

Landscapes of loss: spaces of memory, times of bereavement

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ABSTRACT

The qualitative study described in this paper explores later life spousal bereavement as a spatialised experience. It draws on interviews with 20 older widowed people who were living alone, half in owner-occupied accommodation and half in sheltered housing. Moving beyond the older adult's 'inner' world of grief, it examines changes in the use and meaning of both public and domestic space in order to provide an holistic, culturally-located analysis. The following themes are identified as important: the type of housing, interviewees' spatialised social relationships, the experience of spousal caregiving prior to bereavement and the ongoing relationship between the living and the dead partner.

KEY WORDS – home, space, bereavement, later life, gender, memory, relationships with the dead.

This paper examines bereavement of an opposite sex partner in later life as a spatialised experience. Drawing on findings from an exploratory study conducted among older adults, it shows how a previously *shared* relationship with private and public space is both maintained and transformed during the time of their loss. Discussing home as one of the 'sites of our intimate lives', Bachelard ([1958] 1994), argues that 'Memories are motionless, and the more securely they are fixed in space, the sounder they are' ([1958] 1994: 9). According to this view, one way of accessing the experience of a long marriage which has been transformed by the death of a partner is through those memories which are bound up in the material spaces of the home and the locality. The shared relationship of long-married couples and their wider social relationships are intimately connected with the spaces that they have worked on, organised and transformed but which have also constrained their lives – social relationships are mediated by space and place. As Pred (1985: 337) recognised, 'the spatial becomes the social and the

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social becomes the spatial'. These spaces become sedimented in time but are lived through the memories of the surviving partner.

The older adults interviewed for this project describe the spaces in which they were living, or continue to live, as both a store-house of valued memories and as a reminder of all they have lost. The time of bereavement is clearly a time when memories of relationships play a crucial role in the grieving process but the period following bereavement is one when the shared experience of the spaces of the home and locality are often perpetuated through memory. Thus, this paper is concerned with recollections of the spaces of long-married lives following bereavement, but also with the ways in which the relationship continues to be experienced by remembering home spaces as a part of that relationship interrupted by death.

Although limited, there are data to suggest that older people who have recently been bereaved of a partner of the opposite sex experience a range of fears – from social isolation to victimisation (Jivorec *et al.* 1984). These can constrain their use of public space and undermine a sense of security within domestic space (Hockey 1990). As Parkes demonstrates, this group is vulnerable to high levels of 'alarm' and 'insecurity' as a function of a shift in the make-up of their assumptive worlds (1972). Rando describes the assumptive world as 'the person's internal model against which he or she constantly matches incoming sensory data in order to orient the self, recognize what is happening, and plan behaviour' (1995: 217). From this perspective, therefore, home space and the immediate locality constitute external stimuli which, whilst apparently unchanged, nonetheless cease to conform to the bereaved person's internal model of them as *shared* environments, negotiated as one half of a couple. However, the evidence that older bereaved people might have problematic relationships with space can obscure innovations, the aftermath of highly interdependent relationships resulting from either ill-health, disability or a traditional gendered division of labour and leisure. Bereft of a situation where individuals were able to rely upon each other to fulfil important practical and social roles, widows and widowers may be compelled or enabled to move into spaces from which they previously felt debarred. And they may begin to make decisions about their use of domestic space which were previously either unnecessary or circumscribed by the other partner's wishes.

The study

Widow and widower are prevalent social identities among older adults. Existing research attends to housing needs, social care and emotional difficulties among this population (for example, Bennett, K. 1997; Bennett and Bennett 2000). What we set out to do in this study is bring together this diversity of issues in a materially-grounded account of the practical *and* emotional challenges of sustaining a meaningful life as the surviving member of a long-standing heterosexual partnership. In this paper we make survivors' use of space our primary focus and present the findings of an exploratory study which addressed these questions through qualitative interviews with 20 older widowed people living in and around a large city in the north of England and its neighbouring market town. Seventeen members of our sample were aged 70 or over with another three being in their late 60s. All of them had been bereaved for at least eight months, 16 having been bereaved for between one and nine years, with another two widowed for 18 or more years. Sufficient time had therefore elapsed for changes in their relationship with space to have become evident and in many cases stable. All the interviewees were living alone, half in sheltered accommodation and half in the home they had previously shared with their partner. Access to participants was negotiated either through the wardens of sheltered housing schemes, the co-ordinators of bereavement friendship groups and drop-ins or personal contacts (Table 1). We were interested to know how interviewees' relationship with public space had changed. Had it become constrained or had widowhood brought new uses of public space? Was this a burden or an opportunity for people? We also asked whether domestic space was being used differently and, similarly, whether this was a constraint or an opportunity. To expand on these broad research questions, a number of more specific issues were pursued in the study: did interviewees find that they took over a partner's previous roles to any extent; did they feel released from spatial restrictions associated with the former relationship or the partner's illness; did they have accessible, supportive social networks and had their economic status changed significantly?

Interviews were carried out by Jenny Hockey and Bridget Penhale and began with an explanation of the project. We told participants that we were interested in differences in people's patterns of going out after a spouse had died, and in changes they may have made to their homes. Whilst allowing interviewees to structure their personal narratives, we tried to find out about their previous social and domestic lives when they were part of a couple, then getting them to identify any changes.

TABLE 1. *Interviewees*

Name (pseudonyms)	Age (yrs)	Length of marriage (yrs)	Length of bereavement (yrs)	Housing type/tenure *	Time in current accommodation (yrs)
Pat	64		5	Semi (o/o)	34
Betty	82	41	3	Bungalow LA sheltered	16
Sadie	80		4	Bungalow (o/o)	11
Vera	70		7	Terrace (o/o)	40
Fred	72	35	8	LA sheltered flat (complex)	10
Godfrey	76	47	10 months	LA sheltered flat (complex)	8
Alan	74	45	4	LA sheltered flat (complex)	9
Jane	70	43	3	LA sheltered bungalow	5
Nancy	71	50	2	House (o/o)	50
Edie	78		2	Bungalow (o/o)	20
Keith	67	47	2	House (o/o)	46
Bill	81	23	18	LA sheltered flat	13
Ethel	78		25	Terrace (o/o)	20
Mavis	72		8	Bungalow (o/o)	10
Carrie	79		6	Terrace (o/o)	56
Irene	69	39	8 months	House (o/o)	37
Polly	80	48	9	Bungalow (o/o)	30
Kathleen	75	45	7	LA? sheltered flat	6
Harry	86	66	1	LA? sheltered flat	5
Elizabeth	73	50	2	LA flat	10

o/o: Owner-occupier.

LA: local authority.

All interviews were taped and transcribed in full and descriptions of interviewees' homes were recorded in fieldnotes. In addition, invitations to be shown around interviewees' houses and gardens were always accepted and the resulting data added to fieldnotes. In keeping with a grounded theory approach, interviews have been read by all three members of the research team and a set of descriptive codes agreed. Data were then stored under these codes to facilitate subsequent theory generation. This process has allowed the themes discussed in this paper to be identified.

Changes in the embodied experience of space

What emerged during interviews were accounts of often quite minor physical changes in the environment. For example, a room had been decorated in a different colour or a new housework routine had been devised. Many people continued to shop and visit or be visited by family and friends, just as they had always done – or with only minor

modifications. Meals, however, were times when changes became more evident, both in terms of their spatial arrangements and their material aspects, a finding which reflects Rosenbloom and Whittington's study among older widowed Americans (1994). Women described how they now did batch cooking and micro-waved small portions. Keith, a 67-year-old widower, had learned new cooking skills, tutored by widows at the bereavement friendship group. Alternatively some interviewees ate out whenever possible. As regards their use of public space, holidays were an area of major change. People either avoided them, found new companions or steeled themselves to travel alone to a close relative's house.

Nonetheless, apparently small physical changes were part of a more profound shift in the embodied experience of living alone in what had once been shared space. For example, the bodily changes of later life, previously managed through the couple's reciprocal care, could become challenging now interviewees were alone. Domestic space once adequate for independent living, no longer offered the surviving spouse the necessary support. One widow, Edie, said:

I had two very bad angina attacks [...] it hit me [that] I was really isolated at five o'clock in the morning. I couldn't get out of bed or anything [...] I had a telephone in but it was at Arthur's side of the bed on the wall

Thus, without her husband lying nearby, the few yards between Edie and the telephone represented an insurmountable spatial obstacle. Unable to cross the room she was hit by an overwhelming sense of isolation.

Four fitter women with large, well-appointed bungalows found the demands of maintaining their property particularly burdensome, and they speculated fearfully about how they would manage if their health deteriorated. With a view to waning future independence, Polly had her garden landscaped in a way which minimised heavy work. However, even when people could manage their domestic spaces in a practical sense, phenomenologically nothing was the same. Thus interviewees described busy lives involving frequent contact with family and friends. Yet despite their confidence about the practicalities of everyday life on their own, like many older bereaved people (Balkwell 1981; Rubinstein 1986; Dugan and Kivett 1994) they qualified their statements by saying that they were lonely and missed their partners.

Polly, for example, had been widowed for nine years. She lived alone in a comfortable bungalow on the outskirts of a thriving market town. She said:

Everybody says ‘oh you’ve done well, you’ve done well’ – but I don’t think I’ll ever miss, stop missing him because the loneliness never gets any better ... I go out, I’ve made friends and I’ve had a few holidays with them and I belong to the widow’s club ... which is lovely and it gets me out but you always come home to an empty house, you can’t avoid that ... you’ve been out and had a lovely time and the minute you open that door and walk in it seems to hit you and it never gets any better, never gets any easier.

Unlike younger bereaved people, widows like Polly were not anticipating the kind of ‘recovery’ which might lead to the next phase of life (Lopata 1986; Hogan *et al.* 1996). Rather, they saw their isolated situation as permanent. Despite her reasonable health, Polly worried about dying alone and her daughters finding her body decomposing. Concerns about the future deterioration of a currently manageable health status, evident in other studies of elderly widowed people (Howie 1992/3; O’Connor 1994) were common among the people we interviewed, as discussed in more detail below.

Gains and losses

Data such as these afforded us a picture of bereavement in later life as a spatialised experience, an event and process located in a particular landscape. Rather than limiting themselves to the practicalities of managing housework, shopping and socialising, interviewees provided materially-grounded accounts of an emotional transition. In order to remain faithful to this framing of their experience, we have therefore avoided a narrow focus on the older person’s ‘inner’ world of grief. Instead we set out to create a more holistic, cultural analysis of the implications of loss for older people. As such our project transcends the disciplinary boundaries which have deterred social scientists from investigating individuals’ mental and emotional lives. Adhering to a spurious opposition between the ‘inner’ and ‘outer’ person and reinforced by the disciplinary boundaries between psychology and sociology, many social scientists have limited themselves to the ‘outer life of overt behaviours’ (Cohen and Rapport 1995: 4). This misleading separation between behaviour and affect can reinforce what Simpson (1998), in his work on post-divorce families, describes as the difference between actual social relationships and the way people recall or imagine those they have once shared their lives with. He found that though individuals may be out of sight for an interviewee, they are not out of mind (1998: 129), something which was very much the case in our own study.

The analysis presented below illustrates this point. It begins with a

discussion of the type, position and shape of the home itself (1) before moving on to examine interviewees' social relationships (2). Analysis reveals widowhood in later life as a time of inevitable change which, from interviewees' perspectives, might bring both gains and losses. For example, Pat's daughter had lived with her when she was first widowed. When she left, it was initially 'a blow'. But Pat recalled the following insight:

I thought 'Just a minute – she's a vegetarian – I haven't eaten meat for two years' because she'd say 'Mother, did something have to die so you could have your tea'. I thought, 'I don't have to eat baked beans and jacket potatoes do I!' – there's always a good side to everything. Nothing is all bad and nothing is all good.

Similarly Godfrey had 'personalised' everything in his sheltered flat immediately after his wife died. Plates and photographs had been taken off the wall. He told us he had never liked them – but had never told his wife this: 'She was totally in control of that sort of thing'. He had also fulfilled his plan, unspoken while she was alive, to shift the television so the sun didn't shine across the screen.

Pat said that her husband:

would choose what we ate. Well, over the years it becomes easier just to go along with it ... consequently when you're suddenly left on your own you realise everything in the house, the decorations, everything, the position of the furniture and the food you eat has all been dictated to you over the last 38 years.

Against this background of sometimes lonely freedom, data gathered in the course of our interviews suggest that the following factors are influential with regard to the spatialised experience of widowhood in later life.

1. *The type, position and shape of the home itself*

Among the ten people who were living in their own home, four were widows occupying substantial bungalows in the quiet suburbs of both the large city and the market town. Despite living in different areas, our visits to their homes revealed some striking similarities. These older women had become physically shut off from the surrounding social environment. They said they felt threatened by burglary and by attack in the street after dark and had security systems installed subsequent to the deaths of their partners. These made getting in and out of the house complicated. Sadie had been woken in the night by a man prowling round her garden and peering in her window. He was a policeman who

had come out in response to her burglar alarm going off by accident. Observational data describe closed Venetian blinds at front windows and front door areas pared down of items which could be stolen. These women's homes had become fortified havens which, whilst providing some sense of security, also isolated their occupants from neighbours and the life of the street (Jirovec 1984). As noted above, these well-appointed homes with their large gardens were experienced as a burden by their bereaved occupants. Though generalisations on the basis of this small data set have to remain speculative, women living in more modest terraced housing where neighbours were more visible or physically proximate through an adjoining wall or over a back-yard fence were less perturbed about personal safety. Vera, for example, had lived in her small terraced house for 40 years and said of her neighbours of five years' standing: 'They're very good. They're both nurses, so if ever I want anything ... just knock on the wall ... and a lady across the road, she's a widow and we have each other's phone numbers'. Nonetheless, a somewhat defensive attitude towards the outside social and physical world was evident among all the older women.

By contrast, Bill was living in a ground floor warden controlled flat at the corner of a busy intersection. Just outside his front door, under an external staircase which led up to a neighbour's flat, he had installed a bench and half a dozen plant tubs. He had also colonised the communal gardens immediately surrounding his 'patch' and a bed of unofficial annuals were in place. Few people were able to pass the flat without being noticed and many were stopped for a chat. During the interview he continued surveillance activities through his living room window, whilst neighbours and relatives came and went on small matters of business through his front door which stood open to the road.

Among the ten people who were living in sheltered complexes, the boundaries of home had a very different nature. Being enclosed within the complex, individual homes lay within and behind warden-controlled front doors. Not only could social life take place within the boundary of the complex, but the group itself went outside on joint trips. Godfrey, for example, said 'Well virtually every morning I go down (to the communal area) about quart' to ten 'till ... maybe for an hour. I take the crossword and the paper and that and then I socialise with whoever's in that area'. He also went to the twice-weekly bingo: 'I attend most of them ... again it's an exercise just not to be on my own for too long at one time'.

Among this latter group, therefore, security and social isolation were less of a problem. Speculating as to whether he would leave the complex if he had the chance, Godfrey highlighted the advantage of its

security: 'they're as safe as anywhere can be and that's a big thing for anyone, not just because they're getting older but for anyone, I would suggest'. In addition, he said, he had 'the communal spirit on tap'. Though Godfrey sees security as 'a big thing for anyone', our data suggest that later life bereavement does intensify feelings of personal vulnerability. These are represented in terms of the embodied experience of domestic and public space. Existing ill-health or fears about future incapacity transform the experience of 'home' and its relationship with the surrounding social and material environment. By contrast, Bill, who lived on the busy intersection in the market town, was reconciled to widowhood after 18 years. Moreover, he had lived in the town earlier in his life and knew its pubs and surrounding countryside intimately. Similarly, at 67, Keith remained physically robust and had been a leading member of his village community throughout his whole life. Like Bill, he maintained a far less defensive boundary between domestic and public space, even though his experience of 'home' was very much in terms of the losses he incurred when his wife died.

In addition, although sheltered housing assuaged people's concerns about security, its side-effects, for some, were a sense of threat to their individual identity. Living within a bounded community, people marked out their identities through practices such as personalising their front doors with plant pots, name plates and pictures. These markers of private places within collective space point towards the less welcome aspects of living in sheltered accommodation; for example, enforced proximity with people found to be less congenial. It is therefore important to recognise the costs incurred by elderly people who may move into sheltered accommodation in order to avoid worries about maintenance and security. For example, our data reflect Fairhurst's findings (1999) that older people may feel cramped in sheltered accommodation, finding little scope for arranging a lifetime's possessions in ways they prefer. When we asked them about any changes they might have made, many people shrugged and pointed out that scope for rearranging furniture and personal possessions was strictly limited.

2. Social relationships

From interview data it was clear that movement in social space was governed – and indeed constrained – by sets of implicit rules or conventions about visiting. Indeed, Vera claimed with some pride that: 'Oh we didn't go into each other's houses. We didn't sort of sit in with

each other ... anything like that ... we're just friendly neighbours. We were there for each other if we needed anything'.

Vera was also reluctant to visit her children uninvited. She felt it was an imposition and, adhering to her long-standing parental identity, felt it was something she wished to protect their children from:

I promised them I wouldn't lean on them any more than I could possibly help. I said, 'I've seen this happen so many times in so many homes.' I said, 'It causes problems'.

Vera described how she'd spent the first three Sundays after her husband died with her eldest son and then told her daughter-in-law that she wouldn't come again. She had said to herself,

'You're gonna stick it out girl. You're gonna do it'. And I did it. It wasn't easy by any means. I make it sound easy but it wasn't. But I did it.

Strategic use of the phone was helpful here. Contact with neighbours was often maintained with a frequency and at times of the day or evening which would have been at odds with face-to-face visiting conventions. Polly said:

I've two or three that have become close friends and we ring each other up and, you know, if we need any help or any ... if we just feel like talking because of the loneliness, you know, and feeling a bit down in the dumps, which you do now and again, we'll ring one another up because we know at the other end of the line she understands how I'm feeling, you know. There's one little old lady ... was saying yesterday that she nearly rang me up during the week because she was feeling down in the dumps. 'Well why didn't you?' 'Well, I didn't know what you might be doing.' I said, 'It dun't matter what I'm doing. I'll make time to talk to you. Ring me up. I've told you, you know'.

What interviewees relished was the discovery of shared interests or the creation of reciprocal relationships of help and support with family and neighbours, a finding which is reflected in an early study by Arling (1976). Vera, for example, undertook her neighbour's washing: 'Every Friday he puts it over the wall and I pick it off the garden seat, do the laundry along with mine and give him it back whenever it's ready'. Reciprocity provided a more legitimate rationale for visiting than just a desire for company. However, finding someone similarly bereaved was an opportunity for establishing a new and quite specific set of conventions about the timing and nature of interpersonal contact. This often extended well beyond the boundaries normally in place between neighbours or more distant friends. As Morgan *et al.* (1997: 756) show, increased contact with other widowed people after spousal bereavement is related more to structural rather than experiential similarity,

widowed friends being reported to provide *less* support than married friends. The present study showed that intimate contact with children was valued and often accessed despite geographical distance. Indeed, phone calls and visits to and from children who lived outside the area provided very real support. Interviewees made clear distinctions between networks of this kind and ‘duty’ visits, however frequent.

3. *Health*

Data showed some evidence of mobility problems curtailing use of public space; for example, factors such as poor eyesight. It was, however, also clear that health problems provided a stimulus for going out and indeed could be a source of social contacts. Thus, some interviewees were committed to a whole series of excursions to different clinics and self-help groups. For those who had their own transport, providing lifts to hospitals, doctors and clinics for friends and neighbours in poor health lent the week structure and meaning. After giving a lift, one widow, Mavis, would invite her friend back for lunch and so overcome her own problem of loneliness when eating alone. She had told her friend,

‘When you’ve finished [your doctor’s appointment] phone me and I’ll come and take you home. I’ll take you for your pension and I’ll take you shopping’ ... bring her to my house for lunch ... ‘and I will take you home’.

Later in the interview Mavis spoke about her diabetes and her dystonia and said,

I take two other diabetics to a diabetic meeting and I’m going to that dystonia (group) because I haven’t been for six months ... but I know another lady who has neck troubles and I’ve got her number. I give her a lift home once. I shall phone her before next Wednesday and see if she wants a lift there

Ill-health and associated forms of dependency could therefore play a part within a network of interdependent social relationships.

As already noted, however, the prospect of waning personal health which might circumscribe interdependent social relationships of this kind can be daunting. Although Mavis attributed her relatively lively social circle to the fact that she had a car, she went on to say,

I mean I can go to town in my car. I’m fortunate. I bless the times I can change my glasses this time and I can see better. And I think, well, you know, with all the complaints I have, my eyesight could go and then I really would be [unhappy] without being able to get out, having no brothers, no sisters, no husband, just one daughter who works every hour God sends, teaching ... and her sons need her even more than her mother does.

4. *The dying trajectory*

One of the most important of this small study's findings was the influence of the partner's 'dying trajectory' (Glaser and Strauss 1965) upon the surviving partner's subsequent relationship with space, whether this had been an extended period of chronic ill-health or disability, or a sudden, unanticipated collapse. While there is little clear evidence for the beneficial effects of 'anticipatory grief' (Worden 1991: 108), those interviewees whose partners had undergone extended periods of ill-health before their deaths seemed to have gone on to use both public and private space in ways they found rewarding. These data were gathered only as a result of extended, qualitative interviewing which encouraged widows and widowers to discuss their use of space within the frame of their life course, rather than simply in the here-and-now. Interviewees gave accounts of their experiences as part of a couple which in some cases revealed a three-stage process: the healthy couple; the couple managing dependency; the single widow(er). For these individuals the second, intervening stage could be crucial in that it was a time when new skills such as cooking or dealing with professionals were acquired. In many cases, furniture and the uses of rooms had been changed round to manage the care of the sick person. This spatial re-organisation then acted as a precedent for subsequent re-arrangement of the home to suit the single person's needs. Being provisional and specific to a time of illness, sleeping arrangements and the placing of furniture were readily dismantled. Rather than unpicking the socially-structured spaces of 'normal' domestic life, the end of an illness, albeit in death, marked a time of legitimate re-ordering. For example, the opportunity to cook for pleasure rather than for an invalid was complemented by the support of a network of social contacts which had been fostered to meet immediate needs during the period of illness. In one case excursions into public space to visit a wife living in residential care set a pattern of going outside the home every day which was later continued and enjoyed in widowhood. These were interviewees who had already been bereaved of the companionable freedom of early retirement, having instead to care for a husband with Alzheimer's disease or give lifts to a husband who had to exercise for a heart condition. Pat, for example said:

Ah well, we had a very strict routine when he was alive ... he liked to walk every afternoon because he was supposed to get the exercise but he didn't like walking in a circle ... so he worked out how far he would get before the Archers finished and I could go and pick him up. Consequently I never got

any exercise. ... Well he retired only 18 months before he died actually ... so the routine was getting a bit irksome and ... if it had gone on much longer [I] would have had to say 'We've got to come to some agreement'. But when you're living with someone with high blood pressure you tend to back off ... you don't have a lot of alternative.

The 'freedom' which followed a partner's death was appreciated as a gain, the rewarding companionship of coupledness having been lost long before. Sadie, for example, described how she had taken over all the driving during the last 15 years of her married life once her husband had a stroke. During his last four years she had also had to monitor his safety as he suffered from Alzheimer's. She said: 'I don't wish him back as he was'. Of her life now, in her early 80s, she said: 'I feel so much better ... look at me now. I'm going out, and you know, it's so different now ... I've got a second wind, you know'.

It would seem, therefore, that when the partner had undergone a 'social death' (Mulkay 1993) of some kind, the surviving spouse was less likely to experience their surroundings as spaces which should have been manageable and indeed enjoyable as the site of rewarding retirement. Polly's husband had died within five months of his diagnosis of lung cancer, following what the family thought was just a persistent throat infection. He had taken responsibility for most of the couple's shopping and when Polly first went out into the town she forgot which level of the car park she had left her car on and was found by a traffic warden searching for her vehicle on one of the ramps between stories. Only later did she evolve an elaborate route which allowed her to shop by bus without walking too far.

5. The relationship with the dead

Alongside the intervening stage of a relationship which had undergone profound change as a result of one partner's chronic ill-health, the present relationship between the surviving partner and their memories of the former partner was an important influence upon the qualitative experience of space in widowhood. For example, just as the widower living in a sheltered complex had retained his habit of going out every day to visit his wife in residential care, so a widow living in similar circumstances would force herself to go out to replace the cut flowers which stood as a marker of her husband. 'That is my memory of my husband, those flowers in that vase – always. And if I, if I haven't been ... well I've made myself go – I think, 'Well, he'll be watching'.

A sense of the partner's presence was important, therefore, as a touchstone in decisions about the use of public and private space. Godfrey's wife had died the previous year. He lived in sheltered

accommodation and continued to go out on the organised trips. He said: 'Did the lot. I didn't think I would be able to do but, oh well, I'll knuckle down. I mean she wouldn't have wanted [me not to]'. Continuing bonds such as these are now well documented (Moss and Moss 1984/85; Klass, Silverman and Nickman 1996; Hallam, Hockey and Howarth 1999). One widower said that he tried to 'keep the flat alive' by using things his wife had been given when she was ill. Carrie, for example, said that although she had felt very 'alone' on a group holiday, whilst at home she had been 'given hope' by sightings of her dead husband:

I could see his legs stretched out to the fire and before I could look up it faded. But I wasn't dreaming. And then [one night in bed] I woke up and he was standing by the side of the bed ... and I remember thinking, '... he's got his old brown trousers on and we'd put him in his best suit'.

Later in the interview she commented, 'Wherever he was going, he'd come back to say goodbye or see that I was alright'. These sightings took place in Carrie's home; at the fireside where we were talking and upstairs in her bedroom. They'd given her hope of being reunited with her husband.

As Fairhurst notes, sheltered homes for older people are designed by architects who base their plans upon a 'rational' model of the utilisation of space and 'a preconceived set of aesthetic principles' (1999: 97). Her work reveals the mismatches between this view and the emotionally-charged, qualitative dimensions of older people's memories and experiences, as materialised in the objects they surround themselves with. As our data show, the bricks and mortar of the home have spirit and agency which can be 'kept alive' via the way in which an older person animates the spaces around them. In Keith's case, he had nurtured the potted Devonshire violets which his wife had grown, a powerful living reminder of the vitality of her remembered physical presence in the home. Placed on the windowsill in front of his customary armchair they helped frame the view of the outside world which he keeps an eye on through his front window. As he told the story of their relationship and her recent death, its details were fleshed out in relation to the chairs, tables, pictures and plants which provided a stage for the interview.

As well as the bricks and mortar of the home, furniture can similarly incorporate the bodies of those who once occupied them, one widow describing how she always sat in her husband's chair and talked to him. Now dead he is unavailable to her in an embodied sense, yet the chair's materiality holds her physically and the couple again become one flesh, she in a corporeal sense, he in memory.

While many years of routinised movement in domestic space leave traces which can carry powerful resonances for widows, the death itself further transforms the meaning of these spaces (Dupuis and Thorns 1998). Not only is the ordinary made extraordinary that mundane furniture and personal possessions now evoke both absence and presence (Ash 1996), but the manner of the death and the mode of disposal in themselves provide additional layers of meaning. Nancy, for example, had created a spatialised memorial for her dead husband. It mapped on to a walk they would take down a local lane and around the nearby golf course: 'We would walk that, I think, two or three times a week. In fact that's where I scattered Peter's ashes, because he had a fear of being buried'. She described keeping his ashes in the urn provided by the funeral director on her mantelpiece for seven weeks: 'I wasn't ready, wasn't ready ... I used to sit, couldn't let him go'. Nancy watched the funeral of Diana, Princess of Wales on 6th September, 1997 with a female friend and they 'cried and cried together'. She described how afterwards: 'I sat here and I knew then. I just said, "This is the day, Peter. We're going"'. Her next thoughts were: 'Please don't let there be any young mothers pushing their babies in their prams, or anybody walking dogs – 'cos it's quite a popular walk'. She went on:

I said, 'Thank you God' ... and we went through the gate and I started at this tree and I talked to him – every handful – about what a lovely life we'd had. And now I walk down the lane every ... once a week. I talk to him, by the grass verge and the trees. Sometimes I shout [to] him and say 'Why did you have to leave me!' And then other times I thank God that he took Peter and not me because Peter would have never survived on his own.

When Nancy scattered her husband's ashes on the golf course she not only transformed secular space into sacred space, but also 'personalised' the golf course as her memorial to Peter. Though invisible in the long term, Nancy achieved these two transformations through a set of practices which she continues to repeat – and indeed which in themselves represent a transformation of her 'secular' walks with living Peter into her 'sacred' walks with dead Peter.

Alongside the welcomed 'continuing bonds' which help structure and give meaning to the organisation and experience of public and private space, objects and environments which connote presence also, inevitably, evoke absence. Juliet Ash, describes the resonance of her dead husband's tie, revealing its implicit temporality: 'the simultaneously existing presence and absence of a person, within and without their clothes'. Memory, she says, knows the absence of someone, yet within that knowledge there is 'the assumed pre-existence

of that person in their absence' (1996: 221). Keith went into Marks and Spencers with his sister-in-law on an everyday expedition which inadvertently precipitated a detailed memory of the experience of shopping with his wife – and so confronted him with her absence:

... I got so I had to come out. I couldn't ... it was no good. 'Look', I says [to his sister-in-law], 'you get going'. I said ... 'I can't face this going into ladies' clothes shops'. 'Cos you see when me wife ... I always went with her ... I used to go on ... she would ... whatever it was, if she was looking for a dress or whatever, I would help her and say, 'I like this'. And she'd say, 'I don't. I shall look like a bag tied in the middle with that!'. 'Cos I used to like dresses with belts you see ...

In the course of his interview Keith therefore re-animated the 'imagined' conversation between himself and his wife, bringing it into the present in his account. His encounter with his wife's absent presence in public space is echoed in Edie's account of dismantling her patio, the domestic space which had previously been the site of her shared marital leisure-time:

I didn't sit out at all last year. I just couldn't bear it on my own ... and [neighbours] were having this patio done ... and I said to her 'You can have mine [patio table] if you want it' ... She said, 'Are you really sure?' I said, 'Yes. I shan't sit out there anymore ... not to sit at the patio [table], not on my own'. 'Cos we used to spend every afternoon out there, you know'.

In both these cases incorporated memories are at issue. Though Keith and Edie distance themselves from *objects* – the women's clothing and the patio table – it is embodied, spatially-located practice which reminds them of their dead partners, 'forgetting' being achieved through a relocation of both people and things. Keith walks out of Marks and Spencers; Edie stays inside the house. It is not just a question of problematic objects but rather a set of relationships or temporal connections between individuals, spaces and things.

Conclusion

The study described in this paper set out to explore changes in the relationship with space which older people, bereaved of an opposite sex partner, experience. This involved an examination of the way public and private space was accessed, organised and used during the time of widowhood. As the data indicate, while the loss of a partner can precipitate a set of apparently small, spatial changes, the qualitative impact of these changes cannot be overestimated. To an outside observer, homes may appear to be well maintained, and older people

may sustain active social lives. What extended, in-depth interviews uncover, however, is more than just a quantitative account of the frequency with which individuals participate in a range of shared leisure activities or the regularity with which meals are eaten at a dining table rather than in front of the TV. It became overwhelmingly evident in these data that bereavement can transform the quality of the experience of space. This is not to deny empirically transformed spatialised domestic routines and innovations in travel arrangements and holiday venues. However, what is more strongly pointed up are the meanings attributed to space, place and objects; and the ways in which these meanings shift across time.

For older people, their material surroundings can carry a sedimentation of significances, often acquired across a lifetime of domestic activity; for older *bereaved* people these are spaces and objects which simultaneously evoke the presence as well as the absence of the person with whom that space was shared. Most crucially this experience is mediated by changes which took place towards the end of a couple's embodied relationship. Data reveal the inadequacy of a 'before-and-after' perspective on widowhood in later life. Those individuals who survive into their 70s, 80s and 90s as part of a couple are likely to have experienced a whole variety of transitions in a relationship which may have been central to their lives for up to 70 years. Our data show that when given the opportunity for a life review which is positioned within widowhood, individuals bereaved of their partner after an extended period of seriously compromised mental or physical health may represent their loss not in terms of a simple binary opposition between the presence and absence of the partner, but rather as a three-stage process which is shaped in terms of social and emotional losses. The embodied presence of the partner is not therefore the defining feature of their experience. For some, the social death of the partner many years previously marked a major transition in a life-long relationship. For others, life without the physical presence of the partner is nonetheless life with the ever-present materially-grounded memory of that relationship. Within a population where chronic rather than acute illnesses predominate (Field and James 1993), life-long marriages are often ruptured by death only after an intervening period of care work, a late-life 'career' which not only transforms couples' relationships but can empower survivors, both equipping them with new skills and freeing them up for independent decision-making during the final stages of their lives.

Many of the questions addressed in this study are not new – the social welfare of older adults; grief among elderly people; the housing

needs of an older population; the relationship between the living and the dead. What we have set out to do is to bring together some of these currently rather diverse sets of interests to provide a materially-grounded account of the landscape of loss which incorporates both the practical *and* the emotional challenges faced by older people living alone after an adulthood spent as one half of a couple.

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