Who am I now? Experiences of widowed baby boomers attending grief support groups

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Abstract: This qualitative study used a symbolic interactionist approach to explore experiences of widowed baby boomers in the mid-west United States, who attend/ed grief support groups. Results from 38 personal interviews revealed three themes: (a) the importance of a support group as a safe haven coupled with the value of sharing a similar loss; (b) challenges related to group support; and (c) fractured individual and social selves. The evidence supports the idea that grief groups are effective in aiding the widowed in bereavement but also highlights a need to adjust the structure of group programs (specific to spousal loss). Recommendations are given for providers to consider addressing restoration-oriented stress as the group progresses (in lieu of a sole emphasis on loss-oriented tension). The new structure has the potential to recognise a fractured self in widowhood to meet the needs of, provide hope for, and empower widowed survivors in a 21st century landscape.

Keywords: spousal loss, support groups, role change, identity reconstruction, widowhood, baby boomers, grief process, restoration orientation

Introduction

Spousal loss is a significant, unsettling experience in the life course creating stress and uncertainty for survivors. Grieving people seek answers to complicated questions through both informal support (family and close others) and formal support systems (grief support groups and individual counseling). Both types of support can, and often do, provide help. Today, support groups are available and promoted, oftentimes by family members who may not have additional time to provide the support, or who feel inadequate to help. Bereaved individuals are often directed to seek out support services, yet some continue to feel stigmatised by pursuing counseling or joining groups to address their loss (Levi & Derby, 1992; Bouleware *et al*, 2003).

Changed support needs for grieving in the 21st century are documented well in the research (Rando, 1991; Walter, 1999; Steiner, 2006). The studies note numerous adjustments including those in the social landscape, with religious belief systems, along with technological and medical advancements that have 'left Americans poorly equipped to deal with death and the social and emotional changes it brings' (Rando, 1991, p5). The geographic fanning out of family coupled with the medicalisation of death (evident in a shift from religious language to medical concerns) has left bereaved people with fewer resources for support. Lastly, technological and medical advances (extended illnesses, prolonged dying and the resultant decisions for families) all contribute to changed support needs which raise the interest for bereavement services outside of the family unit, as witnessed in this study.

This 2010 project examined bereavement support group experiences of a younger widowed population (median sample age=57) in the US mid-west, the 'baby boomers'. As boomers age and lose spouses, an exploration of their

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support experiences and an attempt to meet their specific needs is a timely undertaking. While the focus here is on spousal loss in mid-life, the insights developed have the potential to help understand to what extent support groups might be beneficial for all bereaved spouses.

When newer theories and models, such as the Dual Process Model by Stroebe & Schut (1999) (discussed later) are valued and noted often in current literature, the obligation to bridge research and practice arises. The research aim here is to help identify whether support groups for spousal loss are effective in meeting the needs of the widowed attendees. To accomplish the goal, this study sought to answer three research questions, namely: 1) *What is the experience of grief support groups for bereaved spouses?; 2) Why do some participants attrition out of support groups early on and others do not?* and *3) How do various types of formal support services aid our understanding of bereavement?* In the author's view, research that specifically examines the effectiveness of support groups for spousal loss is limited and continues to be an area where further research is needed.

Review of the literature

Spousal loss is often studied among the elderly (65+ aged) widowed population (ie. Pai & Carr*,* 2010; Pizzetti & Manfredini, 2008; Carr, 2006), understandably, as death occurs more frequently as we age (Hoyert *et al* 2005). Little is known, however, about the impact of spousal death in younger cohorts and even less about their experiences within support groups. Yet, nearly all aspects of a person's life are affected when a spouse dies, including changes at the emotional, physical, mental, and spiritual levels which are all thoroughly documented (Carr, 2006; Stroebe & Stroebe, 1987; Worden, 2002). The literature also reveals that spousal death is one of life's most stressful events (Bonanno *et al*, 2002; Kaunonen *et al,* 2000; Zisook & Schucter, 1991) and one that requires intense adjustment (Carr, 2006).

Across disciplines there is a general lack of research specific to the value of grief support groups. There are studies on symptomology, such as in Bergman *et al*'s (2010) examination of psychological distress; those designed to address a type of loss, as shown by Wilkinson *et al* (2007) who explore child bereavement support services; those in precise settings (Fauri *et al,* 2000; Roberts & McGilloway, 2008); and others specific to detailed needs in bereavement (Harrison & Harrington 2001, Walsh-Burke 2000). One exception is from Levy and Derby (1992) who compared widowed spouses who join support groups to those who do not. They concluded that those who join do so because they are more 'psychologically distressed' about the loss. These authors point out though, that the spouses had various reasons for attending groups. They also noted that the non-joiners indicated that they felt those who do attend are not as self-sufficient, which may lend itself to a stigmatised view of bereavement support groups.

More recent studies have proven informative in this area, yet also often have a particular focus (ie. Utz *et al,* 2013; Yopp & Rosenstein, 2013; Steiner, 2006; Lund *et al*, 2010). For example, Utz *et al* (2013) explored support groups for spousal loss. However, the focus was on whether the 'chemistry' of the support group has an impact on longer term adjustment outcomes associated with bereavement. Yopp *et al* (2013) studied widowed fathers attending peer support groups as the result of a spousal death from a cancer diagnosis. Steiner (2006) hosted focus group discussions for various types of loss to decide whether support needs are met through grief groups, which revealed that many people suffer from a lack of personal support and would benefit from more caring offers from close others.

Lastly, Lund and colleagues (2010) administered questionnaires to bereaved spouses to test the effectiveness of the dual process model (DPM) (Stroebe & Schut, 1999). The DPM identifies two simultaneous types of stressors and coping processes, the loss-orientation (LO), which includes grief work and discusses coping processes related to the stress from the loss, and the restoration-orientation (RO), involving processes used to cope with new roles and identities related to one's new status where secondary stressors are evident. Survivors oscillate between the loss-orientation and the restoration-orientation. Lund *et al*'s findings indicated that the restoration-oriented component of this model might be more effective when tailored and delivered individually.

The study

This research was a qualitative exploration based on the active interview as a technique of data collection (Holstein & Gubrium, 1997) which incorporated the thematic method (Patton, 2002) and triangulation (Denzin, 2006) along with van Manen's (1990) reflexive analysis method.

Participants

Participants included 30 women and 8 men, ages 46 to 64 (median age of 57 years) who were mostly college educated (24/38, some with graduate degrees) and where 35 (35/38) self-identified as Caucasian. Two females noted Asian descent and one male identified as multiracial (part Cherokee Indian-Scottish/Irish). The first participants in the study (3/38) were bereaved spouses who met the criteria and were recommended to the researcher for inclusion by professionals in the bereavement community. These three participants helped inform the study design and the data are included. The remaining 35 participants were invited from five specific agencies who offer support groups, namely a funeral home, two centres for grief support, a hospital/

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hospice and a religiously affiliated organisation, and were located throughout a mid-western US state.

Nearly all of the participants (30/38) sought out a support group in the first three months of bereavement and most of those interviewed (31/38) were currently either still attending group sessions or volunteering (3/38) in various ways for the agency. All participant names are pseudonyms.

Purposive sampling was used for gaining insight into the group experiences and accomplished through the use of: a) a *stratified sample* of the larger widowed sub-population by age, those who were born in the baby boomer cohort; b) *criterion sampling* (the loss occurred between 1-3 years ago; participants were born between 1946 and 1964; have been or are involved with a grief support group; and have English as their primary language); and c) *snowball sampling* (asking initial interviewees for referrals). Two instruments were used; one for demographics and a semi-structured interview guide.

Procedure

The interviews (averaging 90 minutes each) were held in either the participant's home or in a public location. The researcher recorded observation notes and chose to utilise a demographics questionnaire which included the participant's age, gender, educational attainment and number of people living in the household at the time of spouse's death. Next, the use of an Interview Guide, containing fifteen questions was instrumental in structuring the discussion. Questions related to: a) the most overwhelming part of their experience; b) coping skills; c) expectations related to their grief experience; d) personal conversations with professionals; e) the amount of informational support given; f) their awareness of availability of grief support groups; and g) their interactions with the support group agency, facilitators and members. In compliance with the Institutional Review Board for the researcher's university, consent was obtained and information provided to participants for local grief support services.

Analysis

A symbolic interactionist approach offered an opportunity to discover meanings surrounding the experiences of support groups by searching for words, phrases, semantic units, and themes in the transcripts (Bernard 2006; Strauss 1987). The interpretive inquiry provided a description of the bereaved individuals' everyday support in their life-world, in their own words (as noted by Smith, 1987). The focus was on how these spouses experience, describe, and account for grief support groups to provide the thematic analysis.

Once the data were collected and the interviews transcribed, the author worked closely with the text using NVivo-9 software, sorting themes into parent and child nodes. After careful review and consultation with three professionals (a sociologist/researcher; social worker and grief educator), a detailed coding and classification system was adopted and used as a guide for both hand coding and coding within the NVivo-9 structure. The system was developed from the Interview Guide questions and probes and contained four distinct categories, namely, 1) introduction of self; 2) death-loss story; 3) grief support group experience; and 4) additional comments.

Following the work of Creswell & Miller (2000), employing triangulation increased credibility, transferability, and trustworthiness. Detailed observation notes from personal interactions with participants and other professionals, along with summaries of interviews and interview transcripts were used to triangulate the emergent themes which subsequently helped to answer the three research questions for the project. This mixed method approach aided the naturalistic inquiry of the thematic analyses in order to offset potential biases and validate and categorise findings as noted by Jonsen & Jehn (2009).

Findings

The following three main themes emerged during the analysis:

- Support groups as safe havens coupled with the value of a similar loss
- Challenges related to support groups
- Fractured individual and social selves

From these themes the researcher was able to determine the participant's perspectives of their experience of grief support groups and answer the three research questions.

Theme one: Support groups as safe havens coupled with the value of a similar loss

First, participants generally experienced support groups as safe havens where a similar loss experience of co-members (and occasionally by the facilitators) was greatly valued.

A major concern and expression of the lived experience in a support group surfaced in the way that the participants stressed the necessity of having a *safe haven.* This was a place where they were able to release emotion, have feelings normalised, occupy their time, and do their grief work. Donna attests to these aspects:

> They [facilitators] would always say, 'you don't get over your grief, you have to go through it, you have to do the work.' …everybody knew that that was a safe place that you could tell your story…So that was HUGE for me… [Donna, age 54, 15 months post-loss]

A 'safe place' to tell your story implied that there was no judgment or time limits. Facilitators and group members witnessed the story. Several participants echoed Donna's

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account that the group provided a lifeline. Some implied a safe 'landing place' to tell their story without judgement for being sad, as Dana expressed:

> … frankly working fulltime for most of this time, and not having a place to cry, and that was what I was looking for at the time, this landing place where I could – …sit down and know 'okay, I've carved this time out, this is where you can be sad, and so on,' so that was very helpful. [Dana, age 46, 36 months post-loss]

A few (4/38) attrition out after one to three meetings for varying reasons. However, overall, there was a strong identification among members who shared similar experiences in support groups. This was evident through an emphasis on words and in gestures, such as how they would close their eyes as they spoke of how the group *saved them*. Participants discussed how membership in the group was (and is) very meaningful and gave them a chance to look forward to an outing and relief from the loneliness. Courtney pointed out:

> Just having some place to go every week…just to have something to do, just different people to see helped tremendously…to hear people say, 'Well, that's normal,' I'm like, 'Okay, good.' [Courtney, 46, 36 months post-loss]

The importance of the mutual help aspects of the group were also emphasised along with the significance of having role models to help navigate the storms. Brenda found reassurance:

> …there was somebody in the support group who had already gone through that and so it was wonderful to be able to just share and have somebody else share, you know 'this is what we did' [Brenda, 47, 13 months post-loss]

In this space of shared experience, one can perhaps get in touch with an authentic self by fully expressing pain and letting go of it without upsetting others, which is counter to what occurs in other settings.

Theme two: Challenges related to group support

Next, many challenges were identified by these participants related to attending the support group, including the limiting nature of these groups (usually eight weeks long), and help with anticipatory grief in the pre-loss days, etc.

Other concerns included topics related specifically to the group structure and/or focus. One gentleman attended two sessions after the death of his wife and was not fond of the emphasis on the expression of emotions:

> …It was a slap in the face from them that they didn't get it, males grieve different than females. It seemed to really focus on emotion and a year and a half later I'm still struggling to feel emotional in my body at all… so to think that I'm going to be emotional three months after my wife died was ludicrous in my opinion. [Andy, age 57, 15 months post-loss]

Other needs included problems with the length of group sessions. Participants felt that the eight week sessions ended just as they had built up trust with one another, leaving them no outlet. Dawn, age 61, and 22 months post-loss noted that 'Once you finish the class, it stops (slams hand down on table)…I wish it could have gone on… it's like, you're on your own now.' Another wanted to know that she could come back to the group sessions, and that there would be no time limits:

> … Knowing that … you can come and go…I mean 5, 8 years down the road, you know you can stop in … [Cathryn, 56, 19 months post-loss]

Nonetheless, solidarity appeared to be formed within the group structure, providing stability when all other support systems appeared inadequate once the bond with the group was formed. Regardless of the disappointments, most participants remained in the group (34 /38).

A small number noted that they attended the group but did not want to continue (4/38). Specific reasons included not wanting to tell a painful story over and over again (1/38); feeling that the facilitators do not understand the different ways men/women grieve (1/38); recognising that they were not in need of long-term support (1/38); and feeling that they were not welcome in the group (1/38).

Dorothy, for example, attempted to get some help for her grief *before* her spouse died by walking into a grief support group. She was told by facilitators that she would not get anything out of it and that she could not be there. Dorothy recalled the experience post-death:

> I did go back (after spouse died)… I went twice to that 8 week thing and … I said, 'You know what?... I needed this when he was alive. I needed this at the end. I needed to come in here and just watch all this because everything I am hearing now was what I had been going through for a long, long, long time.' [Dorothy, 64, 21 months post-loss]

She explained to the group how she lived 'in limbo' at the end of the caregiving, in what might be viewed as 'bereaved in spirit' but not in reality. She was rejected because in the facilitators' eyes, there was no way to talk with someone who was not yet actually widowed. She was not welcome.

Dawn stopped attending as she tired of hearing stories of loss:

> ... I started feeling I didn't want to hear all the new

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> people there, because it was just rehashing, and I felt bad for them… [Dawn, age 61, 15 months post-loss]

Here, the participant focused on her inability to further provide mutual-help which was adding to more sadness for herself.

Theme three: Fractured individual and social selves

Lastly, the continued expression of a sense of fractured individual and social selves was noted by participants including the need for knowing how to adapt to their new widowed role.

In these support group settings, discussion centered on the person who died and little on the presenting bereaved individual. It became evident that the self might be fractured and wounded after spousal loss. For example, in order to put the participant at ease, respect personhood and connect on a personal level, the first inquiry in the interview was simply *'To begin, I'd like for you to tell me a little about yourself, perhaps you can talk about your work, your family, or whatever you'd like for me to know about you.'* There was a great deal of hesitation, sometimes directing questions back, such as 'You mean now?' or 'Before?' Others were unable to describe themselves separate from the deceased spouse, as Earl notes:

> Well, it was us, you know, it wasn't just me…it was 33 years of us together…there isn't too much to say anyhow about me personally because it was…more us [crying]. [Earl, 64, 3 years post-loss]

Another spouse described who she was through the life and work identity of her departed husband, and when asked to talk about herself, had this to say:

> My husband was a medical professional and we — I ran his clinic for 29 years, put him through [medical] college, knew him 40 years and I was married 36 years when he passed away. [Debra, 60, 22 months post-loss]

Even with clarification, Debra chose to view 'herself' through the life and business success of the deceased, only hinting to her marital identity. She seemed confused when asked to talk about herself, her family or her work, as she continuously hesitated and then resumed with elaboration on her deceased husband's accomplishments and his work identity.

Many spoke indirectly about the need to re-write their present and future narrative and adjust to a new widowed self, yet within the support group, the emphasis was on doing one's grief work, and by this, it was understood that there was a need to tell the story of the death and loss repeatedly. The main focus was on the life, illness and death of the deceased spouse. The participants reconstruct meaning by telling and re-telling the story of the death and loss. By doing so, they are detaching from their married relationship by uncoupling and adopting their new widowed self. One woman, for example, explicitly stated that she was unable to make the shift into widowhood by simply attending the group and telling and re-telling her story. It was not until she went on a cruise with others from the support group that she transitioned into her new role:

> …they had events…a cruise for widows and widowers… And I said when I came home from that cruise…'That's when my world went from black and white to color again' because I had a fabulous time…So, for me … that's when I started thinking about the rest of my life. [Colleen, 58, 36 months post-loss]

Charlene, a 64 year-old Asian female, 15 months post-loss, discussed the tremendous pain she still feels when she sees couples walking together. For years Charlene and Henry shared a coupled lifestyle, one that she misses deeply.

Continuous struggle evidenced as these spouses spoke of the much discussed *grief process* in the groups as to whether or not they are in *normal* range. Yet, it was not made clear in these groups how to determine *where you are* in the process, which concerned participants. Elliott gave his account of pushing through some important questions to learn about his placement on the grief timetable:

> I just went a few times and just listened and … started asking questions on what everybody did that would give me an idea if I was *doing things right* [emphasis author's] or if I was out of the ballpark in my thinking. [Elliott, 54, 32 post-loss]

For Elliott, and others, reassurance was critical in this setting, especially when it came from long-time group members. Yet, he also noted a feeling of continued unease, as if he were incomplete (fractured and wounded). It seemed to surprise him as he had attended all the group sessions and had an expectation that he would somehow feel more 'whole'.

Discussion

A major concern and expression of the lived experience in a support group format surfaced in the way that the participants stressed the necessity of having a *safe haven.* This was (and still is for some) a place where they can release emotion without judgment, have their feelings normalised, occupy their time, and reconstruct a narrative. Given contemporary society's shallow and often desolate response to death (Walter, 1999) it is often quite difficult for bereaved individuals to be authentic about their grief in public due to social sanctions for acting 'abnormal'. Intense expressions of grief have a tendency to remind people of their own mortality, which makes for an uncomfortable situation (Kinderknecht & Hodges, 1990). As a result, the bereaved person often seeks assistance elsewhere, or they

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are given referrals for professional counseling by well-meaning others.

Participants also expressed that it is only someone who suffers the same type of loss who can understand their pain and struggles. Although family support was generally viewed as valuable initially in providing help, these spouses began to find respite in a more formalised group setting among strangers who also lost a spouse. Facilitators and group members help to edit the storyteller's new self just by their witness to the story in their presence. In the support group, the deceased person gains a social existence through the bereaved person's accounts. This in turn aids the bereaved individual in keeping hold of memories and a close image of the one who died, which is difficult when the relatives and friends dismiss the repeated talk (Walter, 1999).

According to Kinderknecht & Hodges (1990 p47), these responses can also contribute to making people 'feel that their behavior is abnormal: society decides when one has grieved long enough, then lets the bereaved know that it is time to bury the dead and get on with the living.' These spouses preferred to evaluate for themselves the co-members/strangers who have had a similar loss, who are presenting as sane and with normal functioning within a group setting, and willing to provide insight into an unfortunate shared loss. As the quotes testify, and as Walter (2007 p130) notes, '…in the group there is relief, even on occasion ecstasy, at finding others who have experienced the same feelings. Previously isolated individuals bond with each other.'

By being with others who have experienced such a traumatic event, the social self begins to shift from the family or friends to the support group. These spouses express that they felt protected in this space (with other support group members) and exposed in others (with family support members), including spaces that were at one time central for meaning and identity (perhaps the home), especially in the immediate death experience. It appeared that the more cut off from family support and the rest of society, the stronger the bond and reliance on the support group and its members.

Perceived and tangible support was expressed by participants as vital to the experience of adaptation to widowhood. It came in various forms, from close others and professional sources, and was highly valued. Most interviewees reflected on the importance of telling and re-telling their story of loss and having people to witness the story. However, they felt strongly that family and friends were not able to understand much of their post-loss experience, as they were not grieving the same type of relationship. These close others were also not exploring a new identity. The friends, for example, did not experience a decrease in social life or a general helplessness in social situations, as the participants were feeling (uncoupling from the marital relationship). And, people in general were not treating the close others any differently. These spouses identified a state of constant reminder that they are no longer a couple, but now, rather, the 'us' is reduced to 'me'. Manifest in these examples is the change in the social self and their attempts to reconstruct meaning (Neimeyer, 2001) by detaching from the previously shared relationship as noted by Marris (1974) and examining and re-creating the new widowed self as they move through their day-to-day life without their spouse.

The recognition of an identity change (from married to widowed) and potential loss of a part of one's own self was expressed in various ways throughout the interviews, yet did not seem to be recognised in the group. This included comments by the participants with respect to social rules that govern the expression of grief (Harris, 2009-2010) which contribute to the social self.[1] According to Harris (2009-2010) compelling forces (ie. the role of attachment, social pain etc) encourage compliance with social rules along with fundamental assumptions and values in Western society that continue to influence how grieving individuals are expected to react. Additionally, there is some danger that a medicalisation focus adopted by well-meaning support group facilitators might send the wrong message to the grieving individual (ie. using language such as 'healing'). Parkes and Prigerson (2010 p244) point out when discussing mutual support of a social group for widows and other structured groups that, 'Many of those who run such groups have used models of "therapy" derived from psychiatric settings and may be in danger of treating the bereaved as if they were sick.'

Additionally, early studies (eg. Wambach, 1985) report from three widow support groups that the grieving process is a social construct that helps link the mourning of survivors with the grief. Wambach (1985 p201) continues to explain that because the grief process is a social invention (created by bereaved people, professionals and popular writers), it 'sets both a public and private course for the bereaved.' She suggests that it occurs as a timetable and as a guide, and that the grief process was accepted as an uncontestable fact. Frustration can ensue, as shown by the participants here, when they are unable to determine where they fit on this *timetable*, or presumed normative model of grief.

As the interviews progressed, participants became more reflective about their new identity of being widowed which is now constructed in a new environment – where one learns how to manage communications with support networks, often presenting one identity with those they

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1 The social self, in sociology, refers to the basis of self-consciousness in individuals according to Mead's theory (1934). The social self is the identity conferred upon an individual by the reactions of others. A person achieves self-consciousness (only within a society) by becoming aware of his or her social identity.

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interact with in the everyday network and another within grief support groups. A new social role is tried out in the group where similar others and facilitators act as friendly editors in the reconstruction. Terms and language used by the professionals in the grief support group settings often shape the new narrative (ie. grief triggers, grief work, grief process etc).

There was a realisation among the participants that they needed more help with their new widowed role as there was a common concern about whether or not they were grieving normally, and continuous anxiety was present. Many noted they felt wounded and less than whole. Perhaps this was in part due to the sole focus on loss-oriented tasks. Utz (2006) suggests that coping abilities, in part, after a spouse dies are associated with risk factors such as how couples designated their social roles and everyday tasks in their married everyday life (task allocation). The practical everyday tasks, which may include for example, home maintenance and financial responsibilities, are considered 'secondary stressors' and part of the restoration-oriented coping and should also be addressed in groups.

A need to examine the temporal aspects related to role change (past-marital, present-widowed and future self) became unmistakable to the researcher. This can be accomplished, in part, through 'telling of the story' – reconstructing the life narrative (loss-oriented), but with less emphasis on the deceased person and more on the bereaved individual and their changed role. With the help of both family and close others as well as through grief support groups, one can re-work their narrative and adjust to the new role. As Jordan and Neimeyer (2007) point out, historically, care for both the dying and the bereaved survivors was in the hands of the family and the community. Today, families are more geographically dispersed, and living and working in separate communities, so the care (and even the caregiver) has changed. Many participants (25/38) reported that their everyday close support persons were often the ones suggesting attendance at grief support groups or encouraging professional counselors. Again, there was a continued and common concern among these participants about whether or not they were 'grieving normally' as they felt wounded and turned frequently to ponder *who am I now*?

The support group format then provides a counterculture of sorts in terms of emotional expression and continuous talk about the deceased person. As the group members painfully incorporate the death of their spouse into their life narrative, they were aided in this journey by strangers of 'imagined communities' (Riches & Dawson, 1996). In this loss-oriented focus as defined by Stroebe and Schut in the Dual Process Model (DPM), stressors come from identifying and processing the loss of the person who has died and examining the lost relationship.

The new community as expressed by these spouses, however, failed to address the restoration-oriented stressors, which are defined in the DPM as secondary sources of stress, such as having to complete tasks that the person who died used to do (ie. cleaning, cooking, managing the finances etc). This omission perhaps played into the fractured and wounded self because their new identity, the ascribed widowed self, was left unexamined.

In reality, the re-construction of a new self is influenced by friendly editors (Walter, 1999) such as facilitators and other group members, who supply a particular language (ie. grief work, grief triggers, grief process, lean into it, work through it etc) which does not leave these spouses content, but rather still searching. These findings echo Giddens' (1991) work where he notes that a person's identity is not to be found in behavior but in the capacity to keep a particular narrative going. These groups (through accounts of others who are seasoned and newly widowed) only scratched the surface with these spouses, with their curiosity about 'how to be' widowed. And although to some extent this help appears beneficial, many were still struggling to grasp their new identity. The support group members and facilitators appeared to eventually become 'close others.' In this role, they did contribute to bringing a sense of order to chaos, and in so doing, contributed to assisting the newly bereaved spouses, in part, with their untimely new role. Paradoxically, the prescriptive and main message is that they need to work through grief and address emotions, but at the same time, they are told grieving is unique, there is no closure and there is no right way. As a result, these mourners continued their quest for meaning. Nevertheless, the support group played a large role in the beginning phase of the reconstruction of the self for these spouses as echoed in Marris' (1974) work where we are reminded that the fundamental crisis of bereavement arises from the loss of self, and not from the loss of the other.

Limitations

Limitations include the study sample of people who are attending or who have attended grief support groups. Data on length of marriage of participants was also not included and may have provided insight on support group experiences. Also, racial diversity is absent as most self-identified as Caucasian (35/38). Although data was collected in an area with a high African American population, very few accepted invitations from agencies, and of those who did, none agreed to participate in the study. This limitation, however, was beyond the researcher's control as studies document that 'Rather than seeking the help of professionals, in times of distress African-American families often rely on a social support system that includes family, friends, and others who act as fictive kin…' (Laurie & Neimeyer, 2008). Other studies also suggest that African Americans

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(compared to other cultural groups) in both the medical and mental health fields, do not obtain professional services at the same rate (Bouleware *et al*, 2003). With respect to grief support, Barrett (2001) posits that underutilisation of services by the Black community is due to cultural mistrust of institutionalised healthcare. Lastly, the 1–3 year criteria for inclusion in the study may have limited the data on attrition rates related to research question two.

Conclusion

This study aimed to help identify whether support groups for spousal loss are effective in meeting the needs of the widowed attendees. Providing insight into the experiences of spousal loss in the context of a grief support group instructs us on some level of the helpfulness of this type of support and the continued challenges. Most spouses interviewed here found the groups to be a *safe haven* where they felt understood and had their feelings and behaviors validated and normalised. They valued the *shared experience* with members in the group and relied on this community as a significant source of relief from managing emotions in other social settings. In part, this view answers research question one: *What is the experience of grief support groups for bereaved spouses?* Additionally, there was a good deal of frustration that surfaced and a sense of not feeling finished with the grief process, although the group's meetings were ending.

Next, research question two was intended to seek understanding of attrition early on with respect to attendance in the groups: *Why do some participants attrition out of support groups early on and others do not?* This was captured in specific comments about how some found it painful to hear the stories over and over, while others noted that the facilitators placed too much emphasis on emotional tasks related to grief. Most participants were still attending groups or volunteering in other roles in order to stay connected with the bereaved community.

The last research question was addressed by first recognising that the existence of such groups, along with recommendations by others, might indicate they are viewed necessary for a healthy outcome: *How do various types of formal support services aid our understanding of bereavement?* The availability of groups also eludes to the idea that we must address the experience of grief at a level that makes a personal and oftentimes private struggle, public. As a result, bereavement may largely be ignored by close family and friends and there is a general sense that it can be resolved or treated professionally. Until help is sought, the person may be viewed as in an unhealthy state where their grief is sometimes policed and regulated (Walter, 1999).

The group members and facilitators however, have power to enforce the definitions of grief, bereavement and normal behavior, and encouraged members to work through the experience of loss by following a very specific script through language used and non-verbal gestures (ie. nods of the head). An implication exists that there is a particular way to achieve a healthy adjustment. The agencies offering grief groups placed control in the hands of the professionals and volunteers, which brought both benefits for some, but costs for others. It was clear in the interviews that at times, many individuals in these groups shifted from not seeing facilitators as the real experts, but found those who had shared experiences to be much more enlightening and helpful. Regardless, members of the group are also influenced by those who lead them. Finally, the notion that grief groups exist for bereaved people again might suggest that bereavement is an undesirable condition that needs attention, as opposed to a normal life experience.

This project aligns with other research that shows how the loss of a spouse in midlife disrupts the continuity of the life cycle, crushing hopes and dreams for the future (Wolff & Wortman, 2006) creating great uncertainty and a fragmented sense of self. As a result, spouses seek out a safe haven, a shared experience and a significant community through formal care. Grief support groups could further help participants by offering hope and possibility for their future self-narrative while reflecting on *who they are now*. For example, moving away from the grief work hypothesis and a grief process (loss-oriented and emotion focused) often used as the sole focus in these groups, and incorporating an examination of restoration-oriented tension would be beneficial. The latter might include household chores that are now left to the bereaved spouse and create additional stressors in the new role change. Extending sessions in the program to add the challenges of role change (ie. new responsibilities) and providing ideas for the bereaved participants to develop strategies specific to repairing *fractured and wounded selves* is recommended. Further research is warranted to explore and develop group support programs specific to widowhood that would include this restoration component. A follow-up study with an evaluation of the participants' experiences is also in order. Additionally, future research is merited to examine the aims and structure of grief support groups and how they may be constrained by the conceptual knowledge (or unawareness) of current grief models by the agencies and facilitators who design and offer said groups.

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