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Experiential thanatopsis for widows in later life

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Experiential thanatopsis for widows in later life

by

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A Dissertation Submitted to the
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ABSTRACT

Demographics show a consistent trend toward higher proportions of elderly in our society. With this increase a larger number of individuals are becoming widowed. The purpose of this study was to investigate how structured learning activities in thanatopsis are experienced by widows in later life. Thanatology is the study of the experience of the dying and bereaved. Although people in all societies have speculated about death, the systematic study of its experience is a fairly recent development. In 20th-century Western culture, until the last few decades, a taboo existed against studying death and death related issues. Purposes being served by this study include aiding participants in clarifying beliefs, feelings, and behaviors about what matters in their lives through thanatopsis. Thanatopsis is death meditation.

Eight individuals participated in this study. The criteria for involvement was that they must be over fifty years old and widowed. The average age of the participants was 76 with a range from 59-85. The average length of time widowed was 16 years with a range from 4-41. The average length of time married was 38 years with a range from 3-52.

None of the participants had remarried at the time of this study.

This study was designed to use experiential learning activities to provide individuals with experiences that cause them to think about the losses they have suffered. Participants engaged in three structured learning exercises and activities that required experiential interactions. The first one was an icebreaker/introduction exercise, the second was an instrumental activity involving a personal inventory, and the third was an affective exercise. The phenomenological experience of the informants was sought.

Debriefing discussion interviews were conducted following each of the three structured learning exercises. Follow-up debriefing discussions were conducted at one week, and one month intervals following the activities. Transcripts were made of each debriefing discussion and then analyzed. The emergent topics were as follows: reassurance, affirmation, changing attitudes, gained insight, and acknowledgment.

The participants varied in their time widowed and their length of time married prior to becoming widowed. The most significant and profound changes occurred with the participants who had been widowed the longest (41 years) and the shortest (4 years) period of time.

In this study several important findings were made. There was a recognition that the resolution of mourning and bereavement can be enhanced by experiential thanatopsis at various stages of the grief process. Also, in relation to the theoretical tenets of Bowenian family systems, participants became more self-differentiated as a result of their participation in the exercises. Also evidenced in the results were changes in the nuclear family emotional system and improvements in multigenerational transmission processes.

INTRODUCTION

The death of one's spouse is one of the most consequential events an individual can experience. Manifestations of mental health problems may result from inadequate coping strategies during bereavement. There is evidence that more programs about grief and coping need to be developed and implemented for the mental health care of the elderly (Berardo, 1990; Brubaker, 1985). This dissertation describes the perceptions of widows in later life to experiential thanatopsis. Complicated mourning can lead to a variety of mental health problems. The studies and theories cited in the review contribute information indicating insufficient models for successfully dealing with grief. The Bowenian family systems theory provides a comprehensive framework for this research. When a family member dies, the family has the task of reorganizing itself. In this process of adjustment to widowhood, the widow sets the example of how to grieve for her children and other family members. The stages of the life cycle at time of death are also pertinent to the tasks of reorganization.

Mourning is a natural process. Many consider it a taboo topic because of the pain associated with bereavement. The process of thanatopsis may provide more knowledge and insight

to the participants and therefore, allow them to discuss death and death-related issues more freely.

Thanatology recognizes the need to educate medical personnel and others involved in patient care so that the pain of dying and the pain of bereavement can be minimized. Death education has become more prevalent in the United States in the last twenty years. In formal education, it has become a notable curricular topic and is included from lower grades to professional training situations (Dickinson, Sumner, and Durand, 1987; Morgan, 1987; Pine, 1986; Wass, Berardo, and Neimeyer, 1988). Nondegree learners, as well, have found regular opportunities for personal inspection and exchange of knowledge and skills about human mortality. Death education has become common in community agencies, religious groups, as well as hospice programs, and funeral establishments (Knott, Ribar, Duson, & King, 1989).

Death education programs such as *Widow-to Widow* (Silverman, 1986) and *The Bereavement Helper* (Dush, Conley, & Thompson, 1984) provide a guide for hospice and support groups, yet fall short in relating to the intellectual and emotional needs of widows necessary to develop coping strategies. Their approach is didactic in nature and lacks experiential learning as a component of their bereavement

more effective in promoting long-term changes in relation to most topics. Therefore, in this research the utilization of experiential death education in bereavement and grief will be explored from a systemic perspective.

Widows were selected for participation in this study because they are more predominant in the aged population. The mean age at widowhood is 69 years for men and 66 years for women. Because of gender differences in expected lifespan, widowhood is principally a women's issue (Anderson, 1984; Heyman & Gianturco, 1973; Lopata, 1973). Men tend to marry women younger than themselves and are more likely to remarry following the death of their spouse. Among people 65 years or over, 52% of women, compared to 14% of men are widowed. Most widows live an average of 14 years past becoming widowed (U.S. Bureau of Census, 1990). The quality of life for those widowed is related directly to their recovery from the loss and their cognitive coping abilities. Experiential thanatopsis directly addresses the cognitive aspects of coping and improving levels of functioning.

LITERATURE REVIEW

In this chapter three important areas relevant to this study are reviewed. First, theories related to the research topic are discussed. Next, importance of thanatology is documented. Finally, research on death education including some of the techniques used is reviewed. These three areas provide an applied and theoretical context for the current research.

Bereavement theories

Research and theory support the idea that in the adjustment to widowhood the incorporation of affect as well as cognition are important. For changes to occur in the reformation of a widow's selfhood cognition must be emphasized. There are several theories that discuss the relationship between affect and cognition with an emphasis on the cognitive adjustments to death and loss, however, the primary theoretical background for looking at the participating widow's experience is Bowenian Family Systems theory. The discussion of the processes is applicable to the process of grief and incorporation of loss.

A common element of successful mourning and bereavement according to the theories and studies reviewed is the

involvement and reorganization of cognitive processes. Lopata (1973) identified three phases in the adjustment to widowhood. The first phase is to loosen bonds to the spouse and to acknowledge the fact of death, transforming shared daily experiences into memories: the encouragement of open expression of grief and loss is important at this time. The second phase focuses on being physically, as well as emotionally alone. The third phase involves a shift to new activities and interests in others. The phases correlate very closely to the family adaptation tasks set forth in Walsh and McGoldrick (1991).

The lifestyles of American widows vary so greatly that it is impossible to define "the American widow" beyond the simple statement that she is a woman whose husband has died. Her style varies not only by her location in the social system, but also by her combination of characteristics. Patterns emerge when such factors as the educational achievement of the woman is compared to her social life space so that one finds that the more training she has, the more social roles and social relationships she is able to enter and maintain. On the other hand there are widows immersed in kin relationships who rarely see anyone else. Neighborhoods still exist in urban centers where elderly continue to live near people they

have known all their lives (Lopata, 1973). Lopata (1981) reinforced these findings in a more recent study. The 1981 study also concluded that widows idealized their late husbands to a point referred to as *sanctification*. Memory reconstruction was an issue discussed in the study. The widows with higher education were more likely to idealize their late husbands.

The theories in the following review contribute a greater understanding of the concept of adjustment to loss when it is kept in mind the distinctive styles related to being widowed. Readjustment after loss is core to the following theories: Freud's emphasized the process of grief (1957); Lindemann focused on the formation of new relationships (1944). Paul discussed incomplete mourning as a source of dysfunction in relationships (1967, 1980); and Parkes (1975) and Taylor (1983) provided justification for cognitive interventions that are related to Bowen's (1978) differentiation of self in the process of grief. The more differentiated an individual is at the time of their loss the better able they are to deal with the task of readjustment.

Mourning and melancholia

Freud (1957) provided one of the most influential views regarding bereavement. In his theory, the libido is connected to the loved one and everything associated with them. When a person realizes that their loved one is dead, they have to bring to consciousness all the thoughts concerning the deceased in order to detach the libido from them. This is a difficult and resisted task for the bereaved individual. Freud's psychoanalytical theory concentrates on the intrapsychic aspects of bereavement. He was less concerned with death-specific characteristics or environmental factors. According to this theory, it is difficult to say whether withdrawal of the libido starts in different places simultaneously, or follows a specific sequence.

Symptomatology and management of acute grief

Lindemann (1944), based his theory on observations made during 189 interviews with relatives of victims of tragic deaths. Thirteen of the victims were killed in a fire in the Boston Coconut Grove night club, and 88 of the victims were killed in World War II. Acute grief is defined as grief following an unexpected, sudden, or traumatic death. He concluded that in the case of acute grief, bereavement

reactions consist of a syndrome of five components; somatic disturbance, preoccupation with the image of the bereaved, guilt, hostility, and disorganized behavior. He saw two abnormal grief syndromes: a delayed grief reaction, which could last for years, and what he called "distorted grief." Distorted grief could consist of social withdrawal, hypochondriacal development of the dead person's symptoms, psychosomatic illness and manic over-activity.

In Lindemann's (1944) view, recovery from bereavement was the emancipation from the relationship with the deceased, readjustment to the environment and formation of new relationships. His theory offered an observable categorization of the phenomena involved in reactions to sudden loss. Many of these reactions are similar to the criteria for Post Traumatic Stress syndrome. Because Lindemann's theory is based on the study of deaths of a violent or sudden character it does not address anticipatory stress, and feelings related to relief of stress after loss.

Attachment and loss

In contrast to Freud's theory, Bowlby (1969) asserted that in a healthy bereavement process, the relationship with the deceased is often not broken. The bereaved may have a

feeling of inner presence of the deceased that is comforting and supportive in restructuring their lives.

Bowlby's model is more of a medical, organic one. In it he stressed the instinctual determination of the grief process. Recovery from loss is seen as being similar to recovery from a disease.

Holmes (1993) discussed the attachment theory as a major paradigm for theory and experimentation in developmental psychology. Byng-Hall (1985) emphasized the spatial aspects of family life and explained the idea of 'distance regulation'. The family transmits its patterns via 'family scripts', similar to internal working models, but which are held in common by the whole family and ensure, for example, that dangerous or highly emotional topics, such as death, are avoided, or power relationships not questioned (Holmes, 1993).

Main (1990, 1991) expanded the attachment theory to adults and devised an instrument, the Adult Attachment interview, for studying attachment phenomena in adults. This is a semi-structured interview, similar to a psychotherapy assessment interview, aiming to "surprise the unconscious" into revealing feelings about current and past attachments and separations, and to tap into emotional responses to loss (Main, 1991). The interviews are rated not so much for their

content as for the way in which the subject describes their lives and losses. Holmes, (1992) referred to this as "autobiographical competence." Three predominant patterns emerged: 1) Secure individuals could give an account of their lives, including the capacity to describe painful events from the past in a coherent but not detached way, 2) Those who were 'insecure-dismissive' tended to be unable to remember much about the past. Their responses were vague and brief. For example, "I had a perfect childhood," or "I can't remember anything before I was thirteen.", and 3) The 'insecure-enmeshed' group appeared "stuck" in the past and offered incoherent, and often tearful accounts of past pain and misery. These patterns clearly assess the current level of functioning for these people that relates to their quality of life.

Bereavement as a psychosocial transition

Parkes (1975) theory employed elements of different models to explain the bereavement process. He incorporated aspects from the medical, cognitive, and cathartic frameworks. He viewed the social situation of the bereaved as the same as for the sick or injured. He clarified grief in terms of a medical diagnosis. He also viewed grief in terms of

separation anxiety. It is apparent that he was influenced by his work with Bowlby. According to Parkes a normal reaction to bereavement is considered to be a period of grieving, characterized by distress and impaired functioning, followed by recovery. Recovery includes the "...replanning of the life-situation and the attaining of a new, independent level of functioning." (Parkes & Weiss, 1983 p. 307).

According to Parkes (1975) the process of grief has four stages. The first is centered around searching behavior. Characteristic of this stage are high levels of arousal and emotional anxiety. During the second stage the loss becomes "real" to the person and a realization of the definitive nature of death is felt at an emotional level. The third stage is characterized by disorganization and despair. The schema of the individual is scattered and the "...predictability of the world is impaired" (Parkes, 1988, p.56). The task of the final stage is for the bereaved to construct a new model of the "world" and regain control over his life.

A common element to Lopata (1973) and Parkes (1975) bereavement (in widowhood) is associated with a loss in social identity. Efforts to enhance one's self esteem may be a

necessary process to encourage the individual to rebuild her social life (Stroebe, Stroebe, Gergen, & Gergen, 1982).

Adjustment to threatening events

Taylor (1983) developed a theory of cognitive adaptation to threatening events. His theory suggested a number of ways in which grief work as an active coping strategy might differ from the more passive process of passing time and reflecting on the loss. To be an effective coping strategy, grief work must involve a search for meaning in the experience, an attempt to regain mastery over one's life, and an effort to enhance one's self esteem. According to Taylor (1983) the search for meaning is an effort to understand the event, why it happened and what impact it will have on the person's future life. The theme of mastery centers around regaining control over one's life, and strategies to manage life without a partner.

In relation to Lopata's notions of reconstruction of identity it is especially difficult when the roles of wife and mother are no longer viable. The role of "widow" is not clearly defined. Lopata agrees with Golan (1975) who states that... "ideally the person moves from role to role, from wife to widow to woman".

Bowenian family systems theory

There are eight processes in this theory. They are differentiation of self, family triangles, nuclear family emotional system, family projection process, emotional cut-off, multigenerational transmission process, sibling position, and emotional process in society (Hall, 1981). A ninth process, spirituality was conceptualized, yet not fully developed at the time of Bowen's death in 1990. Bowen's concepts suggest universals in human behavior that extend beyond the descriptive studies of family cultural variations found in the field of sociology. His theory was an attempt to show that human nature and human behavior are components of evolutionary processes rather than products of historical or cultural events. Each process has therapeutic merit in clinical work. The processes pertinent to this study are differentiation of self, nuclear family emotional system, and multigenerational transmission process.

Differentiation of self is the basic concept from Bowenian family systems theory that is key to adjustment to death of a family member, or spouse (Bowen, 1978). Differentiation is the lifelong process of striving to keep one's being in balance through the reciprocal external and internal processes of self-definition and self-regulation.

Levels of differentiation of self vary as stressful events occur to an individual. The higher the level of differentiation an individual has achieved determines her ability to cope with stressors. Differentiation of self focuses on a person's emotional being in relation to their cognitive processes.

The nuclear family emotional system is the most intensely interdependent part of a family. Families use various mechanisms to deal with anxiety overloads. Death may cause such anxiety overloads. Examples of adaptive mechanisms may be relationship conflict, dysfunction of a spouse, or projection to a child.

Multigenerational transmission process is the strong tendency to repeat impairing patterns of emotional behavior in successive generations culminating in lower levels of differentiation of self for certain members of the younger generations. Unless conscious effort is made to modify impaired patterns, they are repeated automatically. This process may be addressed through experiential thanatopsis. When choices of behavior are recognized then existing patterns may be changed.

All living things are adaptable to acute anxiety. Organisms have inherent resources to handle short bursts of

anxiety. It is chronic anxiety that is useful in determining the level of differentiation of self. If anxiety is low, the organism is symptom free. As anxiety increases and is sustained, the organism develops tension that can result in dysfunction or illness. Bowen applied his theory to all living things and perceived mankind as a small part of nature.

Bowen developed a differentiation of self scale (Bowen, 1978). Bowen applied this scale to family as well as individual functioning. The scale leads from the lack of self differentiation, at the low end (0-50), to the total presence of self (differentiation) at the high end (50-100). The level of differentiation of the self is a descriptive way to grasp an overall depiction of an individual's level of functioning or the level of functioning for a family (Hall, 1981).

The scale explained the idea of different levels of differentiation, and that people at one level function very differently for those at other levels. The scale ranges from 0 to 100, with 0 depicting low human functioning and 100 representing a hypothetical notion of perfection.

When temporary stressors, such as bereavement, become disabling it is hard for clients to objectively assess their situations. They often feel overwhelmed and incapable of coping. The syndromes of complicated mourning mentioned

earlier develop during the time when adjustment to stress should be occurring (Rando, 1984).

The proposed research is an attempt to investigate how widows in later life perceive experiential thanatopsis. According to Bowen (1978) when a woman becomes widowed she must redefine her "self." The more differentiated she becomes, the less anxiety she will experience and the less likely it is that complications will occur. Bowen (1978) did not intend for his theory to become a therapeutic technique. However, it is useful to apply this theory to widowhood because differentiation is a product of relationship perspectives that result in a new way of being. The process requires a scrutinization of one's assumptions about behavior and the origin of human problems. This theory is particularly relevant to this study.

A quote from Dr. Bowen summarizes the major position of this research:

So far, we have not been able to control feelings with the intellect, but the human may be on his way. I believe that we will eventually have a real science of human behavior and that some detail of differentiation of self will play a part in it. When the odyssey began, there was some respectful regard for theory. After

the surge into family therapy, therapists turned only to therapy instead of theory. To the new therapists, theory became a bad word. Thirty years ago, I was guessing it might be two centuries before human behavior could become an accepted science.... (Bowen, 1978).

Summary

All of the theoretical conceptualizations reviewed regarding grief and coping with loss indicate that coping involves not only what a person does but how they feel and think about what they are doing. The meanings ascribed to loss and adjustment are personal and unique. For resolution to be complete the individual must attain a balance of memories of the loved one. The ability to think in a more differentiated way about the loss of a loved one is not to remove emotions but to consider them from a more cognitive, intellectual perspective.

In support of this concept Parkes (1975) addressed the redefining of self and the establishment of a new independent level of functioning. The work of Lopata (1973) also supported these ideas. The primary task of adjustment to widowhood is to develop a new role and sense of individuality.

The studies currently published deal with important aspects of adjustment to widowhood such as the stages of grief and the formation of new social roles. The Bowenian family systems theory and the concepts of differentiation of self provide a theoretical basis to the key task of a widow forming a new identity. The final process of bereavement is to redefine the "self" without the loved one. The application of theory to this last stage provides greater understanding as to why this process is easier for some than for others and why some widows never make a "healthy" adjustment to widowhood.

Importance of thanatology

Dying is a sensitive topic. It is a natural stage of living and yet is encompassed in mystery. Death is common to all of us, yet it is always felt as a unique experience. Kubler-Ross (1969) attempted to organize an understanding of a dying person's behavior. Her model concentrated only on the grief of the dying person yet, can be applied to the bereaved. The studies of Kubler-Ross and those of several other thanatologists have contributed to the evolution of thanatology as a field of study (Feifel, 1990; Schoenberg, Carr, Kutscher, Peretz, and Goldberg, 1974).

The study of thanatology is multidisciplinary. Involved in the formation of a definition are constructs from the fields of medicine, anthropology, philosophy, sociology, psychology, education, and theology. It is involved in scientific and humanistic inquiries, and also in the application of the knowledge derived from these to the subjects of the psychological aspects of dying; reactions to loss, death, and grief; and recovery from bereavement. The principles of thanatology as outlined by Kutscher, Carr, and Kutscher (1987) are important to this study because they provide a direction for the exercises used in the study. They are:

1. A healthy outlook on life necessarily comprehends death
2. Death and dying are not and should not be taboo topics
3. Education in thanatology is necessary
4. Education in thanatology requires a multidisciplinary approach
5. Dying patients have human rights that should be respected
6. An ultimate ideal in the care of dying patients should be that of death with dignity.
7. Death with dignity is most likely to occur in an atmosphere of open communication
8. Grief is a normal response to the death of a loved one

9. Bereaved persons have preferences that should be respected
10. Although a normal response, bereavement has physiological and psychological manifestations that qualify it symptomatically as a temporary illness
11. Especially severe reactions to bereavement may require special professional care
12. The essence of good thanatological care is good patient care

Summary Principle: Thanatology is both an art and a field of study. As an art, it emphasizes humanistic approaches to death, dying, and bereavement. Thanatologists stress the need for education, inquiry, systematic investigation, and research in approaching these topics previously considered taboo in our society.

Death education is important because it may enhance coping for individuals experiencing a loss. Adjustment to widowhood is an ongoing process. With extended life expectancies of widows death education may expand satisfaction and reduce anxieties to improve their quality of life.

Grief over the loss of a loved one is a painful experience which promotes psychological and physical symptoms. There is evidence that connects widowhood to an increase in clinical depression, mental illness, physical illness, and

mortality. This negative impact of bereavement on health has been labeled the "loss effect" by Stroebe, Stroebe, Gergen and Gergen (1982).

Most of the studies on health consequences of bereavement have focused on the frequency and intensity of depression since it is a core symptom of grief. Several studies provided convincing evidence for the assumption that recent bereavement is associated with depression (Bornstein, Clayton, Halikas, Maurice, & Robins, 1973; Carey, 1977, 1979; Gallagher, Breckenridge, Thompson, & Peterson, 1983; Glick, Weiss, & Parkes, 1974; Radloff, 1975; Stroebe, Stroebe, and Domittner, 1985).

The classic studies of Erich Lindemann (1944) in this review are pertinent to this section. Approximately nine months before the tragic Coconut Grove fire that claimed the lives of 491 persons Lindemann had addressed the Massachusetts Psychiatric Society. His report to this society included pioneering evidence that the loss of a loved one can be related to diagnosable medical diseases. He had studied patients suffering from ulcerative colitis. This is a severe and chronic inflammation of the colon, of which the cause is still undetermined. In the course of his interviews with these patients Lindemann was impressed by the fact "...that

loss of security, especially the loss of another person of emotional significance, is frequently encountered as the crisis in human relationships which preceded the onset of the illness". He further emphasized that "...the rupture of a human relationship may occur not only as the result of death but also as a consequence of being rejected, jilted, or disillusioned regarding the partner in the relationship." (Lindemann, 1944, p.21,22)

More recently, Volkan (1985) reported that accommodation to loss by death does unfold in expected stages when complications do not interfere. Signs of complications in the acute and chronic stages of mourning are discussed by Volkan. However complications might occur, mourning can result in depression or pathological mourning and other health problems.

Theresa Rando (1984) classified seven syndromes of complicated mourning that may be diagnosed during assessment interviews. These syndromes are important because the participants in this study could present with some of the symptoms.

The syndromes and condensed characteristics will be described. The first syndrome was referred to as absent mourning. The mourner acts as if the death never occurred.

The second manifestation is delayed mourning. The dynamic in this is procrastination. Procrastination is one of the strongest predictors of complicated mourning. A therapist working with a client must distinguish between inhibited, conflicted, or absent mourning. The third is inhibited mourning. It involves full inhibition of external response despite the presence of internal responses indicative of varying amounts of awareness and pathology. An individual may act as a compulsive caregiver to others in distress. They are prone to be tense, short-tempered, and show physical symptoms such as insomnia. Mentioned also was that expressions of mourning can be restricted due to religious, ethnic, or environmental factors. Depression or empty personal and social experiences are common.

Utilization of drugs and other medication or alcohol may promote inhibited mourning. Increased use by bereaved persons ranges from anti-anxiety medications, such as sedatives or minor tranquilizers, to sleeping pills and anti-depressants (Osterweis, 1985). Mor, McHorney, and Sherwood (1986) indicated that there is evidence to show that the use of drugs such as the anti-anxiety ones may be increased more among bereaved women than among bereaved men, who may turn to alcohol instead.

Distorted mourning exists when aspects of mourning are exaggerated, with extreme anger and extreme guilt being the two most prominent characteristics. These are reported to be exhibited in the absence of other reactions, such as sorrow, yearning, or sadness. Actions are detrimental to one's own social and economic existence. Psychosomatic illness appears in this syndrome also. There is a prevalence of a "wooden" or formal appearance with affect and conduct resembling schizophrenic patients.

Conflicted mourning is experienced after highly troubled, ambivalent relationships. There is a delay in onset of acute mourning with more intense elements of yearning, pining, and continued sense of connection. There is an initial period of relief followed by guilt, self-reproach and lack of sufficient positive memories. Mourners feel a sense of hypocrisy for mourning what appears to have been such a negative relationship with loss of opportunity to resolve the conflicts.

Unanticipated mourning follows a sudden, untimely death resulting in difficulty accepting the loss despite intellectual recognition of its occurrence. There is a persistence of grief symptoms with the mourner remaining socially withdrawn, thereby developing a sense of the

deceased's continued presence. Unfinished business is a key issue.

The last condition is referred to as chronic mourning. This is characterized by acute mourning that persists, failing to draw to a natural conclusion and in which intense reactions do not abate over time.

Martin and Hendricks (1995) shared their clinical expertise during a presentation at The Texas Marriage and Family Therapy Conference (Jan., 1995) and confirmed that time is not a relevant factor in recovery from bereavement. Their therapeutic illustrations of each syndrome mentioned were all comorbid with other family problems or personality disorders, primarily depression.

Norman Paul (1967,1980) addressed the role of mourning in correcting many marital and family problems. It is Paul's view that since the calamities and atrocities of World War II families in Western culture have had problems dealing with loss and death. The death of a loved one has become an unnatural, ritualized event that is avoided by denial, retreat, and development of personality characteristics to cover feelings of grief.

It is the "role of mourning" in the opinion of Paul (1980) that can determine how family relationships endure over

time. The concepts of experiential thanatopsis readily address the notion of changing long-held ideas by allowing participants to gain new insights and understanding of themselves over time.

The purpose of dealing with grief is essential to avoiding dysfunction, including anxiety, depression, intimacy, and sexual problems. The potential for negative consequences associated with widowhood are addressed by incorporating principles from Thanatology into thought-provoking experiences to be conducted in a group setting.

Research on death education

A review of existing research on death education supported an experiential approach to death education. There are several coping studies relating the importance of cognitive processes in coping with loss (Blackburn, Greenberg & Boss, 1987; Garrett, 1987; Gass & Chang, 1989; Nolen-Hoeksema, Parker & Larson, 1994; Zautra & Wrabetz, 1991). These are relevant due to the relationship between death education and coping with loss.

Techniques of death education

Two distinctive types of death education were found in the literature. They were didactic education and experiential education. Studies were conducted to investigate effectiveness of death education programs by measuring levels of death anxiety.

Maglio and Robinson (1994) used meta-analytic procedures to examine 62 studies investigating the effects of death education on death anxiety and thoughts of death. The aim of this study was to assess the effectiveness of death education methods in reducing death anxiety by doing an analysis of the empirical investigations of both techniques (didactic and experiential). Didactic death education interventions, such as lectures, were found to produce greater increases in death anxiety than experiential interventions. The outcome of their analysis is best characterized by inconsistent findings and as Durlak and Kass (1981) stated,

Some researchers have found females to have more negative reactions to death (and related topics) than males....others have found males to react more negative. Similarly, conflicting results have also been reported regarding the effects of age and religion on death attitudes. Therefore, no firm conclusions concerning

death attitudes and their correlates are as yet possible. (pp.129-130)

Maher, Howard, and Gervaise (1990) compared experiential psychotherapy to bereavement, grief, and death and dying therapy in terms of assumptions about the patient, focus of the therapeutic work, goals and optimal directions of change, and therapeutic methods. When comparing techniques and processes of experiential psychotherapy to conventional bereavement therapies it was reported that experiential techniques were favored.

Support for an experiential approach to death and bereavement is also found in Marks and Davis (1975). The following reasons are outlined:

1. Most people need structure to assist them in exploring and discussing death-related issues. Structure offers both encouragement and relative safety to examine feelings and thoughts that normally are defended against by an individual left to her solitary devices. This is particularly relevant in our society where death and dying have been institutionalized. The use of structure in group activities has come to be recognized as a valuable and widely employed psychoeducational tool since the mid-1970s (Drum and Lawler, 1988; Toseland, 1990; Knott et. al., 1989).

2. Effective death education (and coping) is tied closely to the interpersonal context in which it occurs. New learning experiences are often enriched when integrated through constructive interaction with others. This seems particularly relevant to the topic of death, which is subject to individual and situational relevance. By exposing oneself simultaneously to others' views and to one's own inner thoughts and feelings about personal loss, there often occurs a mutually facilitative process of combined subjective and objective insight. Toseland, (1990) considered the importance of dignity and respect for group members. He stated that, especially with highly emotional issues, group members should be allowed to "pass" in group participation.

Marks and Davis (1975) pointed out the benefits of the experiential approach over a didactic approach. They compared the former to participating in a lively discussion, while the latter contrasts sharply as listening to a one-way lecture. The main difference involves the issues of involvement and responsibility. In an experiential activity one becomes involved in the process and is responsible for making it beneficial by being honest with herself. The result is that the transfer of learning goes beyond the initial experience and is found to be greater and long lasting.

3. Learning about death is a life-long process. Viorst, (1986) recognized that experiential education in a group context maximizes the likelihood of continued learning. Also recognized is that the experience of loss and life-threatening challenges occur regularly throughout life.

Healthful coping strategies following loss of any kind improve quality of life for elderly individuals. In an article titled, "Multiple Losses in Older Adults" Garrett (1987) reported that the adjustment of the elderly to the loss of friends and relatives took several forms. Grief characteristics, styles of grief resolution, and suicide were discussed. The most effective coping strategies were found to be helping others, joining groups, sustaining family ties and avoiding isolation and self-pity.

In a longitudinal study Nolen-Hoeksema, Parker, and Larson (1994) studied 253 bereaved individuals. Their study reported that people with poorer social support, more concurrent stressors, and higher levels of postloss depression experienced more rumination than people with better social support. Women were found to have more rumination than men and, in general, people with a ruminative style after one month following their loss were more likely to have a pessimistic outlook.

Gass and Chang (1989) interviewed 100 widows and 59 widowers ranging in age from 54-81. They used a "ways of coping" checklist developed by Lazarus and Folkman (1984), a sickness impact profile (SIP), and questionnaires to assess appraisal of bereavement and resources. The SIP addresses the psychosocial health dysfunctions as a type of conjugal bereavement. Path analysis indicated that lower threat appraisal, more problem-focused and less emotion-focused coping, greater resource strength, and younger age had direct effects on reducing psychosocial health dysfunction. Higher threat appraisal influenced the use of more problem and emotion focused coping strategies.

Blackburn, Greenberg, and Boss (1987) examined loss from a symbolic interaction perspective. The effect of loss of spouse on 30 rural widows at 6 and 12 month intervals after death was studied. It was reported that friendships, social activities, and churches assumed a greater support role over that of the family. Participants in the study were given a measure of psychological husband presence, a coping inventory, a health measure, and a measure of self esteem.

The role of coping success on psychosocial distress was investigated in 147 older adults who experienced a major health problem and 82 older adults who reported a major loss

in the past 6 months including becoming widowed (Zautra and Wrabetz, 1991). Home interviews provided data on satisfaction with coping efforts and negative changes associated with events. Efficacy in coping with loss was associated with less psychological distress.

Death is a normal, yet anxiety provoking part of life. This study examined the experiences of widows participating in experiential death education. An important assertion of this dissertation is that individuals can continue to evolve and incorporate losses into their lives and enhance the process with experiential thanatopsis.

The results of the Georgia Centenarian Study (NIMH, 1989) supported the idea that coping with loss does improve the quality of life for elderly individuals. Lower psychological distress and greater social supports were common in coping strategies. Coping with loss is recognized as a cognitive process and time after loss is considered insignificant. Intuitively it is thought that time heals the pain, yet, some grieve for many, many years and never incorporate their loss into their lives.

Based upon the literature in this area, especially Maher, Howard, and Gervaise (1990), an experiential approach was selected for this research and a qualitative assessment of its

processes was conducted. By studying how widows perceive exercises as useful can contribute to the development of educational materials and programs geared to the needs of widows in later life.

Within the framework of Bowenian family systems theory, an experiential approach is warranted. The process of raising personal levels of self-differentiation is a core process to Bowenian theory. Other processes relevant to this approach are nuclear family emotional system and multigenerational transmission. When a widow re-establishes herself by becoming more self-differentiated, there are consequences for her family as well. The processes of nuclear family emotional system and multigenerational transmission are impacted by a change in any family member. In this study, the changes are personal for each widow related to their thanatopic encounters.

Research Questions

Questions posed in this research are:

1. What was the phenomenological experience of the widows participating in the experiential learning exercises?

2. What changes, if any, occurred in the attitudes toward death?
3. What changes, if any, occurred in the level of death anxiety of the participants?
4. What, if anything, provided in the experiential structured learning exercises was helpful to the participants?
5. What, if anything, provided in the experiential structured learning exercises was not helpful to the participants?

METHODOLOGY

Introduction

The following quote explains the disposition for this study. The plenary speaker at the Texas Association for Marriage and Family Therapy in January, 1995 was Dr. B. F. Maiz. Dr. Maiz holds an Honorary Doctor of Humane Letters Degree and is a recipient of the Wesleyan Peace Award. He stated,

You cannot quantitatively measure how much emotion...you have no units of measure for emotion, so you are working in an area that is not exact, never will be, should not be.... you're moving on hunch, insight, intuitions, skills, theories, but you're working, you're working. They tell us each evening sometimes by fire, sometimes by dancing earth, sometimes by burning winter winds, that he who is three may be half way there and he who is one hundred may be seven years from shore. We cannot know when the wave would leave us on the beach of that dark land. We cannot know how many days and nights we have to love, or hate, and we cannot know how many summers or winters we have to laugh, or weep on the wave before the boat sails, or drifts to that black

reef. And since you cannot know, it's incumbent upon you to take up your mission with additional vigor and carry it through.

This excerpt articulates the value of qualitative research in the field of marriage and family therapy. The questions of this study can only be answered with qualitative research.

Kastenbaum (1988) suggested a need for more detailed research investigations that specifically examine the various elements of death education that lead to attitude change. Gubrium (1992) recognized that meaning is "ineluctably subjective, mediated but not necessarily determined by historical, cultural, organizational, and narrative conditions." Gubrium (1991) stated that experience and voice are represented from the standpoint of those studied. A qualitative approach to reflect the experiences of the participants was used in this study. This requires keeping informants and their worlds on "center stage, never in the background." Qualitative research attends to the point of view. There is no neutral standpoint. In studying the effectiveness of death education it is important to discover if theory accurately addresses participants' experiences.

Qualitative methods do not look for findings that are generalizable to a larger population (Moon, 1990). The research objective is to ascertain how the experiential activities are perceived by those involved.

This research examines the process of an experiential approach to death education for widows in later life. Qualitative research is a way of documenting reactions and ways of knowing allowing for a unique contribution to the field. Qualitative research yields toward a greater understanding of what it means to be widowed and how individuals cope. This type of research also values the uniqueness of each informant in time and place and what is particular or general throughout the process.

Debriefing discussion groups were chosen because they offer several advantages. Discussion groups provide data from a group of people much more quickly and at less cost than would be the case if each individual were separately interviewed. They also allow for the researcher to interact directly with the respondents. This provides opportunities for clarification of responses, for follow-up questions, and for the probing of responses. Informants can qualify responses or give contingent answers to questions. In addition, it is possible for the researcher to observe

nonverbal responses such as gestures, facial expressions, and so forth, which may carry important information that supplements (and, on occasion, contradicts) the verbal responses.

The open response format of a group discussion provides an opportunity to obtain large and rich amounts of data in respondents' own words. The researcher can obtain deeper levels of meaning, make important connections, and identify subtle nuances in expression and meaning. Discussion groups allow respondents to build upon the responses of other group members. This synergistic effect of the group setting may result in the production of data or ideas that might not have been uncovered in individual interviews. Information acquired during the discussion groups will provide direction for future groups and be of service in the development of extended structured learning exercises.

Qualitative design

The following outline provides a summary of the study design. A discussion of the procedures follow.

Table 1. Outline of the Study

<u>Recruitment of Subjects:</u> Investigator
<u>First meeting:</u> Introductions, informed consent Structured learning exercise I (Icebreaker) Break for refreshments Debriefing discussion group Investigator + Informants
<u>Second meeting:</u> Member checks, Structured learning exercise, II (Instrumental) Break for refreshments Debriefing discussion group Investigator + Informants
<u>Third meeting:</u> Member checks, Structured learning exercise, III (Affective) Break for refreshments Debriefing discussion group Investigator + Informants
<u>Fourth meeting:</u> Member checks, Debriefing discussion group Investigator + Informants + Ethnographer
<u>One Month Follow-up:</u> Member checks Debriefing discussion group Investigator + Informants + Ethnographer

Participants

Individuals were selected according to purposive sampling. This method of sampling is one of the most common in qualitative research according to Moon, Dillon and Sprenkle (1990). A broad scope of information is provided with the fewest number of participants.

The informants for this study were recruited by telephone and personal contact. A list of potential participants was obtained from the Retired Senior Volunteer Program (RSVP). The list acquired from RSVP had been especially compiled for this researcher by the director following a discussion of the study and a description of desired participants. Other participants were recruited by an announcement in the church bulletin of this researcher's church. All participants are over the age of 50 and have been widowed.

Each participant received a research schedule (Appendix A) prior to making the commitment to participate. A group contract (Appendix B) and an informed consent form (Appendix C) were all read to the participants and signed during the first meeting. All meetings were conducted under the guidelines approved by Iowa State University under the Review of Research Involving Human Subjects Committee (Appendix D). A brief description of each participant is provided in Table 2.

Table 2. Participants

ID	Age	Year born	Year married	Year widowed
W1	79	1916	1934	1983
HS dropout/farm wife				
W2	59	1936	1958	1991
B.A. Ed./Clerical wk.				
W3	65	1930	1951	1954
M.Ed./ Teacher				
W4	81	1914	1937	1987
HS grad./housewife				
W5	85	1910	1933	1972
HS grad./housewife				
W6	83	1912	1936	1977
LPN-retired				
W7	82	1913	1936	1988
HS grad./housewife				
W8	72	1923	1941	1979
HS grad./retail clerk				
Average age of participants 76 years, range 59-85				
Average length of time married 38 years, range 3-52				
Average length of time widowed 16 years, range 4-41				

W=Widow (W1=1st widow, W2=2nd widow, etc.)

Participant information was obtained by the completion of
 "Participant Information" form (Appendix E)

Incentives

Incentives were provided for all informants. Following completion of the structured learning experiences and the discussion groups, participants were treated to a meal at a local Bed & Breakfast. Pastries, fresh fruit, juice and coffee were served at all meetings as suggested by Stewart and Shamdasani, (1990). They believed that the presence of food tends to relax participants and it encourages participation. Following the structured learning exercise participants were offered snacks as the discussion group interviews took place.

Setting

The meetings took place in the Fellowship Hall of a local church. Bogdan and Bilken, (1992) mentioned the importance of selecting an accessible setting. The informants were grouped around a table in a circular arrangement. According to Mehrabian and Diamond (1971) this is an optimum arrangement for group interaction. Their experiments showed clearly that physical environment can affect patterns of social interaction.

Sample size

According to Stewart and Shamdasani, (1990) and their research on focus groups, it is desirable to have from six to twelve people. Fewer than six makes for a limited discussion, and more than twelve participants are difficult for the moderator to manage. For this group eight informants were recruited to participate. According to McCracken (1988) eight is a sufficient number of participants to include for a qualitative study.

Meetings

The researcher conducted three experiential structured learning exercises (SLE) adapted from Knott, Ribar, Duson, and King's, (1989), Thanatopics, and discussion group interviews to investigate the cognitive insights of the participants. In these exercises a format is provided for individuals to experience their situations from different perspectives and form new ideas. The specific exercises were selected from the input and advice received during consultation with a colleague who met criteria for participation in the groups yet did not participate. The exercises were also selected because they could facilitate deeper levels of self exploration as well as self disclosure.

Each session including the exercise and the debriefing discussion was allotted two hours for completion. All sessions took place within this time frame. The format of each meeting was to conduct the exercise, then break for refreshments to change the tone of the group, then conduct the debriefing discussion groups. The SLE sessions provided for individual as well as group participation. The style of the SLE groups followed suggestions made by Toseland (1990) in Group Work With Older Adults. The style of the debriefing discussion groups was outlined by Stewart and Shamdasani (1990) in Focus Groups.

The process of experiential learning is to begin to acquire a new understanding of oneself as a result of novel and personalized experiences. The investigator followed a 4-step model for each activity. The steps were as follows:

1. Preparation. The investigator gathered all materials, became familiar with background topical information and attended to the timing of the activity by "walking through" each component.
2. Goal Setting. This is a critical stage. Goals are set and adapted to the participants and their objectives. This was accomplished by a clear, concise introduction at the outset, outlining the goals for the activity.

3. Facilitation. Effective conduct of the SLE required familiarity with the procedures and variants to be used while simultaneously attending to the pace, group dynamics, and the often ad hoc modifications that arise due to unexpected reactions.

4. Processing. This is the essence of the SLE, where analysis and synthesis best occurred. Each SLE ended with a summary that incorporated the goal statements made at the onset. The discussion group interviews following each SLE determined the perceptions of the participants.

The first session included ice-breaker/introduction activities entitled "Opening Windows" (Appendix F) and I'm Coming Back As..." (Appendix G) followed by a debriefing discussion interview. The icebreaker activity was intended to broach the subject of death while offering a high degree of psychological safety. This was used for the first meeting to introduce participants to one another and to the topics at hand. Viorst (1986) recognized the relevance of a group setting for continued learning to be facilitated. This initial session was planned to set the mood and disposition of the group.

The second session included an instrumental exercise titled, "Death and Dying: A Brief Personal Inventory"

(Appendix H) including a self-inventory of personal loss followed by another debriefing discussion group interview. This exercise required written involvement beginning individually then moving toward group interaction. This was incorporated to allow self-exploration and decision-making practice. Garrett (1987) discussed multiple losses and adjustment to loss as being diverse for elderly individuals. This SLE required the informants to appraise the losses they had experienced and evaluate their effects over time. Nolen-Hoeksema, Parker, and Larson (1994) reflected this management of loss and the effect on outlook and personal disposition.

The third was considered an affective experience titled, "Another View." This SLE contained intense, self-disclosing activities with the purpose of illuminating personal positions toward some aspect of mortality. This SLE provided an opportunity for the development of new or different perceptions. This activity was designed to address the emotions of the participants and then allow for an intellectual processing to support and follow the emotional reaction. It was also followed by a debriefing discussion group interview. Lopata (1969) and Parkes (1988) both described the importance of psychosocial involvements to reform a new role and identity when one is widowed. How the

widowed individual thinks of herself determines her actions as well as attitudes.

The fourth meeting was an in-depth debriefing discussion group interview. The questions for each debriefing discussion group were as follows:

1. Overall, what has it been like for you to participate in this SLE?
2. What changes, if any, have occurred in your feelings toward death?
3. What did you experience as helpful in the activity/activities?
4. What did you experience as not helpful in the activity/activities?
5. What changes would you suggest?

A follow-up debriefing discussion group similar to a focus group was conducted one month after the last meeting to allow for a diminishing of the "halo effect". This is the lingering highly charged emotional response associated with participation in experiential group work (Brock & Joanning, 1983). This meeting was also used to obtain member checks from the previous meetings and to discover any lasting impressions and effects of the SLE's on the participants.

Data collection procedure

The ultimate goal of this research was to examine the perceptions of structured learning experiences for the participants. Following a series of structured learning experiences debriefing discussion groups were conducted to solicit reactions, provide assessments, and other feedback relating to the informants' experiences (Stewart and Shamdasani, 1990).

The debriefing discussion group sessions were audiotaped and transcribed for analysis. During the one week and one-month follow-up discussion groups another colleague took "on the spot" field notes to provide contextual cues. This is also suggested in Stewart and Shamdasani, (1990). Contextual cues include the nonverbal aspects of group interaction such as facial expressions and body posture (Brunner, 1979).

The debriefing discussion groups were conducted in a non-directive style. The researcher self disclosed when appropriate to add to the relaxed atmosphere of the group. When directives are low, the opportunity for group interaction is high. A framework for informants to express their own understanding in their own terms was provided (Patton, 1990). A recursive approach to questioning provided verification on the researcher's understanding of experiences and the various

dimensions of what the informants had experienced (Schwartz and Jacobs, 1979).

Researchers as instruments

In qualitative research, the investigator must draw on her own experience, imagination, and intellect. To gather data-rich information, the investigator must listen with a combination of respect and inquiry, hearing what is both new news and anticipated news with equal interest. "Entertaining the respondents' assertions as unexceptional truth is the most demanding but also the most rewarding of the objectives of the self-as-instrument technique" (McCracken, 1988. p.20).

In the process of conducting debriefing discussion group research Yalom (1985) described the roles of the researcher. The roles include the following: 1) Emotional stimulator, 2) Provider of compassionate concern, 3) Provide meaning attributions, and 4) Executive.

The researcher was placed at the core of the study as a participant observer. Qualitative methodology has its roots in anthropological data collection procedures that include participant observation. Participant observation places the researcher in the context of the phenomenon under study and in the presence of participants on an ongoing basis (Stainback &

Stainback, 1984). The researcher is a commissioned St. Stephen's minister and has had diverse experience with grief, bereavement and loss. She is a doctoral candidate in Human Development and Family Studies and a student member of the American Association of Marriage and Family Therapy. The researcher is 38 years old, Caucasian, and was raised in Northwest Louisiana.

The colleague taking "on the spot" field notes is a third year doctoral student in Human Development and Family Studies and has had extensive experience in qualitative methods. He has assisted other doctoral candidates in their dissertation work. He has studied advanced qualitative research methodology and has been trained in the Spradley (1979) method of observation and interviewing.

While Silverman (1986) suggested that widows should facilitate groups such as these, participants in a study conducted by DeBor, Gallagher & Leshner (1983) preferred a professional and were more accepting of their leadership and facilitation.

Method of Analysis

Reneta Tesch (1990) identified three core steps common to nearly all qualitative analysis methods. These are developing

an organizing system, segmenting the data, and making connections.

The goal of this research was seeking to understand the experience of others. Therefore, the researcher used a method that required ongoing, open interaction with the transcript. The data analysis procedure used in this study is outlined by Stewart and Shamdasani (1990) in their book, Focus Groups- Theory and Practice. This technique referred to as the "Cut and Paste Technique" is cost-effective, expeditious, and shares many characteristics of more cumbersome approaches. This approach was selected because of its high degree of usability and the concise nature of the process.

The data, once collected on audio tape, were transcribed. This facilitated further analysis and established a permanent written record. On the spot field notes were written by a colleague to provide a record of nonverbal communications.

The first step was to go through the transcript and identify sections relevant to the research questions. Based on this initial reading a classification system for major topics was developed and material in the transcript related to each topic was identified. Color-coded brackets were used to mark different topics within the text. This technique relies

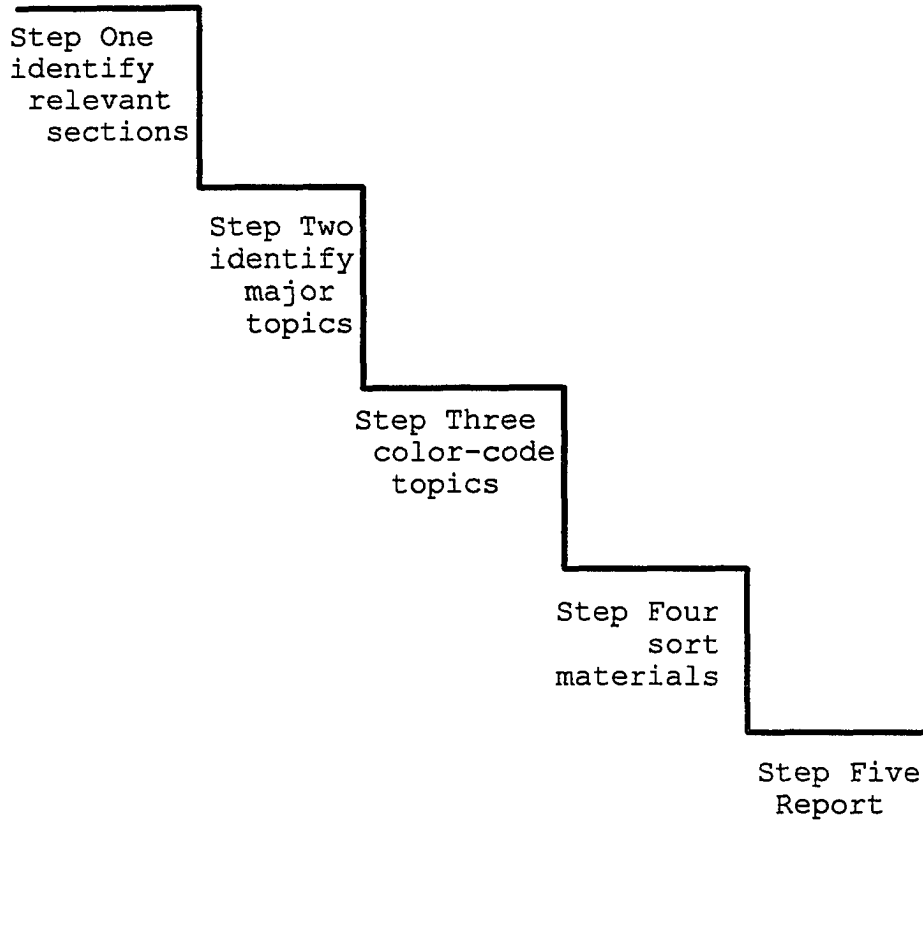


Figure 1. "Cut and Paste" Technique

very heavily on the judgment of the analysts. A check was conducted by a colleague to provide another reference for analysis.

After the coding process was completed, the coded copy of the transcript was cut apart and sorted so that all material

relevant to a particular topic was placed together. The categorization of the transcripts provided the basis for the summary reports. Each topic was addressed with an introduction and elaboration within an interpretive analysis.

Elements of Trustworthiness/Rigor

Credibility

Naturalistic inquirers are most concerned with testing the credibility of their findings and interpretations with the sources from which data were gathered (Lincoln & Guba, 1985). It is important that there are some type of credibility criterion to assess the information that is obtained. There are several ways to assess credibility. This investigation used peer debriefing, prolonged engagement, triangulation, and member checks.

Peer debriefing was used to allow the researcher an opportunity to discuss insights and growing questions with other professionals. During the debriefing the researcher responded to any questions or concerns posed by other professionals.

The researcher relied on another colleague in marriage and family therapy as well as her major professor to provide peer debriefing. Weekly meetings were held with the

researcher's major professor for feedback and direction. Meetings with a colleague were scheduled at least once a week.

Prolonged engagement is another step toward credibility. The participants have greater likelihood of being open and trusting with a researcher with whom they feel comfortable. According to Glaser and Strauss, (1967) and Goetz and LeCompte (1983), the better the rapport, the greater the understanding and accuracy of information exchanged. In this study, this researcher has known several of the participants for almost three years. The informants are from the adult education department of the researcher's church have a high degree of familiarity with the researcher, as does the researcher with them. The expectation was that they would be relaxed and comfortable with self-disclosure.

Triangulation refers to the use of multiple data sources, multiple data collection and analysis methods and/or multiple investigators in order to increase the credibility of findings (Lincoln & Guba, 1985). For this study investigator triangulation was used (Stainback & Stainback, 1981). A second researcher processed the transcribed notes following the methods described earlier. When there was a difference of opinion a discussion was conducted to reach agreement.

The procedure of member checks involves checking with the informants to determine if the researcher has accurately represented their meanings and feelings. The informants in this study were asked to make any corrections they felt necessary. The information was revised again and the informants were presented with a final copy for approval.

Transferability

Transferability was established by defining the context of the study so that readers of the final ethnography could determine if the information is useful to them in a different context. Transferability was established by including information and examples from participants' comments to allow the reader to make judgments regarding the appropriateness of study findings to other contexts.

Dependability

Dependability was established by overlapping methods of data interpretation such as triangulation and member checks already mentioned. The methodical and organized data collection was conducted so that an uninvolved inquirer could understand what, how, and why the study was conducted. The researcher's careful organization and documentation of the

process of the study provided an "audit trail". Adequate records provided an audit trail informing the reader how the analysis was evolving during the course of the study (Lincoln & Guba, 1985).

Confirmability

Confirmability was addressed by using triangulation and an audit trail in attempts to remain neutral. By using these techniques the procedures followed during the study were not an arbitrary application of only the investigator's version of the data.

Analysis of the Qualitative Data

The analysis of data began with transcribing the audiotapes of each debriefing discussion group interview. The first step was to go through the transcript and identify relevant sections. A classification system for major topics and issues was developed and material related to each topic was identified. Color-coded brackets were used to mark different topics within the text. These markings identified the particular topics of relevance. The analyst selected representative statements from the transcript and developed a theme for those statements. A second analyst was involved in

coding the transcript to provide an opportunity to assess the trustworthiness of coding with respect to major topics. An analysis was done for each debriefing discussion group interview transcript.

RESULTS

The results are reported in the following way: the main topic extracted from each discussion group is presented followed by supportive quotes from the respondents, and elaboration is provided.

Session I

The main topic and overall reaction to the first session was that of "reassurance". The participants had been involved in an introductory activity entitled "Opening Windows" (Appendix F) and an icebreaker activity entitled "I'm Coming Back As..." (Appendix G). A climate of self-disclosure and group interaction was established. Personal information relevant to dealing with death, dying, loss and bereavement was shared.

The participants specified a number of ways in which they felt reassurance and support. The following quotations are representative of what the informants stated as reassuring and supportive.

Relevant quotes

- *"It's fine. I have learned I am not alone, there are a lot of other people in the same boat with me. The way we*

introduced each other was nice, kind of different, not put on the spot about ourselves."

- "When you get to feeling you can't do things maybe you should be doing, or doing things you are not, you forget that there are people that can't do things too. I'm not alone here. Eight of us, I don't mean we are not paddling the same in this little stream we are in, but at the same time, we are not alone that's for sure. When we talked about coming back, it was O.K. that several of us didn't want to come back."
- "I didn't know what kind of goal we were aiming for, but once I got in here, like the rest of 'em, I think coping with....my problem to cope with is not necessarily the same as everybody else's, but we all have to do about the same thing to cope with whatever. It's a consolation to be here. When you said that there were not right or wrong answers, I knew you wanted to know how I got it."
- "I wasn't sure where you were going with this group in the first place, and what the activities were supposed to achieve. I think the central reason among all of us for being here was the loss of our husbands or other losses at some time in our lives. This wasn't like a grief group, to have to go in to details....your study was to get our feedback about the things

we are doing. I consider this a reassuring, comfortable approach that's important, rather than to delve into it like a support group. The way we introduced each other was good because it's easier to talk about another person, than myself."

- "I felt when you approached me, I was tempted to shy away because I have never been gung ho about support groups. I have always dealt with things on my own. Then I thought, I knew you wanted about a dozen people. I thought that's going to be hard to do, that I would come and take the time. Actually, it is not what I would have expected to be and it has been very interesting so far. It is good to come together with new people that have things in common."

- "We both have artificial knees, I hadn't known her before, I knew the name and took care of her son years ago. She probably didn't know my name from the man in the moon, I worked the night shift. It is good to find out, nice to know new people to talk with. If I had introduced myself to the group, I wouldn't have mentioned my knee. She's hurting today, so we talked about it."

Elaboration

The first meeting was designed to broach the subject of death and establish a high degree of psychological safety while promoting a context in which self discovery could take place. Toseland's (1990) notion that it is important to give group participants the choice to "pass" in a group discussion is supported by the reactions of this group. Overall, the members of the group were apprehensive at first then became relaxed and reassured. There was positive group interaction. The members of the group exchanged phone numbers and became quite "chatty" following the debriefing discussion group. The disposition of the group was positive and productive. There was some comparison of the function of the group to a support, grief group. Several participants had been involved in those types of groups. They related that this experiential group was more interesting, less intimidating and they were gratified by their involvement.

Viorst (1986) and Toseland (1990) both mention the involvement in groups as a way to develop new friendships and establish new social supports. The interaction during this first meeting clearly supports this previous literature.

Based on the reactions of the participants and the information gathered during this initial debriefing discussion

group it is evident that the SLE's met their designed goal of establishing a non-threatening context to pursue self-discovery with a high degree of psychological safety.

The structure and direction provided by the researcher/facilitator was also recognized as being beneficial. This supports the ideas of Marks and Davis (1975). They understood that structure was needed to assist the participants in discussing death-related issues.

Session II

The main topic gleaned from the discussion of the second meeting was "affirmation." The second SLE included a self-inventory (Appendix H) examining coping with personal loss. The exercise required written involvement beginning individually then moving toward group interaction. The participants were required to appraise the losses they had experienced and evaluate their effects over time. The following quotes reflect the informants experience of this second exercise.

Relevant quotes

● *"It made me think about what I told people and about how it really bothered me to feel let-up on when my husband died. It is mutual for the group, except for W3."*

● *"The personal opportunity to go into that. To make it public if I wanted to. The losses out of order were the hard ones. My husband was an old man. His death was not as hard on me as my 19 year old grandson's suicide. He was deaf and had so much sadness and anger. The way we grieve is for us to decide not what is expected."*

● *"The funeral was on a Thursday or Friday and I went to work on Monday. Some criticized it. I worked the day before the funeral. Everything was prepared, what was I supposed to do, sit at home and feel sorry for myself? The normal thing, the most usual for me was the thing I needed to do. If protocol said you just go to the funeral, I might have gone to work that day too."*

● *"Thinking back and concentrating, letting go was necessary, because even before I lost my husband, we went through illness after illness. I never thought of bailing out, looking somewhere else. You get up in the morning, you do what you*

have to do that day....if that means spending the next six days at his bedside, you do."

- "Another thing that has contributed is the circle of friends and family that have been there very supportive of my growing independence. When was it appropriate to be independent? I've been prepared for it all along."
- "Thinking that it is going to be fine, seeing what you have done to face things. I saw God's miracle going over when I came today...a flock of geese. There are signs of spring, and they have always testified that things will be better."
- "It's just that as you tend to look back, you tend to put things in perspective, knowing that there is life after grief, how you do it is not clear at the time...this made me think about it and how I did it. We all have our ways and they are right for us."

Elaboration

This SLE was designed to enhance self-exploration and decision-making. The informants in the group generally expressed that they did what they felt was right for them at the time without hesitation. They felt affirmed by others in the group as they shared their stories and coping techniques.

Some members of the group found that they discovered more about themselves and that they were reasonable and entitled to the many ways they had dealt with their losses. Parkes (1988) described the transition following bereavement as including a reconstruction of the individual's world. This includes efforts to improve self esteem. The affirmations received by the participants promoted their self esteem. Self esteem may be a necessary element in rebuilding one's social life and identity (Stroebe, Stroebe, Gergen, & Gergen, 1982).

During this SLE it was apparent that the participants were able to express themselves openly and share some things about their personal experiences that they had not discussed before. The overall attitude of acceptance and understanding was clearly useful to each member of the group as she shared her feelings and concerns. Coping strategies, as mentioned in Garrett (1987), do improve quality of life for older adults. During this exercise and debriefing discussion group the informants shared losses, acknowledged feelings, and affirmed one another while learning from one another.

Session III

The third meeting involved a SLE entitled "Another View" (Appendix I). The reactions emerging from this group

overwhelmingly indicated the feeling of "changing attitudes." This exercise contained reasonably intense self-disclosure with the purpose of bringing clarity to personal postures toward death and the development of new perceptions.

Relevant quotes

- *"I liked this the most....to actually be asked to put down in black and white that even though things aren't like they were, they are still very good. There aren't a lot of things I need. As long as the family is around I'm pretty happy now. Before I thought I needed more."*
- *"The second picture really made me think. I thought I would be happy in a little cabin, after thinking that over like this, that's not it at all.... I want to be with people. After thinking about your talk about your activities and church, that's what I want. I still would like to go to that cabin in the mountains but not stay there."*
- *"Maybe you were thinking of solitude. You can find those things even in a crowd. Take yourself off mentally or emotionally or physically to a corner. The symbolism is there. I needed that for a while and still do some but it is better to be a part of something."*

- *"I thought of things that surprised me. The way you put it...I thought of more losses that have concerned me more and how I've maintained and gone on."*
- *"The fact that it made me think specifically about what has happened and how I felt about it. I thought I have had one big loss, even though I've had it, I've adjusted to it. The next one came along, when I had to pinpoint some of the things I feel differently about them."*
- *"When the exercise made me think about it at first I thought it didn't fit for me, but it does....when I started thinking about it, there have been dozens of things really traumatic to me....I guess I was doing a better job than I realized because I can think of many things."*

The following quote expresses a new awareness of feelings resulting from this SLE, these ideas are the essence of experiential learning:

- *"Some things I put down on my list and where I stand with them now....pulled some things out of my head and my feeling system that I know I wasn't aware of. That was not a bad thing to have happen, in fact, it might be a good thing."*

Elaboration

In general, the participants were amazed at how well they had dealt with the numerous losses in their lives. The exercise of focusing thoughts and feelings helped many of the women to reframe their experiences and promote healthier attitudes. The technique of reframing is common in family therapy and very useful in developing coping strategies (Watzlawick, Weakland, & Fisch, 1974). Walsh and McGoldrick (1991) discuss family adaptation tasks in dealing with stages of development. The stage following a loss can be endured when adjustments are made and feelings are recognized and dealt with rather than being suppressed.

Follow-Up debriefing discussion, One week

The dominant response to the questions asked during this debriefing discussion group included the topic of "gained insight." The participants related that they had had a good, positive experience during the SLE groups and that they were helpful for them. They realized that some of their activities and hobbies were actually part of their coping strategies. The third SLE entitled "Another View" was determined to be the most instrumental in promoting a change in the way participants felt about death and anxiety towards death. The

following quotes from this debriefing discussion group are examples of the overall responses.

Relevant quotes

- *"When I look back over it you were more subtle, rather than having a lot of talk about what we went through, you were finding out what kind of people we are and how we made it."*
- *"I'm really amazed at the happy attitude everybody has assumed now. I think we have accepted our problems very well. It's been good for all us ladies."*
- *"I learned that I have been through a lot and think that when you stop learning you stop living."*
- *"I was curious. I didn't have anything else to do. I live alone. I'm interested in different things, helping anybody and trying to get more of an education. I was 56 when I went back to school in Ames. Aren't you too old to go? It's like one year when I lost so many of the family that I was having so many problems. My doctor said that I should have some psychiatric help. I looked at the price of one session, and I thought college was okay. I went out and bought an organ. I figured out the cost of psychiatric sessions and medicine and said I could have an organ left over. I have pounded those*

keys like nobody's business. Not really a good player, but it was soothing."

Other hobbies incorporated into coping strategies were sewing, knitting, crocheting, reading and lawn mowing. One of the most interesting participants in the study said:

- *"Lawn mowing. I'm looking forward to getting some more lawns. I have two lots. I get out there and people say, 'You shouldn't be out there'. I relax mowing. Part of it was too steep. I have a power mower, not self-propelled. So I had to push it up, or walk cross ways with one leg higher than the other. Each summer I pushed a little farther until I was going way up the hill to the road. It keeps my mind on track."*

Elaboration

The topics arising from the analysis of the debriefing discussion group transcripts relate the effectiveness of the SLE's. As stated by Marks and Davis (1975) effective death education is closely tied to the context in which it occurs. Learning experiences were enriched by integration through constructive interaction with others. The mutually facilitative process resulted from exposing inner thoughts and feelings about personal loss. A result of these open exchanges

was a combination of subjective and objective insight. Basically the participants learned about themselves from others in the group and from themselves. A new awareness of how they wanted to be perceived and who they identified with emerged following these sessions. The process of redefining the "self" was a part of this for some of the participants. Others refined their existing definition of "self" with improvements in attitude and self esteem.

The process of differentiation of self as developed by Bowen (1978) was clearly illustrated during this discussion group. According to Bowen (1978) and others (Lopata, 1973; Volkan, 1985) the task of a widow is to redefine herself. The more differentiated she becomes during the adjustment process, the less anxiety she will experience. According to Bowen (1978) lower anxiety relates to lower risks for complications of mourning.

Follow-up debriefing discussion, One month

The overall topic arising from this group was "acknowledgment". The participants unanimously acknowledged that their experiences during the groups were useful and rewarding. They agreed that it was satisfying to know that they were helping further a research project. They also

agreed that that the format of the groups was helpful in giving them space and time to open up and think about their personal issues. The topics from the previous group meetings were revisited in this last transcript. The thoughts of reassurance, affirmation, attitude change and gained insight were all maintained.

The analysis of this transcript showed dramatic changes in attitudes for several of the participants. It is noteworthy that these particular participants had the most time difference in their time widowed. The literature discussed earlier (Maher, Howard, & Gervaise, 1990; Martin & Hendricks, 1995; Volkan, 1985) was supported in the results of this group. Complications during mourning that develop into problems such as delayed mourning or conflicted mourning were evidenced in this group. The theoretical processes of Bowenian family systems mentioned earlier were also supported by the results of this meeting. The changes of the participants were a result of their increased levels of differentiation. Through the experiential activity these participants were able to reorganize their perceptions of their personal losses.

The changes in the core processes resulting in higher levels of self-differentiation for several participants

allowed a reformation to occur within their nuclear family emotional system as well as within the multigenerational transmission process (Bowen, 1978). These participants will be discussed with examples of their nuclear family emotional system and multigenerational transmission processes changing as a result of their personal increases in levels of self-differentiation.

The informant widowed the shortest period of time (4 years) had kept calendar/diaries of her life for many (over 50) years. In these accounts she had many negative entries. The lack of sufficient positive memories is a symptom of complicated mourning (Martin & Hendricks, 1995). Her husband had been a chronic alcoholic. Their relationship had been highly troubled and ambivalent. She said that the exercises we had been involved in gave her the impetus to re-read her accounts of her past life. Her level of self-differentiation was raised and she related that she felt liberated from her past by saying:

- *"When I wrote those things I was so worried about what he was doing and where he was, I was miserable. Reading them over helped me think of good things especially about the children."* She also stated:

"It wasn't easy but I was honest for the first time with my daughter about her father's alcoholism. I felt like I needed to apologize to her somehow now that he's dead and make up to her for the times that I worried about him instead of taking care of her. It was so good to see how she felt and to get it all in the open. The inventory thing we did about loss made me realize that I had lost some of my kids' childhoods because of their father's problems. Sometimes what you think you've lost is not as important as what you've really lost."

Self-differentiation is improved by the ability to distinguish emotional responses from intellectual responses. Experiential thanatopsis provided experiences for this individual to analyze what she had been through and enabled her to form different attitudes.

The nuclear family emotional system described by Bowenian family systems theory was depicted by this participant's life experience as well. The relationship she had with her daughter was conflictual as a result of the anxiety overload caused by her husband's death. He died with many unresolved issues with his business and personal relationships. The widow, in this case, had been very critical of her daughter and they had not been close. Because the widow had so much emotion (anger) related to her husband's life, she had not

been capable of being perceptive of what her daughter had been feeling. They had never grieved together or been a comfort to one another. As a result of the increased level of self-differentiation in this participant, she allowed herself to be aware of her daughter's grief for the first time.

The concept of multigenerational transmission process was also represented in this participant's family. Her grandson experienced significant emotional and behavior problems. He had been diagnosed as having attention deficit disorder. Impaired patterns of emotional behavior are learned and repeated unless someone increases their level of differentiation and changes existing patterns. By allowing herself to examine her feelings and thoughts related to her husband's death this informant was able to bring about multigenerational changes. Not only did her relationship with her daughter improve, but the relationship between her daughter and her grandson improved also.

The widow who had been widowed the longest period of time (41 years) also experienced a higher level of self-differentiation and promoted changes in the nuclear family emotional system and the multigenerational transmission process of her family. She stated:

• *"At Easter I told my son for the first time about how his father died. I never wanted to talk about it much before. We both cried. I had three small children when it happened and did what I had to do to take care of them. I've been a widow for forty-one years and for the first time can talk of it to my children. My son and his family came to church with me for Easter."*

The exercises definitely encouraged this woman to finally open-up and share her grief with her now adult son. Bowenian family systems process of multigenerational transmission was clearly illustrated by this participant's experience. The studies of Norman Paul (1981) were also supported by this particular case.

The emotional system formed within the nuclear family of this woman when she was a young widow was being repeated by her son in his family. Death had continued to be a taboo topic in this family until this participant re-evaluated her experiences and discussed previously painful topics. The overwhelming anxiety resulting from death was finally managed as a result of a higher level of self-differentiation.

When a family is not able to discuss topics such as death, problems may surface regarding other problematic topics such as marital discord or dysfunction of any kind. Death

does not lead to dysfunction. However, not coming to terms with death within a family may produce a wide variety of dysfunctions.

The following quotes express other examples of how this research experience impacted the individuals involved.

Relevant Quotes

- *"I have been dreaming of my husband since doing this. The nicest dreams. I know its these meetings and exercises."*
"This was more like a growth group than a grief group. I feel more comfortable than before about this stuff because I see how you all have been through it. I would recommend this to others and would do it again myself."

Elaboration

The findings from this study support the notion that the more differentiated an individual is, the better equipped they are at adjusting to anxiety resulting from death or loss. Also indicated by the debriefing discussions, and related to the processes of nuclear family emotional system and multigenerational transmission, was that the levels of differentiation related to participants' abilities to discuss highly emotional issues including the death of their spouse. There were two levels of functioning in the participants prior

to the research. This observation was made by recognizing the characteristics of various levels of self-differentiation and expressed levels of functioning and interactions. The majority of the participants reported that after the death of their husbands they were able to relate more frequently and openly with members of their families. Most of their relatives responded to the participants with increased contact. Most of the participants maintained meaningful contacts with their families, including their families of origin. The two participants mentioned in the previous discussion were less differentiated prior to this research experience and related some symptomatic emotional dependency and strained relations with their oldest children.

Findings of this study are consistent with the processes of nuclear family emotional system, multigenerational process, and differentiation of self. Any person, who has been an active participant in an open emotional system, functions more effectively than a person who has been cut-off from or trapped in a closed emotional system. An effectively differentiated widow is more adept at coping with life crises, such as death.

The topics discussed during this last group relate to Marks and Davis (1975). They reported that the transfer of learning from experiential learning goes beyond the initial

experience and is found to be greater and more long lasting. The time following the exercises and before this last group provided the participants an opportunity to reflect on their experiences. Each member of the study was given a folder with all of her exercises and information about the group. Each said that they had gone over it a few times since the last SLE meeting.

The acknowledgment that these meetings had been helpful, insightful, and meaningful to all of the participants was clear from this last group transcript. Levels of functioning and differentiation were raised over the course of the exercises and sessions. The continued social networks established, and the new courage to discuss previously painful, taboo issues with family were outcomes of this study.

DISCUSSION

This study was proposed to respond to five questions. The discussion portion has been organized to acknowledge each question. Answers to the questions were gathered from the data and generalizations made from the responses.

Question 1: What was the phenomenological experience of the widows participating in the experiential learning exercises?

Widows described their experience as being involved in a "growth" group rather than a "grief" group. They were in agreement that the experience was beneficial and worthwhile for them. There were several that expressed that the experience provided them with a newly found comfort to discuss death related issues with family members.

Initially, several widows expressed hesitancy in becoming involved, yet all were gratified by their involvement. All of the widows stated that they appreciated the member checks following each group meeting. This process allowed for clarification of ideas and accredited the participants as being the "experts". They also stated that they were glad to assist in the present research.

The participants felt respected and never "put on the spot" to respond to questions or share personal experiences.

This resulted from following Toseland's (1990) suggestion to permit participants to "pass" in a discussion whenever they did not want to provide an answer.

Question 2: What changes, if any occurred in the attitudes toward death?

There was an indication that attitudes became more open. The widows expressed that they were liberated from some of their securely established ideas about who they could be even in later life and that they continued to have talents, abilities, and strengths to consider.

The process of differentiation of self was enhanced by further education and by continuing to acknowledge the possibilities of change and re-evaluation of relationships with family and friends. The nuclear family emotional system becomes more functional when one member raises their level of differentiation. The attitudes and reactions toward death became more intellectually grounded rather than more emotionally grounded.

Question 3: What changes, if any, occurred in the level of death anxiety of the participants?

Overall, the level of death anxiety was lowered. The participants expressed most openly in the one month, follow-up discussion group that they had been more open in discussing

death with others as a result of their experiences. The abilities to discuss death with family members resulted in an improved process of multigenerational transmission as well as a change in the existing pattern of not discussing "painful" topics. The participants' improved perspectives toward death allowed for them to be better able discuss the death of their spouse. The process of differentiation of self adjusts the balance of emotion and intellect toward more reasonable, functional attitudes.

Question 4: What, if anything, provided in the experiential structured learning exercises was helpful to the participants?

The participants related one helpful thing about the structured learning exercises was the sequence in which they were presented. Participants also agreed that the exercises did have an impact on the way they looked at themselves and their situations. Another helpful aspect to the exercises was that they were viewed as being an assignment of sorts. The directions were specific without being inhibiting.

As mentioned previously, several of the participants were able to improve relationships with their adult children and improve family functioning. The nuclear family emotional system process recognizes that families are "tied together" or

enmeshed to a degree. The levels of family functioning depend upon the generations preceding them. In these cases, the widows' improved attitudes and higher levels of differentiation raised their families' levels of functioning.

In response to this question other tangential benefits were mentioned. These included the relaxed atmosphere that was established and the opportunity to expand social networks.

Question 5: What, if anything, provided in the experiential structured learning exercises was not helpful to the participants?

In response to this question no suggestions or criticisms were offered. Again a tangential remark was made concerning the handicap accessibility of the meeting location. Another related comment was made that more time could have been scheduled for "free time" following the groups. The examination of findings from this research clearly illustrate the usefulness of experiential thanatopsis in working with widows in later life. There are strong parallels with the literature in this field as well. The work of Bowen (1978) and Walsh & McGoldrick (1991) is especially supported by these findings. The tasks of *living beyond loss* are unique to each individual and can be explored more fully within the context of an experiential exercise.

The process of bereavement was also perceived by these participants as not necessarily following a given path or plan as mentioned in some of the literature (Parkes, 1975; Volkan, 1985). An aspect that was appreciated by the members of this study most was the feeling of psychological safety. This condition is indispensable for the group to be successful.

Experiential thanatopsis for widows in later life appears to be a useful technique for reducing anxiety toward death while enhancing coping strategies. The results indicate that a group context is imperative to the success of the Structured Learning Exercises due to the support and affirmations to be gained. Experiential techniques provide for lasting impressions and positive effects on the participants.

Directions for future research

Further research using an experiential approach would involve the development of a scale to assess levels of self differentiation and nuclear family emotional functioning. Based on the findings of this dissertation it is evident that the attitude toward death and death related topics within a family are derived from previous generations. One member of a family, in this case the widow, has the ability to increase differentiation and produce higher levels of functioning for

her children and grandchildren. Items to be included on the scale would be related to levels of anxiety and ability to discuss death.

Death anxiety scales are fairly prevalent in thanatological research, yet do not fully study death. Kastenbaum (1988) challenges researchers to investigate not only "does death education work", but "how does it work?" (p.49). More detailed studies are needed to specifically examine the various elements of death education that lead to attitude change.

Other losses besides the loss of a spouse could be considered using a similar experiential approach. Losses commonly related to the aging process include, in addition to death, divorce, retirement, moving, and changes in society. Losses may be external, such as the loss of a home to flood or fire, or internal, such as the loss of a personal belief system. Losses may be recognized (external), or hidden (internal), that is a loss that is not recognized as such. External losses are more readily recognized as losses: internal losses, may not be identified as such. However, all losses result in the grieving process. Experiential activities to address the loss of a loved one or to address

the loss of functioning through normal developmental changes can be beneficial.

A quote from Judith Viorst (1986) concludes this discussion. She states:

The grieving process is an essential part of living: the disequilibrium that occurs allows growth. Traumatic losses change one's life. Rather than undergoing a loss, grieving, then returning to their former level of functioning, people move to a new level of functioning that incorporates the loss and grieving experience. p.245

Overall, the evidence is that the exercises have been a positive experience for those involved.

Participation in a research project may be an unacknowledged form of intervention. Assisting in a research project may be considered a form of coping with loss due to the fact that the participants' level of self-esteem is boosted. The notion that the participants were approached to volunteer, rather than seeking help for themselves begins a therapeutically different perspective for recruiting clientele. They are considered experts based on their losses and experiences. The notion of improving and refining treatment for others seemed to provide motivation for the

participants. All participants expressed a desire to assist in the project and felt essential to the process.

For future groups it may be more desirable to make announcements at existing hospital, church, or community groups to solicit participants rather than to approach individuals directly. From each group that is conducted other groups can be easily formed by having participants bring a friend or another family member.

The syndromes of complicated mourning and other problems which may develop from unresolved grief may be brought to light and dealt with individually following the group processes. It is important that the groups be lead by a trained professional proficient in recognizing, diagnosing, and treating the symptoms of complicated mourning.

It is the role of mourning that plays a part in the etiology of dysfunction in families. Paul (1980), as well as Bowen (1978), recognized that the purpose of dealing with grief is essential to avoiding problems such as anxiety, depression, intimacy and sexual problems. Addressing grief and mourning following loss is useful in therapy. When an individual suffers loss of identity, of any kind, a reorganization must take place for the individual to cope in a healthy way. The losses that are external as well as internal

(Viorst, 1986) can be openly disclosed and affirmed allowing recovery and adjustment to be complete.

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APPENDIX A. RESEARCH SCHEDULE FOR PARTICIPANTS

Schedule for Study Participants

Facilitator: Monica Schocken 432-9689

1st Meeting

Informed Consent
Introductions/ice-breaker activity
Debriefing discussion group

2nd Meeting

Member Checks
Instrumental activity
Debriefing discussion group

3rd Meeting

Member Checks
Affective experience activity
Debriefing discussion group

4th Meeting

Member Checks
Debriefing discussion group

5th Meeting

Member Checks
Debriefing discussion group

Refreshments will be provided at all meetings with a time for socialization following each meeting. Thank you for your participation.

APPENDIX B. GROUP CONTRACT

Group Contract

As a group member I agree to:

1. Attend all group sessions
2. Arrive on time for each group session
3. Keep the proceedings of each group meeting confidential
4. Participate fully in the group interaction.
5. Allow other members to finish a thought when they are speaking
6. Not dominate the group discussion

As a group leader I agree to :

1. Be prepared for each group meeting
2. Begin and end all group sessions on time
3. Be respectful of each member's unique contribution to the group
4. Keep the proceedings of each meeting confidential
5. Help members to get the most out of their participation in the group
6. Bring refreshments!

Group member's signature

Date

Group leader's signature

Date

APPENDIX C. INFORMED CONSENT

**Informed Consent
Iowa State University**

TITLE: “Interventions for Grief; Experiential Thanatopsis for Widows in Later Life”

PURPOSE: The purpose of this research is to study the effect of thanatopsis as an intervention focused on interrupting possible problems resulting from becoming widowed. Lasting evidence and manifestations of depression may result from inadequate coping strategies during bereavement. Experiential group work provides a context for a facilitative processes to occur as well as a support system for participants.

PROCEDURE: One group of from six to eight widowed individuals will meet for four consecutive weeks. Each meeting will last approximately one hour and fifteen minutes. The initial session will involve explanatory and structural guidelines followed by a structured learning activity dealing with thanatopsis. Following the structured learning activity a debriefing will take place to process any problematic experiences. The second and third sessions will involve a structured learning activity followed by a debriefing. The fourth session will involve focus group interviewing to be conducted to determine what effects the encounters had upon the participants. All sessions will include refreshments and an opportunity for informal interactions upon conclusion of structured learning activities. All sessions will be audiotaped as a means of recording data for transcription.

RISK: This study is not designed to involve any risk. There is a potential for some psychological stress as individuals share their “stories”. However, the process of debriefing should alleviate this stress as should the support compiled from other group participants.

BENEFITS: Coping with loss is one of the four major attributes for living a long life. The others are religiosity, exercise, and social support. By studying the topic of thanatopsis, fears of death may be assuaged.

CONFIDENTIALITY: Every effort will be made to insure confidentiality of the participants. All data gathered will be stored under an assigned code number rather than by name. Audiotapes will be stored in a locked file. Assistants to the project are experienced researchers or therapists and professional ethical guidelines regarding confidentiality will be adhered to. Participation is voluntary. Participants are free to withdraw at any time during the course of the study.

Participant Name _____ Date _____

APPENDIX D. HUMAN SUBJECTS APPROVAL

Last Name of Principal Investigator Schocken

Checklist for Attachments and Time Schedule

The following are attached (please check):

- 12. Letter or written statement to subjects indicating clearly:
 - a) purpose of the research
 - b) the use of any identifier codes (names, #'s), how they will be used, and when they will be removed (see Item 17)
 - c) an estimate of time needed for participation in the research and the place
 - d) if applicable, location of the research activity
 - e) how you will ensure confidentiality
 - f) in a longitudinal study, note when and how you will contact subjects later
 - g) participation is voluntary; nonparticipation will not affect evaluations of the subject

13. Consent form (if applicable)

14. Letter of approval for research from cooperating organizations or institutions (if applicable)

15. Data-gathering instruments

16. Anticipated dates for contact with subjects:

First Contact

Last Contact

11/20/04 3/2/95
Month / Day / Year

4/10/05 5/3/95
Month / Day / Year

(Dates changed per P.I. Monica Schocken, P.I. 3/7/95)

17. If applicable: anticipated date that identifiers will be removed from completed survey instruments and/or audio or visual tapes will be erased:

8/1/95
Month / Day / Year

18. Signature of Departmental Executive Officer

Date

Department or Administrative Unit

Patricia F. Strickdale

12/13/04

Human Development and Family Studies

19. Decision of the University Human Subjects Review Committee:

Project Approved Project Not Approved No Action Required

Patricia M. Keith
Name of Committee Chairperson

3-7-95
Date

PMKeith
Signature of Committee Chairperson

APPENDIX E. PARTICIPANT INFORMATION

Participant Information

Research code _____

Name _____ **Birthdate** _____

Address _____

Phone _____ **Church affiliation (if any)** _____

Marriage date(s) _____ **Date(s) widowed** _____

Remarried ? date _____

Childrens names and birthdates

Employment and/or Education History

Residence- where have you lived?

**First meeting
“Opening Windows”**

Goal: To get acquainted

Pair up with someone you don't know very well

**Work together to complete the participation information form.
After about a half an hour, take turns introducing one another to the group.**

APPENDIX G. I'M COMING BACK AS....

"I'm coming back as....."

Project creatively how you might return or "reincarnate" if we could come back after our deaths as someone or something else..

What/Who

- 1
- 2
- 3
- 4

What prompted you to select this

- 1
- 2
- 3
- 4

Why it appeals to you

- 1
- 2
- 3
- 4

APPENDIX H. SELF INVENTORY

Second Meeting

An opportunity to examine retrospectively the various loss histories you have experienced.

SELF-INVENTORY

A. List three significant losses you have personally sustained in your life. Don't consider just people, also think about the loss of tangible objects, as well as intangibles, such as certain hopes, aspirations, beliefs, attitudes, and the like. Note your age at the time of loss in the parentheses at the end.

- 1. _____ ()
- 2. _____ ()
- 3. _____ ()

B. Decide where you are intellectually and emotionally with respect to each of those three losses, and mark an "X" on the corresponding line below to designate to what degree each is still having a regular impact on your living as you note its lingering effects (if any). then write a word or two on that line to label the feeling describing your overall sense of that effect.

No noticeable effect

Major noticeable effect

- 1. _____
- 2. _____
- 3. _____

C. Describe below briefly and concisely how any one (you choose) of the losses above has been dealt with in the course of your grieving. Have you "gained" anything as a result ? In what ways specifically? Any surprises?

Third Meeting Another View

Instructions: Draw 2 pictures in any way you choose. Skill is irrelevant. You have about 20 minutes for each one.

The first drawing is about you and your world before your loss.

The second drawing is about you and your world in the future. If there is any bright place, try to include anyone or anything you feel will help you reach that place. If for now there is no bright place (resources, strengths), see if there is anyone or anything that can help you in your darkness and incorporate that person or thing.

Debriefing

- 1. What did you learn anything about yourself as you were drawing?**

- 2. In what ways are the pictures of the group alike?**

- 3. What do you see as the role of the future from your picture?**

- 4. Do you see your loss on a continuum?**

APPENDIX J. MEMBER CHECK

Date

Dear _____,

Thank you for looking over this summary of our last meeting. I am interested to know if this reflects your experience. Is there is a gap or something I misunderstood from your reactions? If you were quoted, are you comfortable with how the information was handled? Also, from your memory, are there any ideas, examples, or key points missed in the summary?

Please make your notes on the enclosed paper or write on the document itself. Bring your suggestions/input to the next meeting.

Any and all comments and feedback is welcome. I appreciate your participation and time.

Fondly,

Monica L. Schocken