

Asian Journal of
**HUMAN
SERVICES**

Printed 2020.1030 ISSN2188-059X

Published by Asian Society of Human Services

October 2020

Vol. 19



CASE REPORT / ACTIVITY REPORT

A Study on the Grief Work of an Elderly Woman Who Encountered the Unexpected Death of her Spouse at Home

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ABSTRACT

The purpose of this study is to clarify characteristics of the grief process, and the adjustment to a new life of an elderly woman who encountered the unexpected death of her spouse at home. Semi-structured interviews were conducted and data were analyzed using Steps for Coding and Theorization (SCAT).

The elderly woman experienced difficulties in thinking and acting in an ordered way. The response of the police and the autopsy imaging procedure had confused and irked her, and she had not been given much time to bid her husband farewell before his body was removed. Features related to the unexpected death scene were “unforgettably shocking” for her, but more that, the personality and memories of her husband became “unforgettably important and precious.” This was one of the facilitative factors of grief work. Her current life was constructed as a mixture of “a life that can be continued without being aware of the absence of the spouse,” “a life of recognizing the absence of the spouse,” and “a life of acquiring a new object of love or a new role.” She adjusted to a new life, by rendering various matters and the local community, such as traditional customs of death and cooperation of locals, useful as the facilitative factors of grief work.

As the size and role of the local community had diminished, it became evident that it was necessary to focus on other facilitative factors of grief work. This included resilience, prior relationship with the spouse, family’s functioning, and role acquisition.

<Keywords>

elderly women, spousal bereavement, unexpected death, grief work

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Asian J Human Services, 2020, 19:112-126. © 2020 Asian Society of Human Services

Received

August 7, 2020

Revised

October 2, 2020

Accepted

October 3, 2020

Published

October 30, 2020

I. Introduction

In older age, various experiences of loss accumulate. Elderly people are more likely to experience “loss of mind and body,” “loss of an economic base,” “loss of social connection,” and “loss of a purpose of living.” In Japan, the sources which “support the minds” of elderly adults are spouses and partners, 65.3%; children, 57.4%; and grandchildren, 17.9%.¹⁾

Grief is a series of emotional reactions that occur in the bereavement of an individual who has experienced the expected loss of a person close to them.²⁾ The digestion of grief and its process are referred to as grief work.³⁾ It is translated as “hitan-no-shigoto” (sagyō) or “mo-no-shigoto” (sagyō) in Japanese.

The characteristics and trends of the grief process in elderly women who have experienced the death of significant others, and their adjustment to a new life for themselves, has previously been clarified. After spousal bereavement, elderly women tend to talk repeatedly about their days with their husbands, the sadness of their loss, their depression and loneliness, thus promoting their grief work.⁴⁾ In addition, memories of the husband, hobbies, volunteering, and interaction with friends, contribute to the surviving spouse’s daily well-being.⁵⁾

The average life expectancy of Japanese women is more than six years longer than that of men; in 2018 the life expectancy for women was 87.32 years; and 81.25 years for men.⁶⁾ The proportion of people living alone at home who are 65 years of age or older is 13.3% for men and 21.1% for women.⁷⁾ Many elderly women are concerned that they may live long into old age and feel anxious regarding their personal and financial circumstances. It is, therefore, necessary to support the factors that facilitate grief work.

Harada noted that interpersonal support and rituals played an important role in the healing of families who had experienced sudden death of a family member at an emergency center.⁸⁾ Differences in the causes of death may impact the physical and mental health, and grief reactions of the bereaved.⁹⁾ It is thus evident that grief care should be provided to bereaved people immediately after the experience of a sudden death. The optimal methods of support have, however, not yet been clarified.

The grief characteristics, both of elderly people who have experienced the bereavement of their love object, and of people who have experienced the sudden death of others, have previously been individually identified. However, the features of grief of those who have had an unexpected bereavement at home have not been clarified. Unexpected bereavement may easily lead to prolonged grief or transition to morbid grief, following which depression and dementia may occur as a result of a decline in mental health. Therefore, it can be said that grief work, which is a sad but self-organizing task that involves self-reflection, is the key to spending a richer life in older age. Considering changes in the contexts of family structure and community impacting elderly women, it is necessary that they receive support intentionally.

It is, furthermore, meaningful to study grief work to clarify the characteristics of the grief process and the adjustment to a new life of elderly women who encounter the unexpected death of a spouse at home. It is necessary to identify the factors facilitating the smooth progress of the grief work and to clarify the contents of the needed support.

II. Purpose of the Research

The purpose of this study was to clarify the characteristics of the grief process, and the adjustment to a new life, related to unexpected death. It also aimed to clarify the contents of the support required for the smooth progress of the grief work, by means of the analysis of the case of an elderly woman who encountered the unexpected death of her spouse at home.

III. Research Method

1. Research method

This study utilized a qualitative approach. Qualitative research is used “to address clinical problems that cannot be quantitatively measured.” It has also been described as a means of research that extracts qualitative data, that cannot be expressed numerically, from the research object, analyzes it using scientific methods as much as possible, and creates theory from the data to try to reconstruct reality.¹⁰⁾ The experience of an elderly woman who encountered the unexpected death of her spouse at home is not a generalized concept because it is a rare bereavement experience. Therefore, we used this method to exploratively clarify the process of grief work, which cannot be estimated quantitatively, through dialogue with the elderly woman.

“Sudden death,” refers an instance in which a person who is living a normal life and looks healthy appears to die rapidly, it may also refer to an instantaneous death due to some illness or intrinsic death within 24 hours after the onset of symptoms. Due to its characteristics, it is summarized in four points: death time, place of occurrence, cause of death, and deceased person.¹¹⁾ In this study, we defined unexpected death as “the sudden death of an elderly person who had no warning of about his condition and had been living a normal life at home.”

2. Subjects

The study’s subject was an elderly woman who encountered the unexpected death of her spouse at home. It was assumed that, unlike general bereavement after spousal care at home, an unexpected death is likely to leave the bereft spouse unprepared and uncertain as to the future.

3. Data collection

By using snowball sampling, we tried to recruit elderly women who continued to live at home after spousal bereavement. However, we found only one. The interview was conducted in December 2019 at the home of a research collaborator. The consent of the participant was obtained. A semi-structured interview was conducted, the contents of which were recorded on an IC recorder.

4. Interview contents

We conducted an interview survey on grief work after spousal bereavement using an interview guide. The contents of the interview are shown below.

1) Basic attributes:

- age when married, age at the time of spousal bereavement, and age at interview of the research subject.
- age when married and age at death of research subject's spouse.

2) Interview contents:

- the situation when faced with the death and the ritual situation after that
- changes in feelings during everyday life until now
- receipt of emotional and instrumental support

5. Data analysis method

1) Reasons for choosing an analysis method

The verbatim transcripts created from the interviews were analyzed using Steps for Coding and Theorization (SCAT), a method for analyzing qualitative data developed by Otani et al.¹²⁾ SCAT is a research method in which valid analysis results can be obtained by repeatedly confirming and correcting one's own analysis. Compared to other qualitative research methods, it is effective for the analysis of a relatively small amount of qualitative data, such as data from only one case or the free description section of a questionnaire.¹²⁾ From these, we considered that we could analyze the special experience of an elderly woman at home who encountered sudden death without having time to take care of her spouses or prepare for his death. We chose the SCAT method for this analysis.

2) Analysis procedures

- (1) The text data obtained from the verbatim transcripts were sectioned for each group of contexts.
- (2) The sectioned pieces were coded according to the following four steps. <1> Extraction to clarify a noteworthy phrase in the text, <2> The extracted phrase was paraphrased into a general phrase, <3> Phrases were demarcated into background, result, cause, etc. and explanation, and <4> Themes were summarized into concepts after considering the context before and after.

- (3) A storyline was created based on the themes and constructs obtained by coding.
- (4) While summarizing the contents of the storyline, the theoretical description was created in a short sentence. The contents coded were then compared and corrected between co-authors.

Analysts took care to include rich contextual information in the analysis process, by clearly describing the analysis process through which interpretations were made, and from which text, certainty was also ensured. The analysis by SCAT was mainly conducted by the first author, and the validity of the analysis was examined among the co-authors, based on the SCAT table created from the analysis.

6. Ethical considerations

We solicited research cooperation through snowball sampling. The voluntary consent was secured by contacting the target person who provided consent. Based on the request form and the explanation, we fully explained the purpose and significance of the research, the research method, the burden on the research subjects, and the expected results. We provided an explanation of the publication of research results and made it clear that no individual could be identified at the time of publication. We received consent also for the storage method and data disposal. This study was conducted with the approval of the Ethics Review Committee of Hirosaki University of Health and Welfare (approval number 2019-5).

IV. Results

The study's subject was an elderly woman who encountered the unexpected death of her spouse at home. When she was 18 years old, she had married her husband who had been 26 years old at the time. Her husband died at the age of 84 when she was 76. At the time of the interview, five years had elapsed since he had passed away. She was 81 years old and had been living alone at home.

In analyzing this elderly woman's story using SCAT, the text was divided into 89 categories. Of these, 32 were listener texts and 57 were the elderly woman's utterances. The text shown here is a group that demarcates the interaction in the interview by meaning. Following the interview guide, the texts that represented her thoughts in the story were organized in the following order: "situation in the face of death and subsequent mourning rituals," "memories of the spouse and what she thinks now," "changes in feelings and daily life with the passage of time," and "participation status in social relations."

Table 1 is an excerpt of the SCAT table for 25 texts that can be read as "situation in the face of death and subsequent mourning rituals."

<Table 1> Interview analysis by SCAT (excerpt)

Text	Step<1> noteworthy words or phrases from the text	Step<2> Paraphrasing of words and phrases in Step<1>	Step<3> Words or phrases to describe the text in Step <2>	Step<4> Themes and Construct	Step<5> Questions and Issues
The day to go to the hospital. I woke up at 5 o'clock and said, "We are going to the hospital." He said "OK." I washed his hands and feet with hot water, changed his underwear, then prepared for breakfast, and went to the second floor again to talk to him, "Grandpa." I remember it was around six. It was no good. I was very surprised.	The day to go to the hospital He said "OK" at five He already passed away at six Surprised	The beginning of a normal morning has changed A surprise to the lack of reaction	The beginning of a normal morning has changed completely A surprise in an unexpected situation	Under the special circumstances of sudden death at home In spite of having talked a while ago, never thought to face death	In the literature, it is estimated that the bereavement reactions of the bereaved are in the order of suicide>accidental death>acute death>morbid death
I was really surprised. "Wow!! what's the matter?" "Grandpa!?" I pulled my hips out. I couldn't stand.	Really surprised "Grandpa, what's the matter?" Pulled out	Surprise and confusion Calling out the spouse	Difficulty in understanding the situation Difficulty surpassing the emergency	Panic state in which clear and orderly thoughts and actions are not possible	She was able to organize and communicate the situation in order, but is that due to the passage of time?
I could not call my son. I managed to call him. Soon my son came, but we could not do anything. I also called the hospital, but after death... Even though he always went to see a doctor.	I could not call Soon my son came Calling the hospital Could not do anything after death	Lack of calmness Calling my son is my first choice Not accepted at the hospital	Upset and confused Reassuring Relief to son coming Despair	Get into a desperate situation Difficulty of coping and negotiations in unexpected aspects	How would she have survived the shocking situation without the existence of a family?
I called other hospitals, but they refused to take my husband to the hospital. While doing so, many ambulances and fire truck came. I really did not know how it was. The police investigated everything. Also, his passbook. They took a picture.	Calling the hospital If this happened, it won't help Ambulances and fire truck. Passbook was examined How was it really hard	The fact about not being accepted at the hospital Stop thinking Difficulty adjusting to things to not being normally experienced	An unthinkable experience in normal daily life Occurrence of secondary crises such as legal procedure	Upset to cope and compromise intense and specific aspects	

He died on the second floor, so at there. It was really hard.					
I could not do anything. It managed to do something by everyone. It was really hard.	I could not do anything Somehow, I dealt with	Difficulty coping with Get through the help of others	Situations that are difficult to deal with	A critical state in which not thinking or acting clearly and orderly	Does the situation of death affect the strength of the first stage (numbness, emotional crisis) that Bowlby shows?
It was troublesome. Unlike dying in a hospital . . . To find out the cause of death, where was it . . . A place to investigate when someone dies . . . We took him there, stayed overnight, and returned the next morning.	Troublesome Death different from hospital death Until the next morning	Procedures to amplify mental distress	Legal procedures secondarily amplify distress	Irksomeness of specific procedures	
The police said, "You should have taken him to the hospital if he got worse." But he was fine. He had an intestinal surgery.	Go to the hospital Despite being fine Surgical operation	Confusion about being admitted to the hospital even though he was fine	Feeling blamed for the cause of death	A sense of remorse for cause of the sudden death	
He had two surgeries. The doctor told us it is okay, but after that, he became sick. Should he have had two surgeries . . . ? He could not eat any food. He had lost weight.	Doctor: it's okay He should not have had two surgeries He could not eat. Thin	Relief and regret when thinking about the deterioration of the condition	Existence of emotions that changed from relief after surgery to regret	Shaking of feelings that occurred after experiencing unexpected things	
Yes . . . I was surprised.	Surprised	Surprise	Emotions that can only be expressed in one word	Expression of a frank emotion: "No way"	
I can remember that time. After we returned, a funeral director came and did everything for us.	I can remember that time Everyone helped	Possible to recall surrounding movements	The current state of mind to be able to remember	The time elapsed to be able to recollect calmly	
There was no time to grieve when there were people.	Difficult to grieve when someone is present	Expressing grief in a limited time	Time for the bereaved to face sadness	Make a compromise with the lost subject within a limited time	

After the first seven days, I felt calm. What should I say, it is a blink of an eye, a week . . .	What should I say . . . In no time	The speed of progress that cannot be expressed	A series of funerals that were extremely busy	A hectic mourning ceremony until it is released from an extreme state of mind	
I cannot forget it.	I will never forget it	Unforgettable memory	Memory to remember strongly	"Death" remains as a strong memory	The meaning included in unforgettable is memory for encountering a shocking scene or thought for a lost object?
Well, at first, I cried. Later, my tears were gone. I do not know what to say.	I cried at first I have lost tears What to say	Cry, cry	Emotional expression of Lost object	Reaction to an Undeniable fact that the subject did not exist in this world	

1. Storyline

We grouped together contextualized words that reflected the themes and concepts in the story (<4> code) in the SCAT table, with the storyline as the underlying context. The storyline in the SCAT analysis is "a description of the latent meanings in the events described in the data. These are mainly composed of the thematic concepts described in <4>." ¹²⁾ Additionally, it is recommended that the <4> code is underlined to confirm that the themes and concepts in the text, coded under <4>, are all specified in the storyline. ¹²⁾ A storyline was created which was related to: the "situation in the face of death and subsequent mourning rituals"; "memories of the spouse and what she thinks now"; "changes in feelings and daily life over time"; and "social involvement status." We will also use the words and phrases described in the themes and concepts of <4> in the SCAT table for the storyline, and underline them. This indicates that the findings were derived from the analysis results.

1) Situation in the face of death and subsequent mourning rituals

Despite talking up to the last minute, she could not think of facing death, and the special situation of "sudden death" at home was a bolt from the blue. She tried to get through the intense and specific situation, however, she was in a panic state in which she could not think or act clearly and orderly. As a result, she was extremely lonely and fell into an absolute pinch of being unable to act urgently. She was confused by the irksomeness of specific procedures different from ordinary death and struggled to cope and negotiate intense and specific aspects such as the scene in which the police took a photo of his passbook.

Even though she was in a critical state where she could not think or act in a clear and

orderly fashion, she tried to find a way to say “goodbye” to her deceased spouse in the limited time afforded her. After the first seven days, she managed to overwhelm the rushed mourning ceremony until she was released from her extreme mental state; however, her husband’s death remained a strong memory. She suffered from difficulties with coping and negotiating with the unexpected aspects associated with his death. She also felt a sway after experiencing something unexpected, conclusively suffered from a guilty conscience for the sudden death. Now that she can remember the scene of death, she exposed the straightforward feelings of when she encountered the scene of death and it became possible to calmly recollect the reaction to an undeniable fact that her husband did not exist in this world.

2) Memories of the spouse and what she thinks now

After bereavement, feelings of respect and shock come and go. In particular, when her physical condition changed, she had to face the fact that she had no one that she could rely on. The wistful thought: “if he were alive...” amplified her sense of loss. Although emotions that slow down the adjustment to life after bereavement remain, the relationship between the couple that emerges from the spouse's positive memory is a facilitating factor that makes life after bereavement calm.

3) Changes in feelings and daily life with the passage of time

After spousal bereavement, the sense of time accelerates with the passage of time, and the arrival of the season of bereavement may cause an anniversary reaction. On the other hand, the passage of time also eased loneliness and contributed to her being able to re-immers herself in life after the death of her spouse. She recovered her normal life and accepted her present circumstances. The feelings evoked by the passage of time led to her construction of “a life that can be continued without being aware of the absence of the spouse” and “a life of recognizing again the absence of the spouse.”

In the background of daily life without feeling inconvenience, there was an existence that is the heart and soul of her own instead of her spouse, and an opportunity to go out with the humble support of the family living nearby. Family relationships that provided daily well-being and a sense of fulfillment were the driving forces that enabled her to maintain a universal and customary life. In addition, the motivation and the purpose of her life to adopt a new role in the family; and the comfort of obtaining a new attachment object reduced her loneliness even during the days she spent alone. The presence of grandchildren, who bring a sense of well-being and fulfillment to life, influence the growth of a vibrant life. Continuation of daily religious activities is also a factor that brings a sense of well-being and fulfillment.

4) Participation status in social relations

In the life after spousal bereavement, interacting with friends, interacting with the community, and continuing hobbies provided a sense of fulfillment. Experiencing continuity in communicating with the community for fun and socializing with friends were important elements of healing. Hobbies as activities which might deliver a sense of accomplishment, enriched her life without her spouse. In addition, the ease of life brought about by her sense of unity with the community created the sense of reassurance that there is a “neighborhood (*Gokinjosan* in Japanese).”

2. Theoretical description

Next, the storyline that has been made into a detailed context, and has become a complex, and structural description, is fragmented and theoretically described. This is not universal and generally accepted, but “what can be said from this data,¹³⁾ so we will explore the possibility of describing individual concrete analysis as a theory.

1) Situation in the face of death and subsequent mourning rituals

- (1) The intense and specific situation of the unexpected death of a spouse at home complicates clear and orderly thinking and action.
- (2) It is difficult to deal with intense and special situations, special procedures different from ordinary death, and separation from the lost love object within a limited time. After that, fell into a sense of self-responsibility.
- (3) With the passage of time, the scene of death is remembered with the emotions associated with it and these can be expressed frankly.

2) Memories of the spouse and what she thinks now

- (1) When she feels sick, I really realize that there is no one to rely on.
- (2) Thoughts of “if he were alive” slow down the adjustment to a life after his death.
- (3) Positive memories of the spouse make life after bereavement calm.

3) Changes in feelings and daily life with the passage of time

- (1) There were contradictory thoughts of “a life that can be continued without being aware of the absence of the spouse” and “a life of recognizing again the absence of the spouse.”
- (2) Passage of time brings a sense of normality to life after spousal bereavement.
- (3) A family relationship that is emotionally, instrumentally and evaluatively good, promotes the continuation of daily life. Acquiring new roles and attachments in the home give life vitality. Religious behavior brings a sense of peace.

4) Participation status in social relations

- (1) Continuation of friends, community, and hobbies make life without a spouse vibrant.
- (2) They are the elements of obtaining fun, healing, and a sense of accomplishment.
- (3) The community creates a sense of reassurance that there is “neighborhood (*Gokinjosan* in Japanese).”

V. Discussion

1. Characteristics of the grief process of the elderly woman who encountered the unexpected death of her spouse at home

For the elderly woman who encountered the unexpected death of her spouse at home, the things related to the sudden death scene, such as the unexpected events, subsequent procedures, and rushed mourning rituals became “unforgettable shocking memories.” However, more than that, the personality and memories of her husband became “unforgettably important and precious memories.” This was one of the facilitative factors of grief work.

By maintaining the same living space, life rhythms, and habits as when spending time with the spouse, life after spousal bereavement is given meaning to “a life that can be continued without being aware of the absence of the spouse” and “a life as it was before.”

However, she was keenly aware of the fact that no one wanted to rely on her when she was sick, and she felt lonely in the reality that she could not go out and work in the field together with others. The loss of “the person with whom she acted” was also the loss of “the time they were able to share.” Occasionally, emptiness and recollection occurred, and the unproductive consumption of time was recognized. The process of dealing with loss begins by admitting death due to the absence of a husband. As a result, the expense as a couple becomes clear, and at the same time it begins the recognition of the awareness of losing it.¹⁴⁾ A similar process of grief was experienced by the elderly woman who encountered an unexpected sudden death.

On the other hand, face-to-face conversations with her husband who did not exist in front of her, such as worshipping with folded hands at the Buddhist altar every morning, offering fresh flowers, going to the temple on his day of death became unintentionally incorporated into her everyday life. By starting to speak with the deceased, described as the beginning of a new relationship,¹⁵⁾ the connection and bond with the spouse after bereavement was reconstructed as a new form of relationship with meaning and significance, “a life of acquiring a new object of love or new role” was formed, including a spiritual aspect.

2. Individual and environmental factors affecting the adjustment to a new life

In general, elderly people who live alone with family members tend to feel anxious about being a burden on them and feel confused or lonely in the face of change.¹⁶⁾ With regard to the elderly woman in this study, her grandchildren and pet: her role in assisting with the preparation of meals for the son's family: the opportunity to go out with casual consideration, and her quick wit with her sons and other people, enabled her to find "a life of acquiring a new object of love or role." She, furthermore, considered her hobbies, for example patchwork, socializing with friends and neighbors, and her role in passing on local traditions to be "fun" and "healing."

In previous research with regard to the resilience of elderly people, the instrumental independence was found to be related to "activeness in life" and "friends/neighborhood resources" and high intellectual activity was revealed to be related to an abundance of "friends/neighborhood resources" in the activity capacity index.¹⁷⁾ Elderly bereaved women who receive emotional support from their family and friends have a high degree of life satisfaction.¹⁸⁾ In this study, it was speculated that the environmental factors of "friends/neighborhood resources" increased her resilience and contributed to her adjustment to a life.

After the unexpected death of her husband, she had completed a series of mourning ceremonies with local residents for the first seven days. In her area, there continues to be traditional death involvement and customs, as well as funeral-related local community ties and cooperation. She was able to sympathize with sadness with her family and local residents, because there was spontaneous social support, so that she did not have to face her bereavement alone. This support is a facilitative factor of grief work. Furthermore, the reason why she was able to maintain a continuous connection with her community even after spousal bereavement was due to the fact that, in addition to her resilience, there were local relationships and customs in the area which enriched the community.

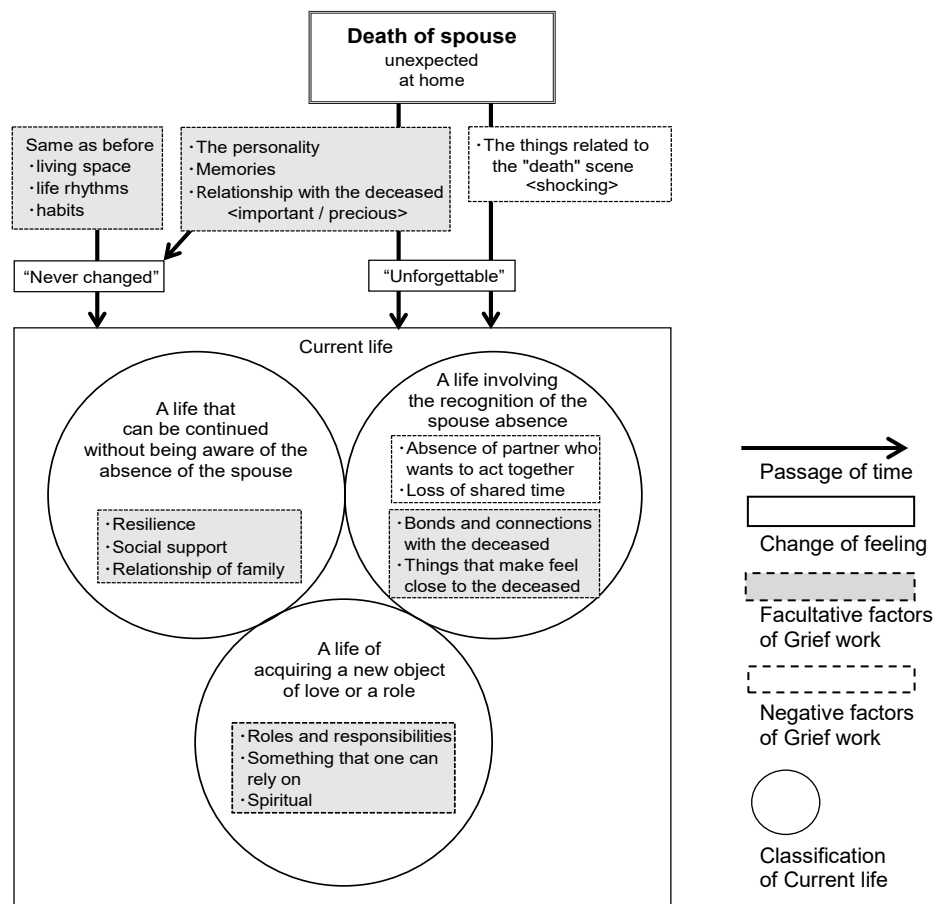
Grief is a normal and legitimate reaction, and individual grief work can overcome critical situations and grief, even without specific care situations and opportunities. In an elderly woman who encountered the unexpected death of her spouse at home, there were memories of events that were clearly related to the scene of death. When she was reminded of the fact that she no longer had her husband with her, her sadness and loneliness were rekindled. However, this indicated that her grief process operated in the same way as general bereavement. This is probably due to the existence of various facilitative factors of grief work that enabled her grief process to flow smoothly. These were previous life experiences and values, resilience, good family relationships, the acquisition of new roles, having fun with hobbies and community connections, customs for death remaining in the area, and good relationships and memories of the spouse before bereavement. Five years have passed since the bereavement and she has been able to calmly and objectively look back on the unexpected event that affected her. "We were

having a conversation just before I realized that he was not breathing.”

The more frequently there is emotional expression, the better the mental health.¹⁹⁾ Therefore, it is essential that support includes talking about feelings of sadness. In Japan, however, the environment surrounding individuals is changing as a result of factors such as the reduction and dilution of family functions, lifestyles, and communities. It can be said that, from the perspective of prevention, it is necessary to have intentional support so that relationship with people who need to talk about their grief can be continuously maintained. In addition, since grief may influence various factors of a person’s life, it is necessary to provide support which take into account the individual’s life experiences, values, and his or her relationship with the deceased.

In this study, the analysis target was only one case. However, the experience of unexpected bereavement at home is rare, so it is hoped that further research will expand on the findings of this case for the purposes of generalization.

Figure 1 indicates characteristics of the grief process and the adjustment to a new life for an elderly woman who encountered the unexpected death of her spouse at home.



<Figure 1> Characteristics of the grief process and the adjustment of a new life of an elderly woman who encountered the unexpected death of her spouse at home

VI. Conclusions

1. The things related to the death of spouse were “unforgettably remembered as a shocking event,” but more than that, the personality and memories of her husband became “unforgettably important and precious.”
2. The current life was constructed by a mixture of “a life that can be continued without being aware of the absence of the spouse,” “a life recognizing again the absence of the spouse,” and “a life of acquiring a new object of love or a new role.”
3. It became clear that an elderly woman who encountered the unexpected death of her spouse at home could follow a smooth grief process and adjust to a new life due to facilitative factors of grief work.
4. It was suggested that it is necessary to intentionally support facilitative factors of grief work because the size and the role of the local community has diminished.

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as of October 1, 2020

Asian Journal of Human Services

VOL.19 October 2020

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Presidents | Masahiro KOHZUKI & LEE, Sun Woo

Publisher | Asian Society of Human Services
#1Floor Ohara Bill, 2-11-5, Takezaki-Town, Shimonoseki-City, Yamaguchi-Prefecture, 750-0025, Japan
E-mail: ash201091@gmail.com

Production | Asian Society of Human Services Press
#1Floor Ohara Bill, 2-11-5, Takezaki-Town, Shimonoseki-City, Yamaguchi-Prefecture, 750-0025, Japan
E-mail: ash201091@gmail.com

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