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ECONOMIC COMPONENTS OF GRIEF

ANNE CORDEN and MICHAEL HIRST
Social Policy Research Unit, University of York, England

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ECONOMIC COMPONENTS OF GRIEF

Abstract

This paper investigates the nature, context and impact of economic stressors associated with loss, drawing on a mixed methods study of changes in financial circumstances and economic roles following death of a life partner. Findings show how economic changes, and the practicalities of dealing with such transitions, shaped individual responses to the death. Perceived decline in financial well-being was associated with increased risk of poor psychological health following bereavement. The findings underline the theoretical importance of financial risk factors for anticipating the duration, pattern and timing of bereavement outcomes. A challenge for service providers and professionals is how to bring understanding of economic components within emotional and practical support for people preparing for death and those who are bereaved.

Key words: Bereavement; Financial change; Economic role; Grief; Qualitative study; Panel data; Britain

Introduction

Links between financial difficulties and negative health effects may be expected in societies where money provides not only the means for everyday living and wider participation but shapes perceptions of self-worth, status and achievement (Marmot, 2010). Such associations are commonly found when redundancy, business closure, long-term sickness, relationship breakdown or other change of circumstances leads to indebtedness, income losses, depleted savings, rising costs or unexpected outgoings (e.g. Bartley, 1994; Drentea & Lavrakas, 2000; Ferrie, et al., 1995; Pleasence et al., 2004). Conversely, there is evidence of health gains following advice about money problems, budgeting and debt management (Abbott & Hobby, 2000; O'Neil et al., 2006).

Interpretation of associations between changes in financial well-being and health are not straightforward however. Financial stressors may lead to or result from poor health, or both, and financial difficulties may be experienced as several interconnected events, or changes accumulating in no particular order (Balmer et al., 2005; Nettleton & Burrows, 1998).

Financial difficulties are generally associated with stress-related symptoms such as anxiety, insomnia and depression rather than physical health problems, although prolonged emotional distress may increase susceptibility to infectious diseases and functional decline through lowered immunity (Kiecolt-Glaser et al., 2002). Moreover, events and changes in circumstances experienced as disruptive may be associated with psychological distress, irrespective of any financial difficulties that arise. Important questions in such situations include: how much, for whom and in what ways do financial stressors contribute to changes in psychological well-being?

This paper investigates experience of financial change and adjustment in economic roles that follow the death of a partner, and how such transitions affect grief. Much of the previous research on people's experience of bereavement focuses on their emotional responses, and evaluation of therapeutic interventions to alleviate complicated or prolonged grief (Neimeyer, 2010; Schut, 2010). Parkes (1996) suggests that constituent parts of grieving, such as fear, anger, guilt and reconstruction of identity, can all be affected by people's perceptions of financial responsibility and economic well-being. Gallagher (2004) uses the term 'financial pain' to cover the totality of needs arising from economic transitions and hardship experienced by dying and bereaved people, including changes in income, housing and employment as well as changes to status or role.

Models of bereavement have emerged that include changes in material well-being as independent risk factors for psychological distress (Stroebe et al., 2006). However, little is known about the influence of financial pressures and economic uncertainties on the experience of bereavement: this provided the context for the findings reported here. In the next section, we introduce theoretical concepts and ideas to understand the experience of stressors associated with bereavement and how these influence the grieving process.

Coping with bereavement

Grief, as a universal psychological and emotional response among human beings, requires scientific explanation. From a synthesis of material from evolutionary psychology, ethology and experimental psychology, Archer (1999) finds grief to be a natural reaction to losses of many kinds across all cultures. He argues that grief has evolved from primitive reactions around the development of 'attachment' to significant other people, overlaid by complex human mental processes. The grief experienced in bereavement is influenced by circumstances of the death and the social environment afterwards. Individuals try to cope with the distress and despair in different ways and with different abilities and outcomes.

Various theoretical frameworks aid understanding of the meaning of coping in experience of bereavement (Machin, 2008; Parkes, 1996; Walter, 1996; Worden, 1991). Different models provide different perspectives and different kinds of understanding (Parkes, 1998). We located our exploration of economic issues alongside the 'dual process model' of coping with bereavement described by Stroebe and Schut (1999). This is a theoretical biopsychosocial model, originally developed to understand coping with the death of a partner, but potentially applicable to other kinds of bereavement and loss. The basic model is depicted in Figure 1.

[Figure 1 about here]

Components of this model include stressors and cognitive strategies involved in dealing with them. There are two categories of stressor and each requires coping effort. ‘Loss-oriented stressors’ focus around the loss experience itself: typically the unique relationship or bond with the person who died. They are associated with a range of emotional experiences from, for example, relief about the end of suffering to, for example, anger at being left alone. The other kinds of stressors in the dual process model are so-called ‘restoration-oriented stressors’ which focus on what needs to be dealt with and how it is done. These are explained as secondary consequences of the loss which create additional sources of stress, such as avoiding loneliness or taking on new roles. Again, there is a range of emotional responses to coping with what needs to be done from, for example, fear of driving the car alone to, for example, satisfaction with practical funeral arrangements. Note that restoration-oriented stressors are not in themselves outcomes. Achieving the tasks or roles may eventually lead to perceived positive outcomes, but in terms of the model the term restoration-oriented stressor means the emotional and psychological process involved.

In this model, the process of coping with bereavement is one of ‘oscillation’, a dynamic alternation between dealing with loss-oriented stressors and restoration-oriented stressors through cognitive processes of confrontation, avoidance and distraction. Such oscillation is embedded in everyday activities but does not take up all the time, with sequence, pattern and timing that are different for individuals. Oscillation is necessary for optimal outcome, possibly through habituation. Stroebe and Schut (1999) argued that the model provides a framework for understanding gender and cultural differences in grieving and coping processes, and for identifying people at risk of severe negative bereavement reactions, to whom support might be targeted (Stroebe et al., 2006). Importantly for our study, Stroebe and Schut recognised the significance of financial and economic variables within the stressors and risk factors associated with bereavement, and pointed to need for empirical research in this area.

At the level of the individual, qualitative exploration helps us to understand how people in diverse circumstances experience financial changes and economic transitions as restoration-oriented or loss-oriented stressors following death of a partner. At the aggregate level, associations between emotional distress and responses to financial and economic change are best explored quantitatively, to test for difference between people who do and do not report financial disruption.

Our study was not designed to test the dual process model or evaluate factors that might influence psychological outcomes. However, that model provided a theoretical framework for understanding the psychological impact of financial disruption in a study that investigated the financial implications of the death of a partner. In the next section, we describe our study design including recruitment of participants, research instruments and analytical techniques. We then go on to present findings from one strand of this study: exploration of the economic components of grief. A final section discusses the findings in relation to bereavement support and good practice.

Design and methods

The authors' overall study investigated financial transitions and adjustments following the death of a life partner, using a mix of qualitative and quantitative methods. Full details of the study design, including ethical approval, are reported elsewhere (Corden et al., 2008).

The qualitative component comprised in-depth interviews with 44 people. The researchers worked with 10 national and local organisations likely to be in touch with bereaved families, which sent information about the research to people whose partner had died in the previous two years. We ensured a wide spread of financial circumstances by recruiting participants in geographical locations with different socio-economic characteristics, guided by preliminary findings from the quantitative component. People interested in taking part then got in touch with the researchers, and audio-recorded interviews were conducted in their home or place of work during 2007 and 2008. People spoke about their experience of economic changes after their partner died and the adjustments they made, the practical management issues involved, and what all this meant for them. Interviews were transcribed and data extracted, managed and thematically analysed using the 'Framework' approach (Ritchie & Lewis, 2003). The study group included 13 men and 31 women representing all age groups and included people who had received bereavement support as well as those who had declined such help or had not thought of seeking it. Participants lived in various locations in England and southern Scotland, and included people whose partnership had not been formally registered as well as those who had been married. Five men and 10 women had dependent children. Among the older participants, 15 people were bereaved when they were over state pension age at that time (women 60 years, men 65 years).

The quantitative component drew on secondary analysis of the British Household Panel Survey (BHPS), a general-purpose survey of a nationally representative sample of over 5,000 private households in the UK (Taylor et al., 2006). By pooling data across 14 annual interview waves, 1991 to 2004, we identified a baseline study sample of 756 couples where partners had shared an address continuously for at least six months during the year before separation by death. Data were drawn from up to six interviews, three before (B1, B2 and B3) and three after the death (A1, A2 and A3). Partners' deaths occurred around six months (median) after the B3 interviews and six months before the A1 interviews (range: 2 to 10 months).

Two outcomes reported by the partners who lived on are examined in this paper: psychological well-being and perceived financial change. Psychological well-being was assessed using the 12 item General Health Questionnaire (GHQ), a widely used measure of undifferentiated or generalised distress (Goldberg & Williams, 1991). It asks respondents about their recent experience of symptoms of anxiety and depression, social dysfunction, and loss of confidence and self-esteem. Symptoms are not attributed to the experience of loss although many of those described in the GHQ are part of a complex syndrome of emotional reactions to bereavement (Stroebe et al., 2007).

Validity studies indicate that people who report four or more GHQ symptoms are likely to receive a diagnosis of psychiatric illness in an independent clinical assessment (Goldberg et al., 1997). This threshold was used to identify respondents with 'high distress' scores and to monitor changes over time. Onset of distress was identified in respondents with no more than three symptoms who presented high distress scores at the next BHPS interview. Recurrent or persistent distress, which may impair personal and social functioning, refers to respondents who reported four or more symptoms at two or more successive interviews. The GHQ is shown to be a reliable instrument for measuring change in psychological well-being at yearly intervals (Pevalin, 2000).

In both the qualitative and quantitative components, we used people's own assessments of financial change because the extent to which their circumstances were experienced as stressful was probably determined more by processes of cognitive appraisal than by the objective situation. In the BHPS, respondents' reactions to financial change were assessed by a single question: 'Would you say that you yourself are better off or worse off financially than you were a year ago?' with the response 'about the same' also offered. This question was asked of all respondents and was not specifically linked to bereavement or any other context. For this analysis, the categories 'better off' and 'about the same' were combined to compare the psychological well-being of people who did or did not feel their financial situation had worsened.

At the interview immediately before the death (B3), 655 people completed the GHQ and answered the survey question about financial change (women 422, men 233). Individual weights, derived by BHPS research staff, were applied to the sample to adjust the distribution of responses to variables associated with design effects, non-response and attrition (Taylor et al., 2006). We evaluated the representativeness of the baseline study sample against national census data and official mortality statistics on partnership and separation by death, and assessed the impact of losses to follow-up. We also assessed the sensitivity of longitudinal findings to sample losses by repeating analyses across interview sequences of varying length. These assessments produced no firm evidence that selecting a sample from the BHPS would compromise the generalisability of the findings or alter the conclusions drawn here (Corden et al., 2008).

The likelihood of psychological distress was estimated as odds ratios (ORs) with their 95% confidence intervals (CIs) using logistic regression analysis, taking account of potential confounding factors identified by Goldberg & Williams (1991). Generalised estimating equations were used in longitudinal modelling. Women typically outnumber men two to one in samples of bereaved partners. Key statistical findings are therefore presented separately for women and men because the relationships between household and economic roles, financial position and psychological well-being are gendered across the life course.

Results

In what follows, we present qualitative findings using the framework of the dual process model described above, followed by quantitative findings.

Restoration-oriented stressors

Our qualitative interviews provided considerable illustrative material which fits the concept of restoration-oriented stressors resulting from ‘doing new things’. Feelings of financial insecurity were common in the days and weeks after a partner died. Even when people believed they would eventually have new sources of income from pensions and benefits there was often fear about how this would be achieved. Anxiety about financial security escalated when it proved hard to deal with administrative processes or there were unexpected delays. Uncertainties often remained for several months, and extended for some people into the first or second year after the death.

People’s perceived need to inform quickly many different financial and regulatory organisations, and make new contacts and arrangements was often related to fear of penalties, which were real possibilities. Dealing with various government departments and at the same time with utility companies, solicitors, banks and building societies, and pensions and insurance companies seemed a huge burden to some people, even when things went smoothly. People described feelings of despair about perceived inadequacy in trying to understand unfamiliar income maintenance systems, and some remembered how angry they had felt to be left alone by their partner to deal with seemingly endless paperwork and telephone communications, and the burden of administrative and economic responsibility.

Those who met delays, frustrations, wrong advice and lack of privacy at administrative offices often remembered deep feelings of anger and distress, and how this had intensified emotional distress. Some remembered how hurt they felt when staff were abrupt or lacked skills in talking to people whose partner had just died. For some, this made coping harder at an emotional level, which in turn could lead to errors or prolong administrative process, with negative financial outcome. People who remembered being dealt with by kind, administrative staff who had skills in dealing with people facing bereavement said how helpful this was at an emotional level.

Making appropriate funeral arrangements was important to everybody, but some people recognised in retrospect that organising a funeral turned into '*a treadmill*' of things that had to be done, obstructing their grief. Having to deal with unwelcome family interventions about funerals, such as disagreements about cost, was not wanted at a time of such grief. Being an executor of a partner's will brought some people new anxieties about their capacity to deal properly with the matter. For others who felt generally comfortable with paperwork and administrative matters, focusing on tasks in dealing with an estate acted as a distraction from grief.

Stroebe and Schut recognise 'taking on new roles and identities' as restoration-oriented stressors. Parents in our study spoke of feelings of a heavy new weight of financial responsibility for their children, especially parents of very young children and children with special needs whose dependency was likely to extend into adulthood. Our interviews showed further how hurtful and unwelcome were some of the new identities imposed by categorisations within regulatory systems. Women who found themselves cast as 'lone parents' within benefits and tax credits systems sometimes did not want to be part of this grouping. For them, 'lone parents' were divorced, separated or single people, and the children of women in this group had 'absent fathers'. Anger and hurt at this association persisted, both for themselves and on behalf of their children whose fathers had been a loving presence. Women who had not been married were sometimes sad that they were not entitled, formally, to call themselves 'widows', a group name which, they thought, acknowledged their partnership and might bring some dignity and respect. Discovering that they were not entitled to sign forms to register death, because they were not formally 'next-of-kin', had been deeply hurtful.

Our interviews provided many examples of new economic roles for the bereaved person within family and domestic life: greater responsibilities for child care, household management, shopping and cooking, money management and driving. Taking on these new roles had often been stressful, with anxieties, frustrations and disappointments. In general, the associated stress lessened, or was experienced less frequently, as people got used to what they had to do or found other ways of dealing with things. Those in their second or third year after their partner died sometimes described some long-term positive outcomes of having new roles thrust upon them. There was some satisfaction among men who had not cooked before but now enjoyed making meals for themselves; and some satisfaction among women in confidence gained in having to deal with government agencies, or having learned how to manage car ownership. Parents still often had times when they felt inadequate and emotionally exhausted by efforts to replace their partner's role in practical home-making. Trying to mend a broken wheel on a push-chair, which their partner would have done in a few minutes, was described as '*having ended my day'.*

We found, in our interviews, financial and economic experiences which fitted all the exemplary groups of restoration-oriented stressors suggested in the dual process model. We also identified another kind of stressor which does not fit neatly into those groupings, which we call 'the meaning of money'. We saw how, in day-to-day living, 'money' was often not a value-free term. In some circumstances, social and cultural influences led to moral judgments, values and emotional attachments to different monies related, for example, to the source of the money and how it might be used. Some monies received through a partner's death had constructs and meanings hard to deal with in coping with bereavement. Some parents constructed their widowed parent's allowance (which depended on their partner's previous national insurance contributions) as an outcome of their partner's efforts for their children's benefit. Discovering that such money counted as taxable income and would end on remarriage, led to anger among some when it seemed that their partner's efforts for the children were being thwarted or discounted. Other parents thought of widowed parent's allowance as a form of replacement of a partner's earnings, and found themselves dealing with strong negative feelings when the amount of the allowance compared very unfavourably with earnings from full-time or well-paid part-time work.

Some monies received after the death had positive connotations. For example, generous occupational pensions, for some people, had positive associations with their partner in relation to commitment, long service, skills and expertise, or hard work. Small occupational pensions were, generally, not perceived to reflect negatively on partner's efforts, such as poor provisioning, but were associated more with external factors such as job opportunities, inflation, and financial markets or, for young people, having made as yet relatively few contributions. However, there were some people who found payments from a partner's pension arrangements or life insurance hard to deal with emotionally. Such people said they had not wanted money; they wanted their partner, and the payments seemed to emphasise their loss. Some people whose partner died suddenly, for example in road crashes, said the life insurance pay-out had only negative associations with unnecessary loss and death, and caused them great stress. One person said they had '*tied it up*' as soon as possible in a long-term investment which they tried not to think about, because it was still too painful.

Money received through civil court proceedings as compensation for criminal injuries could also be hard to deal with emotionally. Interviewed nearly three years after a partner's death, one person said the criminal injuries compensation had always been a very sensitive matter. Drawing income from it was unacceptable; it was invested so it would be available if ever needed, but thinking about it could be avoided. For other people, absence of compensation could also be a stressor. One person described deep and persistent anger that no financial compensation was paid after a fatal road crash, and saw this as a demonstration of society's indifference.

Loss-oriented stressors

Loss orientation is to do with processing the grief of loss of the relationship, tie or bond with the person who has died. In our qualitative interviews there was evidence that part of the uniqueness of the partner who died were characteristics and constructs reflecting the 'economic person'. The words and phrases people used gave insights into ties and bonds that had to break that were bound up with constructions of their partner's economic beliefs, roles and behaviours, with long-lasting emotional resonance.

Much of what had been lost in the 'economic person' was related to the paid work they had done. People talked proudly of partners who had made what seemed worthwhile contributions through their work, both financially to their families, and in a more general sense. Young women who spoke of their partners as '*always working hard for us*' were dwelling on their loss of a committed family breadwinner, ready to work long hours for his family. Older women spoke about partners who had '*always been a steady worker*', reflecting on characteristics that were valued long past retirement age. Self-employed partners, and partners who had a number of jobs were spoken of as '*always good at business*', '*ready to try things*' or having '*lots of ideas*'. People whose partners had kept working as long as possible through treatment and terminal illness were proud of such determination and courage. For some people, memories of a partner's negative experiences of unemployment, redundancy or business failure were also aspects of the shared life that was over and part of the lost relationship.

Other aspects of the 'economic person' which had been lost were to do with the personal characteristics which had contributed generally to the couple's economic well-being. Their partner's practical skills and economic capacities and activities that lay behind roles and responsibilities taken on in the partnership were part of the uniqueness of the individual they had lost. People spoke of partners as '*always very careful with the money'*; '*making sure we would have enough'*; '*able to deal with the tax people*'; '*loving his car*'; '*always generous to his friends*'; '*knowing all about gardening*'; '*quick to see a bargain*'; '*a wonderful cook*' and '*seeing to anything needed on the house*'.

Of course, not all the contributions to the partnership from the 'economic person' were perceived positively. Some people lost partners who had been unable to maintain earnings; partners who made decisions about business deals or loans which had negative outcomes; who found it hard to control spending and used up family resources, or who let unpaid bills accumulate. For some couples, there had been conflict about money matters. Our research was not designed to explore how people generally processed the loss of a partner's characteristics that were perceived negatively and this might be a useful line of enquiry for the dual process model.

Our findings also led us to consider how bereaved people process 'surprises' about their partner. Some people told us that aspects of a partner's economic characteristics and behaviour, discovered after death, had been a surprise. The way they spoke about such surprises suggested that they were significant loss-oriented stressors. Some discoveries had been unwelcome, for example finding that a partner had secretly built up large debts. For others, discoveries deepened the partner's perceived value, for example realisation of a partner's previously unknown generosity in financial gift-giving. Yet others said they remained puzzled, and still turned things over in their minds without resolution; for example, how had a significant amount of personal savings been put away by a partner in a couple who had lived for many years on a joint low income?

Process of oscillation

Our interview material yielded evidence of oscillation between loss-oriented and restoration-oriented stressors in that people themselves said they remembered feelings going backwards and forwards, depending on context and what else was happening for them at the time that matters arose. Some feelings were attached to the person lost; some were attached to what now had to be done. People remembered this particularly in relation to dealing with paperwork and correspondence soon after their partner died. The same people who spoke about dealing with letters and administration as having been a distraction from their grief also said that finding a letter on the mat from a partner's life insurance company brought '*overwhelming pain*' as they thought about the circumstances of death. People who yearned for the partner who had made careful plans and generous provision for their own financial well-being in bereavement found themselves also angry and frustrated that they now had to deal on their own with all the administrative process involved.

In the same way, some people described '*going backwards and forwards*' in relation to family and household roles. Parents dwelt on what they had lost in the amount of thought and effort partners had put into running the home and enhancing children's lives, then talked later about feeling overwhelmed by inadequacy in trying to take on some of the roles and fill some of the gaps.

Some restoration-oriented stressors went away with the passage of time, within structural and administrative systems. Funerals happened and people dealt with the bills. Matters to do with pensions and benefits were often resolved. Coping also involved gradual reduction in the experience of stress through habituation, for example going alone to school meetings gradually became easier. It also appeared that the outcomes of dealing with restoration-oriented stressors brought, for some, positive feelings of relief: mortgages were paid off; life insurance pay-outs eased financial situations. But some stressors remained for a long time: the constant anxiety of financial uncertainty; long wrangles with insurance companies and mortgage lenders; planning for sole financial responsibility for a young family; continued awareness of a large compensation payment which would have to be dealt with emotionally at some stage. In the terminology of the dual process model, the persistence of such long-term financial and economic stressors might act to restrain the process of oscillation, holding back coping.

Our final suggestion from the qualitative findings is to ask whether it might be useful to consider 'multiple post-bereavement losses' of material resources and financial security, within the dual process model. Previous research suggests that coping with bereavement is particularly hard for people who have experienced multiple losses preceding the death (Stroebe et al., 2007). For some people we spoke to, financial problems led to a number of major negative outcomes and further losses after the death. For some, a partner's death did lead to poverty; having to sell a family home; having to give up a job; bankruptcy; or having to withdraw all personal savings. People sometimes talked about what happened as experiencing '*an additional loss'*. It might be useful, in further research, to explore whether multiple or major post-bereavement economic losses increase risk of complicated or prolonged grief.

In the next section, we draw on quantitative data to investigate risk to emotional health of decline in financial circumstances following the death of a life partner.

Financial decline and psychological distress

The financial and economic changes identified in our qualitative study as loss-oriented or restoration-oriented stressors might contribute to the level of financial distress experienced by individuals and influence, in turn, their emotional well-being. We were unable to investigate such links quantitatively because we lacked specific measures to examine individual differences in people's bereavement experiences and their appraisals of meaning. However, we might expect financial stressors to underpin a broad association between people's assessments of their financial situation and their emotional health. Our findings show the extent to which feeling worse off financially was associated with the likelihood of bereaved people reporting four or more GHQ symptoms of distress, and whether such an association might be linked with the death of a partner.

Figure 2 charts the prevalence of high distress scores and perceived financial decline in the months before and after a partner's death. Both trajectories broadly coincide (cross-correlation function=0.62, standard error 0.24) although their concurrence largely reflects what happened around the death. Distress rates peaked immediately after the death, drawing attention to the intensity of grief experienced by some people. The proportion feeling worse off also increased, consistent with some people facing difficulties coping with financial stressors following bereavement. Across three interviews before the death, one in four people reported financial decline, a proportion found more or less year-on-year in the general population (Taylor et al., 2009, p. 16). Soon after the death, that proportion doubled and then gradually declined to pre-bereavement levels. Among those interviewed within 18 months of their partner's death, 41% said they felt worse off, representing an increase of 15 percentage points on pre-bereavement rates. If that percentage uplift were attributable to financial decline associated with the death of a partner, we estimate from official mortality statistics that 30,000 newly bereaved partners each year would be at risk of negative health effects because of their experience of financial disruption (Hirst & Corden, 2010).

[Figure 2 about here]

Feeling financially worse off was associated with increased likelihood of psychological distress at the first interview after the death. Altogether, 73% of people who said they were worse off presented high distress scores compared with 58% of those who felt their financial circumstances had improved or stayed the same (t=3.4, p<0.001). The extent to which people reported recurring or persistent distress, that is four or more GHQ symptoms before *and* after bereavement, also varied according to perceived financial decline (85% compared with 75%) although there was insufficient power (44%) with the available sample of recurrent cases to detect a difference at the 5% significance level (t=1.5, p=0.14). By comparison, a worsening financial situation, or factors associated with financial decline, influenced more firmly the extent to which people reported onset of distress (66% compared with 52%, t=2.7, p<0.01). This was a matter of interest because almost seven out of ten people recorded high distress scores after the death when previously they had reported no more than three GHQ symptoms.

Further investigation showed that the influence of perceived financial decline on psychological distress was gendered. According to all three models in Table 1, women who felt financially worse off were twice as likely to be distressed as those who did not report worsening finances after their partner died. In contrast, perceived financial decline had no statistical influence on the extent to which men reported four or more GHQ symptoms. Model 3 shows that gender differences in the effect of perceived financial decline on psychological distress held even after taking into account the influence of background factors associated with distress and controlling for distress reported before the death. However, there was no statistical interaction between prior distress and perceived financial change to influence distress rates following bereavement over and above their individual impact.

Findings not shown here indicate that feeling worse off after a partner's death was associated with onset of distress in women; that is, with women reporting four or more GHQ symptoms when previously, before the death, lower levels of distress had been recorded (OR=2.06, 95% CI 1.12 to 3.77). Perceived financial decline was also associated with women's reports of recurring or persistent distress between interviews before and after bereavement; however, it cannot be concluded, based on the small sub-sample, that such an association would be found in the population (OR=2.27, 95% CI 0.80 to 6.49).

[Table 1 about here]

An association between perceived financial decline and onset of distress might be indicative of the impact of financial stressors identified in our qualitative interviews. However, it could be argued that grief was making people feel negative about many aspects of their lives including their financial situation: this would dilute the inference that feeling worse off had led to increased psychological distress. An alternative interpretation might be that feelings of distress and perceived financial decline following bereavement were mutually causal and both may be influenced by other factors such as financial preparedness and the circumstances of the death.

To investigate further, we examined the association between distress rates before bereavement (that is at B3) and perceived financial change in the previous 12 months. No statistically significant association was found between women's or men's assessments of financial change and psychological distress after adjusting for prior health (at B2) and other background variables. These findings suggest that rates of distress are not invariably increased by perceived financial decline, even in a population that might be experiencing financial difficulties associated with end-of-life care.

We also investigated the association between distress levels and perceived financial change at the second interview after bereavement (A2), with prior distress measured at A1. There was no statistically significant link between men's assessments of financial decline and psychological distress after adjusting for prior health and other background variables. In contrast, a worsening financial situation between the first and second interview after the death was associated with increased likelihood of distress in women. However, the impact of perceived financial decline between the two interviews after bereavement on the likelihood of distress in women was less than that observed immediately following the death (OR=1.81, 95% CI 1.00 to 3.28; cp. Table 1). The diminishing effect of worsening finances on women's distress rates was shown further by the absence of any significant effect of feeling worse off following bereavement (at A1) on psychological distress reported a year later (p=0.30).

Longitudinal analysis confirmed these findings and, although there were further losses from the study sample, typical trajectories can be suggested. Table 2 shows that the likelihood of distress increased significantly following partners' deaths, more so for women than men and for those whose financial situation had worsened. The link between financial decline and distress subsequently weakened but lasted longer for women than for men (Figure 3). Longitudinal findings also indicate raised distress rates in women at the last interview before the death (B3), which draws attention to the strain of caring about a partner towards the end of life.

[Table 2 and Figure 3 about here]

These findings indicate that the negative impact on women's psychological health of experiencing financial decline was most acute immediately after the death. Attenuation of such an effect might indicate adaptation to changed financial circumstances or resolution of the financial disruption triggered by the death, or both. A turning point can be detected between 14 and 18 months after the death. Up to that point, most of the women reporting high distress scores said their financial situation had worsened, and most of those who felt financially worse off reported high distress scores. Beyond 18 months, the statistical link between perceived financial decline and women's emotional health had weakened: little more than a third of those presenting high distress scores said their financial situation had continued to worsen, and most of those who felt worse off reported no more than three GHQ symptoms. No comparable trajectory was observed among men and, despite raised distress rates immediately following bereavement, under half of those presenting high distress scores felt their financial situation had worsened, and those who felt worse off generally reported fewer than four GHQ symptoms.

Discussion

Our investigation of the financial implications of death of a partner brings new perspectives for understanding what happens in coping with bereavement. Throughout all stages of the study, we were aware of the emotional components in people's accounts of their financial and economic circumstances. Qualitative findings show how experience of economic and financial changes, and having to deal with such transitions and what has been lost economically, shaped individual responses to the death of a life partner and were part of coping with bereavement. Quantitative findings show that people who experienced financial decline following their partner's death were at greater risk of poor psychological health following the bereavement, women more so and for longer than men.

Our approach was exploratory and we recognise the limitations. Although the quantitative component demonstrates the value of secondary analysis for bereavement research, drawing a convenience sample from a general-purpose household survey limits inferences and their practical application. Successive BHPS interviews were not conducted at predetermined intervals after the death of a panel member; bereavement-specific measures of health and financial well-being were not included in the survey; and information was lacking on the quality of personal relationships, the circumstances of a death and other factors that might moderate or mediate the effect of financial decline on psychological distress. We aimed to provide provisional insights into a complex topic that warrants investigation in a purposively-designed study based on primary data. Comparative research including countries with different income streams, regulatory systems, and cultural held beliefs and practices, would test further the links between economic changes and emotional responses following bereavement.

Although our findings require evaluation, we believe that the broad patterns observed, and the correspondence of views expressed, are sufficiently strong to suggest implications for current policy and practice. Findings alert health service managers and professionals to the potential significance of financial and economic factors in health trajectories following bereavement. For bereavement support services, findings suggest that development of skills and expertise among counsellors in recognising emotional and psychological responses to economic change, and supporting people to deal with these, may be as important as helping people access financial information and practical assistance in regulatory systems.

For professionals in regulatory and administrative systems, findings reinforce what is known from other research. Good practice in dealing with bereaved people encompasses language used in standard letters; privacy afforded in offices and the manner in which people are spoken to. Being dealt with courteously, and experiencing kindness, thoughtfulness, understanding and timeliness can have positive emotional impact which does not impede grief, and is likely to smooth and expedite administrative process.

Much of the importance of our study lies in the basis provided for theory building. Combining insights from the qualitative and quantitative portions of the study should inform the design of more in-depth behavioural research to clarify the causal relationships between economic and emotional experiences in modelling grief. We found evidence of economic components that fitted all the restoration-oriented stressors identified by Stroebe and Schut; we also identified a particular kind of restoration-oriented stressor, additional to the groupings described by those authors, which we call 'the meaning of money'. We also found evidence suggesting that people's ties and bonds to the person who has died include constructs of the 'economic person', which form part of the other domain of the coping model, the primary or loss-oriented stressors. It may follow that financial and economic factors play a significant role in oscillation between restoration-oriented and loss-oriented domains. Our findings also point to new lines of enquiry in modelling the coping process – how do people deal with loss of those constructs of their partner that were perceived negatively during their life together, and how do they deal with 'surprises' about a partner's actions and decisions? How significant are financial and economic stressors in accounting for the gendered vulnerability in health trajectories following bereavement, and the different coping strategies preferred by women and men (Stroebe et al., 2001)? Our contribution to the theoretical dual process model may in turn lead to solid conclusions that would be useful in setting policy and developing services, and provide additional insights and perspectives for those who offer bereavement support and counselling.

References

Abbott, S., & Hobby, L. (2000). Welfare benefits advice in primary care: evidence of improvements in health. *Public Health*, *114*, 324-327.

Archer, J. (1999). *The nature of grief: the evolution and psychology of reactions to loss.* London: Routledge.

Balmer, N., Pleasence, P., Buck, A., & Walker, H. (2005). Worried sick: the experience of debt problems and their relationship with health, illness and disability. *Social Policy & Society*, *5*, 39-51.

Bartley, M. (1994). Unemployment and ill health: understanding the relationship. *Journal of Epidemiology & Community Health*, *48*, 333-337.

Corden, A., Hirst, M. & Nice, K. (2008). *Financial implications of death of a partner.* York: Social Policy Research Unit, University of York, UK.

Drentea, P., & Lavrakas, P. (2000). Over the limit: the association among health status, race and debt. *Social Science & Medicine*, *50*, 517-529.

Ferrie, J., Shipley, M., Marmot, M., & Stansfield, S. (1995). Health effects of anticipation of job change and non-employment: longitudinal data from the Whitehall II study. *British Medical Journal*, *311*, 1264-1269.

Gallagher, D. (2004). Finances. In D. Oliviere & B. Monroe (Eds.), *Death, dying, and social differences* (Chapter 11). Oxford: Oxford University Press.

Goldberg, D., Gater, R., Sartorius, N., Ustun, T., Piccinelli, M., Gureje, O., & Rutter, C. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine*, *27*, 191-197.

Goldberg, D., & Williams, P. (1991). *A user's guide to the General Health Questionnaire.* Windsor: NFER-Nelson.

Hirst, M. & Corden, A. (2010). Change in living arrangements following death of a partner in England and Wales, 1971 to 2001. *Population Trends*, *141*, 130-150.

Kiecolt-Glaser, J., McGuire, L., Robles, T., & Glaser, R. (2002). Psychoneuroimmunology and psychosomatic medicine: back to the future . *Psychological Medicine*, *64*, 15-28.

Machin, L. (2008). *Working with loss and grief.* London: Sage.

Marmot, M. (2010). *Fair society, healthy lives: strategic review of health inequalities in England post-2010.* London: The Marmot Review.

Neimeyer, R. (2010). Grief counselling and therapy: the case for humility. *Bereavement Care*, *29*, 4-7.

Nettleton, S., & Burrows, R. (1998). Mortgage debt, insecure home ownership and health: an exploratory analysis. *Sociology of Health & Illness*, *20*, 731-753.

O'Neil, B., Prawitz, A., Sorhaindo, B., Kim, J., & Garman, E. (2006). Changes in health, negative financial events, and financial distress/financial well-being for debt management program clients. *Financial Counseling & Planning*, *17*, 46-63.

Parkes, C. (1996). *Bereavement: studies of grief in adult life* (3rd Edition). London: Routledge.

Parkes, C. (1998). Traditional models and theories of grief. *Bereavement Care*, *17*, 21-23.

Pevalin, D. (2000). Multiple applications of the GHQ-12 in a general population sample: an investigation of long-term retest effects. *Social Psychiatry & Psychiatric Epidemiology*, *35*, 508-512.

Pleasence, P., Balmer, N., Buck, A., & Genn, H. (2004). Civil law problems and morbidity. *Journal of Epidemiology & Community Health*, *58*, 552-557.

Ritchie, J., & Lewis, J. (Eds.), (2003). *Qualitative research practice.* London: Sage.

Schut, H. (2010). Grief counselling efficacy: have we learned enough? *Bereavement Care*, *29*, 8-9.

Stroebe, M., Folkman, S., Hansson, R., & Schut, H. (2006). The prediction of bereavement outcome: development of an integrative risk factor framework. *Social Science & Medicine*, *63*, 2440-2451.

Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: rationale and description. *Death Studies*, *23*, 197-224.

Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet*, *370*, 1960-1973.

Stroebe, M., Stroebe, W., & Schut, H. (2001). Gender differences in adjustment to bereavement: an empirical and theoretical review. *Review of General Psychology*, *5*, 62-83.

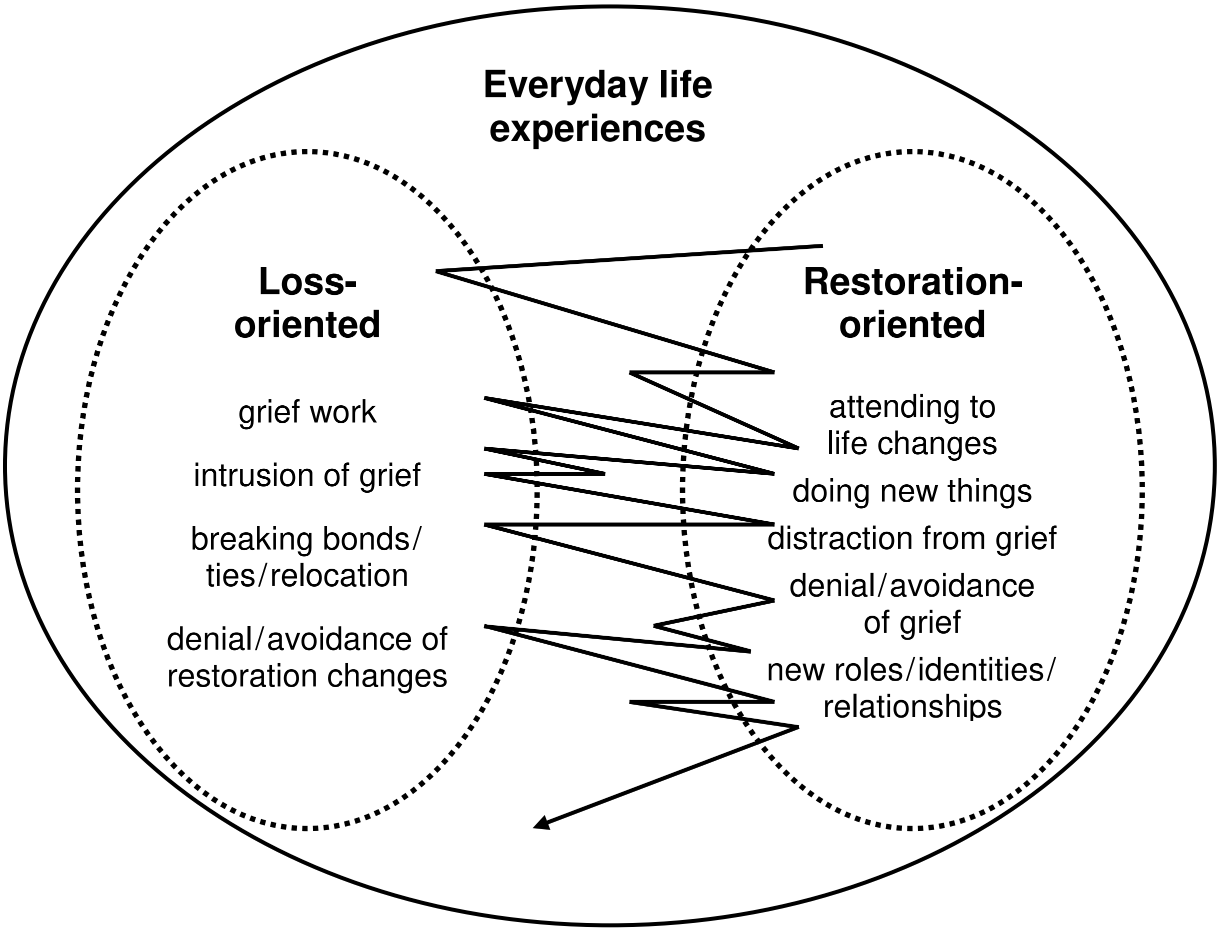
Taylor, M. (Ed.), with Brice, J., Buck, N., & Prentice-Lane, E. (2006). *British Household Panel Survey user manual volume A: introduction, technical report and appendices*. Colchester: Institute for Social and Economic Research, University of Essex, UK.

Taylor, M., Jenkins, S., & Sacker, A. (2009). *Financial capability and wellbeing: evidence from the BHPS.* London: Financial Services Authority.

Walter, T. (1996). A new model of grief: bereavement and biography. *Mortality*, *1*, 7-25.

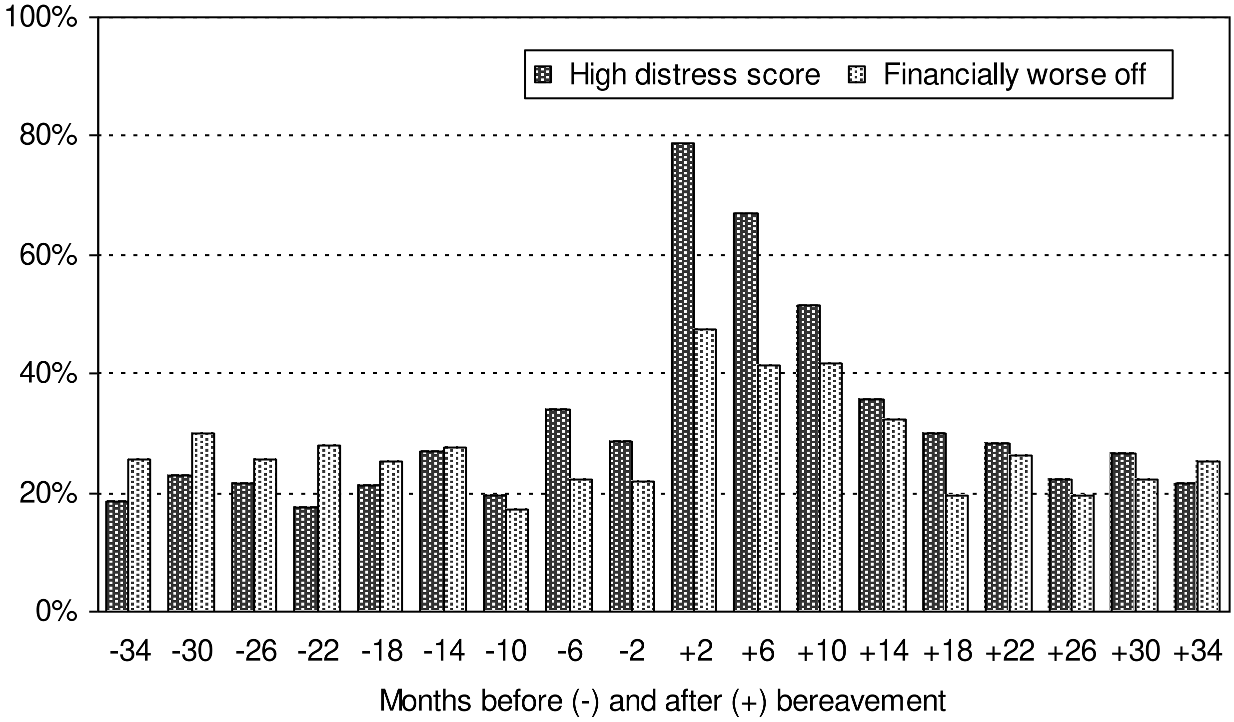
Worden, W. (1991). *Grief counselling and grief therapy: a handbook for the mental health practitioner.* New York: Springer.

FIGURE 1 The dual process model of coping with bereavement



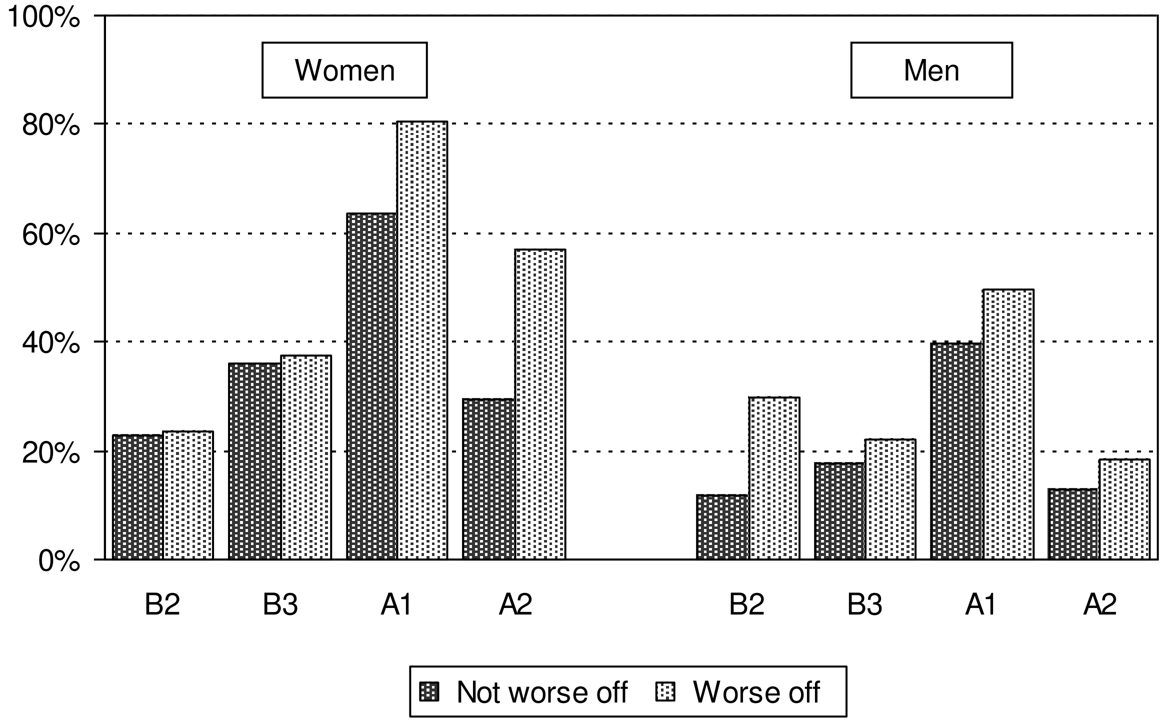
Source: Stroebe & Schut (1999, Figure 1).

FIGURE 2 Respondents reporting four or more GHQ symptoms and feeling financially worse off by months before and after death of a partner (per cent)



Source: BHPS cross-sectional study samples (B1 to A3); minimum unweighted base: 96 (at 34 months).

FIGURE 3 Respondents reporting four or more GHQ symptoms by gender and perceived financial decline before and after death of a partner (per cent)



Source: BHPS longitudinal study sample (B2 to A2); unweighted sample: 319, women 211, men 108.

TABLE 1 Logistic regression analysis of psychological distress in women and men at first interview after death of a partner by perceived financial decline and other factors (odds ratios, 95% confidence intervals)

	Model 1[a]		Model 2[b]		Model 3[c]	
	OR	95% CI	OR	95% CI	OR	95% CI
Women						
Financially worse off than a year ago	2.39	1.47 to 3.89	2.12	1.25 to 3.58	2.13	1.20 to 3.78
Months since the death	–	–	0.83	0.75 to 0.91	0.83	0.74 to 0.92
High distress score before the death (B3)	–	–	3.03	1.67 to 5.48	3.09	1.62 to 5.88
Men						
Financially worse off than a year ago	1.15	0.61 to 2.18	1.12	0.57 to 2.19	1.22	0.54 to 2.80
Months since the death	–	–	0.85	0.76 to 0.95	0.83	0.73 to 0.95
High distress score before the death (B3)	–	–	2.69	1.19 to 6.08	3.80	1.47 to 9.79
Unweighted sample						
Women	*329*		*309*		*285*	
Men	*170*		*164*		*159*	

[a] Overall effect of perceived financial decline on psychological distress.

[b] Model 1 controlling for prior distress and number of months since the death.

[c] Model 2 adjusted for age, physical health problems, educational level, family type, social class, and house tenure at A1 interview, and calendar year of A1 interview.

Source: BHPS longitudinal study sample (B3 to A1).

TABLE 2 Longitudinal logistic regression analysis of psychological distress at interviews before and after death of a partner by gender and perceived financial decline (odds ratios, 95% confidence intervals)[a]

	OR[b]	95% CI	OR[c]	95% CI
Interview sequence				
Last but one interview before the death (B2)	–	–	1.00	–
Last interview before the death (B3)	1.00	–	1.74	1.25 to 2.43
First interview after the death (A1)	3.72	2.71 to 5.10	6.45	4.39 to 9.47
Second interview after the death (A2)	0.96	0.71 to 1.29	1.61	1.14 to 2.29
Gender				
Men	1.00	–	1.00	–
Women	2.86	1.96 to 4.16	2.69	1.80 to 4.01
Financial situation				
Not worse off	1.00	–	1.00	–
Worse off	1.51	1.12 to 2.05	1.73	1.30 to 2.31
Intercept	0.18	0.13 to 0.27	0.11	0.07 to 0.17

[a] Reference category for each variable shown as OR=1.0; interaction terms not statistically significant (p>0.05).

[b] Longitudinal interview sequence B3 to A2.

[c] Longitudinal interview sequence B2 to A2.

Source: BHPS longitudinal study sample (unweighted sample: B3 to A2 401, women 267, men 134; B2 to A2 319, women 211, men 108).