

Narratives of death: a qualitative study of widowhood in later life

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ABSTRACT

In this paper, we examine the descriptions given by women of the deaths of their husbands. Almost all the women gave elaborate narratives of the events that led up to their husband's death and of the death itself. These show that they identified earlier events as contributory factors in their husband's death and in the emotional impact upon them. They also show the detail with which these women recall their actions during this difficult time. The length of these accounts often contrasts with the remainder of the interview, where there are much shorter conversational turns. It is suggested that the events are shaped into narrative form because they are frequently mentally rehearsed. Two reasons for this are proposed. First, remembering these events is a goal in itself. Preserving the memory of these events is important both for the widows themselves and as a demonstration of respect for their husbands. Second, the narrative shape, and the attendant fluency, may be the result of relating the events on many occasions to other people. Elsewhere in the interviews, the widows speak of the need to recount these events, and talk about them, as a means of coping and surviving. This paper presents some of these 'death narratives' and discusses the implications of the research.

KEY WORDS – widows, narrative, later life, death.

Introduction

Almost all people tell stories. The stories that people tell are not chance occurrences. Rather they often recount important events in the teller's life (Bruner 1990, 1991; Gersie 1991). Stories are told about events which are departures from the ordinary (Bruner 1991), and major life-events are intrinsically worthy of storytelling because by definition they are not everyday occurrences (Labov and Waletzky 1967). Nicolaisen (1984, 1991) has discussed the functions of narrative and encapsulates them well:

They show events to have structure and meaning and not simply sequence. They selectively duplicate, belatedly rehearse and retrospectively mediate the past for us ... (1984: 176).

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In the fields of socio-linguistics, the ethnography of communication and narrative folklore, there are rich discussions of definitions and approaches to informal oral narrative (Bauman 1986; Bennett 1986; Hymes 1981; Polyani 1979). McLeod (1997), working from a counselling perspective, suggests that narratives convey meaning, a sense of self, and the emotional context. In a similar vein other research has examined life review and reminiscence (Butler 1963, 1980–1; Merriam 1980). In their review, Molinari and Reichlin (1984–5) argue that life review reminiscence is personal and intense, and that it represents an active attempt to come to terms with the past.

Spousal bereavement in later life is a common event particularly for women, though for most people it is a once-in-a-lifetime occurrence (Morris 1997). Although there have been relatively few studies of widowhood in later life, there is evidence to suggest that the experience is as important to older people as it is to people widowed at younger ages. However, the challenges of being widowed in later life differ from those in earlier life (Bennett 1996, 1997; Thuen *et al.* 1997; Zisook *et al.* 1994). There is also some indication that in later life men and women experience widowhood differently (Stroebe and Stroebe 1983).

In 1997, we carried out a study to explore the experience of widowhood from the perspective of older women. We asked what it was like to be a widow: what did they do and how did they feel. The present paper discusses the resulting narratives. The focus is specifically on the events surrounding the deaths of the husbands. The stories speak of central aspects of the experience of widowhood (Bennett and Bennett 1999). Very few studies to date have explored the stories and narratives that people tell about the deaths of partners, in spite of the fact, as van den Hoonaard (1999) has found, that women, unasked, will recount their experiences of their husbands' deaths (see also Ducharme and Corin 1997; Pickard 1994).

Method

This paper is based on interviews that were part of a larger study conducted by KMB. This investigated changes in lifestyle, morale and social participation following spousal bereavement in later life. Only women aged 60 and over were invited to participate. The Chair of the Leicester Widows' Sunday Club was approached and asked if she and her members would be interested in taking part. Although the club is open to widowed women of all ages, more than 90 per cent are aged over 60 years. They discussed our proposal and agreed to allow us to

TABLE 1. *Demographic details*

Widow	Age at interview	Age at widowhood	Age at marriage	Years widowed
A	68	57	17	11
B	72	66	21	6
C	66	61	18	5
D	60	58	20	2
E	78	64	22	12
F	77	57	25	21
G	73	52	25	21
H	75	50	25	25
I	64	49	19	15
J	76	74	22	2
K	74	48	29	26
L	65	Husband 1 N/A Husband 2 63	N/A 51	N/A 2
M	75	56	19	19
N	69	Husband 1 50 Husband 2 67	22 55	5 2
O				Not Transcribed
P	65	52	21	13
Q	65	62	18	3
R	71	51	25	20
S	76	61	21	15
T	67	61	21	6

invite them to participate. The members were sent an information pack which included a letter of introduction, an information sheet, an 'expression of interest' form and a stamp-addressed envelope.

Twenty women volunteered and were subsequently interviewed. Nineteen of these were suitable for transcription and coding. The widows were interviewed in their own homes over a six-month period during 1997/8. Table 1 presents basic demographic details about the 19.

Interviews were conducted by KMB and by another interviewer (SP). In addition to the individual interviews, a group interview took place with 20 widows and this was conducted by KMB. The interviews were tape-recorded and undertaken in the respondents' own homes; they were semi-structured and lasted between three-quarters of an hour and an hour-and-a-half. One respondent was interviewed twice. Before beginning the interview, the respondent was given an information sheet to read and asked to sign a consent form; confidentiality and anonymity were assured. The interview was not prescriptive; the aim was to learn from the widows what was important to them. The approach was 'We are the novices, you have the experience'.

The interview schedule consisted of five parts: first factual questions

concerning age, length of marriage, widowhood and family relations; then four sections enquiring about the widow's life at various times. The first of the middle sections asked about what the marriage had been like. Questions included what hobbies they had pursued together, what the division of labour had been, what they had done separately, whether they had argued, and so on. The second section asked about the time around the death of their husbands. They were asked whether they went out, what support they had had from family and friends, how they had felt, what a typical day had been like, and what emotions they had experienced. The next section asked them what they did and how they felt one year on. They were asked how their lives had changed by then, what a typical day was like at that stage, whether they were now doing anything new, whether anything had changed regarding work around the home. They were asked had their feelings changed, whether they were lonely or whether they enjoyed being able to spend time alone. The last section asked about what their lives were like at the present time. What they did with their time, how they felt about their widowhood, how their lives had changed, what their emotions were, and how they felt about being alone.

Method of Analysis

The method of analysis was adapted from Smith (1995) and Charmaz (1995). Each transcript was first read through in its entirety to gain an impression of the interview. It was then re-read line by line and coded by SVH. This process was reflexive; as new topics emerged they were looked for in earlier parts of the interview. Examples of coded topics include: guilt, independence, presentation of husband, quality of marriage, and death narrative. The transcripts were further examined for broader themes. A number were common to all the interviews and these included: the domain of death, the social domain, the emotional domain and the domain of time. Brief memos were written for each interview. In addition reliability checks were undertaken. Four interviews were also coded by KMB who was blind to the original coding. The reliability was found to be satisfactory.

One of the domains which emerged and which is fundamental to the experience of bereavement is 'death'. The contrast between this part of the interviews and other parts was most striking. Within this domain, one code arose in 18 of the 19 interviews: the 'death narrative'. This code was applied if the response to the question 'Can you tell me about the weeks before and after your husband died?' resulted in speech which contained typical narrative features:

- changes of intonation
- a shift from the general into the particular
- a shift from the present into the past tense (Jakobson 1971)
- the suspension of turn-taking rules (Jefferson 1972).

We found the fourth of these particularly useful in deciding which utterances were ‘narratives’. When an unbroken utterance was transcribed into more than five lines of continuous text, we generally counted it as a ‘narrative’. The interviewer rarely interjected, using only ‘backchannelling’ such as ‘oh’, ‘uh-uh’ and ‘really’, and only occasionally asking for elaborations. In contrast, the remaining parts of the interview were less fluent and less extended, with turn-taking between interviewee and interviewer an obvious feature. The narrative ended when the speaker returned to generalities and the present tense, or began to talk about something unconnected with the events surrounding her husband’s death. These narratives were then extracted and recoded in the manner described earlier. A refined content analysis was carried out on these specific codes within the death narratives. The main themes revealed by this content analysis are discussed below.

Analysis

The length of the narratives varied from short to very long – the longest runs to over 4000 words. However, some of the shortest narratives are the most expressive. The following story is given in full, partly because it is so brief and partly because it encapsulates the woman’s feelings so completely:

Dreadful. Absolutely. We, he had a rare, he had a rare illness which was horrible. He had motor neurone disease, which is a devastating illness, so I knew he had three years to live, but he only lived two. But I knew that he was going to die but I looked after him, took care. And I did everything for him. So, it was horrible. I used to, because I never went anywhere, people stopped coming, because he couldn’t talk, he had to use a wheelchair, so people don’t like it, so you lose friends. [Yeah.] And, er, but, and he was nasty with it, because everything, nothing worked except his brain, so he was angry because I was still fit and able. [Yeah.] So he was angry with that, so he was not a good patient. I used to, er, go to the bottom of the garden and, I used to smoke in those days, and perhaps have a little cry down there at nine o’clock at night, you know, because life was so bad. [Yeah.] So, when he did die, I’d shed all my tears in those two years I’d been taking care of him. [Sure.] And it was a relief to me, because life was so hard. (Mrs I. p. 4).

The main themes to emerge from the analysis are discussed below. These include: the (un)expectedness of the death; the importance of

goodbyes; the place of death; and the emotional impact of the death itself.¹

The (un)expected death

Three categories were apparent in how the widows discussed whether the death was expected or unexpected. First, there is sudden death, as in this story:

One day, I wasn't there but his sister was with him, and, erm, he just got up out of the chair to walk into the breakfast room and he dropped dead, just like that. (Mrs F. p. 3)

Second, there is long-expected death as described in Mrs I.'s story above. These men died between two years and three months of their terminal status being acknowledged by themselves, their wives, or the doctors. Despite this, there was always a degree of uncertainty:

Erm. How did I feel? I knew what the outcome was going to be, I was told right from the beginning. I was told more or less that they couldn't do anything for him and the, he perhaps had three months to live (next phrase indistinct). And some days, we'd be sitting in the conservatory, until he were too poorly, and er, I used to think, 'It's all wrong. They've told me wrong. They've told me a lie, he's marvellous, *that* day'. And you think they've made a mistake, they're going to be okay. But you know the next day (?words missing, indistinct), you knew he was really ill (words missing) couldn't even get out of the conservatory. (Mrs T. p. 4)

Third, there is a category which is harder to define. These were men who died in some way unexpectedly. A number of possible scenarios emerge: they died after a long illness but either they, or their wives, had not known they were ill; or the knowledge took a long time to sink in; or they were 'in denial'; or it was only with hindsight that the illness was shown to be serious or terminal.

At the General. Erm, I think we both thought it was a stomach ulcer or something like that, nobody ever thought it was serious (laughs), I don't think. And as to the operation, one of the doctors took me into the room and told me it was cancer and, erm, sort of left me stunned there and then. He had a beeper on his thing and he was called away and I was left in the room all by myself really. [Right.] And, er, my husband didn't know and I didn't tell anybody at the time, erm, I just carried on as though he was going to get better. [Uh huh.] He had three years altogether after the operation. In the end I did tell him. [Yeah.] I had to tell him myself. (Mrs H. p. 2–3)

These types of expectation regarding the timing of death are not dissimilar from those identified by Glaser and Strauss (1965): sudden and unexpected death; deaths that are expected but which have

uncertain timing; and certain, timed death. This paper does not examine whether the expected or unexpected nature of the death has an impact on subsequent adaptation to bereavement. However, these narratives demonstrate that this is an important aspect of the experience of being bereaved. They show that the timing and context of the death are important in establishing the experience and responsibilities of the widow: for example, as protector of the dying man, as in the case of Mrs H.; or as suddenly alone, as in the case of Mrs F. The issue of a new identity is one which we return to later in the paper. They also suggest that anticipatory bereavement (whether acknowledged or not) is a relevant factor in the accounts of death (Dessonville-Hill *et al.* 1988; Gerber *et al.* 1975; Roach and Kitson 1989).

Goodbyes

Another important theme in the narratives was whether or not the widows said goodbye. This was important for those women whose husbands did not die suddenly and where they did not die at home. So for example, one woman noted that saying goodbye had not been possible:

That was the end of it really, he died five days later. (?)We never were able to speak to or say goodbye. (Mrs D. p. 15)

Whilst another said:

And he couldn't hear, well, I thought afterwards, I wonder if he *would* have heard me if I'd have talked to him, you know. And I regret that I didn't talk to him. (Mrs B. p. 23)

However, one woman described in great detail the deathbed scene at the hospital:

Because all you're doing is just looking, you see. But we were all there and he knew we were all there, and the fact that he knew we were all there, he just was quite happy to just go back to sleep. The fact that he hung on, he hung on for Simon and Louise to get there. [Mm.] Louise was already there, she came straight away. But he hung on and I think it was only ten minutes. I don't think it was long really, but I can't tell you. (Mrs A. p. 43)

Whilst there is a substantial literature about the (un)expected nature of death, there appears to be little which discusses the importance of saying goodbye nor little which examines the role of the deathbed scene. However, the widows in this study talked clearly about 'goodbyes' – perhaps they are important in making sure that there is 'unfinished business' (Blauner 1966: 74). What needs to be said can be said, and the passing is witnessed. Widows who did not say goodbye

regretted it, whilst Mrs A. felt that being present at the deathbed of her husband was most helpful.

Place of Death

The detail in the narratives of those women whose husbands died suddenly at home and those whose husbands died in hospital more slowly, is noticeably different. The former are able to describe in precise detail what they did on the day their husband died, at least until the point of death. In contrast, the latter are able to describe the events that led up to the death but they say less about the day of the death itself. Mrs A.'s deathbed description, included above, is one of the few exceptions.

Contrast these two narratives:

Well, first of all I felt completely numb. Because I rang for the, I knew he'd died because I felt his cold arm round me about six o'clock in the morning. I went to cover him up and I just looked at him, and of course I knew. I didn't have to see if he was breathing or anything. I just knew that he'd died, but I rang the ambulance and said 'I think my husband's died'. I mean, I just couldn't accept it, obviously. I was completely at a loss and I said to them, 'Don't put the clanger on will you, please, because my mother's in bed.' It was Saturday morning, they don't at that time anyway. And, erm, I was just absolutely numb, because I can remember, we had the police, first of all the ambulance men, then they had to ring the police because it was a sudden death. And then a doctor came to certify him dead. I don't know whether it was in that order but I know I was, I thought 'What am I going to do for cups, to give them cups of tea?' And I'd got a whole tea set that was in the other room, I was just, you know. (Mrs P. p. 6)

... I hadn't been able to go in and speak to him because he never did regain consciousness. They never did bring him round. (Mrs D. p. 15)

In the first extract, Mrs P. describes vividly what she did on the day her husband died. She worries about the noise and the crockery. These events are mundane but the detail is remarkable. In the second extract, after 10 pages of detailed narrative about her husband's illness, Mrs D. describes the day in one sentence. Also the first extract is detailed about the actual death, the second is not. The evidence suggests that the place of death affects whether the narrative is primarily about the process of dying or the events of death. For example, all four widows whose husbands died at home described the events of death, whereas of the eight who died in hospital, most described the prior process of dying.

Once the husband has died, however, the story ceases in all these narratives. The women cannot describe what they did afterwards and they can only talk about 'numbness' or of living 'through a fog'.

Perhaps the explanation is that they believe there is no need to describe the impact of death because it is something we all know about.

The emotional impact

In addition to feeling numb following the death of their husbands, other emotional states are also described. Two descriptions concern the state their husbands were in after seeing the doctor:

And anyway, we came, I came out and we'd got to the car and he said, 'I do feel bad.' So I said, 'Well, come here, duck, let's make haste and get home'. Because I couldn't drive, I hadn't passed me test. (Mrs Q, p. 4)

He knew and I knew and he was marvellous. He got everything done so that he kept saying, 'I'll leave you okay, we'll have this done and that done'. (Mrs T, p. 5)

The fact that there are so few references to how their husbands felt may be because the interview focused on the women's own experiences; the questions were not tailored to find out what the husbands felt. It could also be that the men did not discuss or reveal how they felt to their wives. We also have some evidence from a parallel study, that widowers of the same cohort discuss their emotional experiences less than the widows in this study (Bennett in preparation). In addition, there are a number of other possible explanations including: denial of impending death, or husbands 'protecting' their wives. It is not possible to draw any firm conclusions, but these differences probably reflect cultural differences between women and men of this generation.

In contrast, the women did talk about how they felt. This was one of the main questions that they were asked but, in many cases, the discussion was initiated by them. Interestingly there was a high degree of similarity in their descriptions of these emotional states. These states included panic, regret and guilt about the death itself. 'I sort of panicked,' said one widow, whilst another reported that she was 'really in a panic'. For some, regret was about their own behaviour at the time that their husband died: 'And I should have been there really. I know I should, but I was too much of a coward' (Mrs S, p. 11). Others wished they had acted more quickly: 'You see, if I'd have known, we could have got somebody to have helped him there and then. But I didn't know. I mean, I've never come across anyone with a heart attack' (Mrs Q, p. 6). Many believe that had they acted differently, their husbands might have lived or may have died more at peace. From a reading of the narratives in full, it is clear to us that a sense of guilt was never justified.

They describe the rather different feelings that assailed them

immediately after the death. Women frequently refer to feeling numb or to not remembering what they did. For example, one widow said 'Well first of all I felt completely numb' and another, when asked how she first felt after he had died, replied 'numb I think'. Another described the aftermath of her loss:

You wouldn't want anybody to know what it's like, to feel, particularly when you're asking me what it's like in the beginning. Because, umm, well you're just in a complete fog. (Mrs A. p. 7)

Often their response to bereavement is stoical. They were clearly not happy, but they kept going. For example, one widow said 'I just tried to get on with things as best I could'. It is interesting that, in describing their emotions prior to the death, the women blamed themselves for not behaving differently, and yet here they describe themselves as *having to get on with it*: there is no ideal way of managing their bereavement.

There is one interview which deals with very difficult circumstances through humour:

Well, sort of, we had to laugh, you know, we couldn't but he was really poorly. I mean we didn't know how poorly he was then. (Mrs Q. p. 7)

The Role of Narrative

Finally, we want to discuss the part that role narratives might play in negotiating the challenges of widowhood for these older women. The following discussion asks two fundamental questions. Why are critical personal experiences such as bereavement often expressed in narrative form? What purpose does the death narrative serve? The answers will, to an extent, overlap.

There are a number of inter-related explanations of how the recollection of a husband's dying becomes a 'story'. These are: the internal or private commitment of the events to memory; the ongoing relationship with the dead; and the rehearsal of the events for public presentation. These are discussed separately, prior to an attempt at integration.

At the beginning, widows find it necessary to commit to memory the events that lead up to their bereavement. The last days and hours of their husbands' lives and the last days of their married lives, are examined in their minds, analysed and stored. From the interviews it was clear that it was important for these women, that they were able to recall these events. In this process the narrative is being developed internally.

Another, related, explanation is that, in order to sustain the bond with the husband, the events that led up to the death are rehearsed

specifically with the memory and the continuing presence of their husband in mind (Klass *et al.* 1996). The widow may continue to have conversations with him and ask questions of him, and to feel she has responses from him (Bennett and Bennett, *in press*). It is clear from elsewhere in the interviews that they still asked their husband's advice and still talked with him about their daily lives. In a sense the widows are narrativising their relationship.

The third of these explanations concerns public presentation. By this we mean relating the events to other persons, not necessarily in a public way: informing people, or discussing the death with friends or professionals, such as undertakers and doctors. Other people are curious about death, and the circumstances in which someone who was known to them has died, and how people feel after a bereavement. People are also expected to enquire, to show sympathy, and to invite widows to talk. They themselves often want to talk about it too. In our culture, narratives are the vehicle for these sorts of communication because it is a 'method of recapitulating past experience' (Labov and Waletzky 1967: 20). They are 'the linguistic encoding of past events in order to say something about, or by means of, the events described' (Polyani 1979: 207). Erving Goffman, too, has noted 'the replayed character of much informal talk' and that 'one can anticipate that some reported utterances will have a storylike structure' (1975: 504–6).

So it is clear that the formation of the narrative is a result of three parallel processes: the commitment of important life events to memory; the continuing bond with the husband; and relating the events to others. There may also be a temporal dimension to these processes. The story is rehearsed and memorised and then recounted in public for a variety of different reasons including: to share with others; to have their version of events validated by others; or to present the husband or marriage in a good light.

What purpose then does the death narrative serve? The suggestions we make are only about its significance in the life of the widow. Widowhood is one of the most important life-events, and for older women, one of the most likely. Talking about major life-events informs other people about who one is and how one has come to be. They contribute to a sense of identity and place in society (Roemer 1992; Workman 1992). The loss of her husband is a central part of a widow's identity, and talking about the death of her husband is a means of establishing that identity. This has been described as the 'career' of widowhood (Hansson *et al.* 1993). In addition, the narratives allow widows to define their past identity as wife, nurse and organiser, and their present identity as chief mourner.

In this respect, Folkman (1997) introduces studies that provide interesting insights. This is in a special issue of *Journal of Personality and Social Psychology* that is devoted to narratives of bereaved gay men whose partners died of AIDS. For example, Stein *et al.* (1997) found a positive relationship between the appraisals made in the narratives of bereaved caregivers and their levels of wellbeing. The work of Pennebaker and his colleagues also suggests that those people who discuss or write about traumatic events have more positive physical and emotional outcomes than those who do not (Pennebaker and Beall 1986; Pennebaker and Francis 1996; Pennebaker *et al.* 1997). Similarly, the work of Riches and Dawson (1996a, 1996b) shows the importance of narratives following the deaths of children, often in most distressing circumstances. They argue that the opportunity to ‘tell it like it is’ (1996b: 357) enables parents to explore painful events whilst keeping control over their own narratives. In a similar vein, Walter (1996) describes the comfort that may be gained from talking with family and friends about the death of a loved one. In a different literature, Gersie (1991) uses traditional stories to illustrate aspects of bereavement, and argues that they may help people come to terms with their loss.

Narratives also help make sense of a ‘senseless’ event. There is no rhyme or reason why husbands should die. It is not a fair or logical event. It causes widows to question their spirituality, the meaning of their lives, and indeed their achievements. Nevertheless, the widows must move forward and continue to live. So there is a need to make sense of it all. Talking about it, both in an internal dialogue and with others, helps in that process. Narratives of death can, therefore, be seen as a coping mechanism. In addition, it is possible that by offering their experiences up, widows are implicitly inviting others to help create meaning and to negotiate an acceptable interpretation of events – by discussing the story or by contributing their own narratives.

However, not all aspects are considered appropriate to share, even with one’s closest friends. Many wanted to participate in this study because it enabled them to talk about the death in a way which they had not been able to do before. For example, one widow discussed the trauma associated with turning off her husband’s life support machine. She was very clear that she had not even told this to her best friend. There are differences between the public and the private accounts of the death. Mrs A., for example, is quite explicit:

I tell them [other widows] you, you know, they can because, umm, we’ve all been down this road, but the thing is that we don’t, you know, we all put on this wonderful brave face, err, that’s hiding this big hole inside that’s umm, forever there. (Mrs A. p. 6)

But one feeling that I definitely remember and I, don't tell the ladies about this, ermm I felt like, not so much a tunnel, with the light at the other end, but more like a road. I was going down this road, not happily going down this road, this is forever road, and you know and it just goes on forever with the sun at the other end But anyway, erm, you know this lovely road that you're going to go down is there and then suddenly it's just like a great prison door. There's great thick big, black door there in front of you and it's just like somebody's standing there and said 'You can go down that road, you can go down that road, but you're never going to go down this road, ever again.' (Mrs A. p. 13)

In the first extract above, the public picture that Mrs A. paints of facing the death of one's husband, is quite bleak. The second private picture, however, is even more bleak. This is a good illustration of how the interviews allowed the widows to relate more private accounts of death and we were privileged to be invited to hear them.

Finally, it appears that these narratives are being told out of respect for their husbands. The husbands are shown in a good light, as good, upstanding men who did not deserve their fate. The husband's story is being told in memory and respect for a life well lived and a death bravely born.

Conclusion

This paper has demonstrated that in later life, widows give elaborate narratives of the events leading up to the deaths of their husbands. We have argued that three processes are involved: the commitment of the events to memory; the continuing bond with the dead; and rehearsal for public presentation. We have also suggested that the role of the narrative is multi-faceted – it may contribute to the development of a widow's identity, it may provide comfort, and it may help make sense of a 'senseless' event. Finally, we have also suggested that there may be differences between the private and public narratives.

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NOTE

- 1 In addition, attributions about the cause of death were also contained within some of the narratives. These data are not presented here since they warrant a different treatment and will be presented in a separate paper. However, it is possible to mention briefly the causes of death mentioned in the narrative sections; for example, car and work accidents, smoking, and health-related attributions (Bennett 1999). It is also interesting that these attributions can be seen within a context of lay beliefs about health and illness.

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