereavement: their meaning and impact for the bereaved

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as research ethics representative for the DCPsych programme.

Yours sincerely,



Dr Julianna Challenor
Director of Studies DCPsych
Faculty of Post-Qualification and Professional Doctorates

On behalf of Metanoia Research Ethics Committee

Registered in England at the
above address No. 2918520

Registered Charity No. 1050175

Appendix 4: Semi-structured interview guide / aide memoire

Preface: Thank the participant for giving their time; check that they have read and understood the participant information sheet, consent form, rules of confidentiality; check that they agree to the interview being audio-taped; and that they can stop/ withdraw from the interview and research study at any time.

Aim 1. In what context did positive emotions arise following bereavement for individuals

Opening invite: **'As you know I am interested in finding out about your experience of positive emotions following the death of someone close to you. Please start wherever feels right for you.'**

Follow up invite: If participant expresses uncertainty as to where to start, offer a prompt: **'Perhaps you'd like to start by telling me the relationship to you of the person who has died, and when and where it happened'**.

Aim 2. What meanings did they make of these emotions

If prompt needed:

'How did you feel about experiencing positive emotions?'

'What thoughts did you have regarding the presence of positive emotions'

'Have these feelings/ thoughts changed over time?'

Aim 3. And how did these meanings impact on their sense of self, on their sense of their lives and on their relationships with others?

If prompt needed:

'Did they change how you felt / thought about yourself. How so?'

'Were you able to share these feelings with others?'

'How did other family members and friends react?'

'Did the experience of positive emotions impact on how you viewed your relationship with the deceased?'

'Did the experience of positive emotions impact on your actions or your behaviours following the death?'

To close: Draw conversation to a close; check how participant is feeling. Introduce list of therapists / counsellors/organisations. Thank participant for their time and narrative; explain what will now happen to audio and ask if participant would like to receive a copy of the transcript, which they can comment on.

Appendix 5: Participant Transcripts

Transcript PA01 (Maggie)

		TAPED TRANSCRIPT
J1	1 2	So, as you know, I'm interested in finding out your experience of positive emotions following the death of someone close to you. Just start whether feel right for you. I've got a few prompts that can help if needs be, but otherwise I'm just here to listen to you.
P1	3 4 5 6 7 8	Er. [Pause][Sigh] I might find it hard to find things to say. Well I. I guess I could talk about anybody, but maybe the last person was my mother. (J: Hmmm) And, er, I guess she had dementia for, oh god, I don't even know, memory is really bad. I don't know, ten years, maybe. And then she'd been in a nursing home for about four years. (J: Okay). Um, so yeah, during that time, that was, it was just horrendous. It was horrendous for the whole time really, was horrendous. Um. And then after she went into the nursing home, which was just like unbearably horrible, or for me. I don't think it was unbearably horrible for her. Like, like I couldn't stand it at all, I just. It was just hideous. And then I felt like, I had to keep going to visit her. I felt guilty, like I wasn't going enough. And I use to absolutely hate going. Um.
J2	9	You say it was horrendous, so, was that.....
P2	10 11 12 13 14 15 16 17 18	Er, I mean it doesn't make a lot of sense. It's almost like, for me, it felt like I couldn't bear, her suffering. Except, like she wasn't really, that's like it was odd. Like, it was something like an unbearable level of pity. (J: Hmmm). 'Cos although she wasn't, most of the time she wasn't distressed. Thank god. I don't know how I would have coped if she'd been distressed. So she was alright. But maybe it was just something about, I couldn't, cope with the idea with her being in this place. Just, it just seemed so awful. It wasn't a very good home. And again, I don't think she particularly noticed. You know, sometimes I'd go in and like, a couple of her teeth were missing, and her teeth had just fallen out (J: Oh, gosh). And they hadn't like contacted me, and then, um. They weren't bothered. I just felt like she wasn't being looked after, and she couldn't look after herself, do you know what I mean. It was just everything about it, it just felt like [Pause]. And at times she didn't know what was going on, um, it was just so horrible. So....And she got worse over the time, so I think by it, it....I think, did she know? I think maybe, she wasn't that sure who I was, by the end. Um.
J3	19	Did you know that this is probably gonna be her last place of where she's going to live, that she would probably die?
P3	20 21 22 23 24 25 26 27	Um. I did think in a sort of, 'oh my god way', I thought she might live for ages, 'cos she was only, hmm, how old was she? Maybe she was about eighty. Which you know, I mean, it depends doesn't it, oldish, but. Because she was physically quite fit. So I was, me and my stepbrother, were like, 'oh my fucking Christ, this could go on, like for ev..'. You know, like 'how bad is this going to get'. And also I was a bit anxious because, the home that she was in, she was paying for. She had enough money from the sale of the house, so she. And the money was running out, so I was quite anxious that, because I think that what they charge was more than the local authority. So I was like, really dreading moving her, because (J: Hmmm) I think like the whole thing was about, at least she'd now got used to this place. And I just couldn't image like how she'd cope, if she had to be, she'd be so confused. (J: Hmmm). So I was a bit anxious about that as well. So, no in a way I was

	28	thinking like, this is going to go on and on forever. So it was totally out of the blue, when she died. Um. Yes, so I wasn't expecting it, but it was just like, 'oh my god, thank god that's not going to carry on, like forever'. (J: Hmmm).
J4	29 30 31 32	So what, sort of, like on one hand as you say, you felt like she was suffering, although, it didn't necessarily appear that she knew that she was suffering. But it felt for you that she was suffering, that she was in an environment which didn't seem to care for her very well? That seemed to neglect her, and actually when she died, it meant that all that, and as you say you had all the stress worrying about the money, whether she might have to move. So when she died all that got taken away?
P4	33 34 35 36 37 38 39 40 41 42 43 44 45	Yeah. I mean, I think a lot of it was purely selfish, in that... I mean, I found it traumatic and I still don't quite....I wasn't even close to my mother. It was really odd. It was almost like, I found it unbearable, and like she didn't. It was quite odd (J: Hmmm). There was something about, something about, the emotion is about pity, I would say. Yes, that's the one. It's sort of like to see her, and maybe it was worse, because I didn't have the close relationship with her, somehow. But, like to see her in that, in an environment that she would never ever have chosen to be in (J: Hmmm). Like she used to, I mean like she was really sad, she used to like walk the dogs all the time. That's what she used to do. So she would just...and they couldn't even get out. Like, there was a garden, but you had to ask to be taken, so she would never, they never got taken anywhere. She would just walk around, around and round. You know, it was just like. She was like an animal in a fucking zoo. (J: Yeah). So even though she didn't really know, but to just watch that happening. That's why it was so, a weird thing in a way. I just couldn't seem to kind of, console myself really that 'oh she doesn't know'. I just....something about the awfulness of it. Like I just couldn't, I couldn't get around...so it just made my life so awful. (J: Hmmm). And so, she just seemed to have increasingly poor, you know, quality of life, that she.....They were fucking shit really. She just got really, really overweight, so I don't know what. I mean, they must have been constantly feeding her, I don't know. Like, you know, just more and more confused and um, just horrible to see. And at times she'd be quite, I guess paranoid, I guess that what you'd, you know. I guess that's part of having dementia, you know. Yeah.
J5	46 47	And what was it like, when you were visiting her, you said sometimes she didn't know you, but at other times what, she was a bit more aware..?
P5	48 49 50 51 52 53 54 55 56 57 58 59	Well in the beginning, actually, even though the whole thing was horrible, in the beginning there was a bit, she was quite nice to me for a while. She had this period, [P laughs] her dementia, she went through a really nice phase of being nice to me. So it was like, 'oh god'. That was like quite, amazing, for a while, er. And then that sort of, not that she stopped being nice, but she just started getting more, un..., she couldn't really hold a conversation. Um. At least I managed to, cos at first it was just me. 'Cos like my sister, she's in the States. Um, I've got a stepbrother, but initially he refused to go, so it was just going on my. I haven't got a partner or anything, so I just found that so hard. Like, you know, it was over in { <i>name of town</i> } (J: Oh gosh, yeah), so it was over an hour and a half away. So you know, just driving all the way there. It would just feel like it would take the whole weekend. I mean it wasn't. It was just like one of the days, but it was like, 'I know that this weekend, this is what I have to do'. And I was going at first every, once a fortnight. Which I suppose to some..... The whole guilt thing as well, you know, because I know. Because some people would go, 'oh I go and visit my, you know, my mother is in a care home and I go and see her every day, or something'. And it's like, even though that felt like such a lot to me, because was I working full time then? Oh, I don't know, it felt like it. But you know, I was working. So every other weekend, it would be a mother weekend, like, I'd have to go and see my mother. It felt like....I mean I never visited that much.... You know, I wasn't close to her. (J:Hmmm). So suddenly it's like I have to see, my mother loads

	60 61 62 63	more, and in this horrible situation, and then feel, still feel bad, that it's not enough [P: small laugh] Um. But then at some point I think I begged my stepbrother to come with me. And then he did start coming with me, and she, my mum really loved my stepbrother, like, she much preferred him. So, it used to be...I mean it was a bit sad, but also like a relief. Like they would just chat, and I'd just sit there. (J:Hmmm). Um, so that was, yeah. She just, it was kind of a bit shit, but um. Yeah, at least it didn't feel like, it was just all on me kind of thing. [Pause]
J6	64	And when she did die, and as you said, you felt relieved, did that come quite quickly or.....?
P6	65 66 67 68 69 70 71 72 73	Yeah. I mean immediately. I mean I got a phone call in the middle of the night. Quite weird actually. In the middle of the night. And I guess, now I never have my phone in my bedroom, so I don't know why I had the phone in my bedroom, but I had my phone in my bedroom. And so, yeah it was about three in the morning, so I wake up and I saw like { <i>name of care home</i> }, and I think I kind of knew what it was and I didn't answer the phone. It was like, 'I'm not going to answer the phone'. (J: Hmmm). Like, it took me, and then, it took me about twenty minutes before like I phoned back. I don't know, it's quite weird that, actually. I don't quite know what was going on, other than I just thought, 'I don't want to answer the phone'. And I sort of knew, 'they're not going to phone me in the middle of the night....(J: something bad)'. Yeah. I think I felt like, 'I just don't want to be involved with it'. Um. I don't know actually....'cos that was awkward, as well, 'cos we just, it took ages. She had said before she got ill, her and my stepdad, they'd signed these things. What do they call them, you know, when they said I don't want all of this stuff...?
J7	74	Yeah, do not resuscitate type of things, was that it..
P7	75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92	Yeah, but more than that, it was a whole load of things that she signed that she didn't want. And for some reason, I'm sure that went with her, when she went into the home. And then they said, not long before she died, I think she'd been there about three years, 'oh we don't have one of those forms'. And I thought, 'what'. And then I had to try and find it, and get it, I don't know, you have to get a doctor to sign it or something. (J: Hmmm). So like the ironic thing was, was like. It hadn't been signed off when she died, for fuck sake. So they were trying to resuscitate her. So I don't know now, when they first phoned me, she might have been still alive, I don't know. And that's the thing like, it did upset me that...Because apparently she got up in the middle of the night, I think she was getting, she started getting really confused like, like she might have wet the bed, she started wetting the bed, and, to try and go to the toilet. And then, [pause] it, she seems like she fallen over and had a heart attack, or something. And then they found her, and they were trying to resuscitate her. I think then, she, everything, I don't know, she was, managed it for a bit, and then she died again, you know. And I just, that was the last thing that I would have wanted (J: Yeah). I think that's awful, like she just didn't want that. So I felt really bad that.. and it was really ironic, because it was about, we were just in the process of getting this thing, even though they should have already had it, you know, confirmed. And then she died beforehand, and so, like you know. I just sort of have this horrible idea of her like. I think she must have been so confused, and then. (J: Hmmm) You mean, like, if you're dead, or nearly, or you are dead aren't you, and then you suddenly realise, gwarhh, and then you're dead again. Just like, like, what the fuck (J: Hmmm). Yeah, so when I phoned back, and they were like, 'oh I'm so sorry your mum's died' and yeah I think, just straight away I was like, (sighs) 'Thank god' you know, 'that's...'.Um, I think I felt bad about, bad about, the circumstances that she died in (J:Hmmm) and like sad for her. But like, not of a nice way. (J: Hmmm) Oh, and also I didn't say, the last time that, it's really odd as well. The last time that I'd actually seen her in the home was the only time she'd ever been like this. She was an absolutely bitch (J: Oh). She was being vile like. Like she would occasionally be when I was like a kid, but like, absolutely vile to me and my stepbrother. She wouldn't speak to us. She was being so, just vile.

	93 94 95 96 97 98 99	And we just went 'okay we're go, and come back another day'. And then I didn't see her again. (J: Hmmm). So the last time I saw her she was just really, really nasty (J: Hmmm). But, to be honest, for that reason, I was really dreading....like if she does that....I mean, in a way, its like that was...it wasn't upsetting in a sad way, but its just....I remember being a kid, like she's like, it was almost like, she's like evil, the way like she'll look at me, and like...(J:Hmmm). So I was like, 'oh my god, if she's going to start doing this (J: Hmmm) how am I going to cope with that?'. So...um. Yeah, that was the last time I saw her so I think again, it was like, 'thank god'. You know, 'if this is going to carry on, Jesus Christ, this is going to make it worse than it even is'. (J: Hmmm). So yes, it was just like, 'gwahhhh , it's all done. I don't have to do that anymore'.
J8	100	Yeah, yeah. And. So you felt it quite quickly, after that phonecall. Did you then have other emotions, mixed, mixed with the relief?
P8	101 102 103 104 105	Err [pause]. I mean I was quite stressed. Just because, the whole, she didn't have like a will, she hadn't said anything about anything. [sigh]. Just like, I didn't want to have to deal with all of that, and then. My sister was in the fucking States and was useless. So again, it was sort of like, I felt really, really stressed about that. 'Cos, cos like it was the same with my dad. My dad died half way down the stairs. But my dad had at least made a will, and sort of made, like a plan about what he wanted. (J:Hmmm). My mother didn't make anything. So I just, I just felt like this massive responsibility.
J9	106	Yes, you were left with all the decision making.
P9	107 108 109 110 111 112 113	Exactly, and with all, like, it was just like 'oh no'. And, I think it had been like that for so long, really. I was just like, again. Did I tell you about, {name of man} bloke at the time, just like left me in the middle of all that, ended the relationship, in the middle of that. So my stepbrother was, useless (laughs). Like...(J:Hmm) So like there was just no, you know just doing all of that stuff, you mean, doing all of that stuff. It was just like, arhh, really. And I think I felt a lot of, I'm sure probably most of its in my head, just um. It wasn't so much guilt, but more like. It's a weird feeling. I assume other people are judging me. (J: Hmmm). For not having done enough, somehow. Um. And I got, it was almost like I had the sense of like, I have to do the funeral properly, or otherwise people will, like, judge me. (J:Hmmm, hmmm). And I don't even know what that is, because she didn't even say. So I got really stressed about, that feeling, that....
J10	114	And what was this family, friends?
P10	115 116 117 118	Well she didn't really have any friends. But particularly like, I don't know, my, we didn't hardly have any family, but my stepdad's family, they'd been quite nasty at times, and judgemental about different things, even though they hadn't helped at all. Um, so it more about they were the main ones around. So yeah, just that feeling that nobody is going to be supportive and that people are just like watching me to see if I do the right thing, or....(J: Hmmm)
J11	119	So you were really aware of that. And your sister was in the States and you sound a bit, angry, that she'd left it ended up leaving it all to you.
P11	120 121 122	She didn't do anything. At no point, even the whole time my mum was in care. She'd never even ring me and like, would never say, are you managing or like..just totally ignored. She wouldn't even admit, like there was any respons...like I had any responsibility or....She would just not, yeah, she.....I don't understand my sister at all. So yeah, she was zero support.
J12	123	Did she come for the funeral?
P12	124	She did come for the funeral.
J13	125	And did you worry that she'd judge, that it wouldn't be, or did you think she's not going to be able to do that, she's not in a position to judge?

P13	126 127 128 129 130 131 132 133 134 135 136 137 138	Oh, well no, she's wasn't in a position to judge. No, no she wasn't, it, I had a really...she was really awful around my dad, when my dad died. 'Cos I had to sort out all my dad's stuff, and then my sister was....well, my experience of the way that she was, was like really, really, the whole, the whole situation around my dad dying, was like her being hideous. So, um, I didn't think she would do that. But um, she's just really unsupportive, you know. So you just feel like, you just want her to help make a decision, and she'll just go, 'It doesn't matter {participant's name}, just do that or that. It doesn't matter does it?' [Laughs]. You know like when you're really 'urhh'. It's not helpful. Like, she wouldn't want to talk it through or be understanding, (J: No) or just be really dismissive, and anyway. (J: Yeah). Um. Yeah, so I think if she came to stay with me, I'm always, there's always some level of tension around my sister and me. How she is, and um. So yeah, then I think it was about, I was trying to look for venues, and I was still with that {name of man} guy, and like he left about....He decided, I mean he had been being like, I don't know, beingum, oh being weird for ages. But it was like just...a couple of weeks before the funeral, and I'd got quite in my head, like I want...I didn't , I had such a fear my stepdad's.... like my stepdad was really unpleasant to me, that his family would gonna come to this thing that I arranged. Were going to be so judgemental like, I felt like that I need someone in my corner. 'Cos I felt like my sister's not supporting me, it was really important like that I had my boyfriend, and then he, he left me, he just ...about two weeks before, he just like 'I don't want to be with you anymore' and walked out. So that was like 'oh god' [laughs] even worse. (J: hmmm).
J14	139	So you were really left coping with this all on your own, really?
P14	140 141 142 143 144 145 146 147 148 149 150 151 152	Yeah. And it went fine. Like I would, like I do. I just put so much effort, like trying to find the right place. So I didn't have a, I had no idea what, like, she didn't have any friends, so there was hardly anyone anyway, to sort of....And all that thing, do you put a notice in the paper (J: Hmmm). 'Cos my dad had written it all out, exactly what he wanted, it was just, 'oh I'll do that'. (J: Yeah). But like with my mum she didn't know anyone, and so it was just like, she didn't have any wishes, or.....So I ended up, I had the like er, I did, what are they called, like a direct cremation, you know, so, it's not attended (J:Hmmm). So like you pay two hundred quid and someone picks the body up and they just burn 'em, and there's no service, nothing happens. 'Cos it's like, 'I don't want to go through a crematorium', and like, 'what's the point of that'. (J: Hmmm). So she just got cremated, and I just got the ashes, and then I organised a 'do' in this really, really nice pub. And a nice function room, and like try to make it all nice, and have a nice thing. But even then, I think some of the older people were a bit like, 'Oh why didn't we come to the cremation'. You know, I didn't have that. (J: Hmm) I didn't do that, 'cos I didn't see the point. Um. But like all of those decisions. I get really like, 'Oh my god', like 'what will people want to eat' or 'what will be the right thing for people to eat', you know, and 'what will they, what will they not complain about, or'. Do you know what I mean (J: Hmmm). Like I can get quite caught up in that (J: Hmmm) (P: laughs) I can get ridiculously stressed aboutEspecially around people who I think are going to be judgemental (J: Hmmm). I feel really on edge about it all.
J15	153 154	So with...I'm assuming with these people you weren't really able to talk about your feelings (P: Oh god no) and certainly you wouldn't, would you mention, 'well actually it is a big relief to have all this stress and looking after mum, and, um all these visits gone'?
P15	155 156 157 158	Um, I mean the thing is, they're not the sort of people who anyway like, they don't do feelings at all. And so. And I think it's probably easier when someone has dementia. 'Cos in a way they were all quite, for ages, they'd been going 'Oh, you should stick her in a home'. Like, ages ago, before she went in a home. 'She's just a nuisance'. So, um, you know. I don't think, it's not like anyone's crying. They were all like, having a drink and having a laugh. They're not like, nobody's really bothered. So, yeah I didn't feel like, 'Oh I'm weird that I'm relieved'. I'm sure, but.

	159 160 161 162 163 164	It may even be that people were saying that, like that's more the narrative, that, 'Oh isn't it, if you've got dementia, that's the worse thing ever, and it's quite good if you are dead'. (J: Yes). You know, from that point of view I didn't feel 'oh god, I should be crying' or. I mean, no I remember I did. I think I, 'cos I wrote something on....both my sister and I did, though she's more of a crier than me. You know, when I, in this thing that I organised so there were like, speeches are a bit grand, but you know, if anyone wanted to say anything, and I'd written some stuff about my mum, so. I cried, I had a bit of a cry when I read it, um. So, yeah, it felt more like, I need to be seen to be doing, not quite the right thing, but something that's acceptable to other people. (J: Hmmm). Um. Yeah.
J16	165 166 167	So on one hand it was sort of, you sound like you accepted the relief, it felt appropriate for the circumstances. You also felt that like even these quite judgemental people would probably understand that part, (P: yeah) but it's right now at this sort of memorial event, I'm still being careful about what emotions perhaps I'm letting them see? For fear of that judgement?
P17	168 169 170 171 172	Um, kind of. I mean it would be hard when people would say, 'Oh', you know when people go, 'Oh, she was like a lovely..' I don't know, when people say, maybe somebody would say that. 'Oh she was so lovely your mum'. And you kind of wanna go, 'You know, she wasn't really' [Laughs]. (J: Hmmm). That. That part, like I don't like, 'cos I didn't have a good relationship with her, you know. So I think that some of those conversations and. And it felt a bit awkward, because I think there was, especially one woman in particular, I felt was really judgemental about me. Um. And um, I think 'cos she felt like I hadn't done enough.
J18	173	What, while your mum was alive?
P18	174 175 176 177 178 179 180	Yeah. 'Cos like, when my mum was with my stepdad. So my stepdad, 'Cos my mum had dementia for a long time before she went into a nursing home, and my stepdad was sort of looking after her. Um, and then he got cancer, and he was still like looking after her. And all his family were like 'Put her in a home, put her in a home'. And he kept going 'No'. Even though they hated each other's guts, I think he thought it was a point of pride, or something. And I think when his family were like, 'Why aren't his daughters doing more?'. (J: Hmm) Um, even though he wouldn't listen to anything I had to say, and that he was really horrible to me. So, I didn't really want to deal with any of it at home. It was so difficult, like (J: Hmmm) I just spent my life trying to avoid these people 'cos like they're quite toxic, you know like, errr. That, that situation really (J: Yeah).
J19	181	And yet, it sounds, you said you cried, this, this poem, reading, your mum. So there was some sadness....?
P19	182 183 184 185 186 187	Yeah, yeah. I mean, not so much like, I don't feel like anyone with my family. Not like there's....There's nothing for me to miss. There's absolutely nothing for me to miss. But just for her, like as a person, you know. Like she had a really sad life (J: Hmmm) in lots of ways, so. I think that's what...You know she had some really nice qualities, and she was like for me, a horrible mother. But, you know, it's not her fault. And she did have some really nice qualities, so its nice. You know, and I did feel, horrendously sad about, like I said, about the way she ended up (J: Yeah) the state she ended up in. It was just like awful. And just to see somebody like that. And I guess when that person is your parent, you know, its just....I don't know...it's just awful. (J: Hmm, its quite hard). Yeah.
J20	188 189 190	And so, you said before I turned the tape on, about you've always felt some relief that people close to you when they die (P: laughs). And that to some extent you sort of joking say, 'it must be because I'm a bad person', but I don't know, is there part of you that does end up judging yourself, or feeling this is a bit wrong?

P20	191 192 193 194 195 196 197	I don't think it's wrong. I mean, it does feel quite strange. And its, I haven't met anyone who's said that to the same extent. I've heard people who might say, you know that they've had a really, really horrible parent, I suppose, um. I don't know. And who knows, I haven't talked to anyone else in any great detail about it. But, um. ..I feel like I've been, like with all, with everyone who's died, its almost like I wait, that I've been waiting my whole life for my family to die, so I could feel better. Like, it's like quite a big, big...Like I've been waiting for it (J: Hmmm). I've been like, yeah, almost counting the days when, you know, my grandmother, my grandmother, then my step...., then my dad, then my stepdad, then my mum. It's like, 'Oh my god, they're all gone. Arhhh, it's like I can actually, you know, breathe a sigh of relief. They're all gone'.
J21	198	Sort of, what freedom? (P: Yeah). From difficult relationships?
P21	199 200 201 202 203 204 205 206 207 208	Yeah, just being like. It's almost like isn't it, when you're like people are alive, you're caught in a web. The family structure, you're in that system. You can't get out of it. And when they're gone, it's like, well it's all dissolved. I'm just like an individual now. Not totally, but... I just felt like, I was just held in this, held in place by these relationships with people who, in normal life, I would have nothing to do with. Like, I don't want to be part of them. Like, I have to be. And I suppose because I wasn't, I was relatively, you know, dutiful. (J: Hmmm) Like carry on, having to see people I don't want to see. (J: Yeah). Feel like beholden to them, and responsible for them. Whilst feeling like I get absolutely nothing from them. Like, having said that, you know, my dad left me some money, so I'm not, certainly not knocking that. But you know, in terms of like a relationship. It's just a chore, it's nothing but a chore. (J: Hmmm, hmmm) You know, one that's, given when it's your parents, isn't it. You know you go to them and feel like where there should be a parent, there's this person. Have to pretend who's my parent, and I feel like nothing towards like, you know just, 'you can't give me anything that a parent might give me'. So, its' just like a really unpleasant experience of just pretending. I don't know, going through the motions. It's just blurhhh. Yeah.
J22	209	Would you say those relationships were painful..?
P22	210 211 212 213 214	Um yeah, no, yeah, I think it was, particularly with my mother, because she could be pretty awful. Um, so now I don't think I ever got, you know, what's the word, so hardened to it, that it didn't affect me. I think it was affecting me. Um, and there was like nothing to do. And because I didn't have a relationship with her, it just felt like I could never ever talk to her. I would just have to sit and absorb it. Like in her unhappiness, and.....It was easy with my dad, because I kind of cared less about my dad. My dad was less of a problem, um. So he, that was just more like a nothing. You know, it's not so much painful, it's just, boring and pointless. Um.
J23	215 216	I always wonder if, hope exists when they're alive, hope for a positive encounter. Something from them, and whether when they die, do you end up grieving the loss of the hope? Perhaps not so much as the person, but, 'cos that's gone then. Do you have to give up on that, or?
P23	217	I don't think I had any hope.
J24	218	You lost hope, a long time?
P24	219 220 221 222 223	I lost hope when I was about five, I think. I gave up really, really young. But I, I still in the moment with my mum, I think it was just....It's weird, maybe it just sometimes happens with parents you don't have a relationship with. I think I was so like, overly sensitive to her feelings. And 'cos she was just really unhappy. So when I was around her we used to just like, like I can't bear, I can't bear your distress. And I couldn't do anything about it, because we didn't have a relationship, you know, and also because of the way she was, it was like we couldn't anyway. But, it was almost something about that, it's almost like, 'I know I'm not going to get anything'. But just, witnessing somebody's distress, and

	224 225	there's like, 'I can't do anything about it'. Especially when you think, and also it's stupid and self inflicted, and I'd feel angry about it. Um. But I don't know I had any hope for myself. It was just a near impossibility. Yeah.
J25	226 227 228	And the sort of relief, liberation if you like, of not just the ties to your mum going, and as you say the duty and stuff, with your other family as well, does that remain? Do you still feel that freedom or does it lessen over time? [Pause] Or become less important, or change to something else?
P25	229 230 231 232 233	No, its great [P: laughs, J: laughs] [P sings] 'Its great when your parents die'. [J: laughs] No, when I hear other people. You know, people talking about, some of got elderly relatives, and I'm like, 'oh my god, I am so relieved'. Like, I don't have to do that, I'm so relieved. No, I think like, 'it's amazing they're dead, they're dead'. Like I'm not beholden to anybody. That's like amazing. (J: Yeah). It's like, yeah, so maybe...Like I'm not depressed anymore, and I can't say its all down to that. It might be a part of it, you know. I was depressed all my life, until, I don't know, the last ten years. Er, so it definitely really helped me to....I don't think it was all of it by any means, but...
J26	234	So you think their dying sort of helped, sort of release you from the depression a bit?
P26	235 236	Kind of. It just released me from the whole family, like, being stuck in like a, I might say a curse. There's like a family curse, and while they were alive, like I have to carry the family curse. And now when they're dead it's like, I don't have to anymore. (J: Hmmm, hmmm). Yeah.
J27	237 238	And, I don't know, were you able to talk to your sister or stepbrother about this, and did they feel the same, or is it you can't talk to them about this?
P27	239 240 241	Yeah, I think, um. Well my sister was just in the States anyway, so I don't think it meant any difference to her. Um. She didn't have to do anything. So I don't think she was bothered one way or another. I think she said she was a bit sad, but you know. She didn't see them, she didn't have to do anything, so.
J28	242	She wasn't tied so much through duty, (P: No, no) or guilt (P: No) if she wasn't being seen to be dutiful.
P28	243 244 245	No, no. I mean my stepbrother was...he probably had some relief. But again I don't think he felt as guilty as I did. I don't think he suffered as much about seeing my mum. So, um. Actually he might have been sadder. I can't remember. I think she was more important to him, than, um, er, she was to me. She was really nice to him. She was really nice to my stepbrother. Yeah. Hmmm. (Pause). No its great (laughs).
J29	246 247 248	So, on one hand although you think, jokingly, I must be a bad person, almost though is that a reflection, an awareness that some people might think this is bad, but actually 'I don't feel its bad, it feels much more positive', er, sort of, to have this relief and experience? As you say the circumstances, suggest it's understandable that you do.
P29	250 251 252 253 254 255 256 257	Yeah, I think I said, 'I'm a monster', rather than I'm a bad person. And so, I think by a lot of people's conventional standards I can see, you know, and there are certainly some people that I've spoken to, and the way that they've talked about a parent dying, and they've talked about in general terms. Like, you know, its always like a terrible, such a tragic, you know, experience when your parent dies. So I do sort of feel like I probably wouldn't say much to them. But I could imagine those sort of people, they would just not understand, you know (J:Hmmm). If that's your point of view, it would just seem really callous. Particularly if I said it, the way that I feel, it would just like, 'I'm so happy my parents are dead'. You know, it sounds like, 'whoer', a bit of a societal taboo, isn't it? (J: Yeah). Um. But I mean, I wouldn't say I particularly hide it from people. Um. And sometimes I quite enjoy shocking people by saying it. Um. Then again I think it a bit strange, but also at the same time I think, well, I think it's very informative. You know, because I don't think I'm a psychopath, so that the fact that I feel that

	258 259 260	way, its like, it does make me think, 'Shit, that's bad then'. You know, that's probably bad than I often admit to myself, that I've spent most of my life wanting my family all to be dead, then, that says something pretty awful with your experience of being in the family. (J: Hmmm). Um. So yeah. Um. I wouldn't say, I don't feel like ashamed about it. (J: Hmmm).
J30	261 262	There is a very understanding explanation, as you say because your family didn't function well. It was toxic for you as the member of the family, and actually it's a bit sad that, you didn't have a different experience with family?
P30	263 264 265 266 267 268 269	Um, I can't um, like I find it hard to connect with that. Um. Its not like I had something and it got taken away, its just like I never had anything. I just didn't. So its quite strange. I mean that probably why I've never been in a, I haven't any kind of family for myself. And the idea with family fills me with horror, and I don't want to be part of one. (J: Hmmm). So conceptually I can see, like, when I see on the tv, like, people like being happy, and their families going 'oh god'. And sometimes I'll feel a bit sorry for myself 'cos I would like that. But it's a bit, it feels like a bit of phantasy, 'cos I don't. I can't really connect with it because I don't know. It just seems strange I suppose. (J: hmmm, hmmm). And I suppose I just , I really prize my freedom. I just think like, 'its really great to be free'. And that being in a family, even a nice one would be quite restrictive I suppose. (J: Hmmm).
J31	270	And I wonder, do you think having the presence of relief there, did impact on your grieving process in any way?
P31	271 272 273 274 275 276 277 278 279 280	I don't think I grieved at all. I don't think I've done any grieving. That's why its weird, isn't it. There isn't any, I don't even know what that would look like, what grief. What does that even mean. (J: Hmmm). I haven't done any grieving, I suppose I have done like all the stuff I'm doing, like I guess over the last two years like all the therapeutic stuff. Like I do often do a huge amount of like grieving, but its more for how it was for me when I was little. So its more, and for my parents, like for my parents awful lives, and for my awful life with them. (J: Hmmm). So not so much that they've died. It's not that. (J: Not the loss of the relationship) No, more the whole shebang. (J: Hmmm) And just for how utterly miserable the whole thing was. So, I think I've, so that I've got more in touch with the whole sadness of it all. Not them dying. And my dad, when my dad died, like, my dad was quite religious, and I'm sort of quite, pretty spiri...I completely believe in life after death, so I also don't like, I don't think death's a big deal anyway. Um. And I definitely had the sense of my dad continuing on in a much happy, my dad had all sort of things wrong with him physically his entire life. So I really had a strong sense when my dad died that he was like, 'Yehhay! I'm free'. (J: Hmmm) So, it was great.
J32	281	So, dad's probably in a better place?
P32	282 283 284	Yeah, yeah like you know, he really struggled being alive. And then it's like, 'thank god you're dead dad, you can like do what you like now' [laughs]. So that does make a difference I suppose, that I do....you know it probably is quite strange for a lot of people like I for some reason I have really strong beliefs in life after death, so (J: Hmmm). I don't see death as this awful thing anyway. (J: No). It's like a reset button.
J33	285 286	You said with mum you were very sensitive to her emotions, you felt responsible to some extent for them. And I don't know, it sounds like, with dad, if it is the same thing, when he died, you could hand that over...
P33	287 288 289	Yeah, I guess so. I didn't so much as feel responsible for my dad's feelings, than I did for my mum's. I mean I felt responsible for going and visiting him and stuff, you know all the practical stuff. Um. And yeah, I suppose it's not nice, he has been in an out of hospital a lot, and, it's just that isn't it. I mean I'm really shit at that kind of thing. Like, it's just somebody. Maybe it's particularly with parents, that thing with

	290 291 292	parents isn't it, there's something about...you're used to your parents, aren't you, being the ones, you know, they'd be the ones in charge. There's something horrendously pitiful about seeing your parents so frail, and you know, like little babies, you know, not understanding things. It's just feels, something awful about it.
J34	293	So it happened to both of them?
P34	294 295 296 297 298 299	Well no he didn't get dementia, but he did like um, suffer physically. He had a lot of operations, and I think towards the end, he was like getting incontinent, he was like really embarrassed about it. Like ashamed. You'd go and visit and then he'd have an accident, and then he'd be like, 'oh no' (J: Hmmm). Don't know, it was just that, it was like, 'orhh'. Just really sad, to have someone who's, in a way sort of quite a dignified person, shitting themselves. It's just like, oh god. (J: Hmmm). Yeah. But when he died (laughs), I got quite like, a lot of money. It sounds so mean and horrible, doesn't it. So it was like, 'Ahhh, this is amazing', like, 'oh my god' like. (J: something nice) 'Cos it was at a point where I was really, really needed to have some money, so it was like, 'Dah dahara!'. Like a miracle. Yeah. [laughs]
J35	300	So, it sounds like that bit was a positive bit, as well as the ending of his suffering?
P35	301 302 303 304 305	I mean, he was still, it was really nice, he was still sort of alright, living at home. And he di...he just died, he was half way down the stairs. Apparently he'd had a letter, and he had a letter in his hand, and he sat down on the stairs and died. And they found him, a neighbour found him [laughs] half way down the stairs, sitting on the stairs. They said he looked fine. So, so I thought, 'That's nice'. He didn't, I mean he'd had a lot of operations, but you know, he was still doing his own thing. So it was like, what a nice way to go. Just 'oh, I feel a bit tired, I'll just sit down on the stairs'. [Slaps hand on table] Dead. So, that's great that he died in a, nice easy way, you know. (J: Hmm, yeah)
J36	306	So was the emotion for him then, slightly different than the relief with mum then?
P36	307 308 309 310 311 312 313	Yeah. I think so. Yeah. I mean, in both cases, probably more selfish, just like, 'I don't have to, er'. You know, because he was getting worse, you know, I suppose. And I just don't want any, and I think he probably did, it was never said, but I think probably particularly with my dad, and 'cos I'm like the ..well my sister's in the States anyway, but I'm like, you know, oh unmarried daughter, no children. I think, maybe that was somewhere in my mind, some expectation, 'well if I get really unwell, you'll come and look after me'. (J: Hmmm) And that would have been like, 'oh my god'. Like, I can't imagine anything worse. So, you know, purely, I mean a lot of it was purely selfish motives is like, 'I've spent my whole life having to put up with you, the last thing I want is to have to be more involved with you'. (J: Hmmm). 'Don't tell me like to bloody have to come and care for you .' So,
J37	314	Would you have?
P37	315	God, I really hope not. I don't think so. But I would have felt horrendously guilty. I don't think I could really.
J38	316	Hmmm. So you would have been caught between that urge to be dutiful and actually retain your own freedom.
P38	317 318	Well yeah, not even an urge to be dutiful, just like a fear of guilt. My fear of being judged. (J: Judged, gosh yeah). Um. Luckily it never came to that. Yeah.
J39	319	So yeah, their, his death sort of saved you from that dilemma, really?
P39	320 321	Yeah exactly. Saved me from that and, you know, I like to think, though I'm sure its not true, that like it was all, you know. He did it, it was a plan, and then [laughs] I'm sometimes so self-interested, 'cos it was just at a point I'd finished my {name of training course} not long ago, I'd

	322 323 324 325	been engaged to somebody and we'd broken up, and it was like, 'I don't know what I'm gonna do now, and like I lived in his house, I'd sold my flat. I'd lived in this house, we'd split up, I had to move out of his house and finish my training. I didn't have a job, I was like, 'what the fuck am I going to do'. My dad dies and I have this load of money. Like so I went to America for like six months. It was just, 'Oo, something can happen now'. So, it was like a whole new lease of life (J: Hmmm). Like him dying.
J40	326	So it solved a lot of problems for you. It was good timing in that respect, yeah. (P: Yeah).
P40	327	So, you know, I was really grateful, because he'd been a totally and utterly shit dad. It was just like, 'Oh thanks, I've got something at last'.
J41	328	Hmmm, hmhhh. (P:Yeah) You were enjoying the freedom, and actually felt okay about using money, sorting out your life.....?
P41	329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347	Yeah, yeah.It was really nice when my dad died because, um, first of all I had the sense, this is gonna sound a bit weird if you're not spiritual at all. My dad was an absolute fucker, he really was. The shiftiest dad you can ever possibly imagine. I mean he wasn't abusive, but like, he had nothing to do with us, to the point he didn't speak to me, and he didn't look at me. Like, he was vile, he was just like, an angry lump of vileness. And then, um, after he died I suddenly had this sense of like, he was always really religious, even though like, 'You're a fucker, what's that about'. But like, almost like after he died I have this sort of feel.., sense of him of him as this really like, loving spiritual presence. Like, it wasn't, not like I was imagining, well you could say I was imagining it, but I wasn't expecting that (J: Hmmm), and it was like, 'Oh my god, how nice'. It was like, 'That wasn't really who you were. You were like caught up in all this', I think he was traumatised, 'Oh no, you were that person'. I have this sense of, you know. So it was like suddenly having a whole different relationship with this person (J: Yeah). Um. And it was really nice, um, 'cos you have all this instruction about what to do with his, I really quite enjoyed going through the process of 'cos it was like, I knew I couldn't do it wrong. And that he had loads and loads of friends. And it was something really nice about talking to people about him, and people telling me things about him. So, like, 'Oh', I suddenly got this completely different view of like, who he was as a person (J: Hmmm). So it was like, it was amazing in that sense. It was like so positive that, and all these people who thought he was great. And I felt really good about it that, 'oh great, he wasn't a total fucker'. I think some part of me knew he wasn't a total fucker, he was just a total fucking shit dad. But, that, it was really nice to know that other people saw these good things about him. (J: Hmmm). Um. So you know, it was actually like a really, the most positive aspect, the most positive thing that ever happened in my relationship with my dad, was him dying [soft laugh] (J: Hmm). Um, and it was really nice with helping to do his funeral and like, and I enjoyed being able to do something, especially because I knew I didn't have to make, I just knew what he wanted me to do, and I could like make it what he wanted. Um. It was, yeah, and he left me money, so like he'd given something to me and I'd given something to him and then, it was just like, 'oh, that's all really, really nice'. (J: Hmmm, hmhhh) It's a weird thing to say isn't it, but, but the best part of the relationship with my dad, was dealing with his death.
J42	348 349	The symbolic act of him giving you that money, it had a lot of resonance for you. Perhaps it symbolised the loving part of him that did care for you and your future?
P42	350 351 352 353 354	Yeah. Because, I mean he was never, I mean, it was almost like, he had a really, really, like you know, low working class jobs. He was like the meanest, meanest, fucker. He was so mean. But he could have spent that money, and like he didn't. So that he knew, in the will he left to me and my sister. (J: Yeah). So you know he even managed to amass, I don't know seventy-five grand. I don't even know how he did that, well being so fucking mean. But you know, he must have known, that's what he was going to do with it. Yeah. And it's really sad in a way, he could have given, he could have been nice when we were alive, you know what I mean, and got something back. (J: Hmmm). And actually you don't,

	355 356	it's only after your dead that you know, that we can appreciate, well my sister didn't appreciate it, but you know, 'Oh, that's pretty cool actually'.
J43	357	When you say its pretty cool you'd not seen it that way or...?
P43	358 359 360 361 362 363	Yeah, yeah, I thought, I was really impressed. I mean I felt a bit bad almost because like he did have really, really shit jobs. Really low level, basic, basic jobs. So you know, that amount of money to him, would have been, like his whole lifetime savings. (J: Yeah). By being really mean, you know, like I'm not very good with money, but its like, oh you know, its like a real dedication, you know mean, being penny-pinching, but like putting this money away over his lifetime. Um. I don't know how much he thought, whether he was just doing it on instinct, or whether he'd really thought about why he was doing it. But um. Yeah it made a massive difference to me, you know, it helped me buy my house and (J: Hmm, hmmm). Yeah, it really helped. Yeah. So you know, that was quids in, it was great.
J44	364	Yeah, and as you say, to have this second relationship with him, after death, this sort of loving, benevolence sort of sensation.
P44	365 366	Yeah. And I think because he was really spiritual, as well, so I kind of feel like, he's going on to his next thing, um. So it's a good, it's a good thing for him. You know it's sort of a whole passing over would be a positive experience for him. Um.
J45	367	Yeah. Do you feel the same, that that would have happened to mum, or no..(P: No)
P45	368 369 370 371 372 373 374 375 376 377 378	It was really. I did feel bad, because I was thinking about that. And if you don't believe in life after death you probably think it all sounds strange but, because I do. But, the fact that if you die when you've got dementia, because of the way that she died and I think she would have been so confused. So, I don't, then you kind of think, well, I imagine she didn't know that she was dead, and then for about a week afterwards, all sort of weird things were happening in my house. Really strange things. And I felt like it's my mother and she's like, doesn't know where to go (J: Hmmm). Like, she's just restless and really like confused and frightened. That was my feel, so it was a really bad feeling, like (J: Hmmm), like she's just stuck somewhere now. So she's not, she's died but she doesn't know what (J: Hmmm) she's so. Like not knowing what to do, or where to go. So that really troubled me. Like I felt really, I felt really bad about it. And it didn't help that, I think they had to do, what did they say, like an autopsy, because, you know, she died suddenly (J: Oh). So I think she was like in the morgue, or in the hospital morgue for like a week. And then she got picked up and taken somewhere else, and then. Just all of that. I just felt like she was just lost and confused. (J:Hmm). And I never had at any point, had a sense of her having like a 'ping', there's a, like a, something is released, and its gone into something positive. It's never felt like that with her. (J:Hmmm). I don't know what to make of that.
J46	379	Did the turmoil settle down, you don't notice..?
P46	380	Yeah, no, it felt like it went on for about, there was a real sense of like, things smashing and, for about a week, and then it stopped.
J47	381	But you still don't feel easy, that she passed somewhere where she was supposed to be going. That she may still be stuck a bit, or confused?
P47	382 383 384 385	Yeah. Yeah. Yeah. See that makes, I know it may sound odd to you, but it does make sense to me. When you die, it's not like, nothing really different happens, except you're not, you're still like your consciousness is still here, but you're not here in the physical sense, so. It's going to take you a while to go, 'Oh like I'm not. So now I have to move from here to wherever like you go'. (J: Hmmm) I don't think it's like heaven. I don't know, but. So you can get stuck (J: Yes). And like.
J48	386 387	So very different experiences, like you know. I guess I get the sense you know your dad had a plan, he was very organised, and as you say, his beliefs, and it was a smooth transition, even the death itself, on the stairs, sat down, then moved. But as you say, with mum, it sounds

	388 389	traumatic, like an awful way to die, to leave this world, and yeah it would make sense her that her consciousness was confused and in a turmoil (P: yeah). And that would have then gone on.
P48	390 391 392	But hopefully. When you hear accounts of people saying, 'Oh no, when you cross over there's lots of other people in spirit trying to go, like, this way, come this way'. (J and P laugh). So hopefully, somebody, took her arm, somewhere, where she had to go. Yeah. Hmm.
J49	393	[Pause] I think I've gone through all my, bits....
P49	394 395 396 397 398 399	And I can't, the only thing less interesting with me, like I suppose I imagine a lot of people, I can't contrast, it would be interesting if I had a contrast, but I don't. I think if maybe if my sister died, like that would be different, so. If {name of P's dog} dies that would be the worse [laughs] I guess he will die at some point. So I like, its almost like, I don't know what's that's like. It would be interesting to have you know, a contrasting experience. Just to go, 'Oh okay'. I don't know like if I will ever feel like. A bit of me feels, 'Am I able to feel sad about somebody dying' (J: Hmm). Um. But I imagine that some of the people you'll talk to might have had, that will be interesting, you know. (J: Hmmm). People they were sad about.
J50	400 401	So, I was interested in your sister, 'cos you said, um on one hand there's a lot of tension in that relationship and I guess her death would mean you were free of that again there would be that liberation, but you say you anticipate your gonna go, have different emotions, I guess?
P50	402	Like I don't want her to die. I don't feel like I need her to die. I'm sure it really helps that's she in the States, in that sense.
J51	403	So you don't have that duty and responsibility for her?
P51	404 405 406 407 408 409 410 411 412 413 414	Yeah, I don't have any of that. You know she's got a husband and kids. So, I don't feel responsible for her. Um. Maybe because it's like on this level, it feels different. You know parents, grandparents, it feels like its people above me. So even though, she can be a cow and it might be hurtful, it still doesn't feel, it feels much less threatening somehow. She's like on the same level as me (J: Hmmm, hmmm). Um. See, I don't think I would, I don't know. No, I don't think I would be, in a way, I wouldn't feel bereft 'cos I don't rely on her for anything. I mean we text occasionally, but she doesn't give me anything, like support or anything, but, she's the only like member of my family left, so, um (J: Hmmm) it would feel, kind of feel a little bit lonely, even though its a bit of weird thing to say, because she doesn't, you know I don't really see her. But I guess she is just that last part of my family. (J: Yeah). And maybe because she knows, especially about, she's been in therapy her whole life, you know, she know's what it was like. I mean, you know that thing, probably when you're with your (J: that shared history). Yeah. So when she dies there won't be anyone else who knows what that was like, apart from me. (J: Hmm). So even though her experience was a bit different from mine, at least, that is nice knowing somebody else went through that, not just me. Yeah. I can't remember, I think I would be when {name of P's dog} dies. Oh my god even when he's a bit ill I can get really distressed. It's like different.
J52	415 416	Yeah. Do you anticipate that's going to be more like, I suppose traditional theories on grief and mourning then (P: Yeah). That you will feel separation, (P: Oh god..)and the pain of that? (P: ..awful)
P52	417 418 419 420	And that thing, just imagine sometimes, I just imagine coming into the house, you know, and like seeing his bed, and knowing I'm never going to see him again. Oh my god, it's just. Maybe that is what normal people feel like about their, like that. Just that. I guess, with a dog it's so simple, there's no complicated narrative at all. It's simply, I will miss his presence if he's not here. (J: Hmm). He's not going to die for a while, I don't think. So it's weird, he does run off sometimes, like when I'm walking, and I do. So, I prepare myself in my mind, and so I go, 'Okay, so

	421 422 423 424	he might be dead, and so if he is dead, there will be good things about that'. It's really funny, I go through a like rationalisation. You know, 'you will be freer, you won't be tired down in the same way'. It's really odd, I notice myself, as a way of like, I guess it's you know. And I always think, 'No, no, it will be fine'. It's only because I know he's not really dead, so I do try and ration, use that, as a rationalisation. (J: Yeah). I don't think it would work if he was actually dead. But. Yeah.
J53	425 426 427	Hmmm. It sounds like you anticipate, although there might be some positive things it won't be such a strong sense of relief and freedom (P:No). Even if that is an element of, in reality of what's happening, it sounds like you know (P: I don't want to be), yeah the parting, the pain of that (P: Is worse) is going to be the more dominant.
P53	428 429 430 431	I'd rather have the responsibility. (J: hmmm). Which I didn't with my parents. Which I suppose again is, with people who really, really dote on their parents probably, you know, would go, 'Well I do have to go to the nursing home every day, but, you know, I really love her so, that's okay. It's a bit of drag but I'd still rather have her'. You know, I think, if you had a really close relationship with your parents (J: Hmmm) you would probably feel that way. Yeah.
J54	432	Well it sounds like you've come to a natural end on that. (P: Yep, I think so). Thank you very much, for that (P: You're welcome).

Transcript PA02 (Alison)

		TAPED TRANSCRIPT
P1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	When I was in, I think, late 20s, or early 30s, I used to call on a little old lady who lived next door. Who was a professional musician, who was crippled with arthritis. I think she was about 70, and her husband was a musician as well. And they were literally at the bottom of our garden at that time. She was called [name of lady]. Um, but um, when I was having coffee with her one day, I said to her, '[name of lady], did you never have any children then?'. And she said, 'Oh yes, we did. Yes, we did. We had a daughter, a wonderful, lovely daughter. I can't remember what her name was; we'll say it was [name of daughter]. 'And sadly when she was 21, she died'. And I being young and inexperienced, I didn't know what to say. (J: Hmmm, hmm). So I sort of said, 'Oh how dreadful for you, I'm so sorry, how awful'. She said, 'We like to look at it like this. We were so lucky to have her in our lives for 21 years. Nothing in the world can take that away'. (J: Hmmm). And you know those words, lodged in the back of my brain, are just still there, all these years later. And I think that in a way, encapsulates what we are all trying to do with a bereavement. To turn it into something in time that one can rejoice. We had the person, and the love that goes with it. Um, but of course, it is a very steady stage of backwards and forwards, and bad days and good days, and so on. My own personal bereavements, er, I was adopted from a children's home, when I was 2 years old. I can remember nothing about it. Had a wonderful mother, who had separated from her husband, and she had a son who was my older brother. He was 15 years older. We lived in a manor house in [name of county]. I went to all the best schools in [name of country]. Ponies, dancing classes. But most importantly of all was that, she was a wonderful woman. But she was also, because she adopted me well into her 40s, and of course we didn't have the medical things like now, she died in her 70s, when I was in my 30s. At least she saw me married with children, which I was glad about. But she really was, a family in one person, and my brother. But he was away a lot, young men are. Um, and therefore the grief is lifelong with her (J: Hmmm), but there is, 'Gosh I was lucky that I fell into her arms'.

J1	18	Hmmmm.
P2	19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	So I suppose that too, is, has made me...she did a lot of, um, welfare work. She was a VAD in the 1 st world war, she was in the red cross in the 2 nd world war. She ran the old people's club, the WI. She was a church warden. She just devoted her life to voluntary work. She could afford to. And I tried to....(P: laughs) I could sing Jerusalem when I was about 6. (P&J: laugh). Anyhow, so that was the first one. Then I fell head over heels in love in [name of employer] with my boss. I was in my 20s, he was 40. He was married with 2 teenage children. It was one of those circumstances whereby, because you see the person everyday, or 5 days a week, I was taking all this. I mean, long before computers, it was shorthand typing. (J: yes). Um, and he was absolutely wonderful, and also, a bit of father-figure. (J: Hmmm). But there was no way I was going to break up a marriage, and nor was he. So in the end I um, I put my name down to go work abroad, and worked for them in [name of country] for a year. Where the whole British Army were chasing the EOKA. And as a single young girl you had a bloody good time (P&J: laugh). And I used to ride a lot, and um, we skied, and parties, and um, and a very interesting job of course. So, and of course, met my husband who was in the army, and we eventually go married. And I then had 25 years trotting around the world as an army wife, and had 3 children. (Pause) The marriage marvellous for the first, 10 years. Er, in the middle gap, we're back, we've been back together now for a long time. But we were only apart for a year, but in the middle it went, it hit the rocks badly. And as they say the wife is always the last person to know. And, it was sad really, because, it had a golden start. (J: hmmm). I didn't feel, and still don't feel about him, like I did about my boss. But I wanted to make him happy, and loved him. Um, and we had a marvellous family life. But I went through a very bad patch in the marriage, which destroyed my self-esteem. Which is where you come in, 'cos you'll know what that does. (J: hmmm). I'd discovered he'd been having affairs. He had about 4 or 5. (J: Oh, right). Um, and, when, and denied of course to me, and lied to the girlfriends. And once they found out one by one, they ditched him. And he had a couple of breakdowns. And I couldn't bear to see, we were separated for about a year, and I couldn't bear to see him in such a bad state. (J: Hmmm). We gradually worked on the marriage, and got back together. And it goes well. We've got 6 grandchildren, and we're a very united family. However (P: laughs), now we are coming more to the present. Um, 20 years ago, I was walking the dogs, and I was feeling very depressed. I was sitting on a log, in the woods, with the dogs, and one of my grandchildren in a pushchair. She was asleep. And a couple walked through with their dogs. I had been crying. And I put on a brave face, you know, with dogs it's so easy. You talk about each others dogs and so on. And I thought he was gorgeous (P: laughs). He was frightfully good looking, very sweet, very kind and very nice. And she was lovely too. And off they went. We bumped into each other thereafter quite often. To shorten the whole story, again I went head over heels in love with a married man. And it was just pure joy (J: Hmmm). Um, he absolutely adored me. He made me feel a million dollars. I got more and more, and more in love with him every day I lived. And nobody knew. And, I didn't go to bed with him, and er it was obviously a physical relationship. And he lived about 2 or 3 miles away. We walked the dogs together a lot, very often with his wife, was around. If he was with his wife, I'd just say, 'How lovely day' and keep walking. But if he was on his own we'd walk together. And then, he'd come round for coffee, if my husband was away, and so on. And then one day he just dropped dead.
J2	48	Oh, gosh.
P3	49 50	Massive heart attack. And, he had, it was, funny enough, it was on the [date] and so, only very recently. Um, he had, it's his birthday on the [same date]. We met on the Sunday for a short while, and he said, 'I shan't even ring you tomorrow because of the whole family coming

	51 52 53 54 55 56 57 58 59 60 61 62 63	round, etc., grandchildren, and so on, so on. A very nice wife, I liked her very much. Um, and, um....he said, I said, 'What about coffee on Tuesday'. Oh and he said, 'She's having a perm'. I said 'Why don't...', my husband was in [name of city] that week working, so I said, 'Why don't you pop round for coffee'. He came once or twice to the house because, 'why not', you know. (J: Hmmm). Um, so he said, 'Okay, I'll come on Tuesday'. Tuesday morning he rang up and said, 'You won't believe this, but my car is due for its MOT this afternoon..'. He adored his car, you know men and cars (J: laughs). It was one of these huge things with a red line, you know, go faster stripes, which are called [name of car]. I'm not mad on cars, give me horses. So he said, 'I've got to get the exhaust put back on before the MOT'. So I said, 'Don't worry, what about Thursday?' . And he said, 'Oh yes, Thursday will be fine, see you on Thursday. And I'll ring you later' he said. Never spoke to him again. (J: Ahhh). And the days went by, and nothing happened, and nothing happened. And then he said to me, um, 'If I ever don't ring you, it's because I can't'. My days in [name of employer] taught me a lot, um. And one of the things we did, um, because it's difficult to ring, isn't it? Um and he had a daughter who knew him, and approved. Because my children knew I'd had a hard time, and they could see how happy I was, she gave me a mobile phone. (P: laughs). And I, we worked it out, if I was on my own, driving say into [name of city] to shop, I'd have my phone on. So that if he rang my number if he was on his own. So that's how we managed a lot, but also we had a DLB? (P: looks at J enquiringly). A dead letter box.
J3	64	Oh right, okay. (Laughs)
P4	65 66 67 68 69 70 71 72 73 74 75	In the woods, where we could give each other the notes. (J: Yes). So that was very useful too. So we managed...Anyhow, nothing. No phone calls, no DLB, days went by. In the end I rang his home number, because his wife sang in a choir, and they were doing the Messiah, and we had thought of going. And I'd mentioned when we were all chatting in the woods; my husband doesn't dog walk because of his leg; but the three of us were talking and then we heard about this. And I said, 'Ooo we might well come', because we'd been to one before. Their's was very good. And um, so I, on the excuse that I knew we couldn't go, I rang his wife and said, 'I'm just ringing to say I haven't asked for tickets because unfortunately we've got a regimental old boys lunch in [name of town] that day. And she said, 'Oh, you haven't heard?', and I said, 'What?', and she said, 'Oh, I, you haven't heard, I lost my [name of husband]'. (Jo: Oh gosh). I had to talk to her for 20 minutes. Um, and then of course, the worse part was when [name of man] who was the one in [name of employer] who I loved, he died of terminal cancer. And I knew it was terminal. And we were actually in [name of country] but I still managed to go and have lunch with him and his wife; who didnt' know. She knew I was his secretary and was fond of him, but she didn't.....But in both cases you can't talk about....., being devastated by losing somebody else's husband (Jo: Yes, yes). So it is difficult.
J4	76	Yes
P5	77 78 79 80 81 82 83	But I've come through it, um, I mean it's 20 years ago. Um, and you know the policeman's wife who, the poor man who was dragged through the bushes (Jo: Oh yes). She said, you know, ' He's in my heart and in my head forever'. That's where those two are (Jo: Hmmm, hmmm) forever. And all my, um, thing with the people I counsel in [name of organisation] is trying to move them from being deadlocked sometimes in the grief, to thinking in terms of what would....say it is a girl and her husband is called John; what would John want me to be doing now?. (Jo: Hmmm) Wouldn't he want me to be out there, joining the walking club, or something, you know. Not sitting at home crying all the time. And also I felt I had been so lucky to have so much love from those three wonderful people, my mother and the two chaps. So I feel because I'm alive I've got to lead a life that they would be proud of. (Jo: Hmmm). You know I owe it to them, because they

	84 85	built me. And they sadly , through no fault of their own, have gone. But I'm still here, and I'm still the person that they, if you like, invested in psychologically, emotionally, you know. And I should be making use of that.
J5	86 87	Yes. So it sounds like you, you, yes you experienced the pain of grief for all those 3 people, but you held with you, if you like a philosophy that, of, um being grateful for having them in your life..
P6	88	...all back to [name of neighbour].
J6	89 90 91	Yes.....hoping to get to a point where, um, you could reengage in life and experience positive emotions (P: Yes) even though you had had these big losses (P: Yes) in your life. And I wonder [name of participant] how easy was it to actually put that into practice? Was it easy to do that, or was it quite difficult to, er, change from the pain to the...?
P7	92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115	Well, they died 20 years ago. Well, [name of 2 nd man] died 20 years ago, [name of 1st man] died nearly 40 years ago, and my mother the same. Um, so, you know, I'm a long way down the road, and I have to keep remembering what it was like in the beginning. Um, I think, I think in all 3 cases, um I think the first thing that people very often, a lot of my friends have said the same, or people I've talked to, is that when you first get the death, your emotions almost freeze. (J: Hmm) You know, you go into, I think it's shock (J: Hmm). Um, and they almost won't come out because your whole instinct is to, I suppose, bring yourself to accept they've gone. You know, but you've still got to accept it. And therefore I would say, that probably that, that begins to wear off, but I think the first year, obviously there's an awful lot of tears, but, um I think, really you can't.....Well certainly when I was younger, you can't logically think through how I'm going to get through this. You just have to literally do it day by day, to start with. And then, I mean, I, um counselled a man the other day. I'd only been with [name of counselling organisation] about over a year working, but most of my clients have been women, but I had a nice man who'd been a [occupation]. And um, he had been devastated by losing his wife, and um, I think he lost her about 6 months ago, if I remember rightly when I was talking to him. And, he was, obviously, he said, 'You know I'm not eating properly, I'm not sleeping properly, I haven't any energy, I can't go anywhere. I'm just sort of shrinking into myself all the time'. And I said to him, he had a sense of humour, he was fun, so I said to him, 'I'm going to give you some homework', and he said 'Right' [laughs]. I said, 'I want you to go to the [name of organisation] say, and find out the names of charities that want help' I said. Because he said, 'I was a very busy man, but I'm retired now. And I've got nothing to do.' Um, I think he played golf a bit or something, but, you know, I said, 'There are people crying out for help', um I said, you know, 'You might, er, we've just adopted a dog from [name of charity] um, I know that some people go up there and walk the dogs, that are in kennels for them. And then there are all kind of things'. There was a little old lady in [name of town] I knew who went and sold cakes on the farmers stall and things, you know (J: Hmmm). 'Find something with other people that you feel is helping somebody else'. Do you know, he took it, and er, 6 weeks later when he signed off, he'd done all sorts of things. (J:Hmmm). You know, he just needed somebody to motivate him, um or to get him going. (J: Hmmm). And by the end, in fact, we give them 6 one hour sessions, and he, after 5 I said, 'I don't think', let's make up a name, Fred, 'I don't think Fred, that there is much more I can do to help you, you're you know up and running. And do you really want next week, because I'm free if you do?' And he said, 'No let's not', you know. He just needed in his case, he just needed to be tipped from non-acceptance and getting on with the rest of his life. He wasn't exactly wallowing in grief, but inactivity over it, complete inactivity (J: Hmmm). You know.
J7	116	He just needed a bit of a guide, to sort of show what the next step was for him, and how that would help.

P8	117 118 119 120 121	Cos when we were talking about things he might be able to do, he said, 'I've always wanted to learn about stone walling' [P& J laugh]. And I was sort of thinking about him delivering 'meals on wheels' [P& J laugh]. And I thought [words not clear], and I said, 'Well that sounds fascinating', you know. Just get him out, and get going (J: Yes). And as I say by number 5 he'd done, I think he'd, I can't remember what he'd done but he'd done something, and already been asked by somebody who he'd met there, if he'd go and help with something else. You know, in other words he was on his feet.
J8	122 123 124 125 126	Yes, yes. And so it sounds like, you believe that there is a progression from, if you like, the shock, to the pain, when..(P: the pain coming out) of realising that person has gone, and having to accept that. But it feels like then for you, positive emotions, our experiencing things in a positive way, and perhaps looking back at the death. Perhaps not necessarily the death, but um the life of the person who's gone can actually bring you some joy and satisfaction that you had them in your life. And it sounds like, um you believe that actually is a sort of progression that not only you went through but actually most people can go through, and it feels like a healthy way to move that way?
P9	127 128 129 130 131 132 133 134 135	Um, yes. I will read these to you now [P holds up some notes that she made prior to interview] because I tried to put...these are the things I've tried with people that have worked. As well as me. I say, you know, I ask people perhaps on the 2 nd meeting, 'Tell me, do you ever talk to your', er let's call the person who's died John, 'Do you ever talk to John in your head?'. 'No'. 'Well, I mean have you ever, suppose he was sitting with us now, what do you think he would say about your idea of so and so? Um because you loved him so much, you knew him so well, you probably know exactly what he'd say'. And then I give them an example, and I say, 'Well my mother, who died 50 years ago or something, I can still hear her saying, [name of P] for goodness sake, just stop and think'. [P& J laugh]. Um, in other words I ask them if they talk to them in their head, or I say to them, 'Do you talk to them out right if you've got a photograph'. One of my um, husband's friends who's wife died he has a huge portrait of her and he goes and talks to it. (J: Hmm). You know, you are still part of their life, all be it that they're not here. They've still in you.
J9	136	Yes. There's still a relationship there even though the physical body is gone.
P10	137 138 139 140 141 142 143 144 145 146 147 148 149	Exactly. There is a relationship. So that's the first one I wrote down. And following on that, [P reading from notes] 'Ask yourself what he or she would say if they were with us now. Remember you're still the person they loved and always will be. You are alive and you're lucky. Why not lead a life to make him or her proud of you'. (J: Hmm). Because in a way I sort of feel you owe it to them because they can't do it themselves, you know. And then I quote the policeman's wife. I put down here, 'Always in my heart and in my head'. That's how it is if you really love somebody. And the Queen, she is a clever woman isn't she? [J laughs]. She um, I think, was extremely fond of her racing manager. I wish I could remember his name, he came from a very good aristocratic family. And he was, she would walk round the stables looking at all her horses with him for hours and so on. She was very very fond of him, and he died. And about a week afterwards, she was quoted as saying, 'Grief is the price you pay for loving'. (J: Hmm, hmmm). So true. And people like that, because the Queen said it, you know. It's not me or you. Um, and then I wonder about comforting reminders. Um. Photographs, jewellery, you know. [P holds out hand to show rings] One of these is [name of man] and one of these is [name of man]. You know, they're with their, right there, they're just part of me. Um. And also. I've got 3 things down, photos, letters, yes. If you've got old letters, you know. Now those things people take in 2 ways. Some people love to have lots of old photos of the person who's gone and everybody to talk about them and all the rest. And I have one friend where, when she was widowed, she put all the photographs of her husband away in a draw. She couldn't bear to look at them,

	150 151	because they just upset her so much. You know, so its each person must find their own path on that, very much I feel. They can be a great comfort particularly in time. (J: Hmm, hmm). Um later on.
J10	152 153 154	Yes, yes. And perhaps people do seek those later on. Perhaps as you say, initially it may be too painful, but perhaps later on, um, when you are sort of trying to remind yourself that you were lucky to have that person in your life. You can look at the happy photos you had together to help support that view.
P11	155	Well, they should be comforting, uplifting. Their presence should give you some joy.
J11	156 157	And I'm thinking of your situation [name of P], particularly with [name of man] and [name of other man] that was a bit more difficult. Perhaps you didn't have those mementos.
P12	158	Impossible. Well the rings.
J12	159	Perhaps the odd letters. Or perhaps you destroyed the letters from [name of man] or....?
P13	160 161 162 163	Well [name of man] kept my letters. And they were found. (J: Oh gosh). I said to him once, I said, you know, 'You must burn them'. They were little notes mostly. But I said, 'You must burn them'. They were left in the 'dead letter box'. Um and he said, 'No, no they are all quite safe. They are in a, um, black sack in the garage, a rubbish sack. So if anything happens to me', he said, ha, ha, how one gets it wrong. 'If anything happens to me, they'll just throw it out'. Well they didn't just throw it out.
J13	164	They went through it, gosh.
P14	165 166 167 168 169 170 171 172 173 174	Er, but um, there we are. Yes, the, the difficulty of my losing [names of men] was that, as I say, nobody knew, um except my children. With [name of man] it was different, because it was all long before I met my husband. So um, it wasn't a secret. What I felt about him was a secret, but the fact that my old boss had died, I could mention you know. Particularly if one was meeting anybody from the office. Um. With [name of man] very different. And I had a very nice doctor at the time, and so as doctors, I thought I could tell him and I did. I knew that [name of man] went to the same Practice, or at least I think I did, but he had a different doctor. He had a woman doctor, and mine was a man, in the same Practice. And I didn't mention names, I just said what had happened, and how I was feeling. And this I suppose was about 2 or 3 weeks after he'd died. And I just felt I needed, you know, help. And the doctor was so understanding and so kind, you know. I said, 'I feel a perfect idiot. Here I am at 63, you know, and I feel I'm 21, you know'. He made me feel like that, like a young love all over again. And he said, 'Why not, of course, perfectly normal', and all this kind of thing. And he got so understanding a little voice said to me, 'I think he's been there himself' [P laughs]. I'll never know. But, er, I was very glad I did talk to him, it helped a lot.
J14	175 176 177 178 179 180	Yes. And I'm wondering [name of P] is there part of you perhaps, perhaps after [name of man], or your mum, or [name of other man] which almost felt, sometimes you observe this, I observe this in people, thatthe if you like, they don't necessarily want to move on yet, that part of yourself doesn't want to move on, almost feels that the pain and the suffering is, demonstrates your love for them. And therefore, a bit like Queen Victoria syndrome if you like, to constantly show 'I'm in pain and I'm suffering and I've lost someone so important'. I don't know if there was ever a part of you which, almost wanted to hold on to that, and not allow yourself to go out and live, to experience positive emotions again?
P15	181 182	No. For me, I can understand you, that could be for some people, but that wasn't for me, certainly. Um, it really was very difficult. I remember after [name of man] died, [name of daughter] my daughter was singing in um, a solo, I think, in her choir, school choir, in a

	183 184 185	service, in um, the cathedral. And we were going. And um, and when we got there, and it was the day after I think I heard he had died. And I told my oldest daughter that's what happened, um I'm not sure if I told my husband. Anyhow, I felt I couldn't go in, I just couldn't, because I knew I'd well up. Um, but no, it, no I don't think. I can understand somebody could feel like that but it didn't hit me that way.
J15	186	It wasn't your experience, no.
P16	187 188 189 190 191 192	Um. One of the things, obviously we'd done a course in counselling, you know, trained grief counsellor. One of the things that appears a lot with grief is anger. (J: Hmm). And people say, 'How could they do it for me? How could they leave me know? How could they?' I didn't have the anger. Um, I knew, that in [name of man] case he literally dropped dead. He would have been appalled to know he was going to give me that anguish. As I would vice a versa. Um I wasn't angry with him. I could feel him apologising, you see what I mean [P: laughs] almost. 'I didn't mean to do this to you, I didn't mean to go, leave you with all of this'. With both of them, we agreed we would never part for ever. We would always keep each other in our lives, but in a contained way that didn't hurt anybody else.
J16	193	So what were, if you can remember, what were the emotions of your grief then?
P17	194 195 196 197	Er, missing you, missing you, missing you, longing to talk to you, wish you were here. Um, you know. Even now 20 years on when I'm trying to go to sleep, I will go back and count. I'll say to myself, 'I'll think of 5 wonderful things that [name of man] said to me', or '10 wonderful things [name of other man] said to me'. Or when we laughed, or which were the happiest day of my. You know in my memory, I take myself back to incidents that were pure joy. Um, I don't take myself back to the agony bits. I pick up the joys. And relive those, as I'm falling asleep.
J17	198 199 200	Hmmm. So sort of almost, um creating opportunities (to experience the joy (P: Yes) of the times you were together (P: Yes). Was that something, so you do that now, I wonder was that something you did quite near the time of the bereavements or did it take years or months before you could get to that point where you could do that?
P18	201 202	I suppose if it happened 5 years ago I could tell you exactly when it happened when one started to move on. But no, I can't really, it is a long time ago. Um.
J18	203	Perhaps it was a gradual thing, almost....you were moving on without realising.
P19	204 205 206 207 208 209 210 211 212 213 214 215	Oh yes. I turned from the love I got from [name of man] to, I knew him for 5 years, and for 2 years we were desperately in love. Um. I turned from, really, deep down being a very unhappy person. Um because I had, I didn't know very much about marriage, and I thought, you know, in all the books you live happily ever after. And as, my husband was dying to marry me, I didn't say yes for a while, um, you know. It never crossed my mind that I would, you know. We were going to be married happily ever after, we were going to have wonderful children, da dah dee dah de dah. And the shock of it was, finding that it wasn't like that, destroyed me. And not just my confidence, but almost, well I took an overdose. (J: Hmmm). So, um. And my children were furious with me. 'How could you do that to us'. And I was so busy worrying about myself which shows how, the wrong way, you know, how you look at a situation, different sides. Um, they took it, you know, that they didn't mean enough for me to stay in this world. I was just exhausted to be perfectly honest. It wasn't so much that I wanted to kill myself, I just wanted to sleep and sleep and sleep so that it would all go away. (J:Hmmm). You know. (J: Hmmm, hmmm). So I, and then I buried, when we got back together it wasn't easy to start with. Um. You know, I, I, sort of buried all of that. (J: Hmmm). But I didn't realise, um. [name of man] said to me, when he saw me sitting on the log, in the woods with the dogs, as they came by. He said, 'I

	216	thought I'd never seen anybody looking so unhappy as she does now'. He didn't even know me. (J: Hmmm). Um, and I turned. He turned me in 2 years, that I had with him, from being that person, into the happiest person that I know. And I still am.
J19	217	So it kept with you. You didn't lose it, when, when he went.
P20	218 219 220 221 222 223 224 225 226 227 228 229	Yes. And my husband who is half French, half Welsh, and is volatile, if he loses his rag and says, 'Oh you're so this and so that', I just say, 'Oh, rubbish, rubbish, rubbish'. And it doesn't even bother me. And of course this is, if you, people are a bit of a bully, er, in the way, you know, lose their rag, um, if you don't rise and if you just wander off saying 'Oh, rubbish, rubbish, rubbish. No, oh, you're wasting your time. That's not even true'. You know, whereas before, 'cos I just think of [name of man] saying 'I adore you, and I think you're wonderful'. You know. Why not? (P laughs). (J: Hmmm, hmmm) Um. But you know. Unfortunately for people who have been bereaved, um, I think some of them can't, may never get from the, um misery bit, to the joy of having had the person in their lives. And of course we all know there are some people by their own, I've got a naturally happy nature, I don't know if you do, and I don't know what my real parents were like. But I do know it's easy for me to be happy. (J: Hmm) I get joy out of massive of things, you know music, dogs, countryside, friends, you know. (J: Hmmm). Um, but I think there are some people, my mother-in-law was one, who revelled in being miserable (J: Hmmm). You know, and they're almost, um, and then again my 3 best friends, girlfriends, they're all terrible worriers. Oh I can't tell you how they worry. (J: laughs). And if they haven't got something to worry about they're worried they're not worried. (P: laughs) (J: Hmmm, yes). So it is alot about what's your natural....
J20	230 231 232	Yes. So have you met people then, where, I don't know whether you've been able to talk about um, er, some of the techniques you use to experience joy with [name of two men] and your mum. But have you met some people if you've been able to tell them about that, um who, I don't know, have said that's wrong or..um.
P21	233	I don't tell them about it.
J21	234	Oh, right. Okay.
P22	235 236 237 238 239 240 241 242 243 244 245 246 247	Um, but what I do say is, um, 'I do understand, because I've been there myself. I know what you're going through. I really know. I'm not just, er, read a book or..', you know. (J: Yes, yes). And by the very way you talk about their feelings, I don't know about talking of my feelings, but just talking about their feelings, and more importantly encourage them to talk about the person they've loved. They want to. And let them....I ran the talk team of [name of charity] in [name of city] for 7 years, and we went to schools, we went to, er, I had dinner once in, at, dinner with 40 men (P & J: laugh) Because I was the after dinner speaker. Er, and I've done talks all over the place, obviously about, not er bereavement, but about er suicide. And all that goes with. And then you have question time. And people would ask questions. And they would say, particular schools, 'Did you ever do it yourself?'. Or, any talk, people want to know. And I said, always said, 'We [name of charity] we don't talk about ourselves. But what I would say to you, probably anybody who volunteers to be a [name of charity] has had some stage in their lives, um close proximity to a suicidal situation. Perhaps friend or family. Maybe even themselves, which is probably why in the end they want to help other people'. So you can answer questions not talking about yourself, but at the same time not just blanking it. (J: Hmmm) So as I say, if people ask me, well I just say, 'I've been there. I know what it feels like'. But , er (J: You very rarely explain...) 'We're not talking about me, you tell me what you were doing last week after our talk'. You know and sort of put the ball back into their court.

J22	248	Yes, yes. 'Cos how did your um, daughter respond. You said you had told her about your relationship with [name of man] and.....
P23	249 250 251 252 253 254 255	Well then you, because they used to dog walk with me. (J: Right) Er, sometimes, and my younger daughter (P: laughs). Er we met him once, and he was walking, not with his wife, with his dogs, on his own. I was with my younger daughter and her 2 dogs and 2 of her small children, and we met him. And we all stopped to talk and I introduced him, and I said, 'A dog walking friend of mine', which I knew quite a lot of the regular dog walkers, and 'this is my daughter [name of daughter]', and we got talking. And when we went on I said to [name of daughter] did I think, I think this was when I'd known him for I suppose about a year or more, but nothing had been said (J: Hmm). I said, 'You know I think he's got a bit of a crush on me'. 'Mummy', she said, 'It's perfectly obvious, any idiot can see he's crazy about you'. (J: Ahhh) (P: laughs)
J23	256 257	It sounds like you were tentatively sussing her out. But, how what a lovely reaction. (P: Yes) And then perhaps, it sounds like that made it easier to talk to her.
P24	258 259 260 261 262	My son found out, he was the last of my 3 children to find out. And he said, he was a bit, he asked me if we'd been to bed together. 'No, and I'm not going to'. And he put me through the mill, he's the eldest of my children. Um, and, um as the girls both knew, I felt I mustn't, I mustn't, I must tell [name of son] because otherwise he'll feel that I've left him out. (J: Hmmm). So I told him I was very fond of somebody else, and I went through all of that. And then he, there was a silence, and he said, 'Oh well if he makes you happy, jolly good'. (J: Ahh, good) That was it. It was accepted that he was making me happy, so it was alright.
P25	263	Yes. So after [name of man] died, were you able to talk to your children about ...
	264 265 266 267 268 269 270 271	Marvellous. [name of son] said to me on the day that he died, he said to me, because I rang up and told him. He said, 'Mummy, if at any stage you need to talk, if it's 3 o'clock in the morning, just pick up the phone'. And I did, about 2 o'clock in the morning, you know my husband was asleep, and um, I talked to [name of son] for about 2 hours in the night. (J: Ahhh). And the girls were fond of him. [name of daughter] used to talk to him alot, on the phone. Because I used to go and stay with her. She was living near, er, near, in a small village about, I'm trying to think where it was. Anyhow she had her own little cottage. She's on her own. And, um, I used to go and stay with her for a night every now and then, and [name of man] would ring me while I was there and she chatted away to him. And they'd been through the break up of the marriage, and I think therefore, they had no illusions about the fact that I had been very unhappy for a long time (J: Hmmm) and that suddenly somebody really nice was making me a different person.
J25	272 273	Hmm, so they saw the bigger picture if you like. If they had any views about you having friends and such like, it seems like they put them to one side and said, 'No what's more important here is that Mum is happy'.
P26	274 275 276 277 278 279 280	Yes. And also I was, I always been involved in their lives, you know. We had plenty of other things to talk about (P: laughs) when we were together. Um, but as I say, because sometimes they come once.... The grandchildren too knew him, because I used to look after my eldest daughter's, er, first 2. She's got 4. First 2 when they were really little, so she could work. She worked 2 days a week, and I'd have the little one. Um, for those 2 days, for the day. And I'd throw it in the pushchair, and um, pick up the car keys and the dogs, and off we'd go into the woods, and bump into [name of man]. Who very often pushed the pushchair (P: laughs). Um. But luckily they were too small at that age to spill the beans. But [name of daughter], this will make you laugh, [name of daughter] was in [name of shop] and her little one was in the trolley, and [name of man] told me this, and he was in [name of shop] and came round the corner and saw [name of daughter] who he

	281 282	knew of course, a bit. Only he'd seen me with her, and the little one held up her arms in the trolley to be picked up by [name of man] (P & J: laugh). And he beetled out of there. As fast as he could go.
J26	283	Yes.
P27	284	And I think we did do all these [P looks at list] Yes.
J27	285 286	I'm wondering if you had any deaths in your life, if you like, where your grief process has been different, or different emo..you felt differently about a death? Is that, is it nearly always the same for you, or is it different, depending on each person?
P28	287 288 289 290 291 292 293 294	Um. Well, I think that once you pass 70, er, because we've lost an awful lot of friends, I do think then you, you, your grief is, um, not so, not so painful when you lose a dear friend or family member as it is when you are younger, because you are expecting it. (J: Hmm, hmm) Um, and if they've had 70 years of life, then you feel, maybe more, much more so perhaps at 80. We've got quite a lot of friends who are in their 90s now. Um, but yes. And also, if one's being honest, I mean, one or two of our friends who've died, or who haven't died, I wouldn't miss as much as some who have. In other words, you can't tell, it's so much on the individual I suppose is what I'm saying. (J: Hmmm). It's what the person who's gone put into your life and you into theirs. How much of this. Um. Two of my husband's best friends have died and um, and he misses them very much because they were like brothers. I mean, they had sort of silly nicknames for each other, and they'd go off into the potting shed and mend things together, and, you know. And then, that didn't happen anymore. You know.
J28	295 296	So the closeness of the relationship perhaps strengthens the yearning, the missing. But also as you say as you get older it's less of a shock, or more accepting, more expecting it?
P29	297 298 299 300 301 302 303 304 305 306 307	Well, I had a friend in the village, er, a lovely farmer, who I'd only known for about 6 years. But we became friends, we, because I love talking about the countryside, and, if you've seen a badger or whatever, you know. And he was, er, very into all that. Anyhow, he, I went to visit him a lot, um because he was a lot older, and he had a carer, and I used to go and sit with him and talk. I miss him a lot because, it's a selfish missing really, because I so enjoyed just going and visiting him and chatting. Er, about all sort of things, and because he lived in the village all his life, virtually, all around, you know on the farms, you know and we only lived in [name of county] er, for 7 years, he could tell me all sorts of things, you know. (J: Hmmm) So in other words, I think grief is a , is, a many coloured thing. (J: Hmmm). It's, er, I was, why I mentioned him, I was so glad for him when he died because almost the first time when I went to visit him after he was ill, oo, um 5, 6 years ago, he said, 'I'm fed..', he'd been widowed for a long time, and had a very happy marriage, and 3 lovely daughters, er grown up of course, um. He was longing to die, because his health was so bad, he couldn't do all the things he want, had done all his life. And he was dependent on a carer, and, um. But I used to tease him about it, you know. I'd say, 'Oh how are you?' and he'd say, 'Oooooer wish I wasn't here'. And I'd say, 'Oh I can see that, you know, we're on top of the world today' (P&J laugh). Um.
J29	308	So when he died, as you say, you missed him, you missed the times together (P: Yes) and obviously the interesting conversations.....
P30	309	Yes but I'm happy for him.
J30	310	I was going to say, is there part of you that was happy for him, because you knew he, he was suffering a bit, and ...
P31	311	Well, it was 6 years he wanted to die.
J31	312	Yeah, and sort of altruistic, sort of, 'Oh good, finally he's where he wants to be'?
P32	313	Yes, yes.

J32	314	'Cos has that ever happened to you where you've actually felt pleased because somebody has died?
P33	315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336	Well, I was pleased for him. (J: Yeah, yeah). That's exactly it. I was pleased for him. And I think, an army wife, a couple who we knew quite well, um. It sounds rather odd, but I had a letter printed in the [name of newspaper] the other day. Um, I went to a school called [name of school] in [name of county] and, um some, and I read the [name of newspaper] cover to cover everyday virtually, and I love the letters page. And somebody on the letters page was eulogising about having visited the [name of village] and all the delights that it had, and they recommended that everybody else go and see it. So I wrote a letter to the [name of newspaper] saying, 'Yes, um, it had given me, her letter, so many happy memories of my school years there, and one of the delights we had was that we loved having', it was a boarding school, girls, 'midnight feasts'. They were a delight. And at my own particularly dormitory on the minstrel gallery, you know, the gallery was here and the dorm there, um and we used to hide our food that we smuggled in for our., because we weren't allowed to (J: laughs) in the organ. (J: Oh). Because the organ didn't work, and it was never found. And this was printed in the., so everybody was teasing me, and um, what was rather lovely, about 4 days later there was another letter from the headmaster of [name of school] which is now a co-ed boarding school, saying, 'I can assure [name of participant] that the tradition of having midnight feasts at [name of school] is still strong and the organ is now, during Covid, having a wonderful...'., um because it didn't work in our day you see. And I did put in the letter that I don't think the school could afford to have it mended. Um, and he put, 'and we've had it completely redone, and um if in the autumn we have a concert we'd love her to come'. (J: Ah) (P: laughs). So one or two people picked up where I was, and one of them was a girl, um, who I knew well, and she um, for we knew the couple fairly well in the Army. It's like a great big club sometimes the Army. And she um, wrote, er, to say did I remember them, and so on and so on. So I rang her up and had a long chat, and I asked after her husband and she said, 'He's in a home, he's, um, got advanced Alzheimer's, er and he's 40 miles away, and because of the Covid thing, I haven't been able to see him now for 6 months, or something'. And I said, 'How dreadful, how awful', and she said, 'Well, mixed feelings a bit'. And I said to her, I waited until we'd chatted, and then I said, 'I, I..', when you do counselling as you probably know, you get the feel what people want you to say, and I after, towards the end of our talk I said, 'Are you quite hoping he'll just slip away?'. And she said, 'Oh, I'm so glad that you just said it'. (J: Hmmm, hmmm). 'Because it is what I'm feeling, and I feel a bit guilty of whatever', you know. Um, so, it, there are, and then about a week ago, that was all about a month ago or more, and a week ago I saw his death in the papers.
J33	337	Oh, right.
P34	338 339	And I will ring her up. I thought I'd give her a week or two, and then I'd ring her up to say, you know. You hardly say I was so glad to see it, but I'll just say I saw it, and, 'How are you now?'
J34	340 341 342 343	Yes, yes. Because I wonder....I sometimes wonder if people anticipate what their grief will be like when somebody in particular dies, like this lady with her husband thinking, 'Part of me will feel relieved'. Um but I wonder if actually those people who think that's going to happen if that actually does happen after the death, or actually is it, can it be a completely different experience than what they're anticipating? I don't know if you.....?
P35	344 345 346	Well certainly with [name of man] who I, he wrote and told me when I was in [name of country] that he'd got terminal cancer, and I remember walking around the air field, um we were [unidentified words] helicopter pilot, with the dog, with tears pouring down my face the day I got the letter. And again I couldn't tell anybody. Um, but because I had then, 2 or 3 years before he died, I did actually see him. I

	347 348 349	went to have lunch with him when he'd finished a whole lot of, um, er, you know, treatments and things, but, in fact I saw him once or twice, while he had it. But in the end he went into a hospice, and I, therefore I was prepared. If you see what I mean? (J: Hmmm) Um, I've forgotten what the question was. Was it...
J35	350	Whether the actual grief reaction, yes, was the same as you'd anticipated it was going to be?
P36	351 352 353 354 355 356 357 358	Because it, it, you could build yourself up for it bit by bit, um. Yes. No, I, I, I. I suppose it, the difference between the two of them, one of the big differences was that, um, [name of man] never lived within 40 miles, or 30 miles of each other, 40 miles was the nearest we ever lived. Other than when I working with him in [name of city] thereafter. Whereas [name of man] I lived very much closer (P: laughs), like 2 or 3 miles away. Um, so, so, it was. And I had a long warning that [name of man] was going to die, and none at all that [name of man] did. So in a sense when I say to people, 'I've been there, I know what you feel', by having those 2 totally different ones, and then my mother which is, you know, a lot of the people who need bereavement , it is about their own parents, it's not about their.....What I haven't any experience of are people who've lost children, I've never helped anybody with that. With [name of charity] we have a special, you can specialise in children bereaved if you want to, and I didn't want to. I, I stick with what I call ordinary ones. In other words, adults. [Pause]
J37	359	(Name of participant), it feels like we are coming to the end. Is there anything else you feel you would like to say, or...?
P38	360	Um, I hope it's helped.
J38	361	It has, it has, so yes that's been really good.
P39	362 363 364	It's, er, as I say, I think I've been...Everything's how you look at it. I see the glass half full. I think I've been a very lucky person in my life, but other people might say, 'Well, you know, you didn't have your own parents, you, um, you know, your mother. Your blissful marriage hit the rocks, etc'. No, I think really it's been very interesting.

Transcript PA03 (Sandra)

		TAPED TRANSCRIPT
P1	1 2 3 4	Okay, so the two people that died was my mum and [name of husband] mum. My mum died on the [date] and then a week later on the [date] [husband's name] mum died, so on the same day, the same Thursday. So, um its, its how our feelings were with those two.
J1	5	Yes, a double bereavement.
P2	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Mum had breast cancer. She'd had 3 rounds of chemotherapy. It had been a very long drawn out process before she died, ending up with her in the [name of hospital]. [Husband's name] mum had bowel cancer, her's had been much more gentler. So she had no pain, no operations, you know, and she went into [name of other hospital] which was a much nicer hospital than the [name of 1 st hospital]. So there was this huge comparison between the traumatic stress of mum's and the more gentler death of [husband's name] mum's. And then how I dealt with that, um. I mean the relief of mum dying because she wanted to die and, it, it was, she was in a horrible place, and then [husband's name] who didn't and was in a nicer place. And then the resentment I felt (J: Hmmm) between the two mums. (J: Hmmm). And the relief I felt with mum dying was mostly because she was at a stage where she wanted to die and she was refusing oxygen and trying to kill herself (J: Oh, gosh) and before that she was talking about Dignitas and us taking her somewhere to kill her. And, um, so I was relieved when mum died because it was what she wanted (J: Yes), and..And also selfishly, because I couldn't cope if she came home. Because we'd, my sister and I had had 3 weeks before she went into hospital with round the clock care. And I'm not a nurse and I can't, I couldn't do it. And the relief when she did die, and that, and I didn't have to do that was immense.
J2	24 25 26	What so that stress of the role of carer (P: Yes) in a situation caring for someone who didn't want to live, and then that all being removed through the death (P: Oh god) that was...
P3	27 28 29 30 31	It was a huge relief, because my mum wasn't easy, and I knew that, that all the time, she was nagging us constantly to get in contact with Switzerland to take her out there. Well it just, she didn't fulfil the criteria for a start, at the time. And yeah that was awful. And she wanted to die, her body was a mess, the skin cancer was eating her up. It was just horrible, so, it, for her I was relieved, when it happened.
J3	32	Hmmm.
P4	33 34 35 36	So of course when [husband's name] mum died, um there were loads of things because, I, if [husband's name] mum had lived and she'd come home and I was caring for her, I would resent the fact immensely that my mum had died and she hadn't. So that relief was incredible, you know, so I didn't have to cope with that.
J4	37	You didn't have to be put in that situation, yeah.
P5	38 39 40 41 42 43	No, that I was resenting every minute of having to look after [husband's name] mum, who equally wasn't easy, when my mum had died. Um, and also I resented the fact that [husband's name] mum had the easy, death, and my mum's was horrible. And, so, and we'd had, we'd lived, I'd lived with [name of mother-in-law] for over 10 years. The relief of not having her in my home was incredible. But I had to hide that, because it was [name of husband] mum.
J5	44 45 46	Yes, yes. 'Cos were you able to even talk about, between you, to talk about emotions and feelings, or did you just privately deal with them yourself, or did you have a friend who you could talk to, or...?
P6	47 48 49	Um, no. [Husband's name] and I are quite close, we, I had to be careful what I said about, I couldn't say, 'Oo I'm glad your mum's dead' (J: Hmmm), but, for him as well, he'll probably tell you the few, the months up to her dying were difficult, here, with

	50 51 52 53 54 55	her. And, um, and it was a relief. It was just a relief when they both went. (J: Yes) For both of them. You know, and looking back now I see loads of people going through what we went through, and I just keep thinking, 'Thank God we don't have that'. It's done, they've gone, and you know, we can move on with our lives. Because you know, they're not easy as they get old, people. And I'm not a nurse and it's just, it's just, easier, now they're not here.
J6	56 57	Yes, I can imagine, it sounds like it was really stressful up to the run up off the deaths.
P7	58 59 60 61 62 63 64 65 66	It was awful. Yeah, the run up was awful. Because [husband's name] mum kept falling over. [Name of husband] went to work and all the time we were waiting for phone calls and we couldn't get any help. And even in hospital they told us to clear out her room, because they were going to send her home with a hospital bed and a hoist. And I'm thinking, 'How am I going to cope with a, with that in my house', you know. (J: Yeah). And also I thought, we had my mum at the [name of hospital], [husband's name] mum at [name of other hospital], it was like a 3 hour round trip of visiting. And it just, it was just hideous, and so, actually the relief when it was all gone was more than the grief to start with I think.
J7	67	Hmmm, it was the dominant feeling.
P8	68 69 70 71	Yeah. I mean my grief for mum was more in the form of missing her, and our days out. (J: hmmm) Because I saw her every week, and, you know, I would phone her up and talk to her. It was that more than the grief bit for me. I missed her, I missed her more than I grieved for her I think. Um.
J8	72 73	And you said initially there was that really powerful relief that all the stress had been removed but then did that go then, and the 'missing' sort of dominate then?
P9	74 75 76 77 78 79 80	Yeah. I think the, once the relief that we didn't have to deal with it all had gone, and mum had got what she wanted and I didn't have to look after [husband's name] mum, um and then the grief came in for mum. (J: Hmm) The missing her came in. Yep. And that is still here. I mean, every day I think I'd like to phone mum and tell her this or I'd like to share [name of participant's grandchild], that is there, but equally we are still relieved we haven't got them. (J: Hmmm). And we don't have to deal with it now, and our life is free. It completely freed up our life.
J10	81 82	Yes. Not have it hanging over you in the future either. Knowing we've gone through that (P: It's done) it's done now, yes.
P11	83 84 85 86 87 88 89 90	Yeah. And you see other people going through it, and you think, 'Thank god that's not us'. You know, we've been there done it. And of course it was in a tight space, we had two mum's in the same mortuary, you know, the same funeral home. And we had two funeral's to do, and it was all hideous. And we had a tick list of things to tick off because we couldn't think straight. And then once it was done, it was done. And it was just incredible. Both of them done in two weeks. It was just a relief. It was all over. So yeah, I felt guilty wanting [husband's name] mum not, you know, to survive but.....Yeah.
J11	91 92 93	Hmmm. So not just, so much feeling guilty at the relief, but feeling guilty at some of the, as you say, perhaps some of the other thoughts and feelings. The resentment that [husband's name] mum seemed to be having a better time of it.....
P12	94 95 96 97 98 99 100	Time than mum, yeah. It was, it was like that. I mean she, her, her hospital thing was lovely. [Name of hospital] was lovely, they were all friendly. It was a cottage hospital, we got to see the doctor, and it was all lovely. Mum's was hideous. [Name of other hospital] is horrible. You don't see anyone, it's just horrible. And, yeah. So I was relieved when [husband's name] mum died, and that I didn't have to cope with all the resentment towards her for living, that, that, when my mum hadn't. (J: Hmmm). Which isn't easy because I had to hide that bit from [name of husband]. (J:

	101 102	Yes). I couldn't say, you know. I think he was relieved his mum had gone, because it was an awful time, but, um, I did feel guilty I was relieved that she had died.
J12	103 104 105 106	And I don't know, did you know what, did you have thoughts about yourself for feeling that, or were you a bit conflicted in the sense was there part of you that thought, 'Well this is normal, that is a horrible situation to be in', as well as a part of you thinking, 'Oor, I'm a bit, feeling a bit bad that I'm having these thoughts'?
P13	107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125	No, I did feel bad. I did feel bad that I was having them. And, um, I also felt bad with mum, her oxygen levels dropped, and she had, they'd given her a mask to keep her alive, and she was refusing to wear it. And on that last day that she died we were all, my sister, myself, and my son [name of son] were sat with her. And she pushed the mask away and....you know those comedy things where they, they take that, they take a deep breath and you think, 'Oh that's the last one', and then you wait for ages and you think, 'Oh that's it and she's died', and then she would take another deep breath and you would think, 'Arh'. (P and J laugh). And then, I kept, I felt terrible because I kept waiting for it to be her last breath, you know. (J: Yes, yes). And that really, for days that bothered me, because I felt, 'Oh god', I wanted that to be her last breath. (J: Hmmm) That, that worried me, for a few days after. And then I kept thinking, 'Oh my god, when that was happening should we have gone and got somebody', you know. We sat and watched that happening. Should one of us have gone and said to the nurse, 'I think something is going on'. But none of us did. We just sat there. Because we knew that was what she wanted. We just let her go. That, that worried me for a while. (J: Hmmm). Even though I knew that was what she wanted, um, that did bother me for a bit. I mean you do feel awful about it, you know.
J13	126 127	Yeah. And do you still feel bad, or has the guilt lessened a bit? And as you think about it, do you think, 'Well actually it was what it was'?
P14	128 129 130 131 132 133	I think, no. Now I don't worry about it. I think it was what it was, and now I know it's what she wanted, and she couldn't, she wouldn't have been happy living as she was living. And she wouldn't have gone on for very long anyway. So, yeah, now it does, at the time it worried me but now it doesn't. I mean none of it worries me now. I mean I do feel slightly guilty about [husband's name] mum, because um, I was, majorly pleased when she died. Um, but I've just let that go now.
J14	134 135 136 137 138	Was there something different about [husband's name] mum? It sounds like, whereas your mum, it was the relief of seeing her suffering over, er whereas [husband's name] mum was it more (P: It was more selfish). Well, more sort of the removal of the stress having to care for her, particularly as you'd cared for her for many years before that?
P15	139 140 141 142 143 144 145 146 147 148 149 150	Now, you're exactly right, that's exactly what it was. Mum's relief was more because it ended her suffering. Um, [husband's name] mum's relief was more selfish from my point of view, because I knew I couldn't cope with her coming home. (J: Yeah) I mean, I just couldn't cope with it. And also we had all these carers coming in and out of our house, which was hugely intrusive (J: Yes), and I hated them. I hated them, and, you know, if she came home, I knew that, that, um, I would have more carers coming in and out, and I would have a huge responsibility for care. (J: Hmm). And I'm no nurse, I knew I couldn't do it, I would be rubbish. And then I would feel guilty because I was putting a lot of it on to [name of husband]. You know, because I would be saying, 'Oh you go in to see to your mum', you know, 'She's your mum'. And that I would have felt guilty about. So the fact that that was all taken away from me was great. (J: Hmmm) I didn't have to worry about that.

J15	151 152 153 154 155	Yeah. I can see. And I'm also wondering [name of participant] I guess with [husband's name] mum, it, I could see there would have been, if she'd come home, it would have been such an impact on your life. As you say she would have needed like, whatever, 24/7 care, and I guess your life would have had to been put on hold (P: Yeah it would) and you wouldn't have known for how long?
P16	156 157 158 159 160 161 162 163 164 165	Yes, exactly that. And also I still had children home then. I had [name of son] and [name of daughter] and her boyfriend here, and I had to hide a lot of it from them. Because at the end of the day she was their Grandmother, and they loved her. 'Cos, I had no feelings for [husband's name] mum at all. I didn't like her, I just didn't like her, and so it was very hard with someone you don't like. (J: Yes) You know, um but I had to hide that because, you know, she was their Granny and they loved her. And although, [name of husband] loved his mum, I think he recognised the fact that it was hard, um, but I didn't, I didn't love her. I didn't have any feelings towards her at all (J: Hmmm). So I just resented the fact I had been stuck with her for the last 10 years.
J16	166 167 168 169	Yes. That you'd had to accommodate her in your life for a long period already (P: Yes), and I guess there was the threat actually you were going to have to give up everything of your life to be looking after somebody, as you say, you actually didn't like.
P17	170 171 172 173 174 175 176 177 178 179 180 181	Yeah. And there were lots of other issues. I mean, it's a relatively small house, there was a lot of us, and it, you just felt like you had no privacy in the house, and she kind of dominated the whole house. I mean I can't tell you what it was like when she was gone. I mean, the whole, the house felt dark when she was in it. It was just like a big weight was lifted off and the whole house felt, like it was my house. You know, it felt like it was my house, and I could do what I liked in it and um. I mean, because at the end of the day it was [name of husband] and his mum's house. You know, it was their house. They bought it, although [name of husband] paid the mortgage they bought it, and I never felt it was my home until she went. (J: Hmmm). And all that went away and it, it was just a complete lightness came over the place. (J: Hmm). And, yeah, a complete, it was, it's hard to describe what a relief it felt when she wasn't here.
J17	182	Yeah, it sort of gave you freedom?
P18	183 184 185 186 187 188 189	It did give us freedom, a lot. A lot of freedom. I mean I used to have to get back and cook her dinner, and get back and do her tea, and, and my whole life was kind of restrained to having to get back in time to do things for [husband's name] mum. And when that was gone it was just such a weight, lifted from us. And then I did feel guilty about that. I mean, things soften as you get, as time goes on, I forget, I forgot how bad things was until I started thinking about it talking to you. Um, I'd forgotten how bad it was here. Um, and how different our life is now.
J18	190 191 192 193 194 195	Yes. So it perhaps makes a bit more sense, the comparisons between how stressful it was, and having both mums die so close together and be ill in the lead up, all the stress, all the hassle, and as you say, that sort of dark oppression type of thing hanging over you, to suddenly the light, the freedom, the relief (P: Yes). And as you say you can compare it to your life now and sort of feel that you sort of still got some of that liberation, freedom and light (P: Yeah). Yeah.
P19	196 197 198 199 200 201	Yeah, we do, a lot. I mean going forward I know my mum at 80, which is what she'd be now, would be a bloody nightmare. So now, with this Covid thing, she'd never have coped. So I'm just so relieved she's not here, and she doesn't have to go through it all. 'Cos she'd have been a nightmare. (J: Hmmm). You know, I mean, in a way because it was all confined to those, that small amount of time and it was all over and done with fairly quickly. It, we're lucky really I think because, you know, my

	202 203 204 205 206 207	mum could have died one month, and then we could have had months of [husband's name] mum, but, it was horrible at the time but a relief now. Yeah it's a relief now. And we've just been sorting out the loft and going through the last of [husband's name] mum stuff and I see all this stuff, and stuff she'd kept, and I do feel a bit guilty that I didn't like her. Now. I do feel guilty that I didn't like her, but, you know, you can't help it can you.
J19	208	No. Was there a reason why you didn't like her, or...?
P20	209 210 211 212 213 214 215 216 217 218 219 220	Well, she was just, she was just a difficult woman. She was just really, she was really domineering and she wouldn't do things she didn't want to do, and she expected us to give up her, our lives to look after her. If we ever wanted to go on holiday she would make sure she was either ill or she fell over. I mean, I'm sure she didn't fall over on purpose but she always managed to do it (J: Hmmm) So we'd have to cancel our holidays or, you know, so it was all those things. She felt it was her right to expect us to, to look after her, and, um, you know. And we'd have odd little tiffs, and I kept saying to her, 'But we're entitled to our life too', and um, she didn't see that. She felt we should look after her. And it, you just had no freedom, you felt like, you know you couldn't go out for the day, because you'd think, 'Oh my god, I've got to get back by one o'clock because she'll be expecting her lunch', you know and things like that.
J20	221	So it really did dominate your lives, when she was around really?
P21	222 223 224 225	Yeah. And she didn't wash and things like that, which bothered me, you know. You couldn't get her to wash, and do basic hygiene, and it was just difficult. Yeah, it was just difficult. (J: Hmmm). But to other people she was as nice as bloody pie (P and J laugh) and they did never know. You know.
J21	226 227	And perhaps it makes it worse in a way because you knew she could do it, she could be nice (P: Yeah) if she wanted to.
P22	228 229 230 231 232 233 234 235 236	Yeah, she wasn't, she wasn't easy. So yeah it's a huge relief when she died. (J: Hmm). I mean it really was. And then the same with mum as well to a certain extent. Mum was quite domineering, so to have that freedom away....I mean it took me ages.....Even when I left home, if I broke something I would think, 'Oh my god, what would mum say'. You know, and then I kept thinking, 'Don't be stupid. This is your own home you can break what you like'. But you know, she still had that presence, so when she died, I no longer had to worry what mum thought. (J: Oh) Which was you know. So, you, it's all those things that you realise how, how dominant people can be in your life, and how free you can be when they are no longer there.
J22	237 238 239 240 241	Hmmm. So you really got a sense that the, as you say, almost she was in your head when she was alive, she was the (P: Yeah) inner critic if you like (P: Yeah, yeah) saying (P: Exactly), '[name of participant] you dropped that plate, naughty naughty'. Whereas (P: Yeah, yeah). So when she died, what did it go completely straight away (P: yeah), or? Oh wow.
P23	242 243 244 245 246 247 248 249 250 251 252	No, straight away. Yeah straight away. I kept thinking, 'Oo'. And it was a relief, if I did anything, you know. Or it was even stupid things like say you cut, I'd cut my hair and I'd think, 'Oh god, I wonder what mum's going to say', you know. And then you have that sort of anxious moment 'til you see her, which way is it going to go. Is she going to be complimentary or is she going to say what she really thinks, which she would do. Um, but all of that went away, because I could do whatever I liked, and not have to worry about what mum thought. (J: Wow). So yeah, so it, all that was lovely, yeah. (J: Hmmm). And it doesn't mean I don't miss her, I'd love to share things with her, but all that has gone, and that is lovely. I love this feeling now that [name of husband] and I aren't answerable to anyone, (J: Hmmm), except the kids,

	253	you know (J laughs). We can do what we like, and there's no, we don't have to worry.
J23	254 255 256	So it sounds like, wow in a way a sort of greater self acceptance, you could just be you (P: Yeah), do what you want to do without, as you say, without having, 'Oh no, what's mum going to say when she next sees me' (P: Yeah). Yeah.
P24	257 258 259 260 261	Yeah. They just happen to be quite dominant people. Um, [husband's name] mum and my mum, you know. They, they, but then on the other hand if there were any other, any, if I had any problems, she would sort it out, because she was that kind of person. You know, you could rely on her, but um, yeah, it is nice not to have, to answer to anybody, or worry about what people think, well your mother.
J24	262	Yeah, yes.
P25	263	I suppose, does this make us all completely abnormal? [P and J laugh].
J25	264 265 266 267 268 269 270 271 272 273	I mean I would say no. I think this is, is very normal, and this is partly why I'm doing this research because I think, this is more common than people realise, but because perhaps people feel guilty about it, or a bit ashamed, 'cos there's a bit of a stigma, they don't easily spread the news, 'Hey one of the advantages sometimes of death is that you get this freedom, relief'. (P: Freedom, yeah). But no one talks about that, so that's why I'm sort of interested in encouraging it, people to sort of talk about it, and also hopefully getting it out there, that for some people this is a normal experience and you know, actually perhaps it's one of the nice parts of grief. It doesn't mean you don't experience the other stuff, the missing, the yearning, the sadness, perhaps but there's some positive stuff in it.
P26	274 275 276 277 278 279 280 281 282 283	The good. Yeah. I can remember [husband's name] mum's sister died and we spoke to her son, and, um I phoned him up and I said, 'I'm really sorry about Auntie [female name]', and he just, the first thing he said to me was, '[name of participant], it's a relief'. And I was thinking, 'Oh, that's a crap thing to say'. And then of course, as soon as it happened to us, I, you could completely understand what they meant. (J: Hmmm). You know, it is a relief. Especially if they'd been poorly, and you know. And life isn't easy with old people, now because you have to fight for everything. You have to fight for every bit of care. It just doesn't fall into place, you have to fight for it. You have to fight for all the funding, and it's a battle. And um, it is a relief I think when you don't have to do that anymore.
J26	284 285 286	Yeah, there's a big stressor removed from life. (P: Yeah). And as you say, you won't have to go through that again, you've only got one set of parents, and its gone, yeah.
P27	287 288	I mean it would have been best if my mum hadn't left me with two stepfathers to look after, but apart from that [P laughs].
J27	289	Oh, are you still in their lives then?
P28	290 291 292 293 294 295	Well, um, my stepfather number 1 lives in [name of city], he's got a new wife so it's not so bad, he's married, and she's younger, so he's fine. But, Mum's, my, [name of 2 nd stepfather], Mum's latest husband, he's still in [name of local town] so yeah, I'm quite a big part of his life. He has got a daughter in [name of another town] so, I keep thinking [name of stepfather] is her responsibility but, I am aware that, for my mum's sake I feel I ought to keep an eye on him. (J: Hmmm) Which I do.
J28	296 297	Do you anticipate that you might get in the same situation with [name of stepfather], or do you think.....?
P29	298 299	I hope not. No I don't think so. I think his daughter will step in. Um, fingers crossed, yeah.
J29	300 301	And do you feel, I don't know, less emotionally attached to him, 'cos he's your stepdad, or...?

P30	302 303 304 305 306 307 308	Yeah, yeah. Well, when um, Mum was alive we never actually saw an awful lot of him, he was always at work and we never really meet a lot socially. But since Mum died he's become a much bigger part of all our lives. And it was almost like Mum crushed him and didn't give him a chance to shine. And then once Mum had gone, he came out of himself, and yeah. I mean he buys birthday presents, and Christmas, and you know, all this effort, which he never did when mum was alive. So, um, yeah. He's much better now that she's not here in a way.
J30	309	He's come out of her shadow, he's sort of more a person now, yeah.
P31	310 311 312	Yeah, yeah. Completely. And he seems....he's 80, and he seems happy and, well, so, um. Yeah, but I'm not worried about having to look after him. I think his daughter will do it.
J31	313 314 315	Hmmm, hmmm. And I'm just wondering, over time have you been able to talk a bit more about feelings, or would you still be very careful about talking about the relief you experienced, I don't know, with family members and people you know?
P32	316 317 318 319 320 321 322 323 324 325 326	Um, [name of husband] I can talk to anything, so he knows all of it. He knows how I feel, he knows I felt guilty that I was glad his mum had died and, he's fine, I can talk to him. The kids I don't talk to it about. Especially not [names of younger son and daughter] because [name of mother-in-law] was their proper grandparent. Um, um, [names of older son and daughter] we do talk about mum's death and they, um, I think they all felt the same as me. They were relieved, because they didn't like to see her like that, and they knew she wanted to die. And I do talk to my sister about mum. I mean the fact she came to dinner yesterday and I said I was doing this with you, and she said, I mean we did talk a bit about the relief. And she's the same, she was relieved when mum had gone. Because it, it just took it, she was struggling too. So, yeah, I can talk to them, yeah.
J32	327 328 329	But a bit like the reaction you yourself experienced a bit when your relative of your aunt died and you talked to him, are you still a bit afraid that sort of, beyond the family, in wider society that people still wouldn't get it, or...?
P33	330 331 332 333 334 335 336 337 338	No, definitely. 'Cos [name of man] next door, [husband's name] cousin, his mum died um, she died just before my mum. So, and he had a totally different relationship with her. I mean he was at the care home every day and he was feeding her. He would not have understood the relief, you know. (J: Hmmm, hmmm). Because he was not relieved, even though he had done a lot of caring, he wasn't relieved when his mum had died. So I couldn't mention to someone like him, 'cos he would think I was hard and callous. And you do think people might think that. You know, that you're a bit, you know, callous about the fact that you're pleased that their no longer here and they died.
J33	339	Hmmm. And did you think that about yourself at one point, or doubt yourself?
P34	340 341 342 343	Not with my mum, but I did with [husband's name] mum. I did feel mean, um about, about the fact that I didn't like her, and I was glad that she had died. I did feel, yeah, a bit mean. And I still feel a bit mean about [husband's name] mum. That I, you know. But you can't, at the time you couldn't help it.
J34	344 345 346 347	No, no. And it sounds like in a way, now you've gone through it, and you're aware of , it's possible to have that experience following a death, I don't know, do you think if another one of your relatives said, 'Actually [name of participant] I'm feeling quite relieved', do you feel you're now in a better position to sort of understand that?
P35	348 349 350 351 352	Yeah. Oh god, definitely, yeah, definitely. I can understand it all the time. I see loads of [husband's name] friends with, parents, they're the same age as us, their parents are getting elderly, going through the same things and fighting for the same help and care. And, and, I know, that I could, they would understand how I felt when our mums died. Because I think there are loads of people out there. It's, the whole world

	353 354 355 356 357 358 359	has changed now. It's not like it used to be. I mean people used to bung their old ones in a care home, there were places. It's not like that anymore, you have to fight for everything. And it's just so stressful. And also a lot of people are working, you know. Before wives were at home, they looked after granny and the kids, didn't they. But people are working now, and they are trying to juggle, and I think there's going to be a lot more people out there feeling relieved when their parents have gone.
J35	360 361	Yes, yes. And also the fact that people are living longer, and they are tending to get more diseases and (P: Yeah) and requiring that care as well.
P36	362 363 364 365 366 367 368 369 370 371 372 373 374	Yeah, there's a lot more dementia as well, because they are making them live longer, and, yeah. It is a lot...I mean, I can remember the doctor coming with [husband's name] mum and she, and I was trying to explain to her that I didn't know what to do. I mean, [name of younger son] was getting her off, if she sat on the toilet she couldn't get herself back off again, 'cos she had no strength in her legs. And [name of younger son] was having to do it, and I was saying to the doctor, 'If I'm not there my teenage son is having to do this'. (J: Hmmm). And the doctor said, 'Well what do you want me to do. Surely you don't want her to go into a home'. And I'm thinking, 'Well yeah I do actually'. But you know, you can't even say that to your doctor because they look at you as though you should be looking after them. (J: Right) And, you know, it makes you feel, then you think, 'Perhaps I should', and then you feel guilty about that. So of course then when they die you don't have to worry about any of that, you can't help be happy and relieved.
J36	375 376 377	Yeah, yeah, it makes sense. (P: Yeah). Have there been other positive emotions, or other positive, um outcomes from either of their deaths that you've sort of experienced?
P36	378 379 380 381 382 383 384 385 386	Um. I, hmmm, not really. I mean there's nothing, um. I mean, financially, you mean financially, [husband's name] mum had no money, so that didn't make any difference. Um, we sold mum's house, mum's flat, most of it had to go to pay off my stepfather's mortgage 'cos he hadn't, he had been doing interest only and mum had asked me to pay off the mortgage. But, I mean they did give us a little bit of money in the bank but also because I'd put money into [stepfather's name] house, that is now my pension. So that was a positive thing, I suppose going forward. But of course Mum left me with all that as well. She was selling the flat at the time that she died, and then she'd left it all to me to distribute, so I had all that to sort out as well.
J36	387 388 389	Oh gosh, so another stressor. So perhaps, that diminished some of the joy, perhaps, if you did get some sort of financial benefit, because you had all the hassle of organising for everyone, it perhaps, um...
P37	390 391 392 393 394 395 396	It was annoying because, they'd left, she'd left everything to me, and there wasn't a lot. She left everything to me, and then with a list that she had given me of what was to go to whom. So I had to do all of that list, and, um. People like my sister she got her share, but never had to do any of the work. (J: Hmmm). You know, so that was a bit of a pain, but, you know. A part from that there wasn't really many other positives I don't think. I mean other than the fact that perhaps we got a nicer relationship with [stepfather's name] maybe. (J: Yeah). Which is a positive I think.
J37	397 398	And as you say the lightness of the house, and being able to properly feel this is now my home.
P38	399 400 401 402 403	Yeah. And the garden. I mean there were odd things in the garden that [husband's name] mum had put in, 'cos obviously it was her garden, originally. And I couldn't take out. I'll tell you what, as soon as she had died I cut them down. (J: Oh wow)[P: laughs]. Because they were things I didn't want, so, you know. I was, I could do that.

	404	I had the freedom to do what I liked in the garden, you know. All those little things. Which were nice.
J38	405 406 407 408	And what about with regards when you think back on um, both the mum's. You know some people say um, it's almost like having rose-tinted glasses, all the horrible moments you've had with them, um go. And you just see them all in a positive light. Is that true for you, or...?
P39	409 410 411 412 413 414 415	Um, mum probably, it is true. I can remember she was a pain in the neck and if something came into her head she spoke it without the thought process in between. Um, and that, that, but, I don't remember all the bad things with mum, as much. But with [husband's name] mum I can remember, I think it is because the house feels so much nicer without her in it, it reminds me. But um, yeah, sometimes I look back now, and think, 'Was she that bad?'. But I know she was, but you can't, you're right, it does dull as the years go on.
J38	416 417 418 419	Right, yes. But not necessarily to the point where you look back and think, 'Oh, they were a wonderful person and we had wonderful times' (P: No). But the stressful and the not pleasant times, as you say, you don't feel the emotional impact so strongly now?
P39	420 421 422 423 424 425 426	No. I think perhaps if we hadn't been living with [husband's name] mum, it might have been different. But because the fact that she coloured our lives for such a long time, it would take an awful lot for that to be all wiped away. And you to forget all that. I think, yeah, if she hadn't been here with us. I mean every day for whatever it was years, 10, 15 years, you know, 20 years, whatever it was, I can't remember. It's a lot. (J: Hmmm). You know, so. Um, so yeah it must be 20 years, um so, yeah that all doesn't get wiped away, in a little, you don't forget all that.
J39	427 428	Hmmm, that's interesting, yes. Um, I think we've covered everything. Um, is there anything else you feel you'd like to....
P40	429	No, I don't think so. That's most things.

Transcript PA04 (Carl)

		Taped Transcript
P1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Yeah, I don't know how you want me to start. How I was feeling at the time, um. The problem with it is, it's sort of, all the series of events before that happened makes you feel a certain way. (J: Hmmm). For me. I, I, sort of my life was, um, for years before my mum and like, because like [wife's name] mum died at the same time. For years before that, things were getting steadily more and more, constraining, I found, in that, in living with my mum was quite difficult. In that she, she wasn't demanding in the sense that she wanted this done, that done, and everything done, but she was quietly demanding. (J: Hmm). So she would sort of, gently, you know, things would be, fall on my shoulders or [wife's name] shoulders to do things. And, at the time they weren't anything substantial but, you had that, and then she was getting ill, and then you had the worry of that and the hospital and everything. (J: Hmmm). And it, it started to make me feel quite stressed. (J: Yeah). I was feeling stressed. I didn't really think of it as stress at the time, but afterwards, I think, 'Bloody hell, I was sort of like super stressed', and didn't really realise it. 'Cos of all the things that were going on, um, it sort of, it sort of um. When she died, it kinda made, it was like a sort of huge valve being opened, in a funny kind of way. It was like, it had all finished, it was sort of like that was the end of that, and, I felt... I didn't feel happy, I wasn't happy at all, but I

	19 20 21 22 23	felt like a whole burden had gone. It's the wrong word to say, 'burden' I suppose, but just the whole situation had changed completely and I didn't have to deal with it anymore. (J: Yes). And it made me feel, I don't know, a lot less stressed. Well, at the time I was, but it, you know, it made you realise how much pressure you were under, when it all stopped.
J1	24	Yeah, the weight got lifted off your shoulders.
P2	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64	But it didn't really manifest, until after you'd had the funeral, and it was like months afterwards really. You started to think about it, and all the things you were doing before, you know. And how life changed in the house. Because it was, it was a funny kind of thing really, because [wife's name] and my mum didn't get on that well. They sort of did, but. It was horrible at the time, because [wife's name] was dealing with her mum. My Mum was ill as well, you know, so we were both under stress, and that wasn't brilliant for us really. Because it wasn't a happy house, really. At the time. Um, so when it did happen, I mean there was a week of horribleness, because [wife's name] mum died, and then they were trying to get my mum to come out of hospital and come home. And that was stressful, because I was going in there every day and they were trying to give her physiotherapy to get her on her feet, and she was, the poor woman was dying (P: laughs). (J: Oh god). You know, so I was getting super stressed at that, so I blew up at them in the end, and said that, you know, 'What are you trying to do, you're trying to...'. So all these things were going on, and I had work as well. I was useless at work, for those last few months I was sort of going to work but, you know. Everyone was all geared up and trying to do things at work and I was sort of, leaving a massive stress at home. (J:Hmmm) And then waiting for a phone call, because my mum was quite often phoning me up, or pressing one of these emergency button things. So I was having to come home from work sort of through the, through the week or something. So from that perspective I sort of got really, sort of stressed. And when it ended it was a relief in a way, it was a relief from it all. It was like it had gone, and something was lifted. But it was a, [wife's name] mum died, and I was so worried about [wife's name] as well, 'cos she kept talking about her mum as if she had a long time to live. And in my mind, she was only going to be dying really quickly, and she just couldn't see it. And I didn't, tell her that at the time, but I kept thinking, 'She's gonna go soon, she's going to go really soon'. And [wife's name] was still thinking, 'We're going to get her home, and we're going to look after her, and we're going to do this, and we're going to do that'. And I kept thinking in my mind, 'She's going to have a big shock soon, 'cos she's not going to make it', kind of thing. So that happened, she died, and then the pressure was on to get my mum home, after [wife's name] mum had died. And it was only a week between them, both of them, you know, dying (J: Yes). And during that week the doctors kept saying, well my Mum kept saying, 'Can I come home, I want to come home' you know. And the doctors kept saying, 'It's best if she stays here really, 'cos we can look after her better', you know. So I had this conflict going on between the doctor and my Mum. (J: Oh, gosh). Yeah, and in the end I felt guilty in a way, because I kept putting it off. Talking to my mum about, well she's better off being in hospital. Um, but, there wasn't enough time anyway, 'cos she just went in the end.
J2	65	Hmm.
P3	66 67 68 69	But, so, I never forget being in there with her and she was asking me all these things about, 'What's it like to die', and (J: Oh gosh). I know, 'Is it going to be painful' and it was sort of like I couldn't really tell her if you know what I mean, but I tried to reassure her. So that was all building up, and it all felt like a huge

	70 71 72 73 74 75 76 77 78 79 80 81 82 83 84	pressure that I couldn't really. It was getting to the point where I couldn't cope with any of it, and I was almost going to the doctor saying, 'Look I can't cope with this any more. It's just...'. But she died and then that was that huge, sort of like feeling of relief, because it had all gone away. All those years of, of looking after, sort of looking after my Mum really. Because for a long, I don't know if you don't know what happened in the past, my mum, I'm the only child, and my dad left my mum when I was 16. So it was just me and my mum and it, I felt almost like I'd been looking after my mum for a long time. But before I met [wife's name] it was just me and my mum living here, and it sort of, you sort of feel like, sort of part, you know what, it's your family you know, and you are looking after them. But it carried on feeling like that, even after me getting married to [wife's name]. It was difficult, because I know [wife's name] didn't get on with my mum. They all tried to, but you could tell there was always a conflict there, you know, and sometimes it felt like I was choosing one before the other in a funny kind of way. (J: Yeah) When you were in stressful situations, but, um, yeah, I don't know.
J3	85 86 87 88 89	So, two lots of responsibility, almost like you had the responsibility towards mum, and as you say she was your family first, almost like I guess a first wife with regard to duty and responsibility towards her, and then you trying to live your life having (P: Yeah, independence) [wife's name] move in but still trying to do what you were doing in the past as well.
P4	90 91 92 93 94 95 96 97 98 99 100 101 102 103	Yeah, there was a bit of a, a bit of a sort of, yeah. My mum didn't help really because she sort of, she must have known it was making me sort of like, go one against the other, and I, pretty well took my mum, [wife's name] side. Virtually all the time, so. It [laughs], yeah it caused a lot of stress later on. Earlier on in the relationship it was different, because we had the children and everything. But it was later on when my mum became ill, it became difficult. Um, so, yeah. So that all disappeared when my mum died.(J: Yes, yes). And the house changed in a big way. It sort of, it felt like, I don't know, it was much more relaxed. It was much, I don't want to be horrible to my mum in that sense and say that she caused it all, 'cos she didn't. It was just the way, you know, just living, you know, if I lived with [wife's name] mum it would have been the same I suspect. It was just a change in the way the house felt, and all those, sort of responsibilities disappeared in a way, and it was just me and [wife's name] and the kids, whatever. So, it felt like, a big weight lifted from my shoulders.
J4	104	Yes, yes.
P5	105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120	And I felt like I could get on with my life. And I remember when I went back to work, and I, before I had to keep asking about appointments, hospital appointments, and all kinds of things with my mum before I could commit to things at work. And having time off, was another big problem, because if I wanted to have time off then, or we wanted to go away when my mum was ill we couldn't really do it. But whereas afterwards, it felt like, we could do anything we wanted. (P: laughs). It was a funny kind of feeling. Yeah, it sounds like, it's like, painting it like a jail sentence, but it wasn't, it was just all these things constraining your life were all of a sudden, they all of a sudden they went. (J: Hmmm). So its probably a strange perspective from your angle, from what you're trying to think about, relief after death, because it's not, if it was [wife's name] it would be a different feeling. But because it was my mum, I loved my mum, but not like if I'd lost somebody who I was married to and I love in that, you know the other way. (J: Hmmm). It's a different kind of thing really. If it was my partner who had died, well I can't say how I'd feel 'cos I haven't done that yet, but this is obviously from the perspective of my mum, which is a different kind of love, of that kind of thing, you know. Yeah.

J5	121 122 123 124 125 126 127	So you think it was very, if you like, the fact that there was relief in the mix of emotions you were going through, was sort of specific to that situation, the fact that you had a mum living at home with you, and then sadly the illness at the end and the care responsibilities, and all the stress and such like, if you like, its because that got removed with her death, that's why you experienced relief? So you don't necessarily anticipate it would happen in other deaths, it was very peculiar to that situation?
P6	128 129 130 131 132 133	Yeah. Well yeah, I couldn't say, I wouldn't like to speculate how I would feel, but, but, because situations build up in the way. I mean if say, god forbid, [wife's name] got some horrible disease, and she was in pain, and all that kind of thing, you would, I would probably feel a sense of relief for her, and that would transpire into that for me maybe. I don't know. But, yeah, because of the situation, the mum situation, that was the angle that I got the relief from really.
J6	134 135	And did you, I don't know, did it surprise you a bit, that that was in the mix, or did you, how did you make sense of it?
P7	136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 160 161 162 163 164 165 166 167	No it didn't surprise me because, I knew that, when you sort of look back you know the reason for your, for all that hurt and all that, um, unhappiness. Because I, every day I felt like, you know like you get butterflies in your tummy when you're, I was having that all the time. All week , it was just like constantly sort of worrying about things all the time. So, it got to a point where, even though my mum had died, it felt (P: laughs) it felt like a little...You know it's weird because about a week after she died I went in to her room, because she'd got like this wet room in there, and, er, it used to be a sort of, what did it use to be, it used to be a corridor. And we turned it into a wet room. And I was so frustrated with, and it was such a relief that I then, 'cos I then decided that I would knock the wall down, and redo the room, and sort of like change it. So I took out all my frustration on this wall that I knocked down (P and J: Laugh). It was sort of like a big release, it was weird. I got the hammer out and smashed all this wall down and it felt like, 'Yes, I've sort of like made progress, and I feel like we're moving forward and..'. It just, I don't know, it was just a funny, strange kind of feeling really. (J: Hmm). But, yeah, don't know what else to say really about....I sort of almost felt guilty for a while, because she didn't come home. (J: Right). Whereas, it would have been such a, it's almost a bit selfish on my part in a way. Because [wife's name] mum had just died and she was really upset. It, it, after that my mum, they were trying to get my mum to come home within a week of her dying, [wife's name] mum dying, they were trying to get her to come home. And I thought that she wouldn't be able to cope with my mum coming home, and then another person dying in front of her, 'cos that's all she was going to do. (J: Hmmm). She'd have come home for a few days, and then died. And that was, that was difficult to get my head around, but. So I had this sort of like feeling of guilt that I never got her to come home, really. (J: Hmmm, hmmm). They sort of wanted her to come home, and they were trying to facilitate it by getting beds and things sorted out and arranged. But every time I spoke to the doctor he just said to me, 'She's much better here, she's much better to be in hospital. The nurses are here, they can give her her morphine and whatever'. And that's what we did in the end, and I just kept going in and seeing her all the time.
J7	168	Hmmmm.
P8	169 170 171 172	So I had that pang of guilt as well, but the overwhelming feeling was, was like I'd been released from a really stressful difficult thing. Even though I felt really hurtful that my mum had died, and I miss her terrible now, but only from the point of view that I want to talk to her again, and, and. You know, you sort of miss that

	173 174 175 176 177 178 179 180 181 182 183	person, and you walk in a room and you can still sort of imagine her being in there, and you can still talk to her in a funny kind of, sort of, in your mind. You sort of (J: Hmmm) get through things, but, yeah, so.....Although I felt guilty, it, the overwhelming thing was sort of feeling like I had been released from things. And after now, it was quite a few years ago, sort of 5 years ago, I see some of my colleagues at work who their parents now are starting to get to that point of their lives where they're becoming difficult, and needing more attention from their children, or whatever. And I'm thinking I haven't got that anymore. And although I miss my mum, and wouldn't wish her dead, it's sort of like, I'm never going to have to deal with that ever again. And its sort of a relief (P: laughs). It is a relief. 'Cos I know how terrible it was, you know, but, yeah.
J8	184 185 186	And did you, I'm wondering was it something easy to talk about as an emotion to other people, about what you were going through, or did it feel like people won't understand this relief, this...?
P9	187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202	Yeah. Well I spoke to [wife's name]. We speak to each other about most things. I remember us sitting out on the patio in deck chairs, after both of them had died, and we were planning the funerals out. And it was like, 'We've just got to get through this'. We looked at each other, and we sort of, 'Just got to get through this now. If we can get through the funeral, funerals' (P laughs). And then, it would be alright. And, so we didn't have any trouble discussing it. Um, I don't, I didn't really analyze it in the sense that I thought, 'Am I, could I talk to anybody about it', because I only really talk to [wife's name] about it, to be honest. Um, I sort of, people at work, I spoke to a little bit, but not really very much. A couple of my close friends at work would sort of ask me how I was, and you know. But I didn't feel the need to talk to anybody else apart from [wife's name]. Um, and I don't, I think if I'd have spoken to other people it wouldn't have bothered me, I wouldn't have felt guilty showing that I'd felt a sense of relief. Because a lot of people were saying, you know, its, you know, they were concerned, but they were expressing their empathy that you, they knew what situation you were in, that she'd gone, and it was probably a good thing that she'd gone, kind of thing.
J9	203	Hmmm.
P10	204 205 206 207 208	I mean it's different, because I, it's sort of like a, um, there's a flag that's waving in the distance saying, 'This is the point where your mum's going to die (P: coughs)'. And a lot of people will not experience that in the sense that they might, their loved one, or their parent or whatever, might just drop down dead and suddenly die. Whereas we were expecting it.
J10	209	Yeah.
P11	210 211 212 213 214 215 216 217 218	So for some people it's a massive shock, it still might be a sense of relief, but for me it was like this, I'd already been, my mum had already been diagnosed with terminal cancer, so you were like, it was like, you were reaching the end of the road if you know what I mean. You knew their end, but it was defined that it's going to happen in the next. When we first got told they said she could live for 3 or 4 years or whatever. So, you sort of prepare yourself in a way for that to happen. Even though you know it's going to happen you still build up all these stresses along the way. So it was a relief. So for a person, maybe didn't have that warning, they might have a different experience, possibly. I don't know.
J11	219 220 221	Do you think having that warning, that you sort of start going through the grief process early, although the person's still alive, because you know about the death?
P12	222 223	Well, when she was first diagnosed, I didn't, it was obvious what was going to happen, but it wasn't going to happen straight away. Um, but it was when she

	224 225 226 227 228	started getting really poorly and then, and when the symptoms start to really manifest and you can see that it's, that's when you start to think, 'It's going to happen', you know. And you start, in your head, you start, all these things start going round, you know, but. Yeah, so. You do I think. You do start preparing yourself mentally (J: yeah) for it to happen. Um, but..
J12	229 230 231 232 233	And did you ever find, and you don't have to answer this if it's too difficult to answer, but before mum died did you, particularly when she was starting to get quite ill, did you I don't know if the right term is wish it, but almost think that, 'I know when she dies I will expect, I will be relieved. I will be relieved this will be all over'. Did you know it beforehand, or only after the death?
P13	234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251	Yeah. I think I knew it before. (J: hmmm). I think I knew beforehand. I think. I could see my mum was, I can't say whether she suffered a lot. She obviously did suffer because she knew she was dying and she couldn't eat things. And you could see she was turning into a hu, you know, like a skeleton. She couldn't move in the end. Um, so, from that point of view, you just wanted it to be over, you know. And in a way you sort of hope that she would just go (P: clicks his fingers) like that, kind of thing. Even though we knew it was going to be a long protracted sort of thing. But, yeah, you sort of, yeah you do. You sort of doing the grieving process sort of thing in a way, because you keep looking at that person. And I kept looking at her thinking, 'What'. I kept thinking about her life and what she did in her life, and was she happy about it, and. We used to have chats down there, about what she did and things she'd wished she'd done, and that kind of thing. So she sort of confided in me in some things, in a way. Um, which was good for her, and it gave me an insight into the sort of things that she was thinking about when she was younger, and that kind of stuff, but. But then that sort of makes you think about your own life, in a funny kind of way, what, what valuable things happen in your life and (J: Hmmm). (P: laughs) All these memories and all these things that are important to people, they all just disappear, and, huh.
J13	252	Hmmm, when the person's gone.
P14	253 254 255 256 257 258 260 261 262 263 264 265	Yeah. Yeah. And that person's gone then. But, you try and, you try and remember, well I try and remember things about her. And then things jog your mind. We were clearing the loft out the other day, and you find, find old, we, I, had kept all her old diaries, that kind of thing. And yesterday we were looking at a book full of recipes that she had saved and written. So you sort of, it comes back again, sort of, um, yeah, you sort of remember, sort of pick out the good things that you remember, and the nice things, and I try to not think about the last, sort of 6-8 months of that ordeal. Because it was horrible, so, I try and not remember my mum when she was going through that last bit, really. Because that was horrible, and not, I wouldn't wish that on anybody really, having to sort of deal with it all. Um, so, me saying that makes me think I'd prepare, I probably did prepare myself for it to happen. (J: Hmmm, hmmm). Yeah.
J14	266 267 268 269 270 271	And I wonder, it sounds like you try not to think about the ordeal and the ending bit, which was very stressful, and sort of focus on the good times you had with her. Is, does that, would you say your grief experience now is such that, I don't know the painful emotions and the yearning are less, and does what come in, happy memories, and can you experience happiness when you think of mum, now?
P15	272 273 274 275	Yeah, yeah. I can. Um, I don't want, like I said, I, that, I don't want to define my memories of that person by the last few months of their life, so. I've chosen, I made a choice, I mean I could think about all the things that, all the horrible things that were happening, but I try not to think about that anymore, because that to

	276	me is not productive. And I don't want to have that hurtful feeling. (J: Hmm).
	277	Because that's something that, I mean it could happen to me. I could get some
	278	horrible disease, and you could go through the same horrible ordeal, so.
	280	Something you can't change, so I don't want to remember my mum going through
	281	that small part of her life that was horrible. Although I remember it, I don't want
	282	to , I chose not to remember those things in the same way that I like to remember
	283	the happy times. So, try and concentrate, you know. Like yesterday, the other day
	284	when we were looking at the recipes and I was sort of looking at one and thinking,
	285	'Oh, my mum picked that'. Because she found that cake, or that chocolate, or
	286	whatever, and I think, 'Oo, that's nice, I might try that and see if I like it'. So, a
	287	positive kind of memory that was nice, and nice to remember. And just looking
	288	through the other day we were looking through photos and [wife's name] doesn't
	289	like photos. She sort of, she doesn't mind them now, but she doesn't like looking
	290	at old photos because it makes her feel, feel her mortality little bit I think (P:
	291	smiles, J: Laughs) and she's sort of looks, 'Where did all the years go', kind of
	292	thing. So, that doesn't bother me, I'm quite, I can quite easily look at that. So,
	293	seeing pictures of the kids when they were in my mum's room doesn't make me
	294	feel upset, it just brings back a nice memory, really. Of the kid's going in there and
	295	playing and things like that.
J15	296	Hmmm.
P16	297	So, yeah, I mean, as far as living in the house goes, it was sort of a big change for
	298	me and [name of wife] in a positive way. It was like a sort of, I don't know, a sort
	299	of weight was lifted if you like from us. And it allowed us to be so much more, well
	300	I don't know, more relaxed with everything. Because we had to plan everything
	301	when my mum was here (J: yes), and just going on holiday it was sort of like a
	302	major operation. You had to get her food for her, and make sure she was alright
	303	and leave numbers and it was all a bit of, the holiday wasn't a holiday, you know.
	304	(J: yeah). Um, and I know, during that time when we were, the mums were dying
	305	[wife's name] was super stressed about her mum, and she just, I don't know, it
	306	was sort of like, it was really difficult. She was focusing on her mum, I was focusing
	307	on my mum, and we were like juggling trips to her mum, to my mum. It was all
	308	one day the [name of hospital], one day [name of other hospital], one day, you
	309	know. It was sort of, it got really bad (P: laughs). Not, we weren't getting on, not
	310	that we weren't getting on with each other, it was just, we never had a life, you
	311	know. It was just managing mums kind of thing, and that had all, it was lifted away
	312	from us. Well for me, personally, and I think it was for [name of wife] as well. Um, yeah.
J16	313	So without that stress, you could find the pleasure in your relationship again?
P17	314	Yeah, yeah. Because it was almost like it was put on the back burner if you like.
	315	While we were doing all these things, if was, you didn't have time to have fun, or
	316	enjoy each other's company in the same way. It was like, like stress relief in, in a
	317	funny kind of way. I would talk to [wife's name] about all the stresses with my
	318	mum, and she would talk to me about all the stresses with her mum. And we, sort
	319	of help each other that way. (J:Yeah). But it wasn't a pleasurable time (P: Laughs).
	320	(J:Hmmm, hmmm). Yeah, sort of trying to remember really, because it was a long
	321	time ago, 5 years.
J17	322	Well no that's been really useful. In a way as we talk about it and you are
	323	remembering it, as you say, I know you say you try not to think about it too much,
	324	does that mean over time, it grows more distant? It was hard, but perhaps it
	325	doesn't quite feel real that you went through all that, until you do talk to
	326	someone?

P18	327 328 329 330 331 332 333 334 335	Yeah it does. I think the time thing does, does help. I know it's the old cliché, 'Oh give it time' and all that lot. But I think it actually does, because, well from my perspective I try and, I just, my mind just thinks about the good things and you try and put all the bad things, I don't, I can't, if thinking about the bad things doesn't achieve anything then, I try not to think about them. Because, what's the point, you know. You're just whipping yourself with a stinging nettle, aren't you (P: laughs). (J: Yeah). So, yeah, the time thing does make it, does make a difference, um. But that's for me personally, whether somebody else would feel like that I don't know, but.
J18	336 337 338	Does it make you feel, I know it's a bit strange because your mum is dead, but does, has the relationship and your feelings towards your mum changed, since her death?
P19	339 340 341 342 343 344 345 346 347 348 349	Yeah. Yeah in a way, it makes you think of all her frailties that, as a person. For me, it was all her frailties that she couldn't help some of the things, the way she was, that was her (J: hmmm). But at the time you didn't quite see that in the same way. You sort of thought it, 'Bloody hell, my mum wants me to do this, to do that'. Whereas she was very quiet and introverted and, she found things difficult sometimes, but. So, yeah, I think so. And then you look back at some, at all the bits of papers and literature and photos and things and you can see the things that she valued in her life, and you think, 'Well they were nice things that she valued, and'. So yeah it sort of makes you feel more positive if you can look at some of the things she valued and, you sort of, yeah, you do sort of feel an affinity with them, with the person more. Maybe, I don't know.
J19	350	Hmmm, so see her in a slightly different light, yeah.
P20	351	Yeah, see her in a different light, that's a good way of putting it, yeah.
J20	352 353 354 355 356 357	I think [name of participant], I've got my little prompt sheet, I'm just scanning through it if there's anything else. Um. I suppose, did the emotions you experience closer to the death, have they changed 5 years later, um, I don't know. It sounds like it was such a stressful horrible situation, that (P: It was) initial relief from weight of, I guess it's probably dimmed a bit because the stress is in the past?
P21	358 359 360 361 362 363 364 365 366 367 368 369 370 371	Oh yes, it has. Totally gone. And it's sort of just like a memory now. It's not a sort of, something that I've hidden away in my mind, and every time I think about it, it makes me feel upset. It doesn't at all anymore. It's part of life isn't it? You sort of get, you go through, for me, I've gone through this process of, of, dealing with the st., the emotions of my mum going, and then I'm sort of okay with it, you know. I've moved on, if you know what I mean, it's sort of. It's not something, I mean we're talking about it now, I wouldn't have, I still don't feel the need to have to talk about my mum's death. I don't feel like it's a thing that's upsetting me to the point where I need to go and talk to somebody about it. (J: Hmmm). So from that perspective I feel like it's, not affected me, in the sense that's it's colouring my life anymore. It's not colouring my life at all. It's something that's happened, and it did, the lead up to that event, was colouring my life, in a horrible way, in a stressful way. And now it's gone, so, it's, it's not a sort of something that is recurring anymore. Something that, you know you just deal with it.
J21	372 373 374 375	And the more grieving type, the yearning, the missing, the pain of loss, did that impact on your life? I don't know, did you need to take time off work, or whatever, or did you find actually in comparison to the lead up, and all that worry and stress on your mind, no it probably didn't?

P22	376 377 378 379 380	No, the comparison. It was complete, I mean I did take time off work, but it was more to do with organising the funerals and things really. I did need to take time off, because it was, I was burnt out to be honest. Trying to work, and deal with all that stuff going on, it was a nightmare. So I did have two weeks off, um. But, um, I forgotten what you asked now (P: Laughs).
J22	381 382 383 384	Well, it sounds like as you were saying, you didn't need to talk to anyone about it, and it felt like, it sounds like your process of grief, you went through it but you didn't feel, um it was problematic, that it was having an adverse impact on your life (P: No), got stuck in any emotions, you know?
P23	385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401	Afterwards, I didn't, it didn't, it was a relief. It was such a relief, I felt like, like I could do things again. That I could concentrate on things, and I could make commitments without having to worry about somebody else. So, it felt like a release in a way. (J: Yes). Like I was allowed to do things. I didn't have to, have to tailor the things that I did around somebody else. And it was that kind of feeling, so it was, it was, I wouldn't say it was a good feeling, in the sense, it was a new feeling that felt, felt much, much, a 100 times better than it was before the death. You know what I mean (P: Laughs). It was just a sort of, yeah. And I felt I missed my mum, and all the, that sorrowful type of thing, that, 'My mum's died', and everything. It was horrible but, it was a, I wanted it to happen because she was, she was very unhappy with all, you know. It was just a horrible time, you know. It was, yeah, it was completely, I don't know, it was like a watershed, sort of kind of thing. It was like everything was lifted, and everything changed, and (J:Hmmm) I could look forward to my, to doing things in my life without an end. There was this end post with my mum, and my life was sort of, seemed to be coming to a point with this end point with my mum. And that had gone, so, I haven't got one now (P: Laughs). So in a way I can just move forward.
J23	402 403 404	So in a way, does that liberation, was that the start then of a new life for you. A life with less responsibility and ties 'cos one of the key people you had a tie and responsibility to had gone.
P24	405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426	Yeah. I think it was, yeah. It felt like a new lease, a new lease of life. You know, and it was weird, because it was a sort of similar thing with [wife's name] in a way. Because she had the same kind of, I don't know, she had the same, she'd have to tell you if she had the same feeling or not, but it, it felt like she couldn't cope with looking after her mum and she didn't know what she was going to do. And she was probably feeling similar to me, you know. After her mum died it was sort of a sense of relief for her because she wouldn't have that responsibility anymore, and it was the same for me. I didn't have the responsibility of my mum anymore, and. So, for both of us it was a similar kind of feeling I think. So, it was quite invigorating, because we could move forward, you know. (J: Yes) [Wife's name] misses her mum dreadfully, or she did at the time, it was, she was really upset about her mum dying. And she would be very emotional, quite a lot, um. Well as I sort of reconciled it. I was upset about my mum, and I was upset about [wife's name] mum too. But not in the same way, I didn't know her as well, I didn't live with, you know. If I had lived with [wife's name] mum it might have been different, but. Um, but from my point of view with my mum, I was upset, but I wasn't upset for months afterwards, feeling tearful and that kind of thing. And hurting inside, I didn't feel like that about my mum, because I knew she'd led a good life, she was 86, 87. She, it wasn't like she'd been, she'd missed out on her life. She had her life, kind of thing, and. So I didn't feel like it was something that I had to worry about all the time. It was something that was, it was like, 'That's life', you know. If I get to 86 or 87 and pop my clogs, then fair enough, sort of thing. So,

	427 428	my way of dealing with it was to think, 'You've got to die of something'. She died of what, of that. And you know, you move on from that.
J24	429 430 431	Hmmm. Did it, I'm just thinking, the impact of you both going through your mums being ill and then dying, was that, did that make the experience better for you, or actually cause more problems for you?
P25	432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449	I think it's both. (P: laughs). It caused problems, it's both. It caused problems because I couldn't devote my time to helping [wife's name] go through her mum's death. And she probably, similar kind of thing, she couldn't help me when my mum. Well, we did help each other, we did talk to each other, but it was, it was, distracted by the fact that your own parent was dying, all the time. You know, my parent was dying, her parent was dying, and we were trying to help each other, and we were trying to visit both parents at the same time. It was all, it was all a bit of a nigh....(P: laughs), a bit of an anomalous way of trying to analyse it all really. It don't probably get that very often (J: No), you don't get two people dying close to each other. Two different parents. It's sort of a bit of a funny, sort of scenario. Um, so, yeah it was strange at the time. Because we both felt, knew what the other one was feeling like. (J: hmm, hmmm). She, you must of felt feeling upset and hurtful about my mum, and I knew the same that she was feeling about her mum. And we all had these pangs of guilt about, huhhh, wanting my mum to come home, but not wanting [wife's name] to have to go through a, watching somebody die, just a week after her mum had died, you know. (J: yeah). That kind of thing. But, yeah, it was all strange. It seems a long time ago now (P: Laughs). Moved away, moved on from it, you know, but.
J25	450 451 452	Yes. And I'm just wondering [name of participant] whether you've had this experience with any other deaths in your family or friends, and any sort of relief or was it just unique to this situation with your mums?
P26	453 454 455 456 457 458 459 460 461 462 463 464	I think, yeah. I think this feeling, well I can only say it's my mum to be honest. It's unique to my mum. I mean my dad died, and I never really knew, because my dad left when I was young. And I just started to get to see him again, so a gap of sort of, I don't know, 20 years or something. And then he got, unexpectedly ill, and died. So, I didn't really have a big relationship with my dad. So although it was upsetting when he died, and I got emotional at the funeral, um, (P: Laughs) 'cos you would. Meeting all his brothers and whatever. It wasn't the same, because it was sort of a shock type death, type thing. It wasn't a, it wasn't a, you didn't know he was going to die, he just died kind of. So, I didn't feel it the same way for my dad. Um. Yeah, so, I don't know how I would feel if it was somebody else close to me. It would be a different sort of, a different set of feelings maybe, I don't know. It's hard to sort of, guess what you'd feel like, I couldn't say.
J26	465 466 467	Yeah. 'Cos I sort of wonder does it go with the person, the person grieving, or does it go with the situation and the relationship the person had with the other person?
P27	468	Yeah.
J27	469 470	I think it's probably more situation and the relationship you've got rather than you'd be an individual who always grieves in the same sort of thing?
P28	471 472 473 474 475 476 477	Oh definitely yeah. I think it's very much like that. I think it depends, I mean, you could feel the same about somebody who isn't a close relative, or anything. Just that person, it's the person and your relationship with them, I think, will probably determine how you will react, to your, to that death, yeah. (J:Hmmm, Hmmm). I remember when my granny died, she died up the top there, up at number 8, and, um I could see, my mum and her sisters were taking turns to sort of look after her. And I was about 20, I think, 18 or 20. And I didn't really feel any emotion when my

	478	gran died. Although I knew her really well, but it was like, because, it was sort of
	479	like my mum was doing it kind of thing. It was a weird kind, a weird thing really. I
	480	don't know, she was my grandmother but, but I didn't, it didn't affect me like it
	481	would have done like it was somebody who I had a close relationship with I
	482	suppose. So, yeah. Sort of back at that feeling that its sort of the relationship you
	483	have with that person that makes you grieve in a certain way (J: Yeah). Possibly.
	484	Yeah, so you can, yeah.
J28	485	Okay, I think I've covered everything I wanted to. How are you feeling?
P29	486	Yeah, I feel like I've talked a load of garbled mess. (J: Laughs) A sort of like a brain
	487	dump of rubbish come out (P: Laughs).
J29	488	No, it's been really good. It's been really helpful.

Transcript PA05 (Louise)

		Taped Transcript
P1	1	Okay, so I'm going to tell you about um, um, a lady that I knew quite well, and I
	2	ended up working for her. So, this, I'd been quite active in my local Baptist church
	3	and there were a group of elderly ladies. And one of the ladies who'd actually been
	4	quite, um, er, again very revered and looked up to, and she'd been one of the
	5	founding members or a small chapel group that had actually joined with the
	6	Baptist church. And her name was [name of lady]. And, um, she was a lovely lady.
	7	She'd used to play the organ, she was, as I say very, you know, er, a very good
	8	woman, a good Christian woman. Um, she, her husband had died 5 years earlier
	9	when I met her and, um, I got more involved with her because I use to, on Sundays
	10	take her friend, from where we lived in [name of town] over to visit her, every
	11	Sunday afternoon, and then take the friend back. Um, and you know, again she
	12	was very, very, you know, I got on well with her. Um, she had a stroke and
	13	although she had a big family they were quite scattered. The daughter, who lived
	14	closest to her, had a disabled son and, you know, and obviously had her
	15	grandchildren to look after. So she wasn't able to care for her mother as much as
	16	she would have liked. So, they asked me would I sort of help out with some of the
	17	care following this stroke, because she wasn't able to sort of, she wasn't as mobile,
	18	she needed a frame, she needed some help with cooking and cleaning. Um, and I
	19	said, 'Fine', and it was all done above board, so, you know, I was paid sort of
	20	through PPI and things like this, um, no personal allowance, no PA. PPI is insurance
	21	(P: laughs). PA, which is personal allowance. Um, and the occupational health
	22	came and visited me, and stuff like this. So it was all very above board. Um, so it
	23	started off I used to go in about 2 hours a day, twice a day, to do meals, to make
	24	her bed, to help washing and dressing and cleaning. Um, and as I say, er, that,
	25	overall I did this for about 2 and a half, to 3 years. And there was a deterioration
	26	with [name of lady]'s health. And I remember it, very much our relationship
	27	changed. You know, as she got older, and as she got sort of less helpful, sorry not
	28	less helpful, less independent, um she relied on me more and more. And she
	29	would ask me to help her with things like, um, taking her to all her appointments,
	30	like the opticians, the doctors, hospital appointments. Um, obviously I was doing
	31	her shopping, but she would sometimes say, 'Can you take me to [name of clothes
	32	store] I want to buy some clothes, I want to do this'. So it became more sort of
	33	hours than I really wanted to do, and I felt she kind of relied on me quite heavily as
	34	her, as her, you know as a social thing as well. Often she would say, 'Oh, stop

	35	doing that, come and sit down and like watch tele with her'. We'd watch [name of
	36	tv programme] at lunch time and things. And we were quite close, and I know she
	37	enjoyed talking to me, and I enjoyed talking to her, but, towards the end she had a
	38	second stroke, and then she really did need more sort of one to one personal care.
	39	So, it was very difficult because I started to resent having to spend so much time. I
	40	mean it was 7 days a week. It was full on. Um, I was sort of taking a break out of
	41	my own sort of career as a [name of profession], and, but I was reaching a point
	42	where I was sort of thinking about trying to get my own business going, and trying
	43	to get back into it. Um, and it was hard, because I felt obliged out of sort of sense
	44	of duty to stick with [name of lady] and, as I say, in the end it became a little bit of
	45	a burden. And I couldn't get myself out of it. Um, because I didn't want to hurt her,
	46	I didn't want to upset her. The ladies in the church very much still relied on me to
	47	take her to and from places. Um, for to pick up her friends, and bring her over and
	48	things like this, to bring them over. Um, and I felt quite guilty, but I definitely, the
	49	last sort of 6, 7 months of her life, I really didn't enjoy working for her. Um, as she
	50	lost her sort of ability to do things, and as I say, she had a second stroke, um, her
	51	personality changed as well. She actually became quite aggressive, her memory
	52	would go, she would be quite snappy. I remember there were times when she
	53	would forget my name and call me, 'Girl'. And it was kind of like, 'Get me this, Girl,
	54	get me that, Girl'. You know and sometimes I actually did say, 'Please don't talk to
	55	me like that'. Um, and she went from being this sort of paragon on Christian
	56	virtue, to quite this elderly, nasty mean lady, and, and. (J: Hmmm). You know, it
	57	was more than, it, than feeling resentful, there were things like when she had the
	58	alarm. I remember I sometimes get the phone call at 4 in the morning, 'Oh she's
	59	had a fall please go down there'. And I would go down, there was a key safe box
	60	and things, at 4 or 5 in the morning. She'd be sat in a chair, you know, and say, 'I'm
	61	waiting for you to get me a cup of tea'.
J1	62	Oh no.
P2	63	And I remember that happened sort of 2 or 3 times (J: hmmm). And I'd be like, 'But
	64	you've had a fall, do I need to call the doctor, the ambulance'. And what it was,
	65	was no she'd got up, or she'd, you know, she sort of said, 'Well I had a fall but I
	66	was able to get myself into the chair'. And then I'd say, 'Well we need to call the
	67	doctor to check you're okay'. Um, and she'd be like, 'No, I'm fine, I'm just waiting
	68	for, you can, can you make me a cup of tea'. You know, and I'd be like, 'But it's like
	69	5 in the morning and I'm tired, I don't want to be called out for no', you know. And
	70	it was like she used to invent things to get me down there. Um, and to, so I would
	71	end up spending more time. Make excuses, create jobs for me to do. Um, I
	72	remember in the summer one year (P: laughs) she was like, 'Let's clear out the
	73	garden shed. Let's do the gardening'. And yet we had a paid gardener, who was
	74	paid to come in and do the garden. But she would always try and keep me longer,
	75	by making up extra jobs. So, in the end, I gotta be honest, I, I, you know, I didn't
	76	look up to her as well, I didn't feel fond of her as much. And so, when she did
	77	eventually pass, and I remember it was quite sad because she'd had this stroke,
	78	she'd come out of hospital, and I remember that they had literally just left her
	79	downstairs in the house, in a bed. They'd brought a bed downstairs. She had a big,
	80	big house, 5 bedroom house. And um, they just left her. And when I went in that
	81	morning, you know, she'd soiled herself, the bedding was all dirty. Um, she was in
	82	a terrible state, and I, and I remember feeling terrible that she'd been left like that,
	83	and guilty. Um, and then, the next, by the next week, you know, she deteriorated
	84	quite badly, and then she passed on. Um, and she died in hospital, again they'd
	85	taken her in. I think she had a heart attack. They'd taken her in, and then she

	86 87 88 89 90 91	didn't make it. Um, but I remember the, the positive thing that sort of I (P: laughs) remember, and this is purely selfish really. Is I remember, the relief, the next day, when I didn't have to go in. And I'd been going in every day twice a day for like 3 years, or whatever it was. (J: Hmmm). And I remember waking up and thinking, 'I don't need to go down there. I don't need to go down and, and, and, you know, help her and stuff. And I'm now free, and I've got time to do what I want to do'.
J2	92	Yes
P3	93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120	And er, so it was, you know, I was sad in a way because I was fond of her. But at the same time I kind of felt, this huge sense of relief, that I was no, you know, I did, I felt tied to her. It was, not a burden, but I felt tied to her. And I knew talking to her family I got the impression they kind of felt the same way. You know, her daughter said to me, 'Mum can be very demanding. And she doesn't understand that we have our own lives and we've got other things to do as well'. And um, it was quite a different view to how we'd all looked at this lady in the church. And how we'd admired her, and you know, as I say. And I, so there was that sense of relief that I didn't have to, I no longer had to go through. And I also did believe because I mean, we came from a Christian background, I did believe she's gone on somewhere better. I believe that, um, that she had gone to heaven, and I felt that she's not in pain, that she's fully able bodied now. She can, you know, with her husband. Um, and her son, she'd lost an older son in his 20s I think, in a motorbike accident. So, she's with, I think [name of son], that's it, [name of son] his name was. She'd lost her son, so she used to talk about her son a lot. Um, and I felt like, 'No this is good, this is good. She's you know, she's in a better place'. (J: hmmm). I felt this sense of relief. I felt guilty as well, I felt guilty for feeling like that. Um, and guilty that, thinking, you know, maybe there were times I could have done more for her, and I didn't. Or maybe there were times when I felt I wasn't You know, I didn't feel as warm to her as I should have done. Sympathetic as I should have done. Um, so yeah, it was very mixed feelings, but, but, genuinely I was actually quite relieved. (J: Hmmm). Um, you know. And, and so unfortunately (P: laughs) one of the things is, as I see that, I mean this, as I see that happening with my own mother, and my own mother's personality changing and becoming more demanding and selfish and things, I sometimes feel a bit worried that I'm gonna be exactly the same, and feel exactly the same (P: laughs) with mum. I, I, I don't, already, it's like I'm preparing myself knowing that, maybe I won't feel quite as sad as I thought I should be. Should feel. You know.
J3	121	Hmmm.
P4	122 123 124 125 126 127 128 129 130	I think it's this thing, just about getting old. It's not nice when you get old. And you get more childlike, and you become more self-centred, and your world shrinks and you become quite selfish. And, um, yeah, it's kinda like, um, it's difficult because you feel you should be sad when someone you, you know, you love dies, but actually, when they die at a certain age I think there is a certain degree of relief and also that um, you know, you are unburdened. You don't want to, end up having to, you know, care for that person, or... It's put me off for the future, it makes me worried about, 'Am I gonna be able to do it for my mum and dad'. 'Cos I don't, I don't, I know I don't want to. I don't want to.
J4	131	What, do the caring before they die?
P5	132 133 134 135 136	Do the caring, but also see that their personality becomes, er, you know the way they change their outlook, and become narrow-minded and self-centred, and the world shrinks, and....And I don't want to spend too much time with people like that. (J: Hmmm). You know, it's coloured my view of, er. I used to be, you know, I used to enjoy spending time with the old people at the church. Now I don't go to

	137 138 139 140 141	church, but now I also feel that, that it, it worries me about what I'm going to be like as an old person, what I see my parents being like as an old person. You know, old people. Yeah, but it's, so it's this fear as well of, having to be put in a position again where I might have to look after, or take care of somebody again. (J: Hmm). Knowing that I'm going to resent it, and not want to do it. Yep.
J5	142 143 144 145	And then, so the worry if you like that your parents will be like [name of lady], it's not so much worry about you having to deal with the relief when they've died, and then the guilt of that? But more the worry about the resentment during the run up to their death?
P6	146 147 148 149 150 151 152 153 154 155	Yeah, I think so, to a certain extent. I don't, I, I felt a little bit guilty, as I say when [name of lady] died, but I still accepted that I felt relieved and unburdened. And that, that, overall it was perhaps more a positive emotion. Um, maybe when it's somebody closer to you, you might feel more guilt of the actual guilt because you feel positive that that person's died (P: laughs). Um, I don't know, I suspect that would be the case, you would feel guilty that you shouldn't feel like this, or you might think that you shouldn't feel like this. But, actually, I, I kind of sort of feel like, 'No, it's quite natural really'. If you've been caring for someone for a long time, or you've seen that person deteriorate, or they're in pain, it can actually be quite a relief when they pass.
J6	156 157	Hmmm. So sort of, it did make sense that the relief was there when [name of lady] went. (P: Yeah) It wasn't a shock to have that emotion?
P7	158	No, not really, no.
J7	159 160 161 162	And I wonder, I don't know, you said you felt a little bit of guilt, was that because you, you said, you almost felt like it shouldn't be there, although the other part of you also understood why it was there. Did it, I don't know, did you find yourself judging yourself as a person, thinking I'm an awful person for having that emotion?
P8	163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185	Not really, no (P:laughs). No I felt, I felt, sad, and I felt a little bit guilty at the way it ended, because as I say, I, I, I didn't like coming in on that last week and finding her that way, in the morning. And knowing I was the first person in, and, you know. And, um, I was upset that she'd been left like that. And that, I didn't know, I felt maybe one of the family should have been there for her, when the paramedics took her home and just left her. You know, and that would have been the time when I felt, if I had known that, the exact time when she was coming home I might have said I need to go down and stay with her overnight, or something. Because she shouldn't be left in that way. Um, I didn't, I felt, that, you know, she shouldn't, nobody should be just left when they can't get out of bed to go to the toilet, when they can't, you know. And they literally just left her in a bed, in the living room, and went. And there was nobody to come in and take care of her, or anything. Um, and I, and I felt guilty, because I, I, taken on the role as her carer, but I hadn't been told to come down before. I hadn't been told until, you know, they just said, 'Come the next', the family had said, you know, 'Come in the morning as usual'. And yet she really was in quite a bad way in that last week, so. You know, and it was clear that she needed more than just somebody to come in twice a day. She actually at that time, probably needed nursing care. You know, but she was quite a proud woman, she wasn't going to go into a home. She wasn't going to go into a nursing home. And I think the family had kind of, sort of said, 'Well if that's her choice, then, then so be it'. But they didn't realise that, they didn't put in place the things that I felt she should have had, in the last couple of weeks or so. You know, of her life.
J8	186 187	Hmmm. Because you said she, she had a heart attack and had to go back into hospital. Did you have to organise that, did you find her?

P9	188 189 190 191 192 193 194 195 196	I think, yeah. When she had the heart attack, the last one, by that time they were bringing in other carers. Um, because she really was unwell. I mean she was doubly incontinent, she was, you know, she'd got to the point where she couldn't get out of bed, she couldn't, you know. So they were sending in other carers in between, at that point. Um, so I had just, I had then been expected to go down and just do the cooking and take meals and stuff. The actual personal care, they'd got other carers in, at that point. So, yeah, I think it was one of them that had found her when she had the heart attack on the morning. And they took her in to hospital, and then she died that day.
J9	197	Hmmm.
P10	198 199 200 201 202 203	Um, and you know that was it. The next time was the, I went, was the funeral. I went to the funeral, with the family, you know. And, um, it, it was difficult because they were all saying (P: laughs) you know, 'Thanking for taking such good care of our mum, and thank you for looking after her, and, yeah. She really loved you', and this thing. And I felt this guilt because I didn't feel, I didn't feel I kind of, was that fond of her at the end. (J: Hmmm). You know. Yeah.
J10	204 205 206	Yeah. And you say, that there is a part of you that is a bit worried that you'll have a similar experience with your parents, and (P: Yeah) a similar set of emotions, but that the guilt might be worse if there was relief when they die?
P11	207 208 209 210 211 212 213 214	Yeah. 'Cos I think when it is someone who you are closer to, your parents, its very, you know, the expectation in society is that you are going to feel very sad when your parents die, and, you know. Um. I already feel it, as I say, I don't feel as close to my mum at the moment. She's 75 ish, about to turn 75. I don't feel as close to her. And I, I, probably with Dad as well, you know. He's 84. I don't feel as close and loving to them, as I did when I was younger. And part of that is my own fear that, they are going to be a burden on me. (J: Hmmm). You know. And I don't want to end up as their personal carers.
J11	215 216 217 218 219	Hmmm. Hmmm. And, it's interesting isn't it. Because in a way it sounds like, if relief did occur, or if you did experience positive emotions, on one hand there could very easily be a reason for that, but on the other hand it would be, quite hard to accept without feeling guilty. It's almost like the guilt will come, you won't be able to stop it?
P12	220 221 222 223 224 225 226	Yeah. Yeah. And I also think it is less acceptable. When its your parents its less acceptable. Like from yourself, and from society, but, er. You know, when it's somebody perhaps you're not quite as close to, a neighbour or a friend, then it is sort of easier for people to accept that. Um, but obviously I never told, er, you know, any of [name of lady]'s relatives or friends that I was actually quite relieved when she died. Um, yeah, I wouldn't, I wouldn't tell them that. I think socially it's not acceptable to express that kind of emotion. You know.
J12	227 228	Hmmm. Did you have any inkling that perhaps her daughter experienced a similar emotion, but perhaps she was not able to tell you about that?
P13	229 230 231 232 233 234 235 236 237 238	Yeah, definitely. I mean her daughter's a lovely lady, but got a lot on her plate, as I said. She had a disabled son, with cystic fibrosis, she had, her other daughter was a single mum at the time, so she was doing a lot of extra duties helping out with the grandchild, um. She was very busy, she had a full sort of life on. And um, yeah, I think she also used, from what she used to say about her mum being over-demanding and thing. She used to say like, 'I would happily pick her up and bring her over to my house, but she wants me to go there all the time. And I can't be there all the time. I've got, you know, my son needs 24 hour care. I cannot be there with her, all the time'. And er, so she was very, I think, as I say, she felt a little bit resentful. Um, and, yeah. I did get the feeling that she probably was quite

	239 240	relieved after, you know, her mum passed. Because again, it freed up herself, a little bit.
J13	241 242 243 244	Hmmm, hmmm. Let me just.....[J looks at prompt sheet]. And so, it sort of sounds like, if you had that experience, and those set of emotions again, perhaps with your parents, it would make, you also wouldn't be able to talk about it? If would feel 'taboo' to talk about it?
P14	245 246 247 248 249 250 251 252 253 254 255 256 257	Yeah, it's true. You sort of think that society doesn't expect or allow you to have those kind of feelings. But actually, it is quite natural I think, if you've been, you know, as people get older and they deteriorate, and they lose their independence, you know. And they rely on people to take care of them, especially like personal care, and you know, when the body really starts to, to stop working and things. And the quality of life becomes quite poor, then I think it's quite natural to have some feelings of relief and a sense that it's over. Um, you know, I, you know, I think that that is probably a natural emotion to have, um, but at the same time it's, it's, yeah, it's seen as a taboo emotion. You are not supposed to feel like that, you are suppose to feel terribly bereaved and, you know, upset that you've lost this person. You know, and maybe you do feel a little bit of that, you feel it both. You know, you can have both (J: Hmmm). You know, you can feel multiple feelings at the same time.
J14	258 260 261	Yeah, yeah. And I just wonder, um, I don't know, whether your experience relief following [name of lady] death, whether that had an impact on your grieving process? Did you notice it, I don't know, causing problems at all?
P15	262 263 264	Um, not really. Um, I, I, you know, it was a little bit sad when she died, as I said, and I sort of missed her at the church. Um, but no, I didn't, no generally I, I felt you know. If I'm honest, I didn't grieve that much at all. (P: laughs)
J15	265 266 267	So perhaps it even had a beneficial, um, impact, because you could see the advantages of her gone. Perhaps it, I don't know, lightened your load, and your emotions in a way?
P16	268 269 270	It did. It lightened my load, it lightened my burden. It got me out of a situation that, to be honest, I wasn't, I didn't enjoy. So it enabled, it freed me up a little bit. Um, and yeah, you know. Yeah.
J16	271 272	Hmmm, it sounds like as you say, it was a positive set of emotions and a positive experience afterwards. You gained your life back?
P17	273 274	Yes, yes. And of course, yeah it allowed me to get back on perhaps the career path that I wanted.
J17	275 276	Hmmm, hmmm. Um, I think that's covered all the things that I've got on my prompt list. Is there anything else you want to add?
P18	277	No. (P: laughs)
J18	278	Well that's been really helpful, so thank you so much.

Transcript PA06 (Jane)

		Taped transcript
P1	1 2 3 4 5 6	Well, I'm of the opinion that, um when somebody has been given a terminal, um, I can't think of the word now. When you know it's going to be a terminal, they are going to die, they've had a death sentence (J: hmmm) that sort of bereavement, there can be positive outcomes and feelings, when it happens. (J: Hmmm). Which aren't necessarily there when it's a sudden death or...But when you know somebody you love has been given that, er, diagnosis and you know they are going

	7 8 9 10 11 12 13	to die, not only are they suffering, but you suffer as well. So when that death comes that suffering, is gone. (J: Hmmm). You don't have to suffer anymore, with them. So that sort of is a positive thing. (J: Yeah). It's obviously a relief, but I think it is more than relief, it's also a feeling of, well sort of a thankfulness thing in a way. That this has happened, that it has come to an end. (J: Hmmm). You hope it was a peaceful end. I mean I've only seen one person actually die, and that was quite a, that wasn't a bad experience, that was a good experience.
J1	14	So, that was your mum?
P2	15 16 17	Yeah. To actually be present at the death, it wasn't a bad experience. There was some sort of feeling of, you know. Yeah, I wasn't actually there for [name of P's sister], but um.
J2	18 19 20	So what was it like when your mum did die, the emotions. Was it that thankfulness and relief that the suffering was over, straight away, or was it something else initially?
P3	21 22 23 24	Um, there was a peace. You became at peace, with yourself as well. Because you knew, as I say, you didn't have to suffer it anymore. Which is selfish, but, not only were they suffering, you were suffering. (J: hmmm). And that was taken away. You didn't have that anymore.
J3	25	Yeah, so that disappeared....
P4	26 27 28 29	And when you've been living with it for a while, which is as I say, if it's a, if it's a, you know that it's not a sudden death and you know it's going to happen. 'Cos you don't prepare yourself for it really, but you know it's going to happen, and you actually reach a stage where you want it to happen.
J4	30	Hmmm, to end the suffering, both yours and theirs.
P5	31 32 33 34 35 36	But you don't have to feel guilty about that. (J: Hmmm). Especially if they know themselves, that this is the only way out. They're not going to get better. They're ready to go, so you feel, yeah. It's a, it is a relief. I mean, you are sad and you grieve, because you've lost someone that you love, and you know you are never going to see them again. But you have to think of what went before. (J: Yes). And you know, yeah. So there are some positives can come out of it.
J5	37 38	'Cos I imagine it's quite a distressing time to watch someone you love suffer, you know day in, day out.
P6	39 40 41 42 43	Yeah it is, and to know you can't do anything about it. (J: hmmm). You're actually quite helpless. Um, so you are disempowered in a way, which you can't really. I mean you can try and support as much as you like, but at the end of the day they're the ones who've got that battle, that fight. They're the ones who are facing death, it's not you, it's them. And as I say, [name of sister] was prepared, she was ready.
J6	44 45	So she had a sort of acceptance that she knew she was dying, and actually perhaps, you could see the acceptance on her face that, 'This will relieve me of my suffering'?
P7	46 47 48	Yeah. And the fact that she wrote letters to us before she died. Um, which meant, you know, so that meant something to us, that she could do that. She did it for us. She wrote those letters to help us.
J7	49	So what it gave you some comfort that you had her written word?
P8	50	Yeah I've got it there [P's voice wobbles]. Yeah, it was positive.
J8	51	Yeah. But mixed with sadness as well. <i>[Tape paused: P emotions noted and asked if she would like to take a break/ stop the interview. P noted she would like to continue with interview]</i>
P9	52	It was positive. You can read it and be positive about it.
J9	53	Yeah, a sort of lovely gift to receive from her really.
P10	54 55	Yeah it is a lovely gift to receive. Yeah. As I said, um, there's the relief, (J: hmm), for her. There's the relief for yourself, because you don't have to watch it anymore. You

	56 57	don't have to have that pain every time you go and see her, knowing this might be the last time, you'll see her. Um, yeah, and.
J10	58 59	Did it feel different with the death of your sister, than it did with your mum? Although they were both ill?
P11	60 61	Yeah, because of the relationship between sister and mother. It's a different relationship, isn't it? (J: hmmm). Quite a different relationship.
J11	62 63	So with your mum, was there sort of that relief that her's and your suffering ended, but, was there a different emotion as well?
P12	64	Yeah, because of the dependency on, my dependency on my mother.
J12	65	So, what, feeling a bit lost, a bit, er?
P13	66 67	Um, anger, anger. Which is not a positive feeling. Anger isn't a positive feeling. I didn't feel that with [name of sister].
J13	68	So who were you angry at?
P14	69	Her.
J14	70	For leaving?
P15	71 72 73 74 75	Most probably. (J: Right). Most probably. But even there, we knew it was going to happen. We knew she wasn't going to get better. Um, but as I say, the actual moment of death was not, I wouldn't call it spiritual but it was, it, she just slipped away. It was, um, yeah. It wasn't horrible. (J: No). I don't know if all deaths were like that, I don't know. But that was my experience.
J15	76 77	Yes, that you felt a sense of peaceful, perhaps within yourself (P: Yes) but also within the atmosphere within the room?
P16	78	Yeah, there was. Yeah there was, funnily enough. Um, yeah.
J17	79	So those other emotions, the anger, did that come later?
P18	80 81	That came after (J: Hmmm, hmmm). That came after. A long time after actually. I don't know why, but there.
J18	82 83	But the relief that the suffering was over, did that come with the peace, almost, or quite soon after?
P19	84	Yeah. (J: hmmm). Yeah I would say it did really. Um, yeah.
J19	85	Knowing that distressing situation had finished.
P20	86 87	Yeah. And, I just wish that, um, we could talk more about death. I don't know if that is particular um, to my experience, but it, we don't talk about it.
J20	88	What in society, or in general?
P21	89 90 91 92	Well, just in, yeah. People don't know what to say to start with. Um, but as a family we've never talked about it. But that might just be my family, how they cope with it. I don't know. But yeah, there are some positives in things that come out of people dying, sometimes.
J21	93	So with [name of participant's sister] it was, a different experience.
P22	94 95 96	Yeah. I never had any guilt about what I felt when they died. I didn't have any guilt, that I hadn't done, that I had anything to feel guilty about. 'Cos I know some people do feel guilty, don't they? (J: yes) When people die.
J22	97 98 99 100	So, it sounds like you sort of were quite open and accepting to whatever emotion came along, whether it was the peace, or whether it was the sense of release from suffering, or whether it was the anger. It sort of, you didn't judge those emotions, you just went with them?
P23	101 102 103	Went with them. Because to me it's, that was part of the grieving, process. And it was different. The grief for my mum was very different to, for what with [name of sister].
J23	104	How did you experience the difference then with [name of sister]?

P24	105 106 107 108	I think because I knew, from the day when I was told, that she had lung cancer, and I knew she was going to die. (J: hmmm). And in when, at Christmas and they said that the tumour in her lung had shrunk, I still knew she was going to die. And she did. That it had spread to other organs by then.
J24	109 110	So did you get that relief, like you did with your mum with regards to the suffering ending, both for you and her?
P25	111 112 113	Yeah, it was a relief. But as I say, it was also, and I'm thankful that she'd gone in a way. There was no point in her hanging on (J: Hmmm). Because it was just going to get worse. (J: hmmm). So it was better that she went when she did.
J25	114 115 116	And again, were you able to be quite open to the emotions that were coming, in that sort of accepting, or was there any surprise or guilt, regarding any of your emotions to [name of sister] dying?
P26	117 118	In myself I was, but other people didn't know what I was feeling. Other people didn't know how I was reacting to it. But within myself, I did.
J26	119	So you say other people didn't know. Was that because you felt unable to tell them?
P27	120 121 122 123 124 125 126 127 128	Well, they didn't want to know, did they? People don't want to know, when you're grieving. It's not something people want to talk about. It's what I said, it's a shame because sometimes you do need to be telling people. But don't forget other people are also going through their emotions, and they might have completely different emotions about it. Even the same person who has died, they might feel totally different about that death, that you feel yourself. 'Cos, you know, I mean a lot depends on your relationship with that person and how you view that death. So in a way, the death itself, in a strange way was a positive thing. Because it released her, and it released me.
J27	129 130 131 132 133	It sounds like in your family you felt that people wouldn't want to hear about what you were going through, but also being aware that perhaps people close to [name of sister] um, they might be having different experiences, and that, to (P: Yeah, they must probably were) tell them about your experience, it sounds like you almost wanted to protect them. That you didn't want to upset them further, or?
P28	134 135 136 137 138	Well, yeah, I mean, it, because it's what's within you, yourself. It's not what other people are feeling. You don't know what other people are feeling. (J: Hmmm) You know on the surface there's the grief and the sadness, but deep down, you don't know whether they had positive feelings about her dying or not. I don't know. (J: Hmmm). I can only think what I felt, at the time.
J28	139 140 141	Yes. Did you also sense, I don't know, to actually say out loud to someone, 'Oh, isn't it a relief that [name of sister] gone', (P: No), would that have felt socially unacceptable.
P29	142 143	It might have done, it could have done to some people. So you don't say it, I didn't say it, but yeah, it could have upset people if I'd have said that.
J29	144 145 146	If now you heard that, having gone through the experience, perhaps if someone else said that in relation to a bereavement they'd had, would you now feel, or would you yourself accept.....?
P30	147 148 149 150 151 152 153 154 155	I would understand it. I would understand it, and I would sympathise with it, because yeah. In those circumstances, it is a relief. (J: Hmmm). You don't want them to go on, you don't want them to suffer anymore, so yeah. That relief is, but it is more than just relief. It is a feeling that, it's right. The time is right. They've got to give up, and leave this pain behind. So, and then you can leave the pain behind as well. (J: Yes, yes). You don't have to suffer it anymore, because it's gone. And that is, you know, that's good. (J: Yeah). Not just for them, but for you. You're not going through their pain obviously because you can't you haven't got the disease, but you are suffering.

J30	156 157	Yes. You are going through your own sort of emotional pain, watching someone suffer (P: Yes) and to someone you love in pain. That's quite distressing.
P31	158	Yes. And you can't do anything about it.
J31	159	Hmmm, to be powerless as well.
P32	160	Yeah. So you, that's it really, so.
J32	161 162 163	If someone had mentioned relief, um, or experiencing positive emotions prior to you having these experiences with your mum and sister, would you have felt a little, 'Ooo, that's a strange thing to say', or 'That's a bit off'? Would you have....?
P33	164 165 166 167	Yeah I would have done. Yeah. I would have thought how can death be positive. How can you have positive feelings about somebody dying. (J: Hmm). Yeah, until you experience it yourself you can't. Because you think, 'Well, no people dying is not a positive experience'.
J33	168 169 170 171 172	So almost having the experience yourself in those circumstances, it sort of widens your knowledge then that it could happen, and it did happen to you. And I wonder, I'm just thinking of the time that has gone past, have emotions changed for you as time's gone on? Does the relief disappear and your left with, I don't know, perhaps just the sadness, the missing the yearning or?
P34	173 174	No. No, it, no. No, it doesn't, it's still there. Because I wouldn't have wanted it any other way.
J34	175 176 177	Hmmm. And do you, it might be hard to answer this, but is there any anticipation for future bereavements that you are going to experience that your, that positive emotions might come along, or?
P35	178 179 180 181 182 183 184	That's hard to say. It depends on the circumstances at the time. (J: hmm) I mean, I, at the moment if I thought of [name of husband] dying, there are no positive feelings of the thought, at the moment. But it will all depend on what happens, if it happens. I mean, there are lots of people now in my family, who, yeah, we're all getting to that age. So, it's going to happen more, in the next, I would have thought, in the next couple of years, easy. And, but, yeah. It's going to be something to face again.
J35	185 186 187 188 189	Yes. You mention with your mum that um, you felt you had a sort of dependency on her, um, and therefore the anger came because she'd left you. Um, did you, I just wonder if, in the longer term if something positive came out of, did you find your whole self then? If a big part of you had been closely merged with her, when she died, did you grow into your whole self, did you find your whole self?
P36	190	No, I never had.
J36	191 192 193	I wonder now with the time that has gone pass, are you able to think back on them, perhaps read [name of sister]'s letter, and such like, and get pleasurable, warm emotions from that, or?
P37	194	Yeah I do. Because it's so positive. Her letter is positive.
J37	195 196 197	Does that ability to think of the fond moments with the person, does that come perhaps after the sadness, and the actually being in grief, um, or did you find you could do that quite quickly on?
P38	198 199 200	No, I think it comes later. (J: Hmmm). I think it comes later. And I am a firm believer that you have to go through certain stages in grief. To come out the other side. And if you don't do it, you don't come out the other side.
J38	201	So what are the stages of grief for you?
P39	202 203 204 205 206	Well, there's the initial feeling of sadness (J: hmm), a bit like your heart's breaking (J: Hmmm). You know they're gone, big part of your life, they're gone. You won't see them again. They'll have no more influence on you, what you do, how you feel. Um, perhaps if you haven't had a very good relationship with them, that's a good thing, because you won't have to feel beholden to them. But if you have a good

	207 208 209	relationship then there's that, you know. Then there's the grief, which can last for a long time. As I say, I think a lot of people get guilt. I don't think I felt guilt, feelings. I don't think I did.
J39	210 211 212	So after the initial shock, and then the grief, sadness, and the missing if you like, then what...(P: You realise that life goes on).. and then moving towards the gratitude in your life (P: Yeah), and the warm, pleasant feelings?
P40	213 214 215 216 217 218	And acceptance. There is acceptance that this has happened. You're still living, you've still got a life. They would want you to carry on, and get on with your life. They don't want you to be, stuck in mourning for ever more (J: hmmm). I don't think. Um, so you put it behind you and you move on. But you can celebrate peoples lives, when their dead. You can celebrate what they were, what they did. Be thankful that you knew them. (J: Yes). Part of your life.
J40	219 220 221	Do you think that's a bit harder to do if you're closely attached, because (P: Yes it is a bit) when do you do the celebration? I guess it would be quite hard to do as part of the funeral process.
P41	222 223 224	You can't. (J: Too soon?) Yeah, you can't, although I think now, people do tend to do that more. At funerals. I think there is more of a, trying to, yeah, to see it as sort of a celebration, perhaps.
J41	225 226 227	Yes, but perhaps if you are too much in pain at that point, it grows, if you like, with the recognition later on of, when you are thinking fondly, and remembering fondly. Um.
P42	228	It comes later on. Yeah, you do, comes later on. You know, yeah.
J42	229	It could be too soon, for people, if it's very close to you.
P43	230	But I still think you've got to go through that funeral service. I think you need it.
J43	231 232	You found that helpful for you, for the bereavements you've gone through, the close ones?
P44	233	Um, yeah I think so. Um, not pleasant. Not easy.
J44	234	Do you sense what it is that makes it something useful to the process?
P45	235 236 237	Well, it gives you your chance to, to honour them really. Because, yeah, that they've lived a life, been part of my life. And this is the time to say goodbye. And it's a permanent goodbye.
J45	238 239	Hmmm. I think I've come to the end of my questions. Is there anything else you want to say (P: No). Then I'll turn the tape off.

Appendix 6: Master Table of Super-ordinate Themes for Group

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Diverse Bereavement Emotions						
Anticipatory bereavement emotions – relationship relief, loneliness, loss of connection/being known, grief (pain of loss and separation).	191-197 404-414 417-424	344-349		210-218 453-464 471-484	93-120 220-226	
Pre-death Emotions – stress, and/ or distress	3-8 10-18 20-28 33-45 48-63 315 317-318	65-75 344-349	33-36 58-66 94-100 107-125 139-150 156-165	24-64 66-84 136-167	1-61 63-91 163-185	1-13 26-29 31-36 39-43 105-108 158
Pre-death Emotions (unwanted) – guilt, resentment, pity, powerlessness, anger, anxiety, oppression, hurt, unhappy, hostility	3-8 10-18 33-45 33-45 48-63 315 317-318		27-31 33-36 94-100 107-125 139-150 156-165 228-236	24-64 136-167	1-61 63-91 163-185	39-43 158
Emotions upon death (positive) – stress relief, altruistic relief, relationship relief, emotional relief, liberation/freedom, love, pleasure, gratitude, peace	33-45 65-73 75-99 101-105 270-280 307-313 329-347	65-75 315 344-349	38-43 58-66	1-23 136-167 210-218 385-401	1-61 63-91 93-120 122-130 146-155 158 198-203 229-240 262-264	1-13 21-24 31-36 54-57 71-75 78 84 86-87 111-113 173-174
Emotions upon death (non-positive) – stress, sadness, anger, guilt, grief at lost, resentment, shock, horror, devastated	65-73 75-99 101-105 307-313	65-75 95-99	38-43	385-401	93-120 198-203	31-36
Emotions after death (positive) – relief, warmth/love, release from sorrow, unburdened, liberty/ freedom,	155-164	65-75 187-192 297-307 344-349	38-43 74-80 83-90 94-100 107-125	24-64 90-103 105-120 169-183 339-349	132-141 163-185 229-240	173-174 194 210-218

increased empathy/compassion, gratitude, forgiveness, happy.			128-133 196-207 242-253 242-253 298-299 340-343 420-426	358-371 385-401 405-428		
Emotions after death (non-positive) – anger, abandonment rage, feeling unsupported, guilt, sadness, missing person, regret, anxiety, yearning		1-17 194-197	68-71 107-125	169-183	198-203 262-264	66-67 69 71-75 80-81 117-118
Emotions now/ sometime after death (positive) – relief, joy, liberation/ freedom, release from depression, warmth/love, stress-free, acceptance/resolution, release from anxieties, gratitude, released from sorrow.	182-187 229-233 235-236 271-280 327 350-356 382-385	1-17 77 82-85 145-151 155 194-197 297-307	74-84 128-133 242-253	169-183 358-371		194
Emotions now/ sometime after death (non-positive) – fear/phobia of care position, fear of unwanted emotions that come with carer role, regret, sadness, missing person, guilt, anger.		297-307	74-80 128-133 196-207 298-299 340-343 420-426	1-23	132-141 163-185	
Absence of Grief	271-280	287-294	68-71	471-484	262-264	
Non-altruistic relief			6-23 27-31 38-43 47-55 83-90 139-150 156-165 170-181 196-207 228-236 242-253 257-261 274-283 330-338	234-251		21-24 54-57 111-113
Altruistic relief		297-307 309 313 315-336 338-339	139-150	234-251 385-401	93-120	

Stress relief	20-28			1-23 210-218 297-312		
Care relief				66-84 90-103		
Relationship relief	75-99 229-233 307-313		47-50		93-120 229-240	
Relief from unwanted pre-death emotions	33-45 229-233 235-236		94-102	385-401		
Dual relief			6-23			
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Anticipatory relief				234-251		
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Complexity of bereavement experience			1-4			
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Acceptance on presence of positive emotions	165-167 417-424	1-17 77-85 88 92-115 137-151 155 158 194-197 201-202 204-216 217-229 351-358	348-359 362-374	105-120 453-464	122-130 146-155 229-240 245-257	31-36 60-61 64 94-96 120-128 134-138 147-155 178-184
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Meanings of relief	33-45 165-167 229-233		6-23 38-43 47-55 94-100 128-133 316-326 330-338 340-343	128-133 187-202 385-401 453-464	93-120 120 146-155 158 229-240 245-257 262-264	31-36 86-87 94-96 101-103 142-143 147-155 173-174 178-184 178-184
Perceived negative meanings of positive emotions for others	168-172 191-197 250-255		38-43 47-55 94-100 316-326 330-338	187-202	93-120 229-240	142-143
Positive meanings in/ of death itself	20-28 33-45 229-233 235-236 307-313 320-325 327 329-347 350-356 328-363 365-366 404-414	297-307 309-315	6-23 27-31 33-36 41-43	1-23 234-251 297-312 385-401 405-426	63-91 93-120 146-155 229-240	21-24 31-36 89-92 120-128 173-174 202-209
Positive meanings regarding the self – liberated, unburdened, removal of internal tensions	191-197 199-208 235-236 402		6-23 41-43 52-55	1-23 105-120 128-133 297-312 314-321 385-401 405-426	63-91 146-147 229-240 268-270 273-274	21-24 86-87 120-128 147-155 173-174
Negative meanings regarding the self for experiencing positive emotions – eg. selfish, bad, wrong.	307-313		6-23 128-133 340-343	152-162	86-88 108-120	21-24
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Relieved	229-233 235-236		6-23 38-43 58-66 74-80 139-150 183-189 228-236 274-283 362-374	25-64 128-133 210-218 453-464	93-120 268-270	1-13 31-36 54-57 111-113 173-174
Liberated/ freed/ unburdened	199-208		170-181 228-236 242-253 316-326	1-23 90-103 105-120 297-312 405-428	63-91	120-128 210-212
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Appendix 7: Participant Recruitment Advertisement

PARTICIPANTS NEEDED FOR RESEARCH INTO EXPERIENCES OF BEREAVEMENT

We are looking for adult volunteers to take part in a study of the experience of 'positive emotions' following bereavement: their meaning and impact for the bereaved. These may not be the only emotions you have experienced: you may have experienced mixed positive and negative emotions.

As a participant in this study, you would be asked to: attend a semi-structured interview (lasting approx. 1-2 hours) where you will be invited to describe your experience of 'positive emotions' following a bereavement of someone close to you. This interview will be audio-taped, and afterwards transcribed and used in the study. Your personal details will be confidential and the transcribed audiotape will be anonymised.

Your participation is entirely voluntary and would take up approximately 1 to 2 hours of your time. By participating in this study you will help us to increase the understanding of this phenomenon, which could contribute positively to both professionals (such as therapists) and clients working with bereavement and the emotions that accompany such an event.

To learn more about this study, or to participate in this study, please contact:

Principal Investigator:
Joanne Langdon
Email: jo.langdon@metanoia.ac.uk

This study is overseen by:
Dr Julianna Challenor, Director of Studies (Research), Metanoia Institute.
Email: julianna.challenor@metanoia.ac.uk

This study has been reviewed by the Metanoia Institute Research Ethics Board