universität wien

MASTERARBEIT/ MASTER'S THESIS

Titel der Masterarbeit / Title of the Master's Thesis

„How Grief Counsellors Understand the Grieving Process of Bereaved Partners: Coping With the Loss and the Role of Partner Dependency"

verfasst von / submitted by

David Ihl BSc

angestrebter akademischer Grad / in partial fulfilment of the requirements for the degree of

Master of Science (MSc)

Wien, 2021

Studienkennzahl lt. Studienblatt / degree programme code as it appears on the student record sheet:	UA 066 840
Studienrichtung lt. Studienblatt / degree programme as it appears on the student record sheet:	Masterstudium Psychologie UG2002
Betreut von / Supervisor:	Univ. -Prof. Dr. Brigitte Lueger-Schuster

Abstract

Studies with grief counsellors showed, that they use concepts which lack empirical evidence to understand the grieving process of their clients. I conducted semi-structured interviews with eight grief counsellors in Austria to investigate how they understand the grieving process of bereaved partners. Further, I investigated how dependency on the partner for practical support (functional dependency) and for fulfilling emotional needs (emotional dependency) affect grief reactions. The dual process model of coping with bereavement (DPM) guided data collection. I used thematic qualitative text analysis to analyse data. Grief counsellors addressed the great individuality of the grieving process and strong grief reactions on holidays. They reported support from and changes in social relationships after bereavement. Further, they illustrated the importance of an ongoing relationship to the deceased and addressed changes in personality and identity after bereavement. Grief counsellors associated functional dependency from the partner with helplessness and problems to do the things which were the responsibility of the deceased partner. Further, they associated emotional dependency with intense grief reactions and problems to engage with and care for the own needs after bereavement. Findings suggest that the DPM adequately represents grief counsellors` understanding of the grieving process of bereaved partners. Grief education in the general public is needed to enhance public understanding of the process and to promote adequate support from social relationships.

Keywords: Grief counsellors, grief reactions, grieving process, continuing bonds, dual process model of coping with bereavement, emotional dependency, functional dependency

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How Grief Counsellors Understand the Grieving Process of Bereaved Partners: Coping With the Loss and the Role of Partner Dependency

The death of a close person can cause a great variety of grief reactions. This includes strong yearning, sadness, guilt, anger, self-blame, disbelief and denial, loneliness, detachment, difficulties to accept the death, an inability to experience positive mood, feelings of shock and daze, emotional numbness, meaninglessness, emptiness and difficulties to trust others (American Psychiatric Association, 2013; Prigerson et al., 2009; World Health Organization, 2019). A feeling that a part of the own identity has gone with the deceased and that establishing a new life without the deceased is difficult can also emerge from the death (American Psychiatric Association, 2013; Prigerson et al., 2009; World Health Organization, 2019).

In addition, the death of a close person has some temporary effects on physical health of bereaved persons (O'Connor, 2012; Prior et al., 2018). In the first days and weeks after bereavement, physiological changes comprise increased heart rate and blood pressure (Buckley et al., 2011) and a weakened immune system (Jones et al., 2010; O'Connor, 2012). In older people, bereavement might even cause limitations in performing daily activities (Lee & Carr, 2007) and premature death (Ennis & Majid, 2019; Prior et al., 2018).

Research in the field of bereavement has paid much attention on how to distinguish a normal grieving process from an abnormal, pathological process (Boelen et al., 2018, 2019; Killikelly & Maercker, 2017; Mauro et al., 2019; Prigerson & Maciejewski, 2017) and has led to the integration of *prolonged grief disorder* in the *11th revision of the international statistical classification of diseases and related health problems* (ICD-11; World Health Organization, 2019).

Prolonged grief disorder is diagnosed when grief reactions persist beyond 6 months after the death and cause impairments in one or more life domains. This reflects empirical results that for most of grievers grief reactions decrease the more time passes from the death, leaving only few grief reactions in little intensity beyond 6 months after the death (Bonanno et al., 2002; Prigerson et al., 2009).

Investigations with large samples (N >1400) of the general population of bereaved persons (including loss of partner, parents, grandparents, relatives etc.) found that 6.7–11.0% of bereaved persons show intense and long-lasting grief reactions beyond 6 months

after the death (Kersting et al., 2011; Lundorff et al., 2017). Violent deaths (e.g., homicide, accident, suicide) are often associated with longer duration and higher intensity of grief reactions compared to non-violent deaths (e.g., illness, natural death) (Boelen & Eisma, 2015; Boelen et al., 2019; Djelantik et al., 2017; Kersting et al., 2011).

The death of the partner is particularly related to intense and long-lasting grief reactions compared to death of parents, grandparents, other relatives or friends (Boelen & Eisma, 2015; Djelantik et al., 2017; Kersting et al., 2011; Newson et al., 2011; Prigerson et al., 2009). Prevalence of long-lasting and intense grief reactions for elderly who have lost their partners is especially high, ranging from 15.6-–20.3% (Bonanno et al., 2002; Kersting et al., 2011;). This is particularly important, because 90% of the yearly deaths in Austria are persons over the age of 65. A third of them leave a mourning partner behind (Statistik Austria, 2021).

For those bereaved partners who seek help with bereavement, professionals` (in this work referred as “grief counsellors” or “counsellors”) understanding of their grieving process might determine the effectiveness of applied interventions in reducing their grief symptoms (Breen, 2010; Ober et al., 2012; Robert et al., 2019). While grief counsellors` understanding of pathological grief has been addressed in various investigations (Dietl et al., 2018; Stelzer et al., 2020), knowledge about the concepts which grief counsellors use to generally understand the grieving process of their clients is rare (Breen, 2010; Ober et al., 2012).

Studies from the United States, Great Britain and Canada showed that counsellors do not rely on empirical based conceptualizations of the grieving process (Breen, 2010; Ober et al., 2012; Payne et al., 2002). Instead, they understand the process of grieving as following a certain order of stages and as following the principles of *grief work* (Freud, 1917).

The next section illustrates and critiques these concepts in the historical context of bereavement research.

Theoretical Background

The History of Grieving: Working Through Grief and Stage Models of Grieving

The theoretical works of Sigmund Freud have strongly influenced the understanding of how people come to terms with the loss of a close person in western societies (Freud, 1917). According to Freud (1917), grievers are obliged to do grief work, painful cognitive and emotional occupation with the deceased to resolve their grief. Grief work serves to detach the emotional energy from the bond to the deceased and should finally result in resolution of the bond. The idea of grief work includes that avoidance or distraction from grief is harmful for the resolution of grief.

Grievers typically do grief work in their daily life, when they engage with memories of the deceased, think about the lost relationship, the circumstances of the death, or look at photos of the deceased (Stroebe & Schut, 1999). It also involves processing the different emotions which emerge from their occupation. The concept of grief work assumes that painful occupation with the deceased results in resolution of the bond to the deceased and the restoration of the ability to form a new bond, which is crucial to prevent long-lasting grief reactions (Freud, 1917; Bowlby 1980).

Many researchers have questioned these assumptions (e.g., Barclay et al., 2003; Bonanno & Kaltman, 1999; Breen, 2010; Corr, 2013; Klass & Steffen, 2017; Lindstrom, 2002; Stroebe & Schut, 1999; Stroebe et al., 2005, 2017; Root & Exline, 2014; Rothaupt & Becker, 2007; Wortman & Silver, 1989). Nevertheless, the concept of grief work has widely influenced the perception of grief in western societies and influenced research and practice in the field of bereavement.

Grief work became a major content in the formal education of professionals working with bereaved persons (Barclay et al., 2003; Breen, 2010). Further, it was incorporated in the development of influential theories which are thought to provide an understanding of grieving for grievers, the general public and professionals (Breen, 2010; Rothaupt & Becker, 2007). Some researchers argued that the assumption of grief work has led to the view that grieving is detrimental and must be resolved as fast as possible (Bonanno & Kaltman, 1999; Lindstrom, 2002; Stroebe & Schut, 1999; Stroebe et al., 2005; Wortman & Silver, 1989), a view which researcher deem as interfering with the natural resolution of grief (Stroebe et al., 2017; Corr, 2013). Accordingly, researchers have intensively discussed the beneficial and

detrimental effects of an ongoing relationship to the deceased (e.g., Bonanno & Kaltman, 1999; Root & Exline, 2014) and of confrontation with the loss (Stroebe & Schut, 1999).

Further, because grief work highlights processing negative emotions in the grieving process, positive emotions and their adaptiveness for grief resolution have long time been neglected in research on grieving (Bonanno & Kaltman, 1999; Lindstrom, 2002; Wortman & Silver, 1989).

The notion of grief work gave rise to explanations how bereaved persons resolve their grief, which resulted in stage models of grieving (for an overview of influential stage models, see Rothaupt & Becker, 2007). These models state that the process of grieving takes place in a progression of distinct and universal stages. Each of the stages consists of loosely defined emotional reactions or behaviours, which predominate at a specific time after bereavement until released by another reaction (Rothaupt & Becker, 2007; Stroebe et al., 2017).

An influential stage model emerged in the United States from the work of Elisabeth Kübler-Ross (1969). Kübler-Ross drew on her experiences as psychiatrist with fatally ill persons to postulate five stages, which dying persons typically experience when dealing with their approaching death: denial, anger, bargaining, depression and acceptance.

Through the fast public reception and the adaption for educational purposes, Kübler-Ross`s concept became quickly very popular in the United States. Her stage model was generalized as a universal concept for grieving after the loss of a person (Corr, 2015; Friedman & James, 2008; Rothaupt & Becker, 2007) and stages were widely understood as distinct and following one after another in a linear progress (Corr, 2015; Friedman & James, 2008; Stroebe et al., 2017). The influence of grief work on the model can be seen in stages concentrating on processing negative emotions (e.g., anger, sadness, depression) and aiming at resolution of the bond to the deceased.

Another influential stage model of grieving is Bowlby`s four phases of mourning (Bowlby, 1980). The model postulates a stage of numbness, followed by yearning and searching, disorganization and despair, and finally reorganization. Bowlby describes that the death of a loved-one triggers the most powerful actions (e.g., clinging, crying, anger) a human possesses to prevent the disruption of the bond. He describes this as a state of pain and distress, driven by a deeply rooted urge to be reunited with the lost person. When

realizing step by step that the search for the person will not be successful the pain slowly decreases and the ability to form a new bond is restored.

The understanding of grief in stages has shaped how the general public, health care professionals and grievers understand the process of grieving (Stroebe et al., 2017) and has produced a variety of other stage theories. Each of these models has its own labels for the stages, own number of stages and differ in the goal of the whole process (for comparison, see Rothaupt & Becker, 2007).

In a review of studies which critique an understanding of grief in stages, Stroebe et al. (2017) concluded that the idea of grief happening in a linear succession of mutual excluding stages is lacking empirical evidence. They criticised that stages often just encompass loosely defined reactions or behaviours which lack precise definitions of their content or duration. Thus, they concluded that stage models oversimplify the various reactions which individuals can show following the loss of a person. They finally stated that understanding grief in stages could be harmful for grievers.

Also, Worden (2009) addressed oversimplification of stage models. His main critique on stage models is that novice grief counsellors and bereaved persons believe that grief reactions follow a well-defined and sequential order. He and other researchers claimed that these views are potentially harmful for the recovery process of bereaved person, because they generate a normative view of the grieving process, concerning reactions and time course. Researchers criticised that these beliefs interfere with individual ways of grieving (Corr, 2015; Friedman & James, 2008; Stroebe et al., 2017; Worden, 2009).

How Grief Counsellors Conceptualize the Grieving Process of Their Clients

Several studies illustrate how grief counsellors understand the grieving process of their clients.

Ober et al. (2012) interviewed 369 professional counsellors in the United States. Their study showed that only half of counsellors received special training to work with bereaved persons. Therefore, counsellors mostly rely on the stage model of grief from Kübler-Ross (Kübler-Ross, 1969). Only half of the counsellors knew one of the more recent concepts about grieving, like the task model of Worden (Worden, 2009) or the dual-process model of coping with bereavement (Stroebe & Schut, 1999, 2010).

In a study with 19 counsellors at health centers in urban areas of Australia, investigators found that counsellors who work with bereaved persons mostly use stage theories of grieving to understand their reactions to the death of a close person (Breen, 2010). Also, in this study, the most known theory on grieving was the model of Kübler-Ross (1969) and more recent concepts were widely underrepresented. Further, grief counsellors reported to use a variety of other unsupported assumptions about the grieving process, like the grief work hypothesis (Freud, 1917).

In a study from England with 29 counsellors (Payne et al., 2002), half of the counsellors referred to the process of grieving as a process which follows a normative sequence of stages. But counsellors also noted that bereaved persons are not necessarily following the order and timing of the stages and that the grieving process is very individual. In addition, a quarter of the counsellors explicitly stated that they use stage models in the work with their clients to forecast the possible progress of their grief. Only a minority of counsellors judged this practice as inappropriate in contact with clients.

Furthermore, in some of these studies, counsellors acknowledged a normative duration of the grieving process with a termination at some point of the process (Breen, 2010; Payne et al., 2002).

These studies illustrate, that counsellors in several countries widely conceptualize the grieving process of their clients without considering recent empirical developments. They frequently make use of unsupported assumptions about the process in contrast to empirical evidence. These assumptions (e.g., the grief work hypothesis, grief happening in stages) have been criticized and judged as harmful for bereaved persons by investigators, in some cases even for decades (Bonanno & Boerner, 2007; Corr, 1993, 2015; Friedman & James, 2008; Stroebe & Schut, 1999; Stroebe et al., 2017).

No empirical study has recently investigated how grief counsellors in Austria conceptualize the grieving process of bereaved persons. A state-approved apprenticeship as licensed grief counsellor exists in Austria, which does not exist in England, the United States and Australia (Wass, 2004). A curriculum of 84 hours of educational training is established in Austria to impart high personal and professional competencies to grief counsellors. The curriculum explicitly states that information is imparted according to recent scientific knowledge (Bundesarbeitsgemeinschaft Trauerbegleitung, 2014).

Recent Developments in Bereavement Research

Continuing Bonds: Ongoing Relationship With the Deceased

How Bonds are Continued. The concept of grief work and stage models of grieving highlight resolution of the bond through detachment of the emotional energy from the bond to the deceased as the primary task of successful grieving (Bowlby, 1980; Freud, 1917). The continuing bond (CB) approach acknowledges a continuing inner relationship with the deceased as an adaptive aspect in the grieving process which helps to cope with the loss after bereavement (Klass & Steffen, 2017; Mitchell, 2007; Rothaupt & Becker, 2007; Worden, 2009).

Klass and Walter (2001) summarized evidence on how grievers continue the bond to their deceased. Bonds are maintained through a sense of presence of the deceased person, through talking with the deceased, through talking about the deceased with other persons and through receiving guidance from the inner representation of the deceased.

Most of bereaved persons experience a sense of the ongoing presence of the deceased (Klass & Walter, 2001; Klugman, 2006). The experience can comprise perceptions of sounds (e.g., hearing the voice of the deceased, hearing his/her footsteps), smells (e.g., the perfume of the deceased), visual perceptions (e.g., seeing the deceased) and a perception of the deceased as actor (e.g., when a window suddenly opens). Grievers typically experience an ongoing presence of the deceased in their own home when alone (Klass & Walter, 2001; Troyer, 2014).

Many researchers found that also talking with the deceased is a common phenomenon (Bennett & Bennett, 2000; Klass & Walter, 2001; Mitchell, 2007; Sanger, 2009). One interview study with 220 bereaved people found, that 70% of bereaved persons have at least talked one time with a deceased person (Klugman, 2007).

Qualitative studies with bereaved persons found that their conversations typically include things which are recently happening in their own life, stories of memories with the deceased, requests for guidance, but also expressions of regrets and feelings related to the deceased (DeGroot, 2018; Hayes & Leudar, 2016). These conversations are often triggered by external (e.g., a photo of the deceased, an object linked with the deceased) and internal stimuli (e.g., a state of distress) (DeGroot, 2018).

Quantitative View of Continuing Bonds. Recent quantitative studies have operationalized CBs in externalized and internalized CBs (Black et al., 2020; Field & Filanosky, 2009; Gasssin & Lengel, 2014; Ho et al., 2013). Externalized CBs consist mainly of sensory hallucinations like physically feeling, hearing or seeing the deceased and a manifestation of the feeling that the deceased is still present in the external world. Internalized CBs include referring on the deceased values, wishes, viewpoints, and positive influences, and sharing daily life and decisions with the deceased (Field & Filanosky, 2009).

Quantitative studies have related externalized CBs to the non-acceptance of the death of the deceased (Field & Filanovsky, 2009; Ho et al., 2013) as found in the definition of pathologic, long-lasting grief (Prigerson et al., 2009; World Health Organization, 2019). The higher association of externalized CBs to violent types of losses (e.g., homicide, accidents, suicide) compared to non-violent losses further indicate its maladaptiveness for the resolution of grief. In cases of violent loss, externalized CBs resemble intrusive experiences, as found in traumatic loss (Field & Filanosky, 2009). Concordantly, externalized CB was positively linked to elevated symptoms of grief until 5 years after bereavement (Black et al., 2020; Field & Filanosky, 2009; Ho et al., 2013).

Empirical studies also found internalized CBs to be related to elevated grief symptoms until 5 years after bereavement (Black et al., 2020; Field & Filanosky, 2009; Ho et al., 2013). Despite the evidence that internalized CBs increase grief symptoms, they may also foster experiences of positive emotions (Rochman, 2013) and initiate positive personal changes (Field & Filanovsky, 2009), especially in the first years after bereavement (Field & Friedrichs, 2004; Hayes & Leudar, 2016).

A factor analysis with the items of externalized and internalized CB found that two factors explain a great amount of common variance in the constructs (Sekowski, 2021). The first factor, *concrete CB*, captures an inner and close contact with the deceased through conversations, taking the viewpoint of the deceased, actively searching for reminders of the deceased and a motivation to fulfil past wishes of the deceased. The second factor, *symbolic CB*, represents a more distant connection to the deceased through engaging with memories, thinking about the positive influences the bereaved had and talking with others about the deceased. The investigator found that a more distant, symbolic bond with the deceased fosters adaption after the death of a beloved person, whereas a proximate bond with the deceased preserved grief reactions.

Quantitative studies only partly support that a continuing bond with the deceased positively affects the resolution of grief (Black et al., 2020; Field & Filanovsky, 2009; Gassin & Lengel, 2004; Ho et al., 2013; Sekowski, 2021). They support the idea that bereaved persons, who have difficulties in coping with the loss, need to ease their connection to the lost person and transform it in a way, which enables them to move on with life (Rothaupt & Becker, 2007; Stroebe & Schut, 2010). The findings suggest that this could be achieved by a transformation from a close to a more distant bond to the deceased (Sekowski, 2021).

Critique on the Quantitative View of Continuing Bonds. Many researchers criticised that quantitative research has contributed to a narrow and oversimplified view on CBs (Hayes & Leudar, 2016; Klass & Steffen, 2017; Root & Exline, 2014). Hayes & Leudar (2016) argued that investigating CBs without elaborated knowledge of the biography of the bereaved person and the relationship to the deceased must necessarily lead to interpret them as pathological and meaningless. They accentuated that engaging in CB is a complex, individual process of meaning-making. In their biographical interviews with 17 bereaved persons, 12 participants reported that a bond to the deceased persons helped them to solve problems. In contrast, some of the bereaved persons experienced burdensome ongoing relationships. However, all CBs were continuations of some aspects of the past relationship to the deceased. They concluded that the way grievers attribute meaning to the ongoing relationship determines whether CBs contribute to psychopathology or benefit the resolution of grief (Hayes & Leudar, 2016).

In a qualitative study with 20 bereaved persons, participants reported that their motivation to talk with the deceased was to stay in touch with the memories of the past relationship. Most of the bereaved reported that they receive verbal answers from the deceased when talking with them, which were in line with the former opinions of the deceased. Sometimes, these answers were sentences which the person said, when he/she was still alive (DeGroot, 2018). All participants noted that their conversations were positive and helpful for coping with daily emotions, emotions of the past relationship and for resolving unresolved issues with the deceased.

In a qualitative study addressing six widowers, who experienced an ongoing presence of their dead partner, five widowers found their experiences positive and meaningful. Most of them recognized their experiences as illusion of the mind or as a sign

that the bereaved person is living in another world separated from their reality (Troyer, 2014).

Thus, qualitative studies often contrast the view, that CBs are related to psychopathology and indicate denial of the reality of the death (Field & Filanowsky, 2009; Prigerson et al., 2009).

The dual process model of coping with bereavement provides an understanding of the grieving process based on empirical knowledge and has also incorporated CBs as an important aspect of grieving (Stroebe & Schut, 1999, 2010). It is illustrated in the next section.

The Dual Process Model of Coping With Bereavement

The dual process model of coping with bereavement (DPM; Stroebe & Schut, 1999, 2010) provides an understanding how bereaved persons cope with the loss of their partner. Coping with bereavement "refers to processes, strategies, or styles of managing (reducing, mastering, tolerating) the situation in which bereavement places the individual" (Stroebe & Schut, 2010, p.274). The model provides a framework for understanding how bereaved persons actively shape their grieving process through making different coping efforts.

The DPM postulates that bereaved persons deal with stressors related to the loss of the person (*loss-oriented coping* [LO]) and with secondary stressors related to adjustment to a world without the deceased (*restoration-oriented coping* [RO]).

LO involves effortful and constant thinking about the deceased and dealing with the emotions resulting from the death of the close person. LO serves to work towards detachment and to establish an ongoing relationship to the deceased. Thus, it integrates the notion of grief work (Freud, 1917) with the more recent notion of a continuing bond to the deceased partner (Stroebe & Schut, 1999, 2010).

RO goes beyond cognitive and emotional involvement with the deceased partner and comprises the various changes which bereaved partners must make to establish a new life without the deceased. RO refers to coping with the stressors associated with reorganizing life without the deceased (Stroebe & Schut, 1999, 2010).

The DPM postulates that bereaved individuals will either focus on confrontation with the loss of the deceased person and work towards establishment of an ongoing relationship to the deceased (LO) or concentrate on establishing a new life (RO).

Restoration-Oriented Coping: The Reorganization of Life After Partner Bereavement. The DPM postulates that bereaved persons must *attend to live changes* in order to reorganize life after the loss of the partner. For example, it could be necessary to arrange relocation, earn an income, or sell the own car as a result of the loss (Stroebe & Schut, 2016). Dealing with those stressors which indirectly result from the death of the partner can be challenging for bereaved persons (Stroebe & Schut, 1999, 2010).

In addition, the DPM states, that *developing new relationships* is an important aspect of establishing a life without the deceased. While in the model "new" is meant literally (Stroebe & Schut, 1999, 2010), other investigations also addressed changes in established relationships which results from the death of the partner as *new relationships* (Richardson, 2010; Souza, 2017). In this work, the term *new relationships* is understood as entering new relationships and meeting changes in established relationships.

Further, dealing with the tasks which have been the responsibility of the deceased partner (e.g., cooking, maintaining the household) is an important stressor after the death of the partner (Stroebe & Schut, 1999, 2010). Bereaved persons differ in their abilities to deal with different daily demands as they performed some tasks in the household and relied on the partner for other tasks (Bennett, Stenhoff et al., 2010; Carr, 2004).

Empirical research showed that responsibilities of partners, who share a common household, are frequently divided according to gender (Bennett, Stenhoff et al., 2010; Carr, 2004; Carr et al., 2000). These studies found that widows often lack abilities in dealing with finances and repairing things, while widowers frequently lack abilities in cooking and other homemaking tasks. Especially having to deal with new things, which were previously the responsibility of the deceased was found to be a source of distress in widowhood (Bennett, Stenhoff et al., 2010; Carr, 2004; Stroebe & Schut, 1999).

Thus, distress in daily life of bereaved persons can for example be related to caring about the own health and social needs, nutrition, cleaning, maintaining the household and car, dealing with finances, insurances and legal matters or protection from scams (Caserta et al., 2016; Lund et al., 2010).

Further, the DPM considers that changes in views about the self and views about the self in relation to the former role as the wife/husband of someone must be made to reorganize the life after the loss of the partner (Bennett, 2010; Stroebe & Schut, 1999). The model address this with the term *identity change*. The DPM offers no further understanding

of identity change after bereavement (Stroebe & Schut, 1999, 2010). The next chapter addresses this topic.

Restoration-Oriented Coping: Identity Change After Partner Bereavement. Several researchers have addressed changes in identity after bereavement.

Bennett, Hughes and Smith (2003) and Bennett (2007, 2010) investigated identity change under the aspect of gender. They found that widows reconstruct their identities as a single person (wife), as the wife of their dead husband (widow) and as both, wife and widow at the same time (wife/widow) (Bennett, 2010). In contrast, they found that widowers reconstruct their identities predominantly to fit views of hegemonic masculinity (Bennett, 2007; Bennett et al., 2003). The investigators showed that men reconstruct their identities in accordance with ideals of a "strong" man, which includes being in control, showing excessive self-reliance and denying emotional vulnerability. The investigators concluded that to reconstruct identity under such demands hinders successful coping with the loss of the partner.

Montpetit et al. (2006, 2010) investigated how the identity of bereaved persons is related to coping from one month to two years after bereavement. They found that the own identity, operationalized as confidence in dealing effectively with demands of the environment (environmental mastery), believing to experience positive things in life (optimism) and holding positive attitudes about the self (self-esteem) protects against grief and depressiveness. Increases in identity over the course of two years after bereavement were associated with reductions of grief reactions and depressiveness and their duration. Further, the investigators found that experiencing success in dealing with daily demands is especially important for reducing depressive symptoms and symptoms of grief between four and 20 months after bereavement.

Other researchers hypothesized that dealing with daily demands and, especially, the acquisition of the bereaved`s responsibilities are important for developing a new identity (Davies et al., 2016; Utz et al., 2004).

Widowers and widows in qualitative interviews described their changed/new identity as a feeling that the death of the former partner has substantially changed the self (Bennett, 2010; Bennett, Gibbons, & Mackenzie-Smith, 2010). Changes in self after bereavement comprise discovering new personal strengths and new interests, enjoying the

freedom of being a separate individuum and can enhance positive views of the self and self-esteem (Dutton & Zisook, 2004).

The Course of the Grieving Process: Adaptive and Maladaptive Coping in the DPM. The DPM postulates that bereaved individuals will either focus on confrontation with the loss of the deceased and work towards establishment of an ongoing relationship to the deceased (LO) or concentrate on establishing a new life (RO). In daily life, bereaved persons oscillate from situation to situation between the two kinds of coping depending on own needs and external requirements (Stroebe & Schut, 1999, 2010).

Further, the model postulates that oscillation between RO and LO lead to resolution of grief and is thus adaptive coping. In contrast, maladaptive coping consists of overoccupation with the deceased (LO) and a neglect of RO (Stroebe & Schut, 1999, 2010). Overoccupation with the deceased is a central component in the definition of pathologic grief in the work of Prigerson et al. (2009), which was used for developing the diagnostic criteria for prolonged grief disorder in the ICD-11 (World Health Organization, 2019). Thus, the DPM states that the development of prolonged grief disorder can be understood as a "loss orientation syndrome" (Stroebe & Schut, 1999, p.217) which consists of constant engagement with LO and avoidance of RO (Stroebe & Schut, 1999, 2010).

Several studies investigated the role of LO and RO after the death of the partner. (Bennett et al., 2010; Caserta & Lund, 2007; Caserta et al., 2014, 2016; Lund et al., 2010; Nam, 2017; Richardson, 2006).

Various of these studies (Caserta & Lund, 2007; Caserta et al., 2014, 2016; Lund et al., 2010) found that in the first months after bereavement, bereaved persons spend more time engaging with the deceased and working through the different emotions involved in grieving (LO) than later in bereavement. LO wanes during the process and the bereaved person attends more and more to daily-needs and requirements, like establishing new tasks and routines, socializing, developing a new identity and reorganizing life (RO).

Investigators found that concentration on LO and neglect of RO beyond six months after bereavement is negatively associated with well-being (Richardson, 2006) and with greater levels of grief, depression and loneliness (Caserta & Lund, 2007). Accordingly, bereaved persons, who showed low RO beyond 6 months after the death of the partner, also showed higher levels of grief, depression and loneliness compared to bereaved

high in RO (Caserta & Lund, 2007). Also, another study reported that bereaved persons who showed avoidance of RO adjusted less well than bereaved who engaged in RO (Bennett, Gibbons, & Mackenzie-Smith, 2010). Furthermore, bereaved who received an intervention which promotes RO showed high reductions in grief symptoms after the intervention (Nam, 2017).

For example, engaging in hobbies and interactions with friends (RO) increased well-being for bereaved persons six months after the death (Richardson, 2006). The investigators related frequent social contacts with reductions in negative affect for early bereaved (12-14month) and gains in positive affect and wellbeing for later bereaved (>14 months) (Richardson & Balaswamy, 2001).

Investigators related interpersonal dependency (Lobb et al., 2010) and high attachment anxiety (Stroebe et al., 2005, 2006) to overoccupation with the deceased partner (LO) and thus to the risk of developing long-lasting and intense grief reactions. Interpersonal dependency and attachment are illustrated in the subsequent sections.

Risk Factors for Developing Long-Lasting and Intense Grief Reactions

Interpersonal Dependency: Functional and Emotional Dependency

Conceptualizations of Interpersonal Dependency. Interpersonal dependency is an integral part of adult personality. It involves cognitions about the self and others which guide behaviour to form and maintain relationships where the own needs can be met (Bornstein et al., 2003; Hischfeld et al., 1977; Pincus & Gurtman, 1995). Theoretical considerations on interpersonal dependency have postulated different degrees and conceptualizations of interpersonal dependency which are considered more or less adaptive in different situations and environments (Bornstein, 2012). Conceptualizations of dependency differ in how persons relate to others and which needs they strive to fulfil in relationships to other people (Bornstein et al., 2003; Pincus & Gurtman, 1995).

Some investigators acknowledge an adaptive side of dependency (Bornstein et al., 2003; Pincus & Gurtman, 1995). A perception of the self as competent in fulfilling needs of closeness and intimacy in relationships without losing the own autonomy is the central aspect of adaptive dependency (Bornstein et al., 2003; Pincus & Gurtman, 1995). Adaptive dependent persons are able to seek help from others in an appropriate way. Out of a feeling

of trust, others are viewed as supportive and thus help seeking behaviour is directed at them when the own resources are exceeded.

Maladaptive forms of dependency are characterized as “the tendency to rely on other people for nurturance, guidance, protection, and support, even in situations where autonomous functioning is possible” (Bornstein, 2012, p. 292). Many researchers agree that the core of maladaptive dependency is the believe that the self is powerless without the guidance and support of a strong provider. Thus, the motivation driving dependent behaviours is to establish and maintain relationships to potential providers and to avoid caring alone for the self (Arntz, 2005; Bornstein et al., 2003; Gude et al., 2004, 2006; Pincus & Wilson, 2001).

Maladaptive dependency has been conceptualized as *destructive overdependency* (Bornstein et al., 2003) and *exploitable dependency* or *submissive dependency* (Pincus & Gurtman, 1995).

Persons who show destructive overdependency hold views as themselves as weak and powerless and rely extensively on help and support of others. Therefore, they are preoccupied with abandonment fears and display clinging behaviour to persons who serve as providers of help and support (e.g., their partner, friends) (Bornstein et al., 2003). They show a variety of behaviours to assure physical closeness to other persons, ranging from helpless self-presentation to generation of guilt in others to threats of self harm (Bornstein, 2012).

Persons high in exploitable dependency (Pincus & Gurtman, 1995) are mainly driven by their emotional needs to be accepted and appreciated by others. For achieving this, they subordinate their own needs to the needs of others with the intent to please others and to avoid potential conflicts with them. Persons high in submissive dependency relate to others mainly for receiving guidance and instrumental support for making decisions and solving problems out of a lack of self-confidence (Pincus & Gurtman, 1995).

Maladaptive dependency is empirically related to rely strongly on relationships for fulfilling emotional needs and for receiving care (Pincus & Wilson, 2001) and to reactions of anger when a provider of care is not available to fulfil those needs. Other investigations found maladaptive dependency to be modestly related to general levels of anxiety, depressiveness and somatization (Fiori et al., 2008; Haggerty et al., 2016) and negatively related to subjective well-being and life satisfaction (Bornstein et al., 2003).

Investigators found two factors accounting for 83% of the item`s common variance in a factor analytical investigation of 14 different questionnaires measuring dependency: *passive-submissive dependency* and *active emotional dependency* (Morgan & Clark, 2010). The main feature of passive-submissive dependency is a lack in self-confidence which results in submissiveness in social interactions and problems in making decisions without the support of others. Active emotional dependency captures emotional neediness in social interaction, the degree to which a person is dependent on the love and emotional support of others.

This factor structure was also supported by investigations on the structure of dependent personality disorder (DPD), as defined in *the diagnostic and statistical manual of mental disorders* (DSM-IV; APA, 1994). Investigators showed, that DPD mainly consists of two factors: The first factor, *functional dependency*, is the believe that the self is incompetent of functioning alone which results in a need for others to take responsibility and to make minor, everyday decisions (Arntz, 2005; Gude et al., 2004, 2006). This captures the notion of passive submissive dependency as defined by Morgan and Clark (2010). Also the second factor, *emotional dependency* (Arntz, 2005; Gude et al., 2004, 2006), resembles the results of Morgan and Clark (2010): It contains the emotional part of dependency, a strong need for an emotional connection to another person. A fear to be abandoned by others and feelings of loneliness and helplessness when being alone are central aspects of this factor (Arntz, 2005; Gude et al., 2004, 2006).

Emotional and Functional Dependency in the Context of Bereavement.

Interpersonal dependency is viewed as a risk factor for developing long-lasting and intense grief reactions (Lobb et al., 2010). Evidence that bereaved persons who need a lot of emotional support from others or from their partner are at risk to develop long-lasting grief reactions, comes from several investigations (Bonanno et al., 2002; Johnson et al., 2006, Robinaugh et al., 2014).

In an investigation with widowed adults over the age of 65, emotional dependency on others and emotional dependency on the former partner were both positively related to grief reactions at 6 and 18 months after bereavement (Bonanno et al., 2002). Furthermore, the investigators found a positive association of emotional dependency and emotional dependency on the partner with depressiveness.

Accordingly, another investigation found that in the first year after bereavement, older adults high in emotional and functional dependency showed stronger grief reactions compared to older adults with low dependency (Johnson et al., 2006). Furthermore, the researchers found that interpersonal dependency was related to a close relationship with the deceased partner, which in turn was associated with increased symptoms of grief and anxiety after the partner's death.

Also, other investigations (Carr et al., 2000; Smigelsky et al., 2020) related a close relationship to the deceased partner to increased symptoms of grief and anxiety, especially to strong yearning.

Robinaugh et al. (2014) used network analyses to specify relations of emotional dependency to symptoms of grief in persons bereaved by their partner. They found emotional dependency and emotional dependency on the former partner to be positively related to emotional pain, thoughts about the death, feeling disbelief or emotional numbness, diminished identity, loneliness and difficulties imagining the future. Some of these associations lasted from 6 to over 3 years after the death of the partner.

Furthermore, one study related dependency from the partner with a focus on the lost relationship instead of focusing on establishing a new life up to 3 years after bereavement (Denckla et al., 2015).

One investigation with middle-aged adults, who were interviewed 1,5 to 3 years after their partner died, failed to establish an association of emotional and functional dependency with symptoms of grief (Denckla et al., 2011).

Furthermore, various studies found a positive association between dependency and symptoms of depression after the death of the partner (Bonanno et al., 2002; Carr et al., 2000; Johnson et al., 2006).

In a qualitative study addressing functional dependency of widows (Bennett, Stenhoff et al., 2010), investigators illustrated that the main influence of functional dependency after the death of the partner is functional dependency before the death. Most of the widows remained functional dependent after the death of their husband. Some widows even became more dependent on others, because the stress of bereavement was associated with detriments in physiological health. Despite these finding, widows also learned new tasks on which they were dependent on their deceased husband, predominantly in the domain of managing finances and minor domestic repairs.

Carr et al. (2000) found dependency on the partner for male typed tasks (e.g., caring about finances, domestic repairs), but not for homemaking tasks (e.g., cooking, cleaning) to be related to elevated levels of anxiety after the death of the partner. They concluded, that dealing with daily tasks which were the responsibility of the deceased might be especially challenging in coping with bereavement which was also reported by another study (Johnson et al., 2006).

Empirical studies have found evidence that emotional and functional dependency are related to long-lasting and intense grief reactions after the death of the partner (Bonanno et al., 2002; Carr et al., 2000; Johnson et al., 2006, Robinaugh et al., 2014). No study has provided an understanding of the mechanism through which dependency on the partner preserves intense grief reactions.

Attachment in the Context of Bereavement

Research has linked attachment style to the way people mourn since Bowlby (1980). He considered that a history of inconsistent care and frustration of attachment-related needs in childhood (related to anxious attachment) is related to chronic and persistent grief following death of an attachment-figure. Furthermore, the consistent rejection of attachment-related needs by a caregiver in childhood (related to avoidant attachment) should manifest itself in absent or delayed grief reactions.

Adults with avoidant attachment styles tend to avoid deep emotional bonds in general, using suppression of emotions and their own attachment-related needs. They are likely to avoid getting upset about the loss and suppress bereavement-related feelings of sadness and anxiety (Delespaux et al., 2013; Stroebe et al., 2005).

Based on the traditional view that processing grief is a painful process, the bereavement-related suppression found in individuals high in avoidance is harmful and can lead to delayed grief reactions (Bowlby, 1980; Freud, 1917). Empirical studies mostly contradicted this view in providing evidence, that avoidant attachment style is associated with resiliency for developing long-lasting grief reactions (Delespaux et al., 2013, Fraley & Bonanno, 2004; Jerga et al., 2011). Only one study found evidence for a positive association of avoidant attachment with long-lasting grief reactions (Fraley & Bonanno, 2004).

In contrast, persons with high attachment anxiety often experience intense and overwhelming feelings regarding the death of an attachment figure and show difficulties in

moving on with their lives and in accepting the loss (Delespaux et al., 2013; Stroebe et al., 2005). Further, attachment anxiety has been associated to feelings of loneliness after the loss of the partner (van der Houwen et al., 2010).

Consistently, research has linked attachment anxiety with long-lasting and intense grief (Delespaux et al., 2013; Field & Sundin, 2001; Jerga et al., 2011; Wayment & Vierthaler, 2002) and long-lasting decrease in psychological well-being and physiological health after the death of a loved-one (Field & Sundin, 2001; Wayment & Vierthalter, 2002).

Corresponding to theoretical expectations that anxiously attached persons are strongly preoccupied with the deceased (Stroebe & Schut, 2010; Stroebe et al., 2005), high anxious attachment has repeatedly been linked with an intense continuing bond to the deceased. Investigators further related attachment anxiety to hallucinatory sensations of the deceased and the belief, that the deceased is still present in the external world. This way of continuing the bond to the deceased has been linked to intense and long-lasting grief symptoms until 3 years after bereavement (Black et al., 2020; Ho et al., 2013).

Some studies failed to produce this association (Field & Filanovsky, 2009; Gassin & Lengel, 2004). Notably, these studies included losses of parents, siblings, or friends in addition to loss of the partner, which were associated with less grief symptoms and continuing bonds compared to loss of a partner (Field & Filanovsky, 2009).

Furthermore, attachment anxiety was unrelated to a positive and supportive contact with the deceased in several empirical studies (Black et al., 2020; Field & Filanovsky, 2009; Gassin & Lengel, 2004; Ho et al., 2013).

In summary, investigations showed that attachment anxiety increases various grief reactions, especially the various feelings involved in grieving, loneliness, difficulties accepting the death and moving on with life. Further, it has negative impacts on physical health and is related to intense and maladaptive ways of continuing the past relationship to the partner. Thus, it is clearly associated with difficulties to resolve grief after the death of the partner.

Similarities and Differences Between Anxious Attachment and Emotional Dependency

Bowlby (1982) already illustrated that attachment and dependency are related but not similar constructs. He highlighted that although an infant might need others to fulfil his or her needs, which is captured by dependency, the infant doesn`t necessarily need to have

an emotional bond to that person. Further, dependency on others diminishes when growing up and reaching adulthood, while attachments to other persons continue throughout the life.

Also other investigators (Arntz, 2005; Livesley et al., 1990) noted that dependency is a pattern of relating to a broad range of different persons independent of how close the relationship to them is. Consequently, high dependency would also comprise behaviours which serve to achieve closeness and receiving help and support from strangers. In contrast, attachment would only comprise behaviours which are directed to specific and well-known persons.

Nevertheless, investigators have also applied measures of interpersonal dependency to measure specific dependency on the partner (Bonanno et al., 2002; Robinaugh et al., 2014). Thus, they acknowledge that even though dependency is a pattern of relating to a variety of different persons, it is also directed at the partner.

Especially emotional dependency is closely related to attachment anxiety in partner relationships. Attachment anxiety and emotional dependency are both related to a fear to be abandoned and a strong unfulfilled desire for emotional closeness in relationships (Arntz, 2005; Bornstein et al., 2003; Brennan et al., 1998; Collins & Read, 1990; Feeney et al., 1994; Gude et al., 2004, 2006; Hirschfeld et al., 1977; Pincus & Wilson, 2001; Simpson, 1990). Further, attachment anxiety (Delespaux et al., 2013; Field & Sundin, 2001; Jerga et al., 2011; Van der Houwen et al, 2010; Wayment & Vierthaler, 2002) and emotional dependency (Bonanno et al., 2002; Johnson et al., 2006, Robinaugh et al., 2014) are both related to intense and long-lasting grief reactions following the death of the partner. They both represent a negative model of the self, namely the perception that the self is powerless or worthless without the presence of others (Bornstein et al., 2003; Brennan et al., 1998).

Accordingly, Pincus and Wilson (2001) found that a great percentage of high emotional dependent persons also score high in attachment anxiety. Another investigation found interpersonal dependency to be moderately related to anxious attachment (Haggerty et al., 2016), even though measure of interpersonal dependency comprised functional and emotional dependency. Because functional dependency is more separated from attachment than emotional dependency (Arntz, 2005), measures of emotional dependency alone are expected to result in even higher correlations with attachment anxiety.

Accordingly, in this paper, emotional dependency is understood similarly to anxious attachment when directed towards the partner. But in addition to anxious attachment, emotional dependency is also a pattern of relating to a variety of other persons, like friends and strangers.

Aim of the Research and Research Questions

Studies from Australia, the United States and England (Breen, 2010; Ober et al., 2012; Payne et al., 2002) showed that grief counsellors rely on stage models of grieving and on assumptions that their clients must do grief work to resolve their loss. Researchers illustrated that these concepts do not adequately represent the grieving process of bereaved persons and are potentially harmful for the resolution of grief (e.g., Corr, 2013; Stroebe et al., 2017).

No study in Austria investigated grief counsellors' understanding of the grieving process. Because the state-licensed apprenticeship as grief counsellor in Austria approves high educational standards and follows the principles of empirical based education, it was expected that they would be more educated than grief counsellors from other countries (Breen, 2010; Ober et al., 2012; Payne et al., 2002). Thus, evidence lacked which concepts they would use to understand the grieving process of their clients. Thus, qualitative interviews were chosen to explore the subject.

It was suggested that grief counsellors would address continuing bonds and aspects of the DPM (e.g., identity change, new relationships, reorganization of life post-loss) because they represent recent state of research. Thus, the aim of the research was to get an impression which concepts grief counsellors use for understanding the grieving process and if the DPM adequately represents the experiences of grief counsellors.

Furthermore, dependency on the former partner was addressed in this work. Emotional and functional dependency on the former partner were associated to intense and long-lasting grief reactions in various studies. But an understanding of the processes which are involved in the preservation of grief reactions is still missing. Thus, another aim of this work was to reveal the mechanisms through which dependency preserves grief reactions.

Based on these thoughts, the research questions are:

1) How do grief counsellors understand the grieving process of bereaved partners?
2) How do emotional and functional dependency on the former partner preserve grief reactions?

Method

Research Design

Eight semi-structured interviews with experts in the field of partner bereavement were conducted in two major cities of Austria, Vienna and Graz. Experts were identified using online research. Data was analysed using thematic qualitative text analysis according to Kuckartz (2016). This is a reliable method for analysing semi-structured interviews because it integrates deductive and inductive methods to construct categories.

On the one hand, the interview was guided by preconceived questions derived from scientific literature. On the other hand, spontaneous explorative questions were asked, especially when grief counsellor`s addressed topis which are part of the DPM (e.g., continuing bonds, identity change, social relationships). So, findings were thought to emerge from preliminary theoretical considerations, but also out of the experts' illustrations and prioritizations of topics.

Recruitment of Interview Partners

An internet research was carried out to identify potential interview partners in the city of Vienna, using terms like "grief counselling Vienna", "grief therapy Vienna" and "support during grieving". The aim was to include only persons with high expertise in the field of partner bereavement. Persons were included if they worked predominantly with bereaved persons, had an apprenticeship as grief counsellor or an advanced training in working with bereaved persons. Persons were excluded if they worked only sometimes or coincidentally with bereaved persons or if they worked predominantly with mourning parents, children, persons bereaved by suicide or other traumatic causes of death.

Further, it was searched for contributions of potential interview partners in Austrian newspapers like "Der Standard", "Die Presse" and "Der Kurier" or at public lectures and

seminars addressing bereavement to verify their status as experts in the field of bereavement.

The research yielded six persons in Vienna, five of them were known in public for their expertise, the remaining person was part of a well-known association supporting bereaved persons. One additional interview partner was contacted in Vienna (B8) because an interview partner recommended him as working a lot with bereaved persons and as having a lot of experience. Another internet research was conducted for the metropolitan area of Graz to recruit more participants. Graz is the second biggest city in Austria with about 300 000 inhabitants. This research yielded another two persons which were contacted. Thus, in total nine persons were contacted.

Potential interview partners were contacted via telephone or email. Short information about the interview was given. All nine persons agreed to participate. Before conducting the interview, participants were informed about the study and the use, analysis and anonymisation of their data following the European *General Data Protection Regulation*. All participants gave their informed consent.

Anonymisation of the data included that interview partners were given numbers instead of their names and that recordings of the interviews were deleted after transcription. Additionally, all information which could potentially reveal the identity of interview partners or their clients was masked in the transcripts.

Data from one interview partner in Graz was excluded from analysis, because the person was not able to concentrate on the interview and to answer the questions. Because of her very high age (81 years), the person was already retired for one year. This resulted in a final sample of eight interview partners with seven being recruited in Vienna and one in Graz. Characteristics of interview partners are displayed in Table 1. Data collection was terminated because no other expert could be identified who fulfil inclusion criteria in the two major cities of Austria. Recruitment took place in two phases. Four interviews were conducted from December 2020 until January 2021 and four interviews in March and April 2021.

Table 1
Characteristics of Interview Partners

Participant	Gender	Interview duration in min	Conduction of interview	Profession	Professional experience in years
B1	Female	65	Personal	Psychotherapist	13
B2	Female	56	Online	-	-
B3	Male	68	Personal	Psychological counsellor	6
B4	Female	53	Online	Social worker	12
B5	Female	40	Online	Psychotherapist	22
B6	Female	43	Online	Counsellor	8
B7	Female	61	Online	Psychotherapist	33
B8	Male	42	Online	Psychotherapist	21

Construction of Interview-Guide and Conduction of Interviews

An interview guide was constructed to structure the interviews. Three main topics were addressed through main questions in the interview guide to answer the research questions (see Appendix A for the interview guide). Addressing three main topics was expected to be adequate for an interview duration of one hour and was expected to leave enough time for further explorations (Bogner, 2014). For each main topic, one to three main questions are deemed as an appropriate preparation.

Main questions of the topics were developed considering the scientific knowledge in the theoretical section of the master thesis. Questions concerning the grieving process were constructed as very broad questions due to lack of elaborated knowledge how grief counsellors conceptualize the grieving process of their clients (Breen, 2010; Ober et al., 2012). The questions on emotional dependency were constructed based on several studies which have predominantly related the construct to a fear to be abandoned by other persons and a strong unfulfilled desire for emotional closeness (Arntz, 2005; Bornstein et al., 2003; Brennan et al., 1998; Collins & Read, 1990; Feeney et al., 1994; Gude et al., 2004, 2006; Hirschfeld et al., 1977; Pincus & Wilson, 2001; Simpson, 1990). Questions about functional dependency were formulated due to various studies, which related functional dependency to problems to take responsibilities of the partner and difficulties in making decisions in daily-live (Arntz, 2005; Gude et al., 2004, 2006; Hirschfeld et al., 1977; Morgan & Clark, 2010; Pincus & Wilson, 2001).

Main questions were constructed to allow grief counsellors to express their own understanding how their clients cope with the loss and to express if and how emotional and functional dependency influence the coping process. This fulfils the quality standards for interview questions of *range* and *specificity* (Gläser & Laudel, 2010). Further, on the one hand, spontaneous questions during the interviews were formulated for in-depth exploration of grief counsellors' statements (principle of *directed spontaneity*). On the other hand, the research questions were addressed through further spontaneous questions throughout the whole interview process (principle of *permanent spontaneous operationalization*).

Six out of eight semi-structured interviews were conducted online, using the video conference software *Zoom*. Conversations were audio recorded using the record function of the video conference software. Two Interviews were conducted at the workplace of grief counsellors. In these cases, interviews were recorded using the audio record software of a mobile phone. Duration of interviews ranged from 40 to 68 minutes, with a mean duration of 53.5 minutes.

Transcription and Data Analysis

Audio recordings were transferred in written language based on the rules for transcriptions for computer assisted analysis from Kuckartz (2016) (see Appendix B for description of transcription rules). Grief counsellors were administered a code which reflects the moment of data collection (e.g., the first interview partner was termed B1, the second B2, and so forth).

Transcripts were analysed using the stages for thematic analysis from Kuckartz (2016) with the computer software *MAXQDA 2020* (VERBI Software, 2019).

First, the written transcripts were read carefully, and memos and case summaries were written. Memos were used for marking information about associations between categories and to register emerging ideas and hypotheses. Information which could not directly be related to deductive main categories in the first step but seemed important were also noted as memos. Thus, memos were also used as a precursor of inductively generated categories. For each grief counsellor, a separate case summary was written (see Appendix C for case summaries) which summarizes central statements of that counsellor concerning each main category and side information concerning additional content or use of language.

In the following step, text passages were broadly assigned deductively to the three main categories: grieving process, functional dependency and emotional dependency. The main categories were permanently refined and differentiated from other main categories throughout the whole interview process.

After the first four interviews, all segments which were coded under the same main category were gathered in a table using the software *Microsoft Excel*. Subcategories were derived inductively from the segments using the method of *focused summarization* (Kuckartz, 2016). In a first step, the content of the segments was summarized and entered in the column next to the segment. In a second step, subcategories were formulated out of summarizations and entered in the next column. This method ensures that subcategories emerge in close relation to the segments and warrants high transparency.

In the following interviews, segments were added to the according main category table and subcategories were added or further refined. All interviews were coded a second time with the differentiated category system and new segments were further added to the tables. Finally, tables were used for analysis and for presenting the findings.

Questions Which Emerged During Data-Collection

Grief counsellors addressed topics which are or could be understood as important topics in the DPM and thus further question were repeatedly asked to gain insights in these topics.

The first three interview partners addressed personal changes and changes in identity after the loss. This was interpreted as being similar to the understanding of *identity change* in the DPM. As grief counsellors mentioned identity change in the context of dependency to the partner, I hypothesized that it would be important for answering the second research question. I registered this as a memo. To address my understanding of identity change, I included the following question in the subsequent interviews:
What is your experience, do persons who have lost their partner experience strong personal changes after the loss?

Because the first three grief counsellors also discussed how grievers continue the relationships to the deceased, continuing bonds was further explored in the subsequent interviews, as it is also part of the DPM. The following question was asked:
How do grievers who have lost their partners continue the relationship to the deceased?

To gain further insights into how grief counsellors relate identity change and continuing bonds to dependency, it was asked if they noticed differences in use of continuing bonds or experience of identity change between different kind of grievers.

In the last four interviews (B5, B6, B7, B8), I asked grief counsellors how the death of a dominant partner influences the grieving process. With this question, I intended to extend findings on functional dependency. I came to the idea because B1, B3 and B4 used the term dominant for describing functional dependent relationships.

How the Background of the Researcher Might Have Influenced Findings

The researcher made an apprenticeship as grief counsellor in 2017. Theories of grieving and the grief work hypothesis of Freud were part of the apprenticeship. Thus, they were deemed as relevant for the theoretical part of the master thesis, and it was suggested that grief counsellors will refer to them when talking about their understanding of the grieving process. Thus, the background of the researcher influenced the theoretical structure of this thesis and led to expectations how grief counsellors will shape their experiences with their clients.

In the interviews, the researcher presented himself as a professional in the field of bereavement, because this was expected to produce the best findings. It was evident in the interviews that this was successful, because interview partners started from the premise that the researcher is familiar with conceptualizations of the grieving process. This might have led to limited findings, because grief counsellors gave sometimes only brief illustrations of their general understanding of the grieving process.

Results

In total, six main categories were built to answer the research questions. For answering the first research question, how grief counsellors understand the grieving process of bereaved partners, four main categories were built: *grieving process*, *continuing bonds*, *social relationships* and *identity change*. The main categories *functional dependency* and *emotional dependency* were built to answer the second research question, how functional and emotional dependency preserve grief reactions.

Main Category Grieving Process (G)

This category comprises grief counsellors` general understanding of the grieving process. Four subcategories were constructed for this main category: *conceptualization of the grieving process*, *course of the grieving process*, *goal of the grieving process* and *individuality of the grieving process*.

G1. Conceptualization of the Grieving Process

Grief counsellors addressed different concepts or abstract ideas which they use to generally understand the grieving process of their clients.

Most of the grief counsellors considered the regulation of feelings as central in the process. Grief counsellors highlighted that the process of grieving involves processing a variety of different feelings (B3, B5, B6, B7). Most of the counsellors stated, that in particular anger is part of the process (B1, B2, B6, B7). B3 named sadness, emptiness, despair, powerlessness and guilt as important aspects of grieving while others stated that grief consists of a "broad range of emotions" (B6, 6) and of "all possible feelings" (B7, 4). B5 and B7 accentuated that emotional states of grievers change very quickly and don`t follow a certain order.

Various grief counsellors (B1, B3, B5, B6) referred to stage models of grieving. Only B1 acknowledged grief happening in stages, in stating: "the stages of grief exist" (B1, 37) and in talking almost exclusively of phases in her understanding of grief. B6 talked about anger as a stage in grieving, but also stated that these are just "stages for orientation" (B6, 4). B3 and B5 talked about the use of stage concepts in the work with their clients. They both noted that these concepts can promote an understanding which range of reactions are normal in the process of grieving. B3 stated that although stage models are clearly outdated, they can provide some orientation for clients, when stages are not understood as happening in a certain order or an obligation.

B3 and B8 accentuated the formation of an ongoing relationship in the process of grieving. They highlighted the importance of confrontation with the loss on the one hand, and the establishment of an ongoing relationship on the other hand. B3 described this with the metaphor of a river:

> On the one side we have, well the shore of pain, and on the other side we have (.) we have the shore of relationship, of love. The bereaved is on that river and must

> not do anything else than, not anything else (unvst.) than (.) being on this side once in a while, so confrontation with the pain (.), the crying, accept the pain, working through the pain, but at the same time also move on the other side of the river again. That is to say in the direction of relationship, new relationship, love to the beloved person, because this continues anyhow. (B3, 6)

Two grief counsellors (B2, B3) stated that fulfilling certain tasks is important in the process of grieving in referring to the task model of Worden (2009). Both counsellors named different tasks from his model as important in the process. B2 named the task "to adopt to a world without the deceased" (B2, 37) and stated, that bereaved persons have to "fulfil certain tasks (…) [which] come somehow from the inside [of the bereaved person]" (B2, 33). B3 talked about finding a place for the bereaved in a world where he or she is missing in the context of the task model of Worden.

G2. Course of the Grieving Process

Six of eight grief counsellors referred to the process of grieving as a process starting with a time of shock, where the death of the deceased is not yet realized. Grief counsellors reported a duration of the time of shock of 3 months (B1), several months (B2, B3), or 3 to 6 months (B3), using words like "a time of rigidity" (B3, 10a) and a time "of surviving" (B4, 9a). This is illustrated by B6:

> You can imagine it like that: you cut your finger (.) and in the first moment you may feel the pain only very briefly and at that time it does not even bleed. There is a short stagnation, then bleeding and pain start. And in mourning it is alike, it is like a defensive mechanism, that you don`t perceive it (.), that the message is so awful, that you don`t want to realize it either. That you immediately deny it inside of you and think: No, that cannot be, I don`t want that, that cannot be. (B6, 4)

Most of grief counsellors referred to the time after the shock as a time of realisation and engagement with the loss (B1, B2, B3, B4).

In the process after the shock, five grief counsellors referred to the first year after bereavement as particularly important for the process of grieving. Counsellors described that in the first year, each holiday, birthday, dying day and other special day in the annual cycle is experienced for the first time without the deceased. Counsellors reported that strong grief reactions are associated with these days (B1, B4, B5, B6, B8). B4 and B5

reported that the hope of bereaved persons that grief is getting better after the first year often meets with disappointment when strong grief reactions return on holidays which sometimes left them desperately.

Grief counsellors accentuated that grief reactions are strong on holidays, but they also noticed a reduction in grief after the first year of bereavement with greater reduction the more time passes (B1, B5, B6, B7).

Grief counsellors also addressed the question how much time the grieving process takes until it comes to an end. All five counsellors who addressed this issue stated that the process of grieving takes a lot of time. B3 stated that it takes "more than 3 to 5 years" (B3, 10b). B4, B6, B7 and B8 explicitly doubted, that the process terminates at some time. B4 stated that "it will always remain a piece of (…) melancholy (…) or this missing" (B4, 7a). B7 reported saying to her clients: "that will accompany you at the time of your life" (B7, 16), but highlighted that the impact of the loss on the ongoing life will decrease.

G3. Goal of the Grieving Process

Five counsellors illustrated their own view about a possible goal of the grieving process. B3, B4 and B5 stated, that the goal of the process is to establish a new life where happiness is possible again and where the lost person remains part of. An illustration of B5:

> And, and the more I understand what mourning includes and with what I must cope, the more (.) I can possibly say someday: I am grateful and happy for the times we had (.), and I keep on living. And he keeps on living in my heart, but I embark on something new. (B5, 50)

B7 talked about the integration of the loss in the own body and about accepting that the loss is part of the own past. B8 noted that it is important in the work with bereaved to acknowledge that grief means to work on imposed goals, which the bereaved has not chosen.

G4. Individuality of the Grieving Process

Despite various conceptualizations of the grieving process, six of eight grief counsellors accentuated that the duration of the process and the reactions following the death of a partner are very individual. B5 illustrated this:

> There is no rule coming from the outside, there is only individual mourning, not wrong or right. And on the contrary, I, I try to convey that to all mourning persons: Not to listen to the environment. Not to listen what must be done and when, but instead to go the own individual way, and trust that it is a good way, and accept all feelings in the process (...). (B5, 12)

Main Category Continuing Bonds (CB)

This category comprises grief counsellors` understanding of continuing bonds in the grieving process. Four subcategories were constructed for this main category: *connecting with the deceased*, *continuation of the bond*, *relinquishment of the bond* and *transformation of the bond*.

CB1. Connecting With the Deceased

Six of eight grief counsellors reported that their clients talk with their deceased partner. B1, B6, B8 accentuated that their clients really talk with the deceased partner, like he or she is still present, and that speaking does not just comprise inner talking. B1, B6 and B8 explicitly stated that they try to encourage this behaviour, for example in accentuating that speaking with the deceasesd is a normal and common phenomenon. Counsellors reported that grievers often talk to their deceased partner with a photo of the deceased or at places associated with the deceased.

Three grief counsellors (B2, B3, B8) reported that an important aspect of the contact with the deceased partner is to find a place where the contact continues. These places could be real places which were associated with the deceased, but also a place in the own body or inner world. All three counsellors mentioned a connection of their clients with their deceased partner through an existing place, like the own garden (B3), a place with a photo of the deceased (B8) or another place where the relationship took place (B2). B2 and B3 mentioned an inner relationship through feeling the presence of the deceased in the own heart or body. B8 and B3 also mentioned, that the deceased is sometimes located in the bereaved person`s imagination of an after world, guided by religious ideas.

Grief counsellors mentioned also other ways of connecting with the deceased partner, like through memories, visiting the graveyard or dreaming.

CB2. Continuation of the Bond

Six of eight grief counsellors reported that their clients continue some aspects of the previous relationship in their ongoing relationship with their deceased. The continuing aspects of the relationship could be both, a positive or burdensome experience. Four of six counsellors (B2, B3, B6, B8) reported that their clients experience their ongoing relationship with their deceased partners as helpful in coping with their loss.

Three of the counsellors illustrated that especially drawing on wishes and viewpoints which the deceased partner might have had for the grieving process of the bereaved could positively influence the process. An example from B3:

> What does the beloved person, who died, want for me? Does he want that I shatter because of losing him? (…) Does he want that I learn to live on without him? And (..) most of the time they [the bereaved partners] say anyhow: no, he wouldn`t have wanted that I shatter, too. No, he would want that I live now, that I, that I am happy. (B3, 36)

Drawing on the wishes of the deceased was furthermore important in the context of finding a new partner, as illustrated by the story of a client of B6:

> And he has already found a new partner in the first year, with whom he is happy. And he said: his wife would have wanted that, and it would have been the same the other way round, that she would have wanted that they keep on celebrating life, that they are happy and that they don`t grieve so long. (B6, 10)

Despite these positive aspects of the continuing bond, five grief counsellors also reported burdensome aspects of the continuing bond. Two counsellors (B2, B8) talked about feelings of guilt in the ongoing relationship. Further burdensome aspects included feelings of sadness (B2), pain (B2), anxiousness (B7), and anger (B4) in the ongoing relation with the deceased.

CB3. Relinquishment of the Bond

Five grief counsellors referred to the relinquishment of the bond, the believe which originated from the works of Freud (1917) that the bond to the deceased needs to be relinquished to be able to move on with life. Each of the five counsellors talked about relinquishing the bond as the opposite of continuing the bond. Continuing the bond was associated by all five counsellors with benefits for their clients, while relinquishment of the

bond was viewed as an obligation, which caused stress in their clients and opposition in grief counsellors.

B2 labelled the relinquishment of the bond an “order from the good-intended social environment” which “is indeed a threat to a lot of bereaved persons” (B2, 69a). Also B4 noted that the social environment often directs this notion to the bereaved and that “this [relinquishing the bond] is not the right thing to do” (B4, 27c). B4 directly refers the notion to Freud. B7 said that the obligation to relinquish the bond “leaves them [the bereaved] desperately, because nobody wants that” (B7, 20). B7 noted, that she often says to her clients: “you have to do a lot, but that [relinquishing the bond] in all cases, in all cases you don`t have to do it” (B7, 18).

Instead of relinquishing the bond, grief counsellors referred to a continuation and transformation of the bond.

CB4. Transformation of the Bond

Grief counsellors talked about helpful and burdensome aspects of the continuing bond. Seven of eight grief counsellors also addressed, how the past bond is transformed into an ongoing bond and how burdensome aspects of the bond can be transformed in the ongoing contact with the deceased.

Five counsellors (B3, B4, B5, B7, B8) spoke about the importance to acknowledge the enduring physical absence of the deceased which includes realizing that touching and real speaking with the deceased is no longer possible. At the same time, grief counsellors noted that the relationship continues in another, non-physical, form. This transformation process is illustrated by B3:

> Right, then I cannot touch him anymore [when the person died], and and and hug him and say: Ah, I love you, and so on. This, he stops, so we assume, that there is a VOID, yeah? (…) And (.) we must fill this void. And we fill it with a new relationship. And at this point we begin to develop a new sense, that is to say (.): how can the beloved person remain at my side (.) in this changed form? (B3, 8)

Six of eight counsellors placed occupation with the deceased in the centre of the transformation process (B2, B3, B5, B6, B7, B8). Some counsellors placed emphasis on the positive aspect of transformation, which serves to establish a “life (…) heading towards a good future” (B2, 69a) or “a relationship of grateful love” (B5, 50). Other counsellors

described the process of transformation in a more neutral way, like involving maintenance of some parts and relinquishing of other parts of the past relationship (B3, B4, B7, B8).

B3 and B8 accentuated that the transformation process is guided by questions, like "how can the person keep on playing a role in my life, too?" (B8, 4) and "what has really defined him [the deceased person]? What of that is allowed to stay further and most of all, how can it remain in life?" (B3, 8).

B5 described that a central aspect of occupation with the deceased is to transform the feelings in the past relationship to feelings concerning the new inner relationship.

Four of seven grief counsellors reported that the occupation with the deceased could promote reductions of burdensome aspects of the ongoing relationship. They stated that the ongoing relationship can help to resolve conflicts (B3, B6) and express unexpressed issues of the past relationship (B3, B6), with the possibility to release feelings of self-blame in contact with the deceased (B2, B6). Two counsellors highlighted that this could be achieved when a new understanding of the past relationship and forgiveness emerge from the occupation (B2, B3).

Main Category Social Relationships (S)

Grief counsellors addressed the role of social relationships in the grieving process. Two subcategories were constructed for this main category: *social support* and *barriers for social support*.

S1. Social Support

Three subcategories were created for social support: *organize grief consultation*, *offer occupation* and *care for emotional needs*.

S1.1 Organize Grief Consultation. Three grief counsellors (B1, B2, B5) addressed that social contacts are essential for bereaved persons for finding the way to grief counselling or therapy. B1 reported that social contacts urge grievers to contact a grief counsellor when needed. B1 further noted that fewer men than women seek help from a grief counsellor. B5 reported the story of a man who was forced to counselling by his son.

S1.2 Offer Occupation. Three grief counsellors (B1, B4, B7) highlighted that social relationships can facilitate coping with the loss when offering occupation for the bereaved.

B1 and B4 accentuated that caring for the own grandchildren can provide meaningful distraction from grief. Further, B4 and B7 reported that offerings of shared activities could also be helpful. Two counsellors addressed that these offerings are helpful after the initial period of bereavement. B4 stated that the need for tranquillity conflicts with offerings immediately after bereavement. B7 meant, that especially men are offered activities soon after bereavement, which can be helpful in coping.

S1.3 Care for Emotional Needs. Three grief counsellors (B3, B4, B6) addressed that social contacts are important to satisfy emotional needs of bereaved persons. B3 and B4 addressed, that talking and not being alone are important needs of bereaved persons. B4 noted that bereaved persons in particularly need somebody to share the pain of the loss and to express their feelings without receiving advices. B3 highlighted that fulfilment of needs in social relationships can provide energy for coping with the loss.

S2. Barriers for Social Support

Despite various statements that social relationships can support coping with the loss, six of eight grief counsellors reported barriers to benefit from social relationships. These were coded under *withdrawal and death*, *trivialization and judgement* and *concern to be a burden*.

S2.1 Withdrawal and Death. Four grief counsellors (B1, B2, B4, B6) reported that bereaved partners sometimes lack supportive social support, because the social environment withdraws from grievers. In case of older adults, grief counsellors reported missing friendships, because friends have already died. B2 and B6 addressed, that social contacts withdraw from grievers, because they want to avoid being confronted with the death of somebody or do not know how to deal with a bereaved person. An example of B6:

> That you really witness, they they detach, you are treated a bit like an alien for a time or generally. Well, there are many who say: Partner friendships have died, too. And this is twice bad (.), that also these people are lost, and they are lost because they (.) cannot get involved with that [the situation of the bereaved], or they are

> anxious themselves, or (.) um um (.), whatever, yeah? (.) And this is a great burden. (.) So how the social environment deals with grief, yeah? With the valuations and also with the own inability to face that. (B6, 38)

Furthermore, B1 noted, that persons withdraw from bereaved persons when they talk repeatedly and unalterably about their partner's death.

S2.2 Trivialization and Judgement. Some grief counsellors (B1, B5, B6, B7) stated, that social contacts sometimes trivialize the impact which the death of a partner has on the bereaved person or judge the grieving process of the bereaved person.

B1 and B5 reported, that trivialization promotes the bereaved persons' feeling not to be understood. This can lead to withdrawal of bereaved from their family and friends and promotes depressive feelings, as noted by B1.

B6 and B7 reported negative judgments concerning the grieving process of bereaved persons. B6 reported that social contacts avoid grieving persons in times when they are not feeling well and devaluate the past relationship with their deceased partner when grievers feeling well too soon after bereavement. B7 noted, that the own children sometimes negatively judge their bereaved parent when they get along with the loss too quickly.

Further, B7 noted that men are judged by the social environment as coping fast with a loss and therefore offered social participation quickly after the loss. B7 further noted, that this could hinder positive personal changes after bereavement.

S2.3 Concern to be a Burden. Two grief counsellors (B2, B4) reported that persons bereaved by their partner are concerned with being a burden to their family and friends, especially to their own children. B2 reported, that grievers are sometimes reluctant to seek help from their social contacts, because they fear to annoy them by talking always about the loss or their grief. Also B4 noted that the tendency to seek help from the own children is sometimes disturbed by the wish to protect them from additional burden and that this behaviour is associated with loneliness.

Main Category Identity Change (IC)

Grief counsellors addressed changes in personality, role models and personal views which emerged from the loss. Further, they reported positive changes in the life of

bereaved partners, which resulted from bereavement. Two subcategories were constructed for this main category: *understanding of identity change* and *identity change and emotional dependency*.

IC1. Understanding of Identity Change

On the one hand, grief counsellors provided a general understanding what they understand as identity change. On the other hand, grief counsellors addressed that grievers experience positive changes in their ongoing life which resulted from bereavement. B2 and B3 described identity change as a process "from the (.) spouse to a widow or from husband to widower" (B3, 32b), "so that a I (.) turns out of this We again" (B2, 59).

B7 highlighted, that the past partnership strengthened some aspects of the personality of the bereaved person, which either remain part of the identity after the death of the partner or are not carried on.

Five grief counsellors addressed positive changes in the ongoing life of the bereaved person which resulted from bereavement. Grief counsellors noted that bereavement can lead to a changed view on the own life (B2, B5, B8) including an orientation toward important or joyful things in life (B2, B4, B6, B8). Further, grief counsellors noted increased gratefulness and empathy (B2) and personal strength (B4) as a result of the loss.

B4 highlighted that in case of intense grief reactions, the loss can lead to an enduring loss of access to the own feelings.

B1 and B7 argued that positive personal changes following the loss comprise predominantly symbolic changes like changes in activities or the own physical appearance and do not include wide-ranging changes like changes of personality.

IC2. Identity Change and Emotional Dependency

On several occasions, grief counsellors addressed identity change in the context of emotional dependency. Three grief counsellors (B1, B3, B4) addressed that dependency on the former partner is associated with a greater need to make identity changes after the death of the partner.

B3 and B4 noted when the deceased partner dominated the relationship, it is difficult to refer to the own identity and needs, which could otherwise be a source of

strength and joy. B4 further noted, that this is the case, because the interests and habits from the former partner were simply been adopted without concerning the own needs.

B1, B6, and B7 further addressed, that to postpone the own needs and wishes during the relationship can lead to positive changes following the loss, because the own wishes and needs can be attended to after the death of the partner.

B5 addressed that a secure attachment supports making identity changes following the loss, while it is more difficult when insecurely attached to others.

Main Category Functional Dependency (FD)

Grief counsellors talked about the process of grieving when the bereaved partner depended on the deceased in practical areas, like for instrumental support, fulfilling certain household tasks, for making decisions or for providing daily structure. Four subcategories were constructed for this main category: *Distribution of responsibilities*, *helplessness*, *learning to take the responsibilities of the deceased partner* and *search for support*.

FD1. Distribution of Responsibilities

Half of grief counsellors (B1, B5, B6, B7) talked about a distribution of responsibilities in the partnerships of their clients. They described that responsibilities were distributed according to the gender of each partner. Some counsellors reported that men in relationships of their clients were responsible for repairing things at home (B1, B7) and for caring about finances (B6, B7). In contrast, they reported women to be typically responsible for dealing with homemaking tasks, like cooking (B1, B6, B7).

Three counsellors explicitly stated that a distribution in responsibilities in the partnership is a common phenomenon (B1, B5, B7).

FD2. Helplessness

Five counsellors (B1, B3, B5, B7, B8) related functional dependency to helplessness after the death of the partner. Two counsellors (B7, B8) talked about helplessness following the death of a partner who was responsible for making decisions in the partnership. Two counsellors referred to a distribution of tasks in the context of helplessness. B1 and B7 stated, that especially older men experience helplessness after the death of their wife,

because they are lacking skills in homemaking tasks. B7 also referred to older women being helpless in learning to take the responsibilities of their partner.

B3 illustrated how helplessness is caused by strong support of the deceased partner with the use of a metaphor:

> If that was a very supportive husband and he dies, then they feel naked and helpless, that`s the first reaction (..). You can imagine it like two trees standing in a park, close beside each other, having (.) branches against each other. Lightning strikes and it [one tree] is carted away, yeah? And the one tree remains alone and hasn`t any branches on this side (.), it is naked there. (B3, 14-16)

FD3. Learning to Take on the Responsibilities of the Deceased Partner

Seven of eight grief counsellors talked about the process of learning to take on the responsibilities of the deceased partner. On the one hand, grief counsellors stated, that it is difficult for bereaved partners to take on the responsibilities of the deceased partner. On the other hand, they state that taking the responsibilities could promote positive feelings and an experience of growth.

FD3.1 Learning as a Burden. B2, B4 and B7 reported that learning to do the tasks, which were the responsibility of the deceased, can be a great burden when grievers were functional dependent on their partner. B4 noted that the burden adds additional stress to the stress of having to process the pain of the loss. B7 an B2 stated that it is particularly difficult for older people to take on the responsibilities of the deceased. B1 and B5 highlighted that especially older men don`t learn homemaking tasks. Instead, they reported that older men quickly engage in the search of a new partner to avoid learning these tasks.

Three grief counsellors reported, that learning to make decisions is difficult, when the deceased partner guided the partnership. This is illustrated by B3:

> I have seen clients (.) where the partner (.) played a major role, he simple filled out several roles. He fills out several roles, he wasn`t just partner, he was the best advisor too, he was judge too, he was (.) whatever he was too, yeah? Um, and guidepost, um, yeah? (…) And there are quite a few clients (…) where it was very difficult for them, because they had simply such a dominant partner, one could say. Or where, where the partner has been the dominant part in the relationship. And a

> kind of leader too, um, so it is certainly more difficult for them and they must learn effortfully (.), um, to grow these branches, like I said before. (B3, 26)

B4 expressed that even when decisions were made together in the partnership and were not dominated by the deceased, making decisions on its own is difficult for the bereaved.

B3 an B5 both highlighted the role of the bereaved`s appraisal of the own ability in learning to take on the responsibilities of the partner. They stated that the appraisal of the own ability to learn the tasks guides decisions which tasks can be learned, and which should be delegated to other persons.

FD3.2 Learning as a Possibility for Growth. In contrast to statements that learning the responsibilities of the deceased partner is often perceived as a burden, three grief counsellors (B2, B4, B6) addressed that learning the responsibilities of the deceased can have positive effects for the bereaved person. B2 addressed these positive effects as a growth in self-confidence, B4 talked about experiencing strength and small successes; and B6 about the experience of growth.

B2 and B4 emphasized that small steps towards learning the responsibilities of the partner are essential to experience positive feelings and confidence in coping with the loss. B7 further explained, that these small successes prevent long-lasting feelings of helplessness.

B2 reported that a woman was very glad after she learnt to drive the new car of the deceased partner. B5 and B6 both reported that a female client of them learned to take the responsibility of the husband with the help of the husband while he was still alive but already terminally ill. Both clients experienced positive emotions as a result of successful learning.

FD4. Search for Support

While grief counsellors reported that bereaved partners learn to take on some responsibilities of the deceased, they also talked about organizing help and support to fulfil other responsibilities. Grief counsellors addressed three sources, where bereaved partners receive help and support: from social contacts, from contact with the deceased and from services.

Grief counsellors reported that receiving support from social contacts is important to prevent feelings of helplessness after the loss (B3, B8) and is important for dealing with the responsibilities of the deceased partner (B1, B3, B4, B8). When tasks or responsibilities of the deceased are not learnt, help can be provided by social contacts. In this context some grief counsellors addressed that the ability to demand help and to accept help is a central aspect of receiving help form others (B3, B4, B8). B3 illustrates the process of searching for support in the social environment:

> The husband, who worked in the garden and has repaired everything (…), which the wife never did. (..) She will not want to learn it, and she will not have the ability to, or she will not want it. Then she will, will maybe take care of one or two things, I say what is along her possibilities, is possible, so, what she wants. (…) But (.), um (.), treating the water pipes and winter-proof them (.), she doesn`t like that, she lacks ability to do that, and she doesn`t want to do it and so she doesn`t do it. ( … ) So, you have (.) probably to find someone, you will have to seek support, and that`s where it`s all about demanding, accepting, seeking help (.). It is a learning process, too, if I didn`t do that until now. (B3, 28)

Two grief counsellors spoke about the possibility to receive support in contact with memories of the deceased partner. B3 stated, that resources of the past relationship can be drawn upon in remembering what things the deceased person did. B5 further noted that tasks which the deceased did could be imitated when they are remembered. B8 reported that inner dialogues with the deceased are frequent, when the partner relied strongly on the support of the deceased.

B4 and B7 noted that when learning does not take place and when social support is not available, purchasing services is another possibility, which depends on the financial situation of the bereaved person.

Main Category Emotional Dependency (ED)

Grief counsellors addressed reliance on the partner for fulfilling emotional needs, like for being not alone or for receiving love and attention from the partner. Three subcategories were built for this category: *emotional dependency and grief reactions*, *engagement in the own needs* and *limited findings on fear of losing the partner*.

ED1. Emotional Dependency and Grief Reactions

Grief counsellors described an emotional dependent relationship as a relationship where the partner had a strong importance (B2, B8), where life was built around the partner relationship (B1, B2, B4), where the own life was given up for the partner (B3, B4), and where the partner was strongly needed to fulfil emotional needs (B5).

After the death of the partner, grief counsellors associated these relationships with loneliness and isolation (B1, B2, B4), difficult or intense grief reactions (B1, B3, B5), depressiveness (B1), anger (B1), feelings of relief (B1) and a wish to die (B8).

Seven of eight grief counsellors noted that unfulfilled wishes and needs in the past partnership affect reactions after bereavement. They related unfulfilled needs and wishes in the past relationship with anger (B2, B7, B8), dissatisfaction (B1, B7), feelings of relief (B4, B6), helplessness (B3), and depressiveness (B8) after the death of the partner.

Grief counsellors related a fear of losing the partner during the past relationship with strong grief reactions (B1, B5), loneliness (B1, B7), wish to die (B3, B8), fear of grief reactions (B3, B7) and depressiveness (B8) after the death of the partner.

B1, B2, B3 and B4 associated emotional dependency with loneliness after the death of the partner while simultaneously stating that social contacts are essential for coping with the loss. B1 noted that the longstanding habit of the presence of the partner and not doing things alone result in loneliness after the death of the partner. B2 and B4 addressed that loneliness results after the death when the partner relationship is of high importance, when life is oriented towards the partner and at the same time other social relationships are neglected.

ED2. Engagement in the own Needs

Six of eight grief counsellors addressed engaging in the own needs (B1, B3, B4, B5, B7, B8) in the context of emotional dependency.

Several grief counsellors noted that after bereavement, emotional dependent grievers experience difficulties with engaging in their own needs and with caring for them (B1, B4, B5, B7). Difficulties noted by grief counsellors were not having a feeling for the own needs (B4, B7), not facing the own dissatisfied needs (B5), not taking responsibility for the own dissatisfied needs (B1) and excessive demand from the own needs (B7). B1 meant that when the responsibility for caring for the unfulfilled needs was not taken during the

partnership, grievers would also do so after the death of their partner. B4 addressed that emotional dependency from the partner lead to a loss of the feeling for the own needs and how they could be fulfilled which persists after bereavement.

Grief counsellors gave different explanations why difficulties with engaging in and caring for the own needs persist after bereavement. Among them were constant complaining about and remaining dissatisfied (B1), remaining in anxiousness and helplessness (B7), distraction with television, alcohol or a new dependent relationship (B5), and a strong motivation to fulfil the past wishes of the deceased (B5).

In contrast to not caring about the own needs, grief counsellors expressed that engaging and caring about the own needs is a foundation for experiencing positive feelings (B3, B4) and reducing anxiousness and helplessness after bereavement (B3, B7).

B7 and B8 further addressed that engaging in the own needs could provide insight that the unfulfilled needs of the past relationship are related with needs from the own childhood. They stated that this could lead to a new understanding of the past relationship (B7, B8), an understanding of the own grief reactions (B8) and reduce anger and promote gratefulness to the deceased (B7).

ED3. Lack of Information About Fear of Losing the Partner

Findings provided limited insight how the fear of losing the partner affects grief reactions and preserve them. Some grief counsellors could not provide information on the topic.

B2 and B4 reported that they haven`t heard about a fear of losing the partner, because they meet grievers only after the death of their partner, where the fear is no longer present. B3 and B7 could make some associations of fear of losing the partner to grief reactions after bereavement. But they also reported that the fear is no longer present after bereavement and thus it is difficult to associate it with grief reactions.

Instead, many grief counsellors associated the fear of losing the partner during the relationship with previous unprocessed bereavement experiences (B3, B4, B5, B6), mainly during the childhood of grievers (B3, B4, B5). Grief counsellors also related a fear of losing the partner to long illness before the death (B2, B5, B8).

Discussion

This master thesis addressed the question of how grief counsellors understand the grieving process of their clients and how emotional and functional dependency preserve grief reactions. Grief counsellors illustrated their global understanding of the grieving process, addressed continuing bonds, social relationships and identity change. Further, they provided an understanding of how emotional and functional dependency influence and preserve grief reactions.

Discussion of Findings in Scientific Context

Grief counsellors interviewed for this master were not found to use stage models for conceptualizing grief of their clients, in contrast to studies with grief counsellors from other countries (Breen, 2010; Ober et al., 2012; Payne et al., 2002). Instead, most of the counsellors described grieving as an individual process in which very different emotions must be dealt with, without any specific succession or order. Grief counsellors highlighted that grief is particularly strong in the first year after bereavement and especially on holidays, birthdays and death-days. This contrasts the view that the grieving process proceeds in stages.

Most of the counsellors referred to a time of shock after the death of the partner and highlighted the emotion of anger in the process. This could be interpreted as a leftover from an understanding of grief in stages, because very popular stage theories incorporated anger and shock as stages (e.g., the model of Kübler-Ross, Verena Kast).

Two counsellors understood the process of grieving as a process of dealing with important tasks in accordance with Worden (2009), while two counsellors understood continuing bonds as particularly important in grieving. Thus, seven of eight grief counsellors clearly understood the process of grieving in contrast to stage models of grieving, which have been criticized by researchers for their harmful potential for grievers (Stroebe et al., 2017).

Further, grief counsellors addressed the notion of grief work (Freud, 1917) that adaptive grieving consists of resolution of the bond to the deceased (e.g., Bowlby, 1980; Kübler-Ross, 1969). All grief counsellors which addressed resolution of the bond, talked about it as an obligation which contrasts the needs of bereaved partners. Some

accentuated, that this obligation adds additional burden to the stressful situation of bereaved partners.

In addition, five of six grief counsellors who addressed the adaptiveness of continuing bonds perceived it as a helpful strategy for resolving grief. This contrasts the view that resolution of the bond to the deceased is adaptive for resolving grief. Also several researchers opposed this view (Bonanno & Kaltman, 199; Stroebe et al., 2017; Worden, 2009).

Grief counsellors further emphasized that burdensome aspects of the past relationship like anger, guilt, conflicts and unresolved issues can be resolved in the ongoing relationship with the deceased. Furthermore, they stated that positive viewpoints which the deceased might have had for the ongoing life of the bereaved partner could be drawn upon. Grief counsellors noted, that this can promote resolution of grief, experiences of happiness or the search for a new partner.

These adaptive aspects of continuing the bond to the deceased were also found in qualitative research with bereaved persons (e.g., in DeGroot, 2018; Hayes & Leudar, 2016; Klass & Steffen, 2017; Troyer, 2014) or in qualitative research addressing grief counsellors (Sanger, 2009).

Despite these adaptive aspects of continuing bonds, grief counsellors also addressed burdensome aspects of the continuing bond like feelings of guilt, pain, sadness, anxiousness and anger in the ongoing relationship. Various quantitative studies have also associated these feelings with continuing the bond to the deceased. Therefore, they often concluded that continuing the bond to the deceased is a maladaptive strategy for resolving grief (Black et al., 2020; Field & Filanosky, 2009; Ho et al., 2013).

In contrast to this conclusion, one of these studies (Field & Filanosky, 2009) has also positively related personal strength, appreciation for life, feelings of closeness to others and discovering new possibilities in life with continuing bonds.

A study which used measures of physiological arousal also found adaptive and maladaptive aspects of continuing bonds (Rochman, 2013). The investigator compared physiological arousal induced through positive memories of the deceased with memories predominantly reminding that the deceased is dead. Both memories were associated with a physiological stress reaction, which indicated sadness. Positive memories were associated with a more soothing form of sadness, while reminders of the unavailability of the deceased

were associated with greater and distressing sadness. Thus, continuing the bond to the deceased through positive memories might lead to some positive feelings and to some grief reactions (sadness), because unavailability of the deceased is reminded together with the memory. In contrast, memories associated solely with awareness of the person's death may serve only as a reminder of the unavailability of the deceased, causing pain and sadness.

Accordingly, findings in this master thesis showed that grief counsellors acknowledge that continuing the bond to the deceased can have both positive and negative effects on the resolution of grief. But they clearly accentuated the positive effects of continuing the bond to the deceased, which is a typical finding for qualitative research designs addressing continuing bonds (e.g., Hayes & Leudar, 2016; Troyer, 2014).

Notably, grief counsellors reported that their clients continue the bond to the deceased, predominantly through talking with the deceased soon after bereavement and through connecting with the deceased at places. None of the counsellors reported very intense continuing bonds like talking with the bereaved years after the death or arranging the ongoing life extensively to the past wishes of the deceased. These ways of continuing the bond to the deceased are more associated with maladaptation (Field & Filanovsky, 2009; Sekowski, 2021). Thus, the findings of this thesis that continuing the bond to the deceased is mostly adaptive also resulted from grief counsellors lack of experiences with more maladaptive continuing bonds.

Grief counsellors addressed the great importance of social relationships in the process of grieving. On the one hand they addressed, that social relationships can provide support for coping with the loss. On the other hand they talked about barriers to experience support from social relationships.

Some of the counsellors noted that friends or relatives often advice grievers to seek professional help when their grief is not resolving. Several theoretical and empirical studies highlighted the role of social relationships in the context of psychological burden. The network-episode model has postulated that whether a person seeks help from a mental health professional depends on a complex decisional process involving various factors (Pescosolido, 1991; Pescosolido et al., 1998). In this process, social influence is a major determinant of help-seeking behaviour.

One empirical study with college students found that professional help was sought in most cases when social relationships advised grievers to seek professional help or had

themselves sought professional help (Vogel et al., 2007). Accordingly, in a qualitative study addressing grievers with intense and ongoing grief symptoms, grievers sought professional help because social contacts expressed concern about the symptoms and recommended professional help (Ghesquiere, 2014). Also in this study, grievers sought professional help when friends who had received professional help recommended it.

Thus, findings of this master thesis and from empirical studies demonstrate the importance of social relationships to make use of therapy or counselling.

Further, grief counsellors accentuated the importance of social relationships for caring for the emotional needs of bereaved persons, like for talking or being not alone. Empirical studies have related emotional support from friends and relatives to better adjustment after the loss of the partner (Carr, 2004; Jacobson et al., 2017). Frequent social contacts are associated with a reduction in negative affect and with experiencing positive affect (Richardson & Balaswamy, 2001).

Grief counsellors noted various barriers to experience supportive social relationships. Among these barriers were withdrawal of social contacts from grievers, judgments from social contacts, trivialization of the impact of the loss and the bereaved persons` concern to be a burden for social contacts.

Also a qualitative study with persons showing long-lasting and intense grief reactions reported changes in social relationships soon after the loss (Ghesquire, 2014). Some of the grievers reported that their social contacts withdrew from them, which made the grieving process more difficult and gave rise to feelings of disappointment and betrayal. Further, grievers reported that persons which didn`t withdraw from them did often not know what to say or how to react. In trying to cheer grievers up, friends or relatives sometimes said unhelpful phrases. In total, grievers reported that their family members and friends could not provide sufficient emotional support.

This was also reported in another study with grievers who sought help from a bereavement support group (Picton et al., 2001). Grievers experienced that their family members could not adequately deal with their feelings or tried to avoid the topic of bereavement in contact with them. Further, some bereaved persons felt that other persons could not understand their situation because they themselves had not experienced bereavement.

Thus, the results of this master thesis illustrate that although social relationships are important resources for coping with bereavement, grievers also have to face difficult changes in social relationships after bereavement. These changes are especially likely to occur when grief reactions persist in high intensity over a longer period (Ghesquiere, 2014; Picton et al., 2001).

Grief counsellors reported that bereaved persons experience identity change after the loss. The DPM (Stroebe & Schut, 1999, 2010) provides no elaborated understanding of how grievers make identity changes after bereavement. The investigators only stated that bereaved partners have to change their identities from being the partner of someone to being a single person. Two grief counsellors understood the process of identity change like this in highlighting the transformation from a We to an I.

Accordingly, some grief counsellors discussed greater awareness of the own needs after the death of the partner as an important aspect of identity change (B1, B6, B7).

Further, grief counsellors reported changes in views on the own life, doing more things which are important or joyful in life, increased personal strength, empathy and gratefulness which resulted from the loss. This understanding of changes following bereavement corresponds to experiences of personal growth after traumatic events (Tedeschi & Calhoun, 1995). They typically comprise greater appreciation of life, developing personal strength, discovering new possibilities in life and a greater feeling of connectedness to others. Thus, identity change in the DPM could be understood as comprising experiences of personal growth.

Findings on functional dependency provided a framework for understanding the impact of dependency on partner bereavement. Grief counsellors associated dependency on the partner in the partnership for fulfilling tasks and for making decisions with helplessness after the death of the partner. Findings indicated two ways to overcome helplessness: Either the tasks and responsibilities of the partner are learned, or help is sought from social relationships, from services or from engaging with memories of the deceased.

Findings of this master thesis suggest that especially learning to take on the responsibilities of the deceased effectively prevents long lasting negative consequences after bereavement. Grief counsellors associated learning to take on the responsibilities of the deceased with positive emotional states like experiencing self-confidence, strength or

confidence in coping with the loss. Ong et al. (2004) highlighted that positive affect in the grieving process reduces feelings of distress and depressiveness. Further, investigations showed that learning to take on the responsibilities of the deceased reduces grief symptoms and fosters optimistic views of the future (Montpetit et al., 2006, 2010; Ong et al., 2004).

Thus, these findings suggest that learning to take on the responsibilities of the deceased partner might prevent long-lasting grief reactions through positive affect.

In contrast, grief counsellors illustrated that learning to take on the responsibilities of the deceased partner is perceived as a great burden when grievers were functional dependent on their partner. Some grief counsellors expressed that the appraisal of one's own ability to deal with the responsibilities of the deceased influenced whether they were taken.

Theoretical views on functional dependent persons assume that functional dependent grievers perceive themselves as insufficiently prepared for meeting daily-demands without the support of another person (Arntz, 2005; Bornstein et al., 2003; Morgan & Clark, 2010). Thus, they may tend to perceive their own ability to take on the responsibilities of the deceased partner as insufficient and consequently have more difficulty learning to take on the responsibilities of the deceased partner. Instead, they are prone to become dependent on other persons for support.

This view is supported by findings of Bennett and Steinhoff et al. (2010) and Johnson et al. (2006). Investigators showed that functional dependency is associated with difficulties to learn the tasks which the deceased did in the partnership (Johnson et al., 2006) and thus most of widowed persons remain functional dependent on relatives or their children after the death of the partner (Bennett, Steinhoff et al., 2010). But investigators also showed that functional dependent grievers overcome their dependency in some urgent domains, for example in the domain of managing finances (Bennett, Steinhoff et al., 2010).

When functional dependency is related to greater reliance on social relationships for receiving support, its relation to long-lasting and intense grief reactions is even more evident when taking findings on emotional dependency into account.

Grief counsellors and empirical studies (e.g., Robinaugh et al., 2014) related emotional dependency to loneliness after the death. Thus, emotional and functional dependent grievers neither can rely on social support, nor are they motivated to learn to take on the responsibilities of the deceased (Bennett, Stenhoff et al., 2010). This is expected

to be especially related to long-lasting grief reactions, as positive affect could neither be experienced through successful learning (Montpetit et al., 2006, 2010; Ong et al., 2004), nor through support of social relationships (e.g., Richardson & Balaswamy, 2001). Instead, finding of this master thesis suggest, that emotional and functional dependent grievers remain helpless, and the stress of bereavement would continue.

Even when emotional dependent grievers have some social relationships where help can be sought, findings suggest that they have to deal with difficult changes in social relationships. Longer duration and higher intensity of grief reactions, which are associated with emotional dependency, might make it more likely that social contacts withdraw from grievers (e.g., Ghesquire, 2014; Kahler et al., 2016; Picton et al., 2001).

Especially feelings of anger, which grief counsellors and other investigations (e.g., Pincus & Wilson, 2001) associated with emotional dependency, could lead to withdrawal from grievers when grievers display anger in social relationships (Bonanno, 2001).

Furthermore, grief counsellors noted that emotional dependent grievers experience difficulties to be aware of and to fulfil their own needs (B1, B4, B5, B7) after the death of their partner. They related these difficulties to postponing their own needs during the past relationship which fits the conceptualization of emotional dependency by Pincus and Gurtman (1995).

In contrast, some grief counsellors addressed that the death of the partner can be a chance for grievers to attend more to their own needs, which counsellors associated with positive affect and a reduction of negative affect (B3, B4, B7). Some grief counsellors understood this as a part of identity change following bereavement (B1, B6, B7). Because emotional dependent grievers show difficulties to be aware of and fulfil their own needs, emotional dependency would thus be negatively related to identity change. This corresponds to the DSM-5 (American Psychiatric Association, 2013) and ICD-11 (World Health Organization, 2019), which incorporated diminished identity and confusion of one`s role in life as symptoms of pathologic grief. Grief counsellors suggested that emotional dependent grievers preserve these symptoms through distraction from and deny caring for their own dissatisfied needs from the past relationship (B1, B5), through remaining anxious and helpless (B7) and when a strong motivation to fulfil the wishes of the deceased persists after bereavement (B5).

Findings of this master thesis also suggest that the DPM is a model of grieving which adequately represents grief counsellors` understanding of the grieving process of bereaved partners. Grief counsellors respected the individuality of the grieving process and understood the process as involving very different feelings which need to be processed without any given order, similarly to the DPM. Grief counsellors stated that the goal of the process is to establish a new life after bereavement which corresponds to where the process is heading in the DPM. Further, grief counsellors addressed the importance of continuing the bond to the deceased partner, which the DPM acknowledges as an important aspect of the grieving process. Grief counsellors and the DPM highlight that social relationships are important for coping with the loss and for the resolution of grief. Both acknowledge that grievers experience or need to make changes in social relationships during the grieving process. Further, the DPM considers taking on the responsibilities of the deceased partner as a main challenge after partner bereavement, which has been extensively addressed by grief counsellors in this work. Further, the DPM provided an adequate framework for understanding how grief counsellors perceive the impact of emotional and functional dependency after the loss.

Limitations and Implications for Further Research

For this master thesis, a variety of subjects were addressed to gain insight into grief counsellors` understanding of the grieving process of bereaved partners. This seemed reasonable, because no other study has addressed grief counsellors` understanding of the grieving process in Austria. Therefore, this master thesis had an explorative character. Only one or two questions could be asked on each topic and only eight grief counsellors were interviewed. This produced very broad findings with limited amounts of segments and subcategories for each main category.

For example, identity change was only very shortly addressed and thus findings only showed that grief counsellors noticed that bereaved partners experience positive personal changes which resulted from bereavement. But information how identity changes emerge during bereavement could not be achieved.

Accordingly, grief counsellors didn`t provide information of how continuing bonds affect the grieving process if maintained in high intensity for a longer time after bereavement. These aspects of continuing bonds were not obvious for grief counsellors,

because they didn`t report that clients maintain intense continuing bonds for unusual long periods. However, quantitative research has often linked intense and ongoing continuing bonds to preservation of grief reactions, in contrast to many qualitative studies. To clarify adaptiveness and maladaptiveness of continuing bonds, further studies are needed. Studies which investigate the bereaved`s narrative of the predeath relationship to the deceased would be most suitable to achieve further insights in this domain (Hayes & Leudar, 2016).

Most of the findings in this work on emotional dependency reproduced the relation of emotional dependency on the partner to intense grief reactions, as already found in various quantitative studies (e.g., Bonanno et al., 2002; Carr, 2000; Johnson et al., 2006, Robinaugh et al., 2014). There are various reasons to assume that findings on emotional dependency suffered from limitations.

First, asking grief counsellors about a fear to lose the partner during the past relationship yielded only very few findings on emotional dependency. Some grief counsellors addressed (B2, B3 B4, B7) that their clients don`t usually report a fear of losing the partner, because their partner already died, and the fear is no longer evident. Further, they related a fear to lose the partner rather to past loss experiences or with terminal illness of the partner than with dependency. Thus, it could have been too difficult for grief counsellors to relate a fear to lose the partner, which emerged from dependency to the partner, and which is not frequently reported by their clients, to reactions after the loss.

Second, grief counsellors might not have had a lot of experiences with emotional dependent clients. This seems reasonable, because grief counsellors (B1, B2, B5) and various investigations (Ghesquiere, 2014; Pescosolido, 1991; Pescosolido et al., 1998) highlighted that social relationships are essential to motivate bereaved persons to seek therapy or counselling. But most grief counsellors (B1, B2, B4, B5, B7) and various other empirical studies (e.g., van der Houwen et al., 2010; Robinaugh et al., 2014) associated emotional dependency with loneliness after the death of the partner. In addition, some grief counsellors (B1, B5) reported that most of emotional dependent persons don`t seek therapy or counselling because they neither want to be confronted with nor to change their dependent behaviour. Thus, it could be possible that emotional dependent grievers were not frequently among their clients, because they are neither intrinsically motivated nor extrinsically motivated by social relationships to seek therapy or counselling. Also findings from an investigation of Prigerson et al. (2001) comply with this assumption. They found

that only one third of bereaved persons with long-lasting and intense grief reactions make use of therapy or counselling.

Third, when emotional dependent grievers are among the clients of grief counsellors, they might not report unsatisfied needs and wishes in the past partnership. Four grief counsellors (B1, B3, B4, B5) addressed that the tendency to idealize the past relationship is strong in bereaved partners and so clients would usually not address that the past relationship did not fulfil the own needs. This might have caused limited findings on emotional dependency.

Even though this master thesis addressed the role of emotional and functional dependency for coping with bereavement, findings didn`t provide an understanding of the relation between functional and emotional dependency. Quantitative studies on dependency have frequently considered emotional and functional dependency as one construct (e.g., Bornstein et al., 2003; Haggerty et al., 2016; Johnson et al., 2006), but theoretically they are separate constructs (Arntz, 2005; Morgan & Clark, 2010). So an understanding of the interrelatedness between functional and emotional dependency needs to be addressed in research. This is especially important, because persons high in functional and emotional dependency are especially prone to develop long-lasting grief reactions and suffer from intense psychological burden.

Further, emotional and functional dependency were addressed without considering the impact of the circumstances of the death on the grieving process. For example, the experience of bereavement might differ whether the death was expected or unexpected (Stroebe et al., 2012). Some grief counsellors noted that an expected death of the partner can be a possibility to learn to take on the responsibilities of the deceased with the help of the partner. Also, widows reported, that they learnt some tasks from their husband while he was already terminally ill to be prepared for bereavement (Bennett et al., 2010). So, to understand the impact of emotional and functional dependency on the loss, they should be investigated together with circumstances of the death.

Finally, the huge amount of findings from other studies which have investigated the DPM (for a review, see Fiore, 2019) should lead to revision and refinement of the model. The names of the different coping processes in the model are clearly outdated and lack a clear operationalization. For example continuing bonds, which is commonly used in research, is addressed in the model as “breaking bonds/ties/relocation” (Stroebe & Schut,

1999, p. 213). Thus, it was very time-consuming to gain an understanding which empirical concept the model addresses and how they could be best understood. This clearly limits the practicality of the model. The low practicality of the model could explain why only one grief counsellor in this work referred to the model and why grief counsellors generally don`t seem to use the DPM (e.g., Breen et al., 2010).

Implications for General Public

Several researchers have pointed out that the public understanding of grieving in western societies is based on assumptions. Assumptions like that grief is happening in stages, that resolution of grief requires processing negative feelings, or that relinquishing the bond to the deceased is adaptive for the resolution of grief. This master thesis showed, like many other studies, that these assumptions do not adequately represent the experiences of grievers. They neither include scientific knowledge about how grievers experience bereavement or what they might need, nor information about the duration of the grieving process or how to provide adequate support for grievers (Breen, 2010; Stroebe et al., 2017; Wass, 2004). As a result, family and friends find themselves often helpless in their wish to support grievers, misunderstand grievers or generally avoid contact and speaking about bereavement with them (Ghesquiere, 2014; Picton et al., 2001). This is alarming because this study and various other investigations showed that social relationships are a major resource for grievers and that loneliness is a common problem after partner bereavement, especially in the face of partner dependency.

Consequently, some researchers argue that death education is urgently needed to improve public understanding on how grievers can be adequately supported and what can be expected after the death of a close person (Breen, 2010; Wass, 2004). This could for example be provided in schools or at universities.

Researchers pointed out that profound knowledge about the grieving process or the needs of grievers is not lacking, but instead does not reach public awareness. Studies with grief counsellors have showed that scientific knowledge does not even sufficiently reach the practice of grief counsellors (Breen, 2010; Ober et al., 2012; Payne et al., 2002). So, in the future, it should be identified how empirical knowledge about the grieving process could be best transferred into general public.

Stroebe et al. (2017) argued that false assumptions about the grieving process are maintained in general public, because they provide a simple understanding of the process. This understanding provides orientation in the face of bereavement, which is an important need for grievers, their relatives and professionals. Thus, they declared that a simple model for understanding the experiences after bereavement is indeed needed, but one which is guided by empirical knowledge. They suggested that the DPM could provide an appropriate and relatively simple understanding of the grieving process and the needs of grievers. The findings of this master thesis support this suggestion with the limitations which were already addressed.

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List of Tables

List of Abbrevations

Continuing bond	CB
Dual process model of coping with bereavement	DPM
Loss-oriented coping	LO
Restoration-oriented coping	RO

Appendix A: Interview Guide

1. Introduction of the subject

For my master thesis in psychology at the university of Vienna, I am interested in how grievers deal with the death of their partner and what the past relationship to the deceased has to do with it.

Do you agree that I record the conversation with you? The conversation will certainly be anonymised and after transcription the record will be deleted.

2. Grieving process

- What are your experiences how persons bereaved by their partners cope with the loss?
- What experiences have you made; how much time does the greatest proportion of coping require?

3. Relationship to the deceased

- How does the past relationship affect coping with bereavement?

4. Emotional dependency

- How is the loss being processed, if there has already been a strong fear of losing the partner during the partner`s lifetime?
- How do unfulfilled wishes and desires during the partnership influence coping with the loss of the partner?

5. Functional dependency

- How does dependency from the support and advices of the partner affect coping with bereavement?
- How does dependency from the partner in making daily decisions affect coping with bereavement?

6. Final question:

-Is there anything you would like to add, something we might not have addressed until now?

Appendix B: Rules for Transcription

The rules for transcription applied in this master thesis are based on the guide for computer-based transcription from Kuckartz (2016) and were slightly adopted.

1. Transcription is done word by word, vocal utterances are not coded
2. Passages of the interview partner are marked with the letter B, the number of the interview partner and a double point e.g., “B4:”, passages of the interviewer are marked with “I:”
3. Speech and punctuation are slightly smoothed, which means they are approximated to standard language
4. Failures in grammar and articles are coded without correction
5. Pauses of one second are noted with (.), of two seconds with (..), of three seconds with (…), for pauses of longer duration, the duration of the pause is noted in seconds in round brackets e.g. (7) is equivalent to a pause of seven seconds.
6. Words with special intonation are underlined
7. Words which are spoken very loudly are written in capital letters
8. Short interjections of one person while the other is speaking are marked in round brackets
9. Vocal utterances of the interviewed person or the interviewer which support statements are coded in round brackets together with the abbreviation of that person
11. When speech change between interview partner and interviewer, a new paragraph is applied
12. Incomprehensible words are marked through (unvst.)
13. All information which allow identification of the interview partner are anonymised with (anonym.)

Appendix C: Case Summaries

Case Summary B1

Trauerprozess

- geht bei der Bewältigung von Phasen und dem Trauerjahr aus
- Schockzustand dauert einige Monate, länger bei plötzlichem Tod, danach Realisieren des Todes
- nennt Aggression als Phase

Funktionelle Abhängigkeit

- bei Dominanz des Partners, dass Partner alles erledigt hat, entschieden hat, schwierigerer Trauerprozess
- Dominanz bei Frauen im Haushalt, sich um den Mann sorgen (Mütterlichkeit, z.B. Kochen)
- Männer können sich oft nicht selbst verpflegen, sind hilflos, erlernen Haushaltsfähigkeiten nicht in Beispiel von Angebot eines Kochkurses, wo es keine Nachfrage gab
- Männer suchen sich schnell neue Partnerin aufgrund funktioneller Abhängigkeit im Haushalt, Frauen suchen eher nach Unterstützung im sozialen Umfeld
- bei Dominanz vom Mann, schwieriger ins neue Leben zu gehen, lange trauern, außer Erleichterung aufgrund des Todes

Emotionale Abhängigkeit

- nennt sich über den Partner definieren, zu wenig im eigenen Sein und zu wenig alleine gemacht haben, als Grund für Depression
- Abhängigkeit vom Dasein des Partners, entsteht durch jahrelange Gewohnheit der Anwesenheit des Partners, bedingt Einsamkeit nach dem Tod
- emotionale Abhängigkeit führt zu empfundener Ungerechtigkeit und Wut in Bezug auf den Verlust des Partners
- Angst zu Lebzeiten Partner zu verlieren, verschlimmert Verlust, macht arbeiten an dieser Angst notwendig
- soziale Kontakte können auffangen und bei Suche nach Unterstützung helfen, ansonsten Isolation, zu Hause bleiben
- Unerfüllte Wünsche, Bedürfnisse, fallen in Selbstmitleid, bleiben in Opferrolle, im negativem Denken, durch starke Gewohnheit

→ Ausweg: Selbstreflexion, professionelle Hilfe suchen, Freund zur Unterstützung

- suchen nur Personen zum Zuhören, ohne Wunsch zur Veränderung, wollen in Opferrolle bleiben

→ Abwendung des sozialen Umfeldes

Weitergehende Beziehung

- durch Gespräche mit Verstorbenen
- das machen alle, meint B1, außer wenn schnell wieder ein Partner genommen wird

Identitätsveränderung

- meint, große Veränderungen nach dem Tod des Partners finden nicht statt
- Gefühl der Befreiung nach dem Tod des Partners, kann persönliche Veränderungen fördern
- Gefühl der Befreiung aufgrund von Wegfall der Last weibliche Rollenmodell erfüllen zu müssen (kochen, für Mann sorgen)

Soziales Umfeld

- KlientInnen werden meistens von Angehörigen, Kindern oder Freunden zu B1 geschickt
- Im Alter oft kein Freundeskreis mehr, da gestorben
- Soziale Kontakte erleichtern Trauerprozess durch Bereitstellung von Ablenkung von Trauer (z.B. Kinderbetreuung)
- Soziale Umfeld wichtig, um Trauernde aufzufangen
- Unverstanden fühlen vom sozialen Umfeld führt zur Isolation und Depression
- Beispiel: Demente Freundin in Altersheim, Verlust der gemeinsamen Erinnerungen an Verstorbenen

Besonderheiten des Falles

- KlientInnen hauptsächlich Frauen zwischen 25 und 45, aber auch Ältere
- betont bei vielen Fragen die Wichtigkeit von sozialen Kontakten
- differenziert bei Bewältigung und funktionelle Abhängigkeiten häufig nach Geschlecht
- erzählt Dinge ohne Bezug zur Frage und erörtert umfangreiche Beispielen ohne Bezug zu KlientInnen von ihr (z.B. eigene Gedanken zu Fernsehsendungen, Erzählungen von Bekannten)
- bricht oft Sätze ab und führt Gedankengänge nicht zu Ende

Case Summary B2

Trauerprozess

- betont Individualität des Trauerprozesses
- erfasst Bewältigung als Aufgaben, die von Innen kommen (nach Worden), nicht so sehr als Phasen; spricht zusätzlich vom Wechsel zwischen Realisieren und Vergessen, dass der Verlust stattgefunden hat
- spricht von Trauerprozessen vor dem Tod des Angehörigen (bei langer Erkrankung)

Funktionelle Abhängigkeit

- betrachtet funktionelle Abhängigkeit als große Belastung oder als Möglichkeit durch Herausforderungen zu wachsen, wenn soziale Kontakte vorhanden sind, die unterstützen können
- Gleichverteilung der Aufgaben während der Partnerschaft verhindert Lernen-müssen
- bei starker Abhängigkeit schwierig zu lernen eigene Entscheidungen zu treffen
- Beispiel von Frau, die lernt ein elektronisches Auto zu fahren mit Hilfe von einem anderen Menschen

Emotionale Abhängigkeit

- große Wichtigkeit und Symbiose in der partnerschaftlichen Beziehungen; Freunde nicht so wichtig, großer Schmerz und Einsamkeit bei Tod des Partners
- spricht im Zusammenhang mit emotionaler Abhängigkeit von der Wut verlassen worden zu sein und über Verbitterung
- hat noch nicht explizit durch KlientInnen von einer Angst aufgrund starker Abhängigkeit gehört, den Partner zu verlieren, die schon zu Lebzeiten bestanden hat; nennt als Grund auch, sie kennt KlientInnen erst nach dem Tod

Weitergehende Beziehung

- Weitergehende Beziehung durch: Sprechen mit Verstorbenen (vor Bild, an einem Platz), Verbundenheit im Inneren spüren
- weitergehende Beziehung zum Verstorbenen wird als belastend erlebt, wenn Schuld eine große Rolle spielt; Umwandlung von Schuld durch den Prozess des Verzeihens
- alle KlientInnen möchten Beziehung weiterführen; Angst vorhanden, den Verstorbenen gänzlich zu verlieren

- weiterführen in einer Form, wo eigenes Leben zukunftsorientiert weitergeführt werden kann, ohne Belastung
- Weiterführen der Beziehung ermöglicht ein leichteres Weiterleben
- Ansprüche vom Umfeld loslassen zu müssen wird als sehr bedrohlich erlebt, Erleichterung wenn Trauernder von diesen Ansprüchen loslassen kann

Identitätsveränderung

- beschreibt Identitätsveränderung nach dem Tod als Umwandlung vom Wir zu einem Ich
- bemerkt persönliche Veränderungen nach dem Tod des Partners: Empathie, Dankbarkeit für eigenes Überleben, Blickwechsel auf das Leben

Soziales Umfeld

- Einsame Hinterbliebene ohne Freunde, Familie, schaffen den Weg zur Trauerbegleitung nicht
- spricht über Hindernisse soziale Kontakte zur Bewältigung heranzuziehen: Wahrnehmung der eigenen Trauer als Last für Andere (v.a. mit eigenen Kindern); Andere nicht ständig das Gleiche erzählen zu wollen, keine engen Freunde
- Sozialer Rückzug von Freunden, da Todesereignis der Hinterbliebenen bedrohlich, führt eigene Endlichkeit vor Augen

Besonderheiten des Falles

- spricht davon, dass Ablenkung (z.B. Arbeit) während des Trauerprozesses notwendig ist, um sich zu erholen
- spricht vom schlechten Gewissen der Trauernden, wenn sie sich eingestehen, eine Zeit lang nicht an den Partner gedacht zu haben
- spricht von Angst die Verbindung zum Trauernden zu verlieren

Case Summary B3

Trauerprozess

- orientiert sich an Phasenmodelle der Trauerns, findet aber, Phasen bauen nicht aufeinander auf und wechseln sich schnell ab
- benützt Phasen als Orientierung und Identifizierung für KlientInnnen, betont Individualität des Trauerns

- findet die Idee des Loslassens veraltet, arbeitet viel mit der Umwandlung der vergangenen Beziehung zum Verstorbenen in eine weitergehende Beziehung
- Trauerprozess als Prozess zwischen neues Leben mit der veränderten Beziehung zum Verstorbenen und Auseinandersetzung des Schmerzes über den Verlust des Verstorbenen
- meint Phase der Starre/des Schocks dauert bis zu einem Jahr, richtige Auseinandersetzung erfolgt erst danach
- meint Trauerprozess braucht lange Zeit, ist nicht zwischen drei und fünf Jahren erledigt

Funktionelle Abhängigkeit

- meint Identitätsthema ist größer und es müssen mehr neue Dinge erlernt werden bei dominantem Partner
- Lernprozess wird als Metapher dargestellt (in Baummetapher: mehr Äste müssen nachwachsen)
- Dominanz des Partners macht Bewusstwerdung eigener Stärken schwieriger nach dem Tod
- Prozess des Lernens beeinflusst von: Wille neues zu erlernen, Einschätzung eigener Fähigkeiten
- Suche nach Unterstützung im sozialen Umfeld

Emotionale Abhängigkeit

- meint die Angst den Partner zu verlieren aufgrund von starker Abhängigkeit verschwindet, möglicherweise geschieht eine Umwandlung der Angst in Verlustangst oder Angst nicht zurecht zu kommen mit dem Verlust
- bringt den Wunsch des Nachsterbens mit emotionaler Abhängigkeit in Verbindung; nackt und hilflos fühlen
- Versuch emotionale Bedürfnisse zu erfüllen durch: Sich etwas Gutes tun (Inseln der Kraft und Energie anfahren), Suche im sozialen Umfeld
- unerfüllte Bedürfnisse aus der Beziehung: Bleiben weiterhin Thema, Vergebung, Hoffnung auf Erfüllung in der weitergehenden Beziehung zum Verstorbenen
- Hinterbliebene mit Eigenem Ich und Eigeninitiative haben leichteren Trauerweg als die, die alles nur mit dem Partner zusammen gemacht haben, die niemand anderen gehabt haben, sind auch länger in Begleitung bei B3

Weitergehende Beziehung

- versteht weitergehende Beziehung als Verortung m Außen und im Inneren
- meint Beziehung wird so weitergeführt, wie sie auch zu Lebzeiten bestanden hat

- meint Verstorbener wird bei der Beurteilung der Trauer und Wünsche des Hinterbliebenen herangezogen; kann so Unterstützung oder Hindernis bei der Bewältigung sein
- Anknüpfen an das, was sie von verstorbenen Partner lernen konnten
- Auflösung von Unklarheiten und Konflikten mit dem Verstorbenen in der weitergehenden Beziehung möglich

Identitätsveränderung
- Identitätsthema von der Frau zur Witwe
- meint, starker Identitätsthema nach dem Verlust, ist nicht mit pathologischen Trauerreaktionen verknüpft

Besonderheiten des Falles
- arbeitet vor allem mit der weitergehenden Beziehung zum Verstorbenen
- benutzt anschauliche Metaphern aus dem Bereich der Psychoedukation (z.B. Flussmetapher in Absatz 6, Baummetapher in Absatz 16, Säulenmetapher in Absatz 26)
- anstatt die Erfahrungen mit KlientInnen zu beschreiben, beschreibt B3 mehrmals Techniken, die er in der Arbeit mit Trauernden verwendet (besonders auffällig z.B. in Absatz 22)
- Perspektivenwechsel: Wechselt häufig zwischen erster Person Singular (KlientInn als Ich) und dritter Person Singular (KlientInn als Er) und erster Person Plural (KlientInn und B3 selbst als Wir) (z.B. in Absatz 8, 10, 12,16)

Case Summary B4

Trauerprozess
- betont Individualität der Bewältigung, kein Rezept für Trauer
- Zeit der Handlungsunfähigkeit, des Schockes, dann Zeit der Auseinandersetzung und des Überlebens
- meint, Trauer tritt in Wellen auf und stark an Feiertagen, Geburtstagen, Todestagen; Trauer hört nie ganz auf
- manchmal wird Trauer erst nach Jahren bewältigt, wenn viel Ablenkung durch Alltagsstruktur (bei Jüngeren: Kinder)
- Ziel des Trauerprozesses: Integration des Verlustes in das eigene Leben, sodass ein Weiterleben gut möglich ist

Funktionelle Abhängigkeit

- der Alltag muss bewältigt werden, Dinge müssen neu erlernt werden v.a. bei klassischer Rollenverteilung
- nimmt erlernen von neuen Dingen, die Partner gemacht hat, als bestärkend wahr für Hinterbliebene
- Möglichkeit zu Lernen um Hilfe zu bitten, Hilfe anzunehmen, jemanden zu bezahlen bei Dingen, die man nicht alleine schafft
- Neugestaltung des Alltags sehr herausfordernd, wenn Tagesablauf auf Partner ausgerichtet war, wenn Partner sehr dominant war
- anstrengend auch Entscheidungen alleine treffen zu müssen

Emotionale Abhängigkeit

- Verlustangst jemand anderen zu verlieren, kommt aus vorherigen Verlusterfahrungen in der Kindheit
- alte Verluste werden durch neuen Verlust aktiviert, wenn Aufarbeitung nicht stattgefunden hat Verstärkung der Trauergefühle
- Verlustangst oft gar nicht präsent in der Begleitungssituation, Trauer von früher hervorholen nur im psychotherapeutischem Kontext
- Eigene Identität muss wiederhergestellt werden: Frage nach dem Eigenen, unabhängig von verstorbener Person; Was tut mir gut?
- übernommene Anteile vom Partner, die nicht das Eigene sind, nicht Freude gebracht haben, müssen erkannt werden → anknüpfen an eigene Freuden (vor der Ehe) als schwieriger Prozess
- Einsamkeitsthema nach dem Tod, bei Ausrichtung des Lebens auf den Partner, weil soziale Kontakte nicht gepflegt wurden
- Gefühl der Erleichterung und Wut nach dem Tod des Partners, wenn Bedürfnisse nicht erfüllt wurden wird oft nicht ausgesprochen, froh wenn B4 dies von sich aus anspricht (Grund: Idealisierung der Beziehung)
- emotionale Abhängigkeit vom Partner bedingt Schwierigkeiten auf der Gefühlsebene, mehr Gefühle als nur Trauer müssen bearbeitet werden
- Hinterbliebene(r) kann sich von diesen Gefühlen lösen: Neugestaltung des Alltags möglich (wichtig: Unterstützung durch einen Therapeuten)

Weitergehende Beziehung

- Bedürfnis verbunden zu bleiben bei allen KlientInnen vorhanden
- wird gelebt durch: Sprechen mit Verstorbenen (mit Bild), Verbindung über Orte, Erinnerungen, Träume
- Umwandeln von realer Beziehung zu Beziehung in Erinnerung; spendet Trost
- Wut, Unzufriedenheit, Konflikte und ungeklärte Fragen aus der vergangenen Beziehung verbindet stark nach dem Tod

Identitätsveränderung

- Trauer bringt oft die Stärke mit sich, auf sich zu schauen, das zu tun was einem selbst Spaß macht
- tiefgreifende Identitätsveränderungen erst später im Prozess, wird oft nicht mehr von B4 bemerkt, da Betreuung in Akutphase
- Stärken werden auch durch Zwang zur Veränderung durch den Tod entwickelt, teilweise Wahllosigkeit dieser Veränderungen
- Verhärtung der Persönlichkeit aufgrund von dauerhafter Verdrängung von Gefühlen
- - Hinterbliebene ziehen sich von belastenden Beziehungen zurück während des Prozesse aufgrund erhöhter Sensibilität, Feinfühligkeit

Soziales Umfeld

- nennt Gründe für Rückzug sozialer Kontakte: Angst vor Thema Tod, Angst etwas Falsches zu sagen
- Austauschen mit Umfeld wichtig; oft fühlen sich Hinterbliebene jedoch nicht verstanden in ihrem Schmerz
- Bedürfnisse der Hinterbliebenen: Schweigen, Schmerz gemeinsam aushalten, nicht gleich Tränen trocknen
- Soziales Umfeld wichtig um Aufgaben (schafft Sinn, Freude) für Hinterbliebene bereitzustellen (z.B. Enkelkinder, Kinder; gemeinsame Unternehmungen)
- Anspruch des Umfelds am Leben teilzunehmen vs. Bedürfnis nach Ruhe (am Anfang)
- Anspruch des Umfelds, den Verstorbenen loslassen zu müssen, schmerzt die Hinterbliebenen
- Hinterbliebene wollen eigene Kinder nicht belasten

Besonderheiten des Falles

- differenziert viel nach jüngere - ältere Hinterbliebene

überfordernde Alltagsstruktur - Fehlen von Alltagsstruktur

- spricht von Einsamkeitsthema durch Veränderungen in sozialen Kontakten (Bedürfnis über Hinterbliebenen zu reden vs. nicht immer als Trauernde(r) wahrgenommen zu werden)
- KlientInnen werden oft von PsychotherapeutInnen zu B4 geschickt
- Auszeiten vom Trauerschmerz wichtig, um sich von Anstrengung des Trauerns zu erholen

Case Summary B5

Trauerprozess

- meint, das erste Jahr hat große Bedeutung, danach wird Trauer leichter
- betont, wie individuell jeder Trauerprozess ist, es gibt kein richtig oder falsch
- meint Konzepte bzgl. des Trauerprozesses anzubieten, ermöglicht den Hinterbliebene ihre Reaktionen als normal anzusehen
- Dankbarkeit für die vergangene Beziehung und Weiterleben als wünschenswertes Resultat des Prozesses

Funktionelle Abhängigkeit

- nennt absehbaren Tod des Partners als Chance, schon zu Lebzeiten Hobbies zu suchen, um Hilflosigkeit zu vermeiden bei Tod
- meint das Realisieren und Lernen der Dinge, die der Partner gemacht hat, wird oft als herausfordernd wahrgenommen
- Identifizierung mit dem Verstorbenen zum Lernen von neuen Dingen
- Ambivalenz und Angst führen zu Nicht-lernen; sich als lernender, fähiger Mensch wahrnehmen zu Lernen
- Neuen Partner suchen als Strategie zur Vermeidung von Neu-Lernen, da Glaube, die Trauer nicht bewältigen zu können

Emotionale Abhängigkeit

- löst Angst vor der bevorstehenden Trauer aus
- wichtig, sich mit den Verlustängsten aus der Kindheit und alter Trauer auseinanderzusetzen
- passiert die Aufarbeitung der Verlustangst nicht, wurde nicht gelernt mit diesen Ängsten umzugehen, wird der Verlust des Partners als sehr schlimm erlebt, Notwendigkeit sich Hilfe zu holen bei Anderen
- emotionale Abhängigkeit führt zur schnelleren Partnersuche (entweder jemand ganz anderen oder gleiches Beziehungsmuster)

- Beispiel Frau: Idealisierung des Mannes; Realisierung, dass Dominanz durch Partner auch Unterdrückung bedeutet hat; Feststellen des eigenen Anteils; Entscheidung, das nicht mehr zu wollen
- Keine Reflexion: Suche des nächsten dominanten Partners, keine Bereitschaft zur Veränderung, diese Menschen kommen nicht in Therapie

Weitergehende Beziehung

- Nicht loslassen, sondern umwandeln der Beziehung, Gefühle zum Verstorbenen gehen weiter
- Ziel der Auseinandersetzung: dankbare Liebe

Identitätsveränderung

- Trauer holt alte Themen hoch, löst Reflexion über das eigene Leben aus
- erfolgt durch Reflexionsfähigkeit, Gefühl für das Eigene, offene und explorative Haltung der Welt gegenüber
- schwierig, wenn nie sichere Beziehung gehabt
- Vertrauen sichere Beziehungen zu führen, fördert Glauben an etwas Neuem nach dem Tod des Partners

Soziales Umfeld

- Soziales Umfeld schickt Hinterbliebenen in Therapie
- empfiehlt als Trauernder auf keinen Fall auf die Ansprüche der Umgebung bzgl. des eigenen Trauerprozesses zu hören
- berichtet, dass Trauernde sich vom Umfeld unverstanden fühlen

Besonderheiten des Falles

- Beispiele von Verdrängung: Mann, der Sohn aufträgt, alle Gegenstände, die ihn an verstorbene Frau erinnern, zu entfernen
Mann, der 10 Stunden in Therapie kommt ohne Auseinandersetzung mit dem Verlust
- Spricht von Idealisierung im Zusammenhang mit Verdrängung
- nennt Alkohol und Fernsehen als Ablenkung von der Trauer

Case Summary B6

Trauerprozess

- spricht über das Trauerjahr, die Schockphase, über Phase der Aggression/Wut

Funktionelle Abhängigkeit

- Verwalten der Finanzen führt in einem Beispiel zu Wachstum nach Tod des Partners
- Beobachtung der Expertin: Körperlich sichtbare Erleichterung bei hinterbliebenen Frauen; folgert aufgrund von starker Abhängigkeit vom Partner
- freuen, toll finden, auf ihres schauen vs. andere Personen suchen, die Richtung angeben

Emotionale Abhängigkeit

- gibt an, über unerfüllte Wünsche und Bedürfnisse nur spekulieren zu können
- meint Informationen, wie die Beziehung vorher war, werden nachher stark beschönigt
- Tod des Partners als Möglichkeit Dinge zu tun, die mit Partner nicht möglich waren
- bringt starke Angst Partner zu verlieren mit Unterdrückung der Trauer und Entstehung von Krankheiten in Verbindung
- meint alte Verluste, die nicht verarbeitet wurden, verstärken die aktuelle Trauer

Weitergehende Beziehung

- weitergehende Beziehung sehr positiv, sichtbar durch: Gespräche mit Verstorbenen zu Hause, am Grab, über Foto
- Möglichkeit offene Konflikte zu klären, offene Fragen loszulassen, im Gespräch, mit Briefen, löst Gedankenkreisen auf
- Anspruch vom Umfeld den Verstorbenen loszulassen
- Beispiel: Wie mit Hilfe der weitergehenden Beziehung wenige Monate nach dem Tod ein neuer Partner gefunden wird

Identitätsveränderung

- meint es kann positive Veränderungen geben, kann keine genaue Aussage treffen, weil sie KlientInnen oft nur in der Akutphase betreut

Soziales Umfeld

- geht ausführlich darauf ein, wie das Umfeld den Trauerprozess des/der Hinterbliebenen bewertet

- Soziales Umfeld meidet Trauernden, bewerten den Trauerprozess des Hinterbliebenen stets negativ
→ führt zur Isolation des Trauernden

Besonderheiten des Falles
- erzählt ausführlich von Extremfällen, wo der Tod des Partners gewaltsam war, z.B. Autounfall, Mordfall, Busunglück
- verwendet viele Beispiele um Verdrängung der Trauer darstellen: Mann, der vorgibt, seine Frau würde noch leben; Frau, die zur Ablenkung in Diskotheken geht
- berichtet auch allgemein darüber, wie Personen Trauer verdrängen, nicht zulassen z.B. Personen, die Trauer nicht zum Thema machen wollen
- betreut KlientInnen oft nur zwischen ein bis viermal; manchmal kommen KlientInnen nach längerer Zeit wieder

Case Summary B7

Trauerprozess
- Trauer besteht aus sehr vielen unterschiedlichen Hoch- und Tiefphasen der Gefühlen: Trauer, Wut, Verzweiflung, Schuldgefühle, Erleichterung (tabuisiert)
- wesentlich bei der Trauer: wiederkehrende Auseinandersetzung mit Gefühlen, bis diese schwächer werden
- Ziel des Trauerprozesses: Integration des Verlusts in den eigenen Körper, sodass auf diesen Teil der Vergangenheit mit Ruhe zurückgeschaut werden kann
- Verlust begleitet das ganze weitere Leben, geht nicht zu Ende
- betont Individualität des Trauerns bezüglich der Art und Weise, der Geschwindigkeit und der Dauer
- KlientInnen fragen oft, wie richtig getrauert wird

Funktionelle Abhängigkeit
- konventionelle Partnerschaften (Mann berufstätig, Kontakt zur Außenwelt; Frau häuslich) begünstigt hohe Hilflosigkeit, viele neue Aufgaben müssen nach Tod übernommen werden
- Männer fast noch schwieriger als Frauen, da oft nicht fähig für sich zu sorgen (Kochen, Hausarbeit)
- im Alter: Lernen von neuen Dingen wird als große Herausforderung erlebt
- Weg aus Hilflosigkeit nach dem Tod: kleine Schritte der Veränderung ohne Überforderung

Emotionale Abhängigkeit

- weniger offene Bedürfnisse in der vergangenen Beziehung führt zur nachfolgenden Dankbarkeit, weniger offene Konflikte
- an unerfüllten Bedürfnis festhalten führt zur empfundenen Ungerechtigkeit, dass der Partner verstorben ist
- spricht explizit davon, dass diese Bedürfnisse aus der Kindheit kommen und dass diese vom Partner nicht erfüllt werden können
- wenn dies herausgearbeitet werden kann, kann die Beziehung anders betrachtet werden, statt empfundene Ungerechtigkeit und Zorn kann dann Dankbarkeit entstehen
- Angst Partner zu verlieren verschwindet nach Tod, jedoch tiefer Absturz aufgrund der Angst, Angst aus der Trauer wieder herauszufinden
- Kleine Schritte der Veränderung, Wahrnehmung der eigenen Bedürfnisse und was einem gut tut ermöglicht aus diesem Abgrund herauszufinden

Weitergehende Beziehung

- großes Bedürfnis der KlientInnen, die Beziehung weiterzuführen
- Idee den Verstorbenen loslassen zu müssen, löst Stress und Verzweiflung in Hinterbliebenen aus
- Ansprechen, dass es normal ist, mit Verstorbenen zu sprechen löst Angst auf, dass in Beziehung gehen mit dem Verstorbenen schädlich sein könnte
- Auseinandersetzen mit der Andersartigkeit der weitergehenden Beziehung ermöglicht ein leichteres weiterleben

Identitätsveränderung

- nimmt bei KlientInnen keine Persönlichkeitsveränderungen nach dem Verlust wahr, eher im Außen (Aussehen, Kleidung, neue Hobbies)
- Tod als Chance, ein Stück weit zu sich selbst zu finden und etwas zu machen, was einem selbst entspricht
- manche persönlichen Anteile der eigenen Person wachsen durch die Wertschätzung des Verstorbenen
- nach dem Tod Entscheidung: Welche Anteile sind eigene Anteile, welche vom Verstorbenen sollen weitergeführt werden und in anderen Beziehungen genutzt werden?

Soziales Umfeld

- eigene Kinder können Aufbruch ins Neue negativ gegenüberstehen (z.B. bei neuem Partner)

- Frauen wird eher zugestanden, dass sie Gefühle zeigen dürfen, für Männer schwieriger
- Zuschreibung von Nicht-Männlichkeit, wenn Männer Gefühle der Depressivität, Verzweiflung und Trauer zulassen
- Trauerprozess des Umfeldes oft schneller als der des hinterbliebenen Partners; Bedürfnis des Umfeldes den hinterbliebenen Partner wieder zurück ins Leben zu holen

Besonderheiten des Falles

- spricht darüber, dass die Hinterbliebenen in jedem Tod auch etwas Positives sehen können
- meint Partnersuche findet bei älteren Menschen oft nicht mehr statt (Leben in Erinnerung), eher Thema bei Jüngeren
- spricht über Konflikte mit den Kindern, wenn der Hinterbliebener neuen Parten nimmt
- geht auf den Nutzen von Verdrängung ein: Schutz vor dem Schmerz des Verlustes

Case Summary B8

Trauerprozess

- Prozess des in Beziehung-gehens mit dem Verstorbenen durch Erinnern und Realisierungsarbeit, dass Person körperlich nicht mehr da ist
- Prozess zwischen Trauern und neues Leben beginnen (auch Veränderung wie Wohnungswechsel, Alltagsstruktur)
- Kein Abschluss des Prozesses, Prozess kann ein Leben lang dauern, Trauer taucht immer wieder auf
- besondere Bedeutung des ersten Jahres für die Trauer, stark an Geburtstagen, Feiertagen
- spricht vom Verabschiedungsprozess zu Lebzeiten des Partners, wenn todkrank
- gesellschaftlicher Druck, dass Trauerprozess schnell passieren soll

Funktionelle Abhängigkeit

- Bei Abhängigkeit von Unterstützung und Ratschlägen des Partners, nach dem Tod starkes Gefühl der Präsenz des Partners(halluzinationsartig) und mehr innere Dialoge mit Verstorbenen
- Hilflosigkeit und Orientierungslosigkeit, wenn dominanter Partner verstirbt
- wer kann im Umfeld unterstützen, Suche nach neuem Partner als Ausweg

Emotionale Abhängigkeit

- stellt Verbindung von emotionaler Abhängigkeit und Symptomen her z.B. starke Trauerreaktionen, Depression, starken Stressreaktionen

- nennt explizit Bedürfnisse und Sehnsüchte, die aus der Herkunftsfamilie kommen, als Grund für eine so starke Wichtigkeit der vergangenen Beziehung
- bringt dies mit Unvorstellbarkeit einer neuen Beziehung, Wunsch des Nachsterbens, Unvorstellbarkeit ohne Verstorbenen Glück zu erfahren, Verweilen in der Trauer in Verbindung
- Unerfüllte Bedürfnisse führen zu Ärger, Aggression nach dem Tod, viel Nachdenken über vergangene Beziehung
- arbeitet mit KlientInnen daran, diese Gefühle zu akzeptieren
- Depression aufgrund der Enttäuschung, dass Partner verstorben ist

<u>Weitergehende Beziehung</u>

- im Inneren durch Dialoge und im Außen (durch Orte)
- fördert weitergehenden Beziehung durch innere Dialoge (Normalisierung wichtig)
- sich verabschieden, aber auch in Kontakt bleiben
- bei wertschätzender Beziehung: vermutete Bewertungen der verstorbenen Person bezüglich des Lebens des Hinterbliebenen können Trauerprozess unterstützen
- Ermunterung in Beziehung zu bleiben statt loslassen müssen
- Weitergehende Beziehung kann auch zu Leid führen, bei z.B. Schuldgefühlen
- Spiritualität unterstützt Vorstellungen, wo verstorbener Partner ist und wie es ihm geht

<u>Identitätsveränderung</u>

- Neubewertung des eigenen Lebens, mehr auf eigenes Wohl schauen

<u>Besonderheiten des Falles</u>

- Spricht von stärkeren Trauerreaktionen, wenn Partner in der Verliebtheitsphase verstirbt

Appendix D: Codebook

G. Grieving Process

Description of category:

All statements containing general and abstract ideas of grief counsellors how grievers experience the process of grieving and cope with the loss of the partner.

Implementation of category:

For statements addressing the process of grieving and dealing with the loss on a subordinate level, including duration, important aspects, or the aim of the process.

Distinction to other categories:

- illustrations on a particular aspects of coping is not categorized here (e.g., on identity change, continuing bonds)
- comments concerning a particular aspect of coping (e.g., continuing bonds, social environment) are coded here, when part of a broader description of the grieving process

G1. Conceptualization of the Grieving Process

Description of category:

All statements addressing general and abstract ideas how grievers experience and process grief.

Implementation of category:

In case of individual conceptualizations of important parts of the grieving process and for descriptions referring to stage models, task models and the idea of continuing bonds.

Example for implementation:

“One can say, we move between, between pain (.) and love (.) or relationship and in between.“ (B3, 6)

G2. Course of the Grieving Process

Description of category:

All statements which contain information about the time course of the grieving process are categorised here.

Implementation of category:

This category is used for statements about the timing of different stages in the process, for statements concerning the year of mourning and statement about the duration of the whole process.

Example for implementation:

“Well, one year at least. Well, I know nobody where grief required less time.“ (B6, 10)

G3. Goal of the Grieving Process

Description of category:

This category is applied for all statements which include information about the goal of the grieving process.

Implementation of category:

When grief counsellors directly refer to goals of the grieving process or discuss where the process is heading.

Example for implementation:

And, and the more I understand what mourning includes and with what I must cope, the more (.) I can possibly say someday: I am grateful and happy for the times we had (.), and I keep on living. And he keeps on living in my heart, but I embark on something new. (B5, 50)

G4. Individuality of the Grieving Process

Description of category:

Applied when grief counsellors make statements about the individuality of the grieving process.

Implementation of category:

Comprises statements which highlight the individuality of the process concerning duration of the process, grief reactions or attempts to cope.

Example for implementation:

So, this, how how, often the question is: How is grieving correct? And this question is obsolete. There is no right way. There is no wrong either. There are persons who withdraw a lot, there a persons who focus much on the outside. (B7, 42)

CB. Continuing Bonds

Description of category:

Coded when grief counsellors address aspects of the past relationships which are continued, transformed or relinquished to form an ongoing relationship with the deceased. Further, when grief counsellors address, how the ongoing relationship is maintained.

Implementation of category:

Coded for statements that bereaved persons speak with the deceased, that they continue or transform aspects or feelings of the past relationship to an ongoing relationship, that they seek advice or guidance from the deceased, etc.

Distinction to other categories

- when continuing bonds are used for learning new things, which were the responsibility of the deceased, it is coded under FD3

CB1. Connecting With the Deceased

Description of category:

This category contains statements concerning how the bereaved person connect with the deceased person.

Implementation of category:

Coded when grief counsellors address that bereaved persons speak with the deceased partner, sense the presence of the deceased or connect with the deceased through places or in dreams.

Example for implementation:

Some continue to speak with the deceased for a long time, so (.) they sit in front of a picture and speak with him, or (..) or drive always to a place where (.), where they liked being with him (.). (B2, 69c)

CB2. Continuation of the Bond

Description of category:

This category is coded when grief counsellors address that aspects of the past relationship are continued in the ongoing relationship after the death of the partner.

Implementation of category:

Coded if statements generally address the continuation of aspects of the past relationship or of feelings of the past relationship and when bereaved persons refer to wishes, viewpoints or attributes of the deceased.

Example for implementation:

I didn`t say that and I haven`t excused myself and there we had an argument. That they carry that on. Generally, when there was an argument before someone died, so in these cases you notice (.) that this is a great burden which people carry around with oneself. (B6, 36)

Distinction to other categories:

- when grief counsellors address the transformation and not just continuation of the past relationship to an ongoing relationship, it is coded under CB3 and not here

CB3. Relinquishment of the Bond

Description of category:

Coded when grief counsellors address the relinquishment of the bond to the deceased.

Implementation of category:

Coded when grief counsellors address, that bereaved persons think they must relinquish the bond or when social contacts direct this demand to bereaved persons.

Example for implementation:

And also, these orders from the well-intentioned environment: you must relinquish (.), you must relinquish the deceased (.), this is truly something extremely threatening for many grievers (..). And (.) therefore, that's what I think, it is very important (.), so to acknowledge that, that the relationship wants to live on in some form, but in a form where it is not something burdensome anymore and also in a form where it is quite possible to develop the own life towards the future. (B2, 69a)

Distinction to other categories:

- acknowledging the enduring physical absence of the deceased is coded under the aspect of transformation in CB3 and not here
- when the demand to relinquish the bond originates from social contacts it is coded here and not under S2.2

CB4. Transformation of the Bond

Description of category:

Comprises statements which address how bereaved partners transform aspects of the past relationship into an ongoing relationship to the deceased.

Implementation of category:

Coded when statements address that feelings or other aspects of the past relationship are transformed to form an ongoing relationship.

Example for implementation:

This, the love, the (..) feeling, the many feelings which I had or have for the deceased, they (.) they are always bound to this body and through death (B5 clapping her hands) the body does not exist anymore, but nevertheless many feelings continue. And and the feelings are allowed to continue, the relationship continues (.) but in another form and it transforms. (B5, 50)

Distinction to other categories:

- when grief counsellors only address the continuation of the bond without highlighting a process of transformation, it is coded under CB2

- acknowledging the enduring physical absence of the deceased is coded here and not under CB4, because grief counsellors considered it under the aspect of transformation to an ongoing bond and not of relinquishment alone

S. Social Relationships

Description of category:
This category is used when grief counsellors address the role of social relationships in the process of grieving.

Implementation of category:
For statements addressing how the loss changes social interactions between the bereaved person and friends, neighbours or relatives and how social relationships can support coping with the loss.

Distinction to other categories:
- when social support is addressed in the context of dealing with the responsibilities of the deceased or for learning to take the responsibilities of the deceased, it is coded under category FD4 or FD3 and not here
- when grief counsellors address that social contacts advice to relinquish the bond to the deceased, it is coded under CB4 and not here

S1. Social Support

Description of category:
Coded when grief counsellors refer to aspects of social relationships which support bereaved persons in coping with bereavement.

Implementation of category:
Coded when friends, neighbours, relatives or the own children support bereaved persons in organizing professional support, offer some occupation during bereavement or care for the needs of bereaved persons.

Example for implementation:

If somebody can cope well with it [grief], without the help of professional support, in this case it is certainly, simply the social network. So, this is what I said at the beginning [of the interview], what are the needs of people? Just simply people who are there for them. (B4, 15)

S1.1. Organize Grief Consultation.

Description of category:

This category is coded when grief counsellors address that social relationships support grievers in organizing grief consultation.

Implementation of category:

When grief counsellors address that friends, neighbours, relatives or the own children help bereaved persons to organize therapy or counselling because of their problems with grieving.

Example for implementation:

So, so they come on one occasion, just someday in counselling, most of the times they are sent by someone (.). Mostly, mostly they are relatives, kids or friends which are saying: so, after all, you should someday perhaps go somewhere. (B1, 5)

S1.2. Offer Occupation.

Description of category:

Category is coded when grief counsellors illustrate that social relations offer occupation for grievers.

Implementation of category:

Category is coded in case friends, relatives, neighbours or the own children provide bereaved persons with participation in some tasks or social activities (e.g., caring about grandchildren).

Example for implementation:

If there are children, grandchildren, then this is already, perhaps something. Okay, the partner for whom care was provided for a long time, he is perhaps dead by now, but now my children need support with the grandchildren, and I can do that now, because I have time, which would have been impossible before, yeah? (B4, 20-21)

S1.3. Care About Emotional Needs.

Description of category:

Coded when grief counsellors address emotional needs of bereaved persons in social relationships.

Implementation of category:

Category is coded when grief counsellors address what bereaved persons need from their friends, relatives, neighbours or children.

Example for implementation:

Perhaps there is somebody in the circle of friend, with whom she can roughly do as good conversations as with her partner. Not one on one replaceable, for sure, but the need (..), um, we strive to, that we, we can satisfy this somehow, or that we can replace a little bit, manage it. (B3, 20)

S2. Barriers for Social Support

Description of category:

Coded when grief counsellors report changes in interactions between social contacts and bereaved person due to the loss which prevent receiving support from social relations.

Implementation of category:

Coded when friends, relatives, neighbours or the own children withdraw from the griever, judge and trivialize the grief of the bereaved person or when the bereaved person don`t want to seek help from social contacts.

Example for implementation:

Insofar it is already an issue, because many come with the statement, they don`t want to be a pain in the neck of their friends and family (.) with this topic of grief. This means (.), the help, which is perhaps offered them, they don’t want to accept it in some way, because they sense that they are a burden to others. (B2, 64-65)

S2.1 Withdrawal and Death.

Description of category:

Category contains statements of grief counsellors which address withdrawal of social contacts from bereaved persons because of the loss.

Implementation of category:

Coded when friends, relatives, neighbours or children withdraw from the bereaved person, because they don`t want to face death or the situation of the bereaved person.

Example for implementation:

And (.) also because we talk about friends now, what I hear repeatedly, that um (.) with couples, if one dies, then also the friend-, so particularly if that, if that are not too old people, that those (..), that the circle of friends withdraws in some way, because they cannot deal with it. (B2, 13)

S2.2 Trivialization and Judgement.

Description of category:

Coded when grief counsellors report social contacts to trivialize the impact of the loss on the life of the bereaved person. Further, when social contacts make judgements about the grieving process or the way the bereaved person deals with the loss.

Implementation of category:

Coded when friends, relatives, neighbours or children state, that the bereaved person should search for a new partner or finally come to terms with the loss.

Example for implementation:

If you feel bad, they [the neighbours] say: stop finally grieving now or friends and contacts, too. One day or another they avoid you, because they say (.): I am not able to make use of you any further. Now it has already passed half a year, stop grieving, finally. (B6, 38)

S2.3 Concern to be a Burden.

Description of category:

Coded when grief counsellors state, that bereaved persons perceive themselves as a burden for their friends, relatives, neighbours or children because of their grief.

Example for implementation:

And really, particularly in urban environments, there is this (.) issue, if you say, for the elderly with loss of the partner (.), a lot of them who have no children, and even with children which have their own life, which one don't want to burden, simply the big loneliness is the problem. (B4, 33)

IC. Identity Change

Description of category:

Coded when grief counsellors refer to their understanding which changes in role models, personality or views about the self, the world or others which emerged from the loss. Further when grief counsellors address positive changes which resulted from the loss. Coded when emotional dependency is addressed together with identity change.

Distinction to other categories:

- when aspects of emotional dependency are addressed together with identity change, it is coded under IC2
- when grief counsellors refer to positive changes because of learning tasks which were the responsibilities of the deceased, it is coded under FD3.2 and not here

IC1. Understanding of Identity Change

Description of category:

Coded when grief counsellors refer to their understanding which changes in role models, personality or views about the worl, the self or others emerge from the loss. Further when grief counsellors address positive changes which resulted from the loss.

Implementation of category:

Coded when grief counsellors speak about the process form the process of becoming a single person out of a We. Coded when grief cousnellors address that the loss resulted in doing more joyful things in life.

Example for implementation:

After all to awake once and to recognize: ey, um (.), the partner died, when it`s my turn? That`s always truly involved (.) my own mortality. (.) And um (.) many awake through something like that and say: ey, how do I live? Or what, how have we lived? Do I want it like that, or do I change something in my life? (B5, 42)

IC2. Identity Change and Emotional Dependency

Description of category:

Coded when grief counsellors address that grievers experience changes in role models, personality or personal views when they resulted from an emotional dependent relationship to the deceased. Further, when grief counsellors address that grievers experience positive changes when they resulted from an emotional dependent relationship to the deceased.

Implementation of category:

Coded when grief counsellors report that afer an emotional dependent relationship it is difficult for the bereaved partner to refer to their own needs.

Example for implementation

There are certainly many women (..) who also think of it (..), after a few months, as a relief. Where they continue then: ah, now I can again, I can for one time, I can do for one time something that is important for me in my life, too. (. …) These are especially older generations (.), for sure (..) they were grown up like this, yeah? (..) I am the woman, there is the man (.), yeah? The role model and a few accomplish it and and say: (.) Why should I get someone now (..) who I have to cook or do something (.), yeah? (B1, 39)

FD. Functional Dependency

Description of category:

Coded when grief counsellors address that the bereaved person was dependent on the deceased in practical areas, like for providing instrumental support, dealing with household tasks, making decisions or providing daily structure. Further when grief counsellors address the processes which are involved with functional dependency after the loss.

Implementation of category:

Coded when grief counsellors address how reliance on the partner for instrumental support, household tasks, making decisions or providing daily structure is associated with searching for support or learning to deal with the responsibilities of the deceased after the loss.

FD1. Distribution of Responsibilities

Description of category:

Coded, when grief counsellors address that in the partnerships, one partner is particularly responsible for one domain, concerning dealing with household tasks, making decisions or providing daily structure.

Implementation of category:

Coded, when grief counsellors talk about women and men being responsible for different household tasks in the partnership like cooking, repairing things at home etc., coded when one partner dominates making everyday life`s decision like what to do and with whom.

Example for implementation:

And how should I say, there are partially still very conventional partnerships, forms of partnerships where the man had so to say a job and lived (.) or managed the outer world, yeah? Finances (.), so garden, garden tools, car, technical things, yeah? And the woman dealt so to say rather with the other, the domestic things, yeah? (B7, 26)

FD2. Helplessness

Description of category:

Coded, when grief counsellors refer to feelings of helplessness because of functional dependency from the deceased partner.

Implementation of category:

Category is used when counsellors state that helplessness results when the bereaved has been dependent on the deceased for household tasks, making decisions or providing daily structure.

Example for implementation:

“So, men, who let’s say 60 years and above where the wife always did everything (..), they are totally (.) helpless, partly, yeah?” (B1, 13a)

FD3. Learning to Take on the Responsibilities of the Deceased Partner

Description of category:

All statements of counsellors which address learning household tasks, making decision or structuring daily live which were previously the responsibility of the deceased.

Implementation of category:

For statements that learning household tasks, making decisions or structuring daily live which were the responsibility of the deceased is difficult or can have some positive effects on bereaved.

Example for implementation:

And then this is, then this is the good thing or the challenging thing in dealing with grief, yeah? How I learn, from my side, to fulfil these domains too [which were the responsibilities of the deceased]. And some, they don`t do it. Some search immediately for a substitutional partner. ( . … ) And some (.) learn this and say (.) after one or two years: Wow, I didn`t believe that I can manage it. (B5, 30)

FD3.1 Learning as a Burden.

Description of category:

Coded when grief counsellors address that learning household tasks, making decisions or structuring daily live is difficult or a burden for the bereaved person.

Example for implementation:

“So, I think, if that is really so determined by others (.), the own daily structure, like I said before, to build it anew. So, to generally build it, yeah? So (.) this is for many truly simply very challenging, yeah?” (B4, 29)

FD3.2 Learning as a Possibility for Growth.

Description of category:

Coded when grief counsellors address that learning household tasks, making decisions or structuring daily live have some positive effects for bereaved persons.

Implementation of category:

Coded when grief counsellors address that learning is associated with positive feelings, confidence in coping with the loss or other positive gains.

Example for implementation:

So, these challenges in everyday life (.) which needs to be mastered and (.) um (.) and this is on the other side very nice, because many acquire a lot of strengths then (.) and then these are frequently little successes too, which are quantifiable in the grieving process too, yeah? (B4, 19a)

FD4. Search for Support

Description of category:

Coded when grief counsellors address that bereaved person search for support for dealing with the responsibilities of the deceased and when grief counsellors address factors which influence support-seeking behaviour.

Implementation of category

Coded when statements of grief counsellors address support-seeking from social contacts, from contact with the deceased or from services.

Example for implementation:

“Okay, I can`t manage this, (.) I organize someone, (.) um who are doing it. I ask the neighbour, or I accept the help of the neighbours, because he already said three times: I come and support you.” (B4, 19c)

ED. Emotional Dependency

Description of category:

Coded when grief counsellors’ statements indicate that grievers relied intensively on the past relationship for fulfilling emotional needs, like for being not alone or for receiving love and attention from the partner. Reliance on the partner is supposed to emerge from high anxiousness in the partner relationship. Further, when grief counsellors address unfulfilled needs and desires in the past relationship or address needs and desires in the context of strong reliance on the partner. In addition, when grief counsellors address a fear of losing the partner in the past relationship and how it influences experiences after bereavement.

Implementation of category:

Coded when grief counsellors address that the past relationship was very close or had a strong importance for the bereaved partner. Coded, when grief counsellors address that when the relationship to the deceased was very close, it is difficult for bereaved to refer to the own emotional needs.

Distinction to other categories

- when fulfilment of emotional needs in social contacts is addressed, it is coded under S1.3 and not here
- when dependency on the partner in practical areas is addressed, like for fulfilling household tasks, for practical support, for making decision or for providing daily structure, it is coded under FD and not here

ED1. Emotional Dependency and Grief Reaction

Description of category:

Coded when grief counsellors associate relying intensively on the past relationship for fulfilling emotional needs, a fear of losing the partner during the partnership or unfulfilled needs and desires in the past relationship with grief reactions after the death of the partner.

Implementation of category:

Coded when grief counsellors address that when the relationship was very important, the bereaved partner experiences loneliness after the loss.

Example for implementation:

So, you mean when, so to say, um, when the person um, so when the partner is very important, was so important. (. ...) But this can certainly, um, throw humans into, but this can indeed psychologically (.), depending on how the event takes place, that posttraumatic stress symptoms develop, that strong grief reactions develop, that depression develops. (B8, 16)

ED2. Engagement in the own Needs

Description of category:

Coded when engagement in the own needs and caring for the own needs is addressed in the context of emotional dependency from the partner. Also coded for statement addressing how needs and unfulfilled needs from the past relationship are dealt with after bereavement.

Implementation of category:

Coded when grief counsellors state that it is difficult to refer to the own needs after bereavement when the bereaved was emotional dependent from the deceased.

Example for implementation:

Yeah, if we succeed in working that out in counselling and in companionship (.), that this were needs (..) which are partially needs which emerge from the childhood, and thus cannot be fulfilled by the live partner, because it`s about something completely different. If this is successfully worked out (.) than it can be successful, that the partnership (.) shows up in a different light. (B7, 11-12)

Distinction to other categories:

- when grief counsellors address how unfulfilled needs and desires during the partnership affect grief reaction, it is coded under ED1. and not here

ED3. Lack of Information About Fear of Losing the Partner

Description of category:

Coded when grief counsellors make statements which provide explanation why it was difficult for them to address a fear of losing the partner which emerges from emotional dependency.

Implementation of category:

Coded for statements of grief counsellors about a fear of losing the partner because of old losses from the childhood or because the partner suffered from illness before death. Coded when grief counsellors stated that they didn`t hear from their clients about a fear of losing the partner which emerged from relationship closeness.

Example for implementation:

No, I didn`t so far make this experience, that they, um, speak about that (.). That`s quite (.), I mean, that (.), that they lived with the fear, how would it be, if he is no longer (..) here, or she is no longer here (.). (B2, 16-23)

Appendix E: Abstract in German

Studien mit TrauerbegeiterInnen haben gezeigt, dass sie Konzepte in der Arbeit mit ihren KlientInnen benutzen, denen empirische Evidenz fehlt. Ich habe semistrukturierte Interviews mit acht TrauerbegleiterInnen in Österreich durchgeführt, um zu erheben, wie sie den Trauerprozess von hinterbliebenen PartnerInnen konzeptualisieren. Des Weiteren habe ich erforscht, wie eine Abhängigkeit vom verstorbenen Partner/von der verstorbenen Partnerin in praktischen, alltäglichen Dingen (funktionale Abhängigkeit) und in der Erfüllung von emotionalen Bedürfnissen (emotionale Abhängigkeit) Trauerreaktionen beeinflussen. Das Duale-Prozessmodell der Trauerbewältigung (DPM) strukturierte die Datenerhebung. Die Daten wurden mittels qualitativer Inhaltsanalyse analysiert. TrauerbegleiterInnen thematisierten die große Individualität des Trauerprozesses und sprachen über starke Trauerreaktionen an Festtagen. Sie berichteten über Unterstützung durch, aber auch über Veränderungen in sozialen Beziehungen nach dem Todesfall. Sie thematisierten die Bedeutung der Beziehung zum/zur Verstorbenen nach seinem/ihrem Tod und sprachen über Veränderungen in der Identität und der Persönlichkeit des hinterbliebenen Partners/der hinterbliebenen Partnerin. TrauerbegleiterInnen brachten funktionale Abhängigkeit vom verstorbenen Partner/von der verstorbenen Partnerin mit Hilflosigkeit in Verbindung und mit Problemen die Dinge zu tun, die in der Verantwortlichkeit des/der Verstorbenen lagen. Des Weiteren brachten sie emotionale Abhängigkeit mit starken Trauerreaktionen und Problemen sich mit den eigenen Bedürfnissen auseinanderzusetzen und für sie zu sorgen in Verbindung. Die Ergebnisse weisen darauf hin, dass das DPM adäquat abbildet, wie TrauerbegleiterInnnen den Trauerprozess von hinterbliebenen PartnerInnen verstehen. Eine Aufklärung über den Trauerprozess in der Allgemeinbevölkerung ist nötig, um ein Verständnis für den Prozess zu vermitteln, das eine adäquate Unterstützung von Trauernden durch ihre soziales Umfeld gewährleistet.

Schlagwörter: TrauerbegleiterInnen, Trauerreaktionen, Trauerprozess, weitergehende Beziehung, Duales-Prozessmodell der Trauerbewältigung, emotionale Abhängigkeit, funktionale Abhängigkeit