

**CONTINUITY IN THE MIDST OF CHANGE:  
THE BEREAVEMENT EXPERIENCES OF TWELVE OLDER ADULT WIDOWERS**

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## ABSTRACT

The purpose of this study was to investigate how spousal bereavement affects the lives of men who are widowed in their 60s and older. In-depth interviews were conducted with 12 widowers aged 68 to 94 years (average 83) whose wives had died 2 to 10 years earlier, following marriages that had lasted from 37 to 61 years (average 50 years). The goal was to discover core themes that reflected the experiences and insights of these men, by analysis of their interviews using the grounded theory method with methodological hermeneutics. The resulting theory is represented by a hierarchical category structure featuring one core category and two second-level categories, supported by multiple subcategories, branches, and sub-branches. The core category was interpreted as “Continuity in the Midst of Change,” which combines the grounded and stabilising force of continuity with the challenge and uncertainty of change in the widowers’ lives. The diverse changes and challenges the men had faced, most notably, but not solely, the death of their wives, took place within the context of continuity in the men’s lives. The first second-level category, “Relationships, Work, and Activities,” concerns the past and present fundamental aspects of life for the widowers: the lasting effects of the lives they shared with their wives, ongoing relationships with family and friends, the communities they belonged to, and the work and other activities with which they were involved. These enduring effects collectively formed a life reviewing narrative that represented continuity in the men’s present lives, which contributed to resilience in the aftermath of spousal loss. The other second-level category, “Death, Loss, and Other Changes,” represents the changes and challenges the men recounted. The coexistence of conjugal bereavement in later life with other challenges added additional complexity to loss. The findings of this study are discussed in light of bereavement theory and research, including the concepts of continuing bonds, resiliency, and meaning, and also in reference to psychogerontology theory and research, including ideas about diversity, selectivity, continuity, and personality in later life. The theoretical and clinical implications of this study and recommendations for future research are discussed.

## DEDICATION

This work is dedicated to the memory of the twelve women whose husbands agreed to an interview with me for this project.

This work is also dedicated to the memory of my mother, Elisabeth, my father, Victor Arthur, and my brothers, Victor John and Frank William.

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## INTRODUCTION

This study examined the phenomenon of conjugal bereavement in later life for men, specifically the experiences of a sample of older adult widowers as revealed through semi-structured interviews analysed for thematic content. The study focused on the personal experiences of a sample of men who became widowers in their 60s or older. The purpose of the study was to learn what it had been like for them to experience the loss of a spouse, and to learn how they have dealt with being widowed men in later life.

The research objectives were to use in-depth, first-hand information to describe these phenomena and to discover themes that reflect the men's experiences and insights, in order to contribute to our understanding of conjugal bereavement and how it affects the lives of older men. Qualitative methods allowed a conceptual exploration of a life experience that is important, but not well researched.

The idea for the study stemmed from two growing and related fields of interest, gerontology and bereavement. Although a good deal of work has been accomplished in the two areas, many questions still require investigation, particularly regarding the experiences of men. Also, the two fields are still mostly separate (Hansson & Stroebe, 2007), and so this work represents an effort to unite them.



## CHAPTER 1. LITERATURE REVIEW

There is an extensive body of literature on bereavement theory and research. In this review, I will focus on themes that are important to an understanding of conjugal loss in order to put the interview data into context. These themes delineate the process of bereavement, the importance of the relationship with the deceased spouse, the context and meaning of the loss, and the risk and resiliency factors relevant to conjugal loss.

The current literature on psychogerontology is similarly broad. I will examine the themes concerning adaptation and change in later life that will guide the interpretation of this study's findings, namely, diversity, selectivity, continuity, and personality.<sup>1</sup> These topics add a necessary breadth to the subject of the experiences of widowed men in later life. I will then conclude the literature review with a survey of themes found in qualitative studies on bereavement among older adult widowers.

### Introduction to Bereavement

In this section, I will provide an introduction to the study of bereavement. This part of the review begins with a discussion of the nature of bereavement, followed by a focus on the relationship with the deceased, including a survey of theoretical models that highlight the importance of this relationship. Bereavement context, meaning in the wake of loss, and the risk and resiliency factors that may enhance or inhibit a person's ability to deal with loss are the themes that complete the section.

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<sup>1</sup> Before beginning this project, I had prior knowledge about bereavement theory and research. This knowledge was mainly derived from an eight-month doctoral-level reading course on the psychology of bereavement, completed in 2004. I also had knowledge about gerontology theory and research acquired through coursework and thesis research ending in 2001. I completed four undergraduate and three master's-level courses on gerontology in different disciplines, as well as honours and master's-level theses on gerontology-related topics.

### *Bereavement Process*

Bereavement is defined as the state of being bereft or deprived of something or someone of importance to us, and grief is the multidimensional reaction to being bereft (Corr, Nabe, & Corr, 2003; Kastenbaum, 1995). Mourning has been described as the public expression of grief, including social behaviours guided by sociocultural values and practices (Stroebe, Hansson, Schut, & Stroebe, 2008). Grief is often associated with emotional responses, but it includes a wide range of somatic, cognitive, and behavioural aspects as well (Stroebe, Hansson, Schut, & Stroebe, 2008).

It may be said that grieving is one of the most intense experiences of our lifetimes (Bowlby 1980/1998; Shear, 2012; Simon, 2012). However, the experience of grief is diverse and complex. A general conclusion drawn from the literature on bereavement is the difficulty of differentiating grief responses that are normal or abnormal. Even when cultural differences are set aside, reactions to bereavement encompass a truly wide range and mixture of thoughts and emotions, actions and expressions, interpretations and meanings, varying in duration and intensity while assuming diverse patterns and pathways.

The grief that follows a loved one's death may include a multitude of losses that are gradually realised and experienced over time (Corr, Nabe, & Corr, 2003; Rosenblatt, 1996; Viorst, 1986). The bereavement process tends to be ongoing and continual, because adjustment to the loss takes time, and during this time, we experience various changes and challenges, and the meaning of the loss tends to evolve (Silverman & Klass, 1996). Also, the bonds of affection tend to continue beyond death (Wortman & Silver, 2001).

Bowlby (1980/1998) remarked on the complexity of bereavement, the varied and conflicting responses it evokes, and the pain and anguish of grief, noting how difficult it is to

truly comprehend bereavement. In order to better understand the experience of bereavement, researchers have applied a range of theories and perspectives, which will be summarised in the next section.

### *Relationship with the Deceased*

The nature of the bereaved person's relationship with the deceased is an important element to consider. This introduction gives an overview of the key points concerning the relationship, while the subsequent sections provide more details on these topics.

The spousal relationship, particularly in a long-term marriage, is one of the most complex (Viorst, 1986; Weiss, 2001). Therefore, the death of a spouse represents not one, but many, losses that are gradually experienced over time (Rosenblatt, 1996). The individual nature of the bereavement process makes predictions difficult. It is thus important to avoid prescribing how long, how intensely, and exactly how a bereaved spouse should grieve (Silverman & Nickman, 1996; Wortman & Silver, 2001). Individual differences should therefore be respected.

Age is associated with length of marriage, especially among the older cohorts today (i.e., people in their late 60s and older), and so older bereaved spouses are likely to have lost a partner with whom they have shared the majority of their adult years. Marriages of significant length have the potential of greater intimacy and richness than shorter unions. However, the quality of a marital relationship is not a simple matter to assess, especially after conjugal bereavement, when a process of idealising the loved one tends to occur (Wolff & Wortman, 2006; Worden, 2009).

The loss of a spouse and the loss of a child are two experiences that may be considered particularly difficult (Burke & Neimeyer, 2013; Parkes, 2006). The key difference between them might best be explained by the nature of the attachment bonds and the feelings of security evoked by these bonds: while the parent-child relationship concerns security of the child, the

spousal relationship involves security of the self and of the partner (Weiss, 2001). The bonds are qualitatively different, and so it is reasonable to assume that bereavement will differ as well.

In addition to losing a partner and contending with grief and how the relationship must ultimately change, bereaved spouses also have to manage the many changes and challenges subsequent to the loss, such as tending to other relationships and trying to function as well as possible. The struggle to find a balance between focusing on the loss versus loss-related changes is another key component of bereavement that will be discussed in greater detail in this section.

The following topics represent some of the more prominent explanatory models of bereavement that are primarily focused on the relationship with the deceased: grief work, attachment theory, continuing bonds, the Dual Process Model, and the Two-Track Model of Bereavement.

*Grief Work.* The idea that grief requires a concerted effort and expenditure of energy, which can be traced back to Freud (1917/1957), survives as a component of several current working models. Grief work now appears in the form of stages or phases to be completed, tasks to be mastered, and situational demands to be met.

Freud (1917/1957) wrote about the necessity of withdrawing energy that was once devoted to the now deceased loved one. He described the “work of mourning” in this way:

Each single one of the memories and situations of expectancy which demonstrate the libido’s attachment to the lost object is met by the verdict of reality that the object no longer exists; and the ego, confronted as it were with the question whether it shall share this fate, is persuaded by the sum of the narcissistic satisfactions it derives from being alive to sever its attachment to the object that has been abolished. (p. 255)

The mourner's lack of interest in and withdrawal from the outside world is explained by the large amount of energy this slow and painful process requires (Freud, 1917/1957).

Kastenbaum (1995) offered a simpler translation of what grief work entails. He explained that the bereaved must inevitably face "all the feelings, all the memories, all the daily life encounters that bring to mind their attachment to the deceased person ... [confronting] the same point of attachment over and over again" (Kastenbaum, 1995, p. 322). He cited the example of listening to a favourite song of the deceased; the experience may at first be overwhelming, but with time and repetition, it becomes tolerable (and possibly enjoyable). Attig (2000) described this phenomenon of "first encounters," running into reminders of the loved one that immediately underscore the sense of their absence. He also emphasised that although acute pain is the initial effect, the pain's intensity and duration usually fade with time and repeated exposure (see also Shear, 2012; Simon, 2012; Wortman & Silver, 2001), although it should be noted that duration and intensity may be quite variable (Wortman & Silver, 2001).

Rosenblatt (1996) emphasised the gradual nature of the bereavement process. He explained that feelings of grief can recur unexpectedly when a reminder, such as seeing someone who looks like the deceased, triggers associated thoughts and memories. The intertwining of memory and emotion becomes all too evident in times of grief. Commenting on Freud's grief work model, Rosenblatt stated that "in a long-term relationship, it is easy to imagine that decades after the loss one would still be encountering reminders that would set off new hypercathexis" (p. 54). Taking these views into account, depending on the circumstances, grief work may be said to take place on conscious or unconscious levels, and may be either deliberate or unintentional.

A number of models outline specific aspects of grief and explain how people work their way through it. These aspects are commonly referred to as either *stages* or *phases* (e.g.,

Lindemann, 1944; Parkes, 2001a; Rando, 1993; Sanders, 1999) or as *tasks* (e.g., Worden, 2009). Worden's Tasks of Mourning model, which has been revised over the years, serves as an example. Worden (2009) proposed four tasks of mourning: accepting the reality of the loss; processing the pain of grief, including the diverse emotions associated with it; adjusting to a world without the deceased loved one, including internal, external, and spiritual adjustments (e.g., a changed sense of self, role changes, and a new sense of meaning, respectively); and establishing an enduring connection with the deceased, while starting a new life for oneself.

The grief work concept has been the target of criticism for the notion that it is necessary to work through a major loss, as avoiding distressful feelings or important tasks is a sign of being unable to move forward, or of putting off the pain of facing reality (Silverman & Nickman, 1996). Another criticism is the shortage of evidence supporting the idea that grief work is beneficial (e.g., Bonanno & Kaltman, 1999; Stroebe, 1992; Wortman & Silver, 2001). It has been argued that *ruminatio*n, a repetitive and obsessional process associated with distress, has been confounded with grief work (Stroebe, 1992). In addition, the confrontational strategies of consciously focusing on the relationship with the deceased or the particulars of the death have often been associated with distress and difficulties in adjustment; and while some avoidant strategies are linked to better adjustment, others, such as increased use of drugs or alcohol, are clearly counterproductive (Wortman & Silver, 2001).

In general, grief work models are criticised on the grounds of being too rigid, linear, and prescriptive (e.g., Payne, Horn, & Relf, 1999; Wortman & Silver, 2001). Worden (2009) acknowledged the concerns while advising that the tasks of mourning should not be viewed as a fixed progression of discrete stages, but rather as tasks that "can be revisited and worked through again and again over time ... or at the same time ... [in a] fluid process" (p. 53), adding that this

interpretation aids our understanding of bereavement as a process. In other words, a more flexible reading of grief work models, on a descriptive rather than prescriptive level, provides useful insights into the personal experiences of those who grieve.

The next two topics, attachment theory and continuing bonds, offer alternate views on how the bereaved may respond to the loss of an important person, and how the relationship with a deceased loved one may evolve over time.

*Attachment Theory.* Attachment theory was the life work of John Bowlby and colleagues, whose collaborations with other researchers have led to extensions and refinements of the theory, including its application to bereavement research (Bretherton, 1991). Bowlby summarised the phenomenon of attachment behaviour in this way:

Attachment behaviour is conceived as any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual. So long as the attachment figure remains accessible and responsive, the behaviour may consist of little more than checking by eye or ear the whereabouts of the figure and exchanging occasional glances and greetings. In certain circumstances, however, following or clinging to the attachment figure may occur and also calling or crying, which are likely to elicit his or her caregiving. (Bowlby, 1980/1998, p. 39)

Bowlby (1980/1998) believed that attachment behaviour is goal-directed, aimed at sustaining the bond of affection. Therefore, a situation that is perceived as endangering the bond will elicit bond-preserving activities of *protest*: clinging, crying, and sometimes anger. When the bond is safely re-established, these intense attachment behaviours and the distress that motivates them will end. However, if the bond cannot be restored, the protest fuelled by separation anxiety gradually gives way to *grief and despair*. Self-defending attitudes, such as *denial or detachment*,

are the end result (Bowlby, 1980/1998; Bretherton, 1991). Protest, despair, and denial or detachment were identified as the phases of a child's response to long-term separation (Bretherton, 1991).

If bereavement may be seen as the ultimate form of separation, then the relevance of attachment theory to grief becomes apparent. Weiss (2001) summarised the main components of the attachment bond and why its severance results in grief. Attachment is an exclusive bond with a particular person, it is expected to be permanent, and it is tied to feelings of security: security of the child in a parent-child relationship, and security of both self and other in an adult pair-bond relationship. This difference in the feelings of security evoked by particular bonds suggests that the loss of a parent or child is qualitatively different from the loss of a spouse.

Parkes (2001b) proposed that bereavement reactions parallel the experience of separation from an attachment figure, which is sometimes referred to as *yearning* or *pining* (Parkes, 2001b; Worden, 2009). Yearning or pining is considered a normal bereavement response, although if prolonged, it could signal complicated or chronic grief (Worden, 2009). Parkes (2001b) noted that high levels of pining and preoccupation soon after bereavement tend to be associated with a dependent attachment to the deceased, and with subsequent chronic grief.

Searching is another behaviour characteristic of separation and bereavement. Parkes (2001b) described the urge to search for a deceased loved one, despite knowing the futility of searching. Bereaved individuals may actually find themselves walking or driving around searching for the loved one, sometimes mistakenly seeing them before realising their error, or they might repeatedly return to the gravesite or to places formerly frequented by the deceased. Searching often occurs at a more subconscious level, taking the form of arousal, restlessness, searching for something to do, or calling out the name of the deceased (Parkes, 2001b).



Bowlby (1980/1998) used the framework of attachment to discuss bereavement. Although he cited a number of elements that affect the course of grief, alone or in interaction with others, he stressed that the bereaved individual's personality is the most important, "especially the way his attachment behaviour is organised and the modes of response he adopts to stressful situations" (Bowlby, 1980/1998, p. 173).

Parkes (1991, 2001a, 2002, 2006) has been careful to note the importance of factors other than attachment, such as the impact of sudden, traumatic, or multiple losses. Stating that variables such as sibling relationships and social isolation, which could affect bereavement responses, should not be overlooked, he has emphasised the need to consider multiple influences and their interactions (Parkes, 1991, 2006).

Attachment in older adults can be assessed, for example, with the Retrospective Attachment Questionnaire (RAQ; Parkes, 2006). This data can then be used to understand or predict responses to spousal bereavement. However, the validity of the data may be compromised by the problems inherent in self-report measures and retrospective recall.

Despite the preceding cautionary remarks, attachment remains a promising area in bereavement research. Attachment theory provides the basis for the concept of continuing bonds, which will be discussed next.

*Continuing Bonds.* The need to dissolve the attachment to a loved one after death is one of the misperceptions about bereavement (Wortman & Silver, 2001). In this perspective, mourners must relinquish the bond, letting go of their ties to the deceased in order to look once more to the future and to re-engage in life. This idea seems to have originated with Freud, who wrote that when the reality of death becomes undeniable, the facts "demand that all libido should be withdrawn from its attachments to that object" (Freud, 1917/1957, p. 244); once the painful

process of detaching the libido is completed, the ego becomes free to devote energy to the pursuit of new attachments. It has been argued that Freud, perhaps in light of his own personal losses, later softened his stance to acknowledge that certain ties can never (and need not be) relinquished (Rando, 1993; Sanders, 1991; Silverman & Klass, 1996).

Detachment was understood by Bowlby as the defensive response of some children to separation; Bowlby used a much different term, “reorganization”, for the final outcome of mourning (Bowlby, 1980/1998). The prevailing view on this issue is that detachment is neither the norm nor a necessity. Instead, bonds of affection do tend to survive in some form, and this continuity does not preclude a healthy adjustment to bereavement (Wortman & Silver, 2001). Attig (2000) explained that mourning entails not detachment, but an emotional adjustment in which the relationship is transformed “from loving in presence to loving in absence” (p. 123). The bereaved make this transition by realising not only the enormity of the loss, but also the ways in which they will be forever changed by having known the person who died; they learn to keep the person in their lives by appreciating and keeping their legacy alive (Attig, 2000). Legacies take the form of biological and material inheritance, but also in gifts that are more difficult to put into words, and the “similarities in gestures, speech patterns, behaviours, habits, dispositions, and temperaments” that have become a part of us (Attig, 2000, p. 120).

The definition of legacy proposed by Buckle and Fleming (2011) is “that which is changed or altered because the [loved one] has lived.... It is the reverberation of a life lived, a life that affects others, and continues to do so even after death” (p. 105). This perspective includes not only personal or internal legacy (i.e., the ways in which the bereaved are different because of the life of the deceased, e.g., becoming a stronger or less fearful person), but also public or external legacy (e.g., scholarships or awards in the loved one’s name, organs donated to

prolong another's life, or actions taken to prevent or reduce the occurrence of deaths similar to the loved one's). By acknowledging and internalising the deceased person's legacy, the bereaved are able to build an enduring attachment to their loved one, while feeling a sense that they themselves have been transformed. Legacy can take the form of learning from the example set by the deceased, as in this quote taken from an interview with a father whose 4-year-old child had died:

We had him for almost four years and he taught us a lot ... He brought so much joy to our life and we wanted to share that joy of him, there's all these good things that this little boy brought to us and how much we learned from him. We gained strength from him. I think he gave us a lot of strength to keep going. (Buckle & Fleming, 2011, p. 106)

Research has shown that, years after death, a loved one may continue to fill an important place in the lives of those who remember them, serving as a role model, a source of inspiration and guidance, and the focal point of cherished memories (Marwit & Klass, 1996). A continuing bond can take various forms: an inner representation of the deceased; the feeling of their presence, either actual or in dreams and memories; or the bereaved may assume aspects of the deceased person, adopting some of their qualities, predilections, or interests (Attig, 2000; Buckle & Fleming, 2011).

The bereavement process is continual, because accommodation takes place over time; as people change and events unfold, the meaning of the loss is understood in different ways and within different contexts (Silverman & Klass, 1996). Rosenblatt (1996) explained how the magnitude of some losses cannot be realised all at once. For example, the death of the father in a family that earns its living by farming entails more than the primary loss of the loved one. As

time goes on, there may also be significant secondary losses, such as “economic losses, the loss of home, the loss of a way of life, and the loss of a desired occupation” (Rosenblatt, 1996, p. 51).

The spousal relationship is perhaps the most complex, and its loss, at least in the case of a good marriage, means the loss of a friend and confidant, lover and companion, advocate and adviser, partner in life and parenthood (Viorst, 1986; Weiss, 2001). The thought of completely detaching from or letting go of this type of connection seems unrealistic.

The prevalence of attachments that continue beyond death does not prove that such connections are always good or necessary. Silverman and Nickman (1996) stated, “We need to be cautious that we do not impose the concept of an ongoing attachment as a rigid requirement” (p. 353). Research has suggested that the felt presence of the deceased may be more distressful than comforting for some (Wortman & Silver, 2001).

Rando (1993) believed that adaptive continuing bonds acknowledge the reality of the death and what it implies, while allowing the bereaved to carry on with their new lives. Field (2008) described a process of identification that “involves enrichment of the self through an inner connection with the deceased that at the same time respects a clear boundary between this relationship and the outer relationship that existed prior to the loss” (p. 119); full acceptance of the reality of the loss is thus a necessary component of healthy continuing bonds. Unresolved loss may result in maladaptive continuing bonds, evidenced by behaviour that demonstrates disbelief that the loved one is dead, and failure to acknowledge that the relationship must now be different (Field, 2008).

In the context of grief therapy, Worden (1991) discussed clients for whom it is appropriate to say goodbye, a process he explained as “saying goodbye to the desire for the deceased to be alive, to be here with me, and goodbye to the fantasy that I can ever recover the

lost person” (Worden, 1991, p. 87). The bereaved are thus able to keep the deceased in their lives, but in a less central and commanding place. Worden (1991) emphasised that the bereaved must be ready and willing to engage in this process, but for some, it apparently brings great relief.

Combining this view with the Freudian perspective, saying goodbye may be thought of as “detaching” from what was in order to find a new way of relating to the deceased. In other words, the relationship becomes transformed and reshaped, as different aspects of its importance and meaning are realised.

*The Dual Process Model.* The Dual Process Model of Coping with Bereavement (DPM; Stroebe & Schut, 1999, 2001a, 2001b, 2010) was based on ideas gathered from a range of perspectives, including grief work, cognitive and emotional processing, coping, and trauma theory. Stroebe and Schut were particularly interested in Horowitz’s work (1983, 1986, as cited in Stroebe & Schut, 1999, 2001b) on intrusion-avoidance reactions. In response to a traumatic event, people tend to experience intrusive, recurring thoughts, feelings, and images on the one hand, while attempting, on both conscious and unconscious levels, to avoid these and other reminders on the other hand (American Psychiatric Association, 1994). While Horowitz viewed these reactions as symptoms indicative of the degree of trauma, Stroebe and Schut (2001b) wondered how intrusion (or its conscious counterpart, confrontation) and avoidance might function adaptively in bereavement.

The DPM specifies two types of stressors. When attending to *loss-oriented* issues, the bereaved engage in thoughts or activities that directly relate to the loss (e.g., reviewing memories of the deceased); in contrast, dealing with *restoration-oriented* matters involves coping with

secondary consequences of the loss (e.g., learning to do some things differently). Stroebe and Schut explained the dynamics of the model:

At times the bereaved will confront aspects of loss, at other times avoid them, and the same applies to the tasks of restoration. Sometimes, too, there will be a “time out” when grieving is left alone.... The DPM postulates that *oscillation* between the two types of stressors is necessary for adaptive coping. (Stroebe & Schut, 2001b, p. 395, emphasis added)

In this framework, the bereaved person copes by shifting between various states: confronting or avoiding the loss; confronting or avoiding loss-related changes; or doing none of the above, that is, engaging in some form of distraction or attending to other matters (Stroebe & Schut, 2001a). This approach offers an amendment to the traditional grief work perspective with its emphasis on the need to work through loss rather than avoiding or denying it. Instead of conceptualising confrontation as good and avoidance as bad, a simplistic view not supported by research, the model focuses on the regulatory function of oscillation (Stroebe & Schut, 2001a). Worden (2009) suggested that loss- and restoration-oriented tasks could actually be attended to at the same time, noting that this interpretation allows a more flexible and inclusive view of the grieving process.

In terms of shifting between states, it seems doubtful that a person could remain in one state for long. A more likely scenario is that moment-to-moment changes in the person, the situation, and the interaction between them will be reflected in the pattern of movement from one state to another. However, some form of problematic grief might result if one state becomes predominant over the rest (e.g., chronic grief in the case of a loss-oriented focus) or if the ability to shift between states is compromised: in the case of trauma-related grief, instead of shifting

easily from one state to another, the bereaved person may switch abruptly into overstimulation or numbness, or alternate between the two (Stroebe & Schut, 2001b, 2010).

Although the DPM provides a useful framework, it requires further research. Stroebe and Schut (2010) have acknowledged that there are no reliable means of assessing the dynamic process of oscillation. They have stressed the need to differentiate stressors from coping processes and outcome variables, and the necessity of respecting individual and group differences in the tendency to focus on either loss or restoration orientations.

*The Two-Track Model.* In a similar vein to the DPM, the Two-Track Model of Bereavement (TTM; Rubin, 1981, 1999; Rubin et al., 2009) was designed to unite complementary clinical and research perspectives. The model specifies ten continuous dimensions for each axis or “track” (Rubin et al., 2009, p. 309):

- Track I – General or Biopsychosocial Functioning:
  - Anxiety
  - Depressive affect and cognitions
  - Somatic and health concerns
  - Behaviours and symptoms associated with psychiatric problems
  - Posttraumatic indicators
  - Familial relationships
  - Other interpersonal relationships
  - Self-esteem and self-worth
  - Overall meaning structure in life
  - Investment in life tasks
  
- Track II – Ongoing Relationship with the Deceased:
  - Narrative construction of the relationship
  - Emotional closeness or distance from the deceased
  - Positive affect vis-à-vis the deceased
  - Negative affect vis-à-vis the deceased
  - Preoccupation with the loss and the lost
  - Idealisation
  - Indications of conflict and problems with the deceased
  - Presence of various elements of the loss process (shock, searching, disorganisation, and reorganisation)

- Impact of memories upon the self-system
- Memorialisation and transformation of the loss and the deceased

The TTM seems comprehensive enough to enable a full and balanced clinical assessment of how a bereaved person is dealing with their grief; a questionnaire based on the model was recently developed (Rubin et al., 2009). The model is also compatible with the DPM (Stroebe & Schut, 1999, 2001a, 2001b, 2010). Loss and restoration orientations in the DPM are approximately equivalent to the relationship and general functioning tracks in the TTM, respectively. However, while the TTM is descriptive, the DPM is dynamic and explanatory. In addition, while the DPM is mainly focused on bereavement, the TTM is more explicit about other aspects of life, such as physical and psychological functioning.

The TTM has been criticised for lacking analysis of cognitive processes (Stroebe & Schut, 2001b). However, the detailed questionnaire devised by Rubin et al. (2009) allows clinicians to assess a wide range of bereavement-related processes as well as current functioning. It could also guide researchers in their choice of factors to consider, and help them to think about explanations for patterns of response to grief.

To conclude this section on the relationship with the deceased, it has been shown that the relationship is an important and complex element to consider. The spousal bond is complex in nature, which means that conjugal bereavement confers a range of losses that are realised gradually over time. The length, quality, and meaning of spousal relationships vary, as do bereaved partners' responses. Grieving for a deceased partner is just one aspect of conjugal loss. Another challenge is negotiating a new relationship with the deceased, in other words, learning how to maintain the connection beyond death, if so desired. Bereaved spouses must cope with the ongoing changes and demands of life after loss. The best scenario might be attempting to find



a balanced approach to the diverse challenges, although achieving that balance may take considerable time.

### *Bereavement Context*

A number of factors have been associated with response to bereavement after a significant loss. Whether the death was anticipated or unexpected, the perceived preparedness of bereaved survivors, and traumatic aspects of the death have been explored to determine how they relate to adjustment.

*Anticipated versus Unexpected Loss.* Rando (1993, 2000) has written extensively about the effects associated with mode of death in general, and anticipated loss in particular. In her review of the literature on anticipatory grief, she concluded that it cannot be measured purely in terms of the forewarning of a loved one's death (Rando, 2000). Neither the length of an illness nor the communication of a terminal diagnosis necessarily proves that anticipatory mourning has taken place. In Rando's view, the knowledge of an imminent death sets off a process of grieving in the midst of the multiple demands of the present situation, coupled with the heightened awareness of past, present, and imagined future losses.

Qualitative studies on anticipated loss in the context of caregiving (Davies et al., 2004; Duke, 1998; Hogan, Morse, & Tasón, 1996; Loos & Bowd, 1997; Mayer, 2001; Meuser & Marwit, 2001; Perry, 2002) have highlighted common themes. A primary theme concerns the diagnosis. The communication of a diagnosed life-threatening or terminal condition may trigger responses that range from shock, disbelief, anguish, and denial to anger, fear, panic, sadness, and feelings of uncertainty. Receiving the diagnosis has been compared to hearing the news of a sudden, unexpected death in that its impact can be so strong (Hogan, Morse, & Tasón, 1996).

Other themes concern the period preceding anticipated death, which tends to be a time of emotional and mental turmoil. Family members often contend with difficult decisions, upheaval and change, fatigue and isolation. Illnesses that have an unpredictable course lead to alternating waves of hope and despair. Conditions in which there is gradual deterioration demand an extensive long-term commitment of energy and resources. Information and support make these challenges more tolerable. Families and friends have time to make plans and rally around each other. When periods of wellness and remission occur, they offer the space for a renewed focus on living. In the best cases, some are able to derive a sense of accomplishment and meaning through the care they give, and cherish the time they have to be with their loved one, sharing memories and feelings and doing whatever they can while they can.

The drawbacks of these studies include samples sizes of 10 or fewer participants (Davies et al., 2004; Duke, 1998; Mayer, 2001), a mixture of relationships to the care recipients (Loos & Bowd, 1997; Meuser & Marwit, 2001), and a predominance of patients with dementia (Loos & Bowd, 1997; Mayer, 2001; Meuser & Marwit, 2001; Perry, 2002). The majority of caregivers were women, which seems to be a common limitation, most likely reflecting larger societal trends. Older adults, particularly men, tend to be underrepresented in the research.

*Preparedness.* The knowledge of a loved one's terminal illness does not always equate with a sense of being prepared for their death. Hebert, Schulz, Copeland, and Arnold (2009) found that preparedness was complex, with cognitive, affective, and behavioural aspects that varied from person to person. Although duration of caregiving, prior experience with caregiving or death, medical knowledge, and planning affected the caregivers' sense of preparedness, all reported uncertainty about the future, which was better managed when communication with

health care providers was appropriate to their needs. Length of illness and forewarning were not always associated with perceived preparedness for a loved one's death.

Hebert, Dang, and Schulz (2006) and Schulz, Boerner, Shear, Zhang, and Gitlin (2006) found that 23% of family caregivers reportedly had been "not at all" prepared for the death of their loved ones, despite having provided care for a median of 3 years. Lack of preparedness was associated with higher perceived caregiver burden, and significantly more depression, anxiety, and complicated grief symptoms following bereavement. Preparedness was positively associated with the amount of pain and discomfort the patient experienced, which the authors suggested might have been because these were signs of the patients' poor physical state; however, the death being perceived as a relief from suffering is another possible explanation.

The effects of sudden, unexpected deaths from accidents or health-related events (e.g., heart attack or stroke) have been summarised from a clinical perspective (Rando, 1993; Worden, 2009). Compared to a death that is anticipated, a sudden one is more often related to particular outcomes (Parkes, 2006). The bereaved are more likely to have a sense of unreality, finding it especially difficult to absorb what has happened, and at times experiencing upsetting thoughts, dreams, or mental images. Unexpectedness contributes to psychological and physical shock, and to confusion, bewilderment, anxiety, and depression. Feelings of guilt, blame (i.e., blaming oneself or others) and anger often coincide with a drive for answers to questions about the death. The involvement of the medical, insurance, and legal systems may prolong the course of grief while encroaching on the family's privacy at a time when they are acutely distressed and vulnerable (Rando, 1993; Worden, 2009). Regret may be caused by unanswerable "what if" questions or the awareness of having unfinished business with the deceased (Worden, 2009).

A study with particular relevance to conjugal bereavement among older adults is the Changing Lives of Older Couples (CLOC) longitudinal study. It focused on couples in which the husband was age 65 or older (Carr, 2006). Over the course of the study, 83% of those who became widowed were interviewed at 6, 18, and 48 months after the death of their spouses. Grief was assessed by measuring combined symptoms of anxiety, despair, shock, anger, yearning, and intrusive thoughts. Burton, Haley, and Small (2006) analysed CLOC data to determine outcomes related to unexpected deaths.

Burton, Haley, and Small (2006) found that surviving spouses showed elevated post-loss depression at 6 and 18 months, while the majority of spouses whose partners had died from an anticipated death showed stable levels of depression overall. However, spouses bereaved by anticipated deaths who rated their caregiving experience as very or quite stressful failed to show the post-loss increase in social support that the less stressed caregivers reported. The authors suggested that the former group were at risk of social isolation, possibly due to relinquishing social bonds while providing care to seriously ill spouses. They further noted that a lack of positive support can contribute to caregivers' stress before and after the death of their spouses. Richardson (2010) argued that even when caregivers are able to renew their social contacts, they may still experience long-term stress reactions, particularly those who provide extensive care for spouses with dementia or other serious illnesses.

As the authors advised, there were two main limitations to this study: the baseline data were compiled an average of 42 months before bereavement, and the questions on the stressfulness of caregiving were asked only after bereavement, as caregiving was not a key focus of the CLOC. Also, widowers were underrepresented, as they were in the other studies noted above. All of the research was prospective, but only the CLOC study focused on caregiving

spouses. The key limitations of the other studies (i.e., Hebert, Dang, & Schulz, 2006; Hebert, Schulz, Copeland, & Arnold, 2009; Schulz, Boerner, Shear, Zhang, & Gitlin 2006), as noted by Hebert, Dang, and Schulz (2006), were that preparedness was assessed by one question asked only after bereavement, there was no information on whether physicians had talked about death, dying, or bereavement with the caregivers, and one part of the research included only dementia patients, although Hebert, Schulz, Copeland, and Arnold (2009) looked at patients with varying illnesses. The data shed light on caregiving from the perspective of the months before and after death, but the results may not be generalised to all caregivers.

*Trauma.* Trauma tends to be associated with deaths that have violent aspects, such as accidental death, homicide, and suicide. Violence elevates the risk of subsequent insecurity, fear, and perceptions of helplessness and vulnerability (Rando, 1993). Event-related imagery and speculation may preoccupy those bereaved by an accident, homicide, or suicide, who might be tormented by thoughts of their loved one's pain and suffering, or haunted by images of the death. Persistent thoughts of how the loved one died are associated with high emotional arousal, and could lead to a heightened sense of fear and distrust (Rynearson, 1996, 2006).

As with preparedness, what constitutes a violent death is a matter of perception. Death from health-related causes that feature significant pain or suffering, for example, may be viewed as violent or traumatic by the bereaved (Barry, Kasl, & Prigerson, 2002). Trauma may thus be associated with sudden or anticipated health-related deaths.

The traumatic aspects of the expected death of a loved might outweigh the potential benefits of forewarning. Saldinger and Cain (2005) interviewed spouses aged 32 to 55 whose partners had died from cancer. Despite differences in the bereaved spouses' experiences and reactions, all recounted significant anxiety and the pressure of multiple demands. Some persisted

in their denial of the impending death; for the rest, however, cognitive awareness did not always translate into awareness at an emotional level, or acceptance. Most of the spouses (83%) reported having had cognitive awareness, but only 28% of those with such awareness were able to openly discuss and grieve the impending death with their partners. Of the remainder, 48% did not explore the subject with their partners, and 24% of the dying partners refused to discuss it. Ruminative anxiety was spawned by continuous uncertainty about what both the spouse and the caregiver would have to endure. Anxiety took the form of panic or terror for some, and a sense of helplessness was reported by all of the interviewees. The daily process of caregiving was traumatising in some cases, as the caregivers witnessed their dying partners' deterioration and suffering.

One limitation of the study was that anticipated death was defined as more than 2 weeks forewarning, and the shortest length was 3 months, which is not very long, and differs significantly from the maximum of 10 years. Also, the study excluded participants with pre-existing mental illnesses or other bereavements, which are factors that could possibly have affected the outcomes, and it focused on cancer-related deaths among intact families with school-aged children. Finally, widowers were underrepresented, and older adults were not included, which limits the generalisability of the results.

Collectively, the research shows that the line between expected and unexpected deaths is not so clear. In general, sudden, unanticipated deaths do not offer the same potential as anticipated losses for planning, rallying support, bracing for the worst, and being with a loved one in the heightened awareness of the impermanence of life. While shock, bewilderment, and trauma may be present in anticipated loss, their role is more central when death comes abruptly. Comforting assumptions about the world are shaken. Uncertainty, self-recrimination and regret,

and feelings of isolation are common. The opinions and involvement of outsiders can increase the burden of bereavement. In spite of these pressures, some find strength through solidarity, action, and support. It seems that even in the most tragic situations, a sense of meaning and purpose may be salvaged.

Although there are no definitive answers to the question of which type of loss, anticipated or not, is more difficult to bear, the research reveals important issues and concerns. Specific aspects of the situation, including perceived preparedness and trauma, should be considered within the larger context of the relationship, secondary stressors, resources, and other circumstances. Perceived meanings and particular risk and resiliency factors are other key considerations, which will be discussed in the following sections.

### *Loss and Meaning*

The topic of meaning has already been mentioned several times in this review. In this section, I will examine the search for meaning after bereavement in more detail. In the subsequent section on adaptation and change in later life, I will focus on the importance of meaning in later life, which also pertains to bereavement among older adults.

Meaning in the context of loss has been examined by a number of researchers. Parkes (2006) developed the idea of the assumptive world, the component of our internal working model that we assume to be true and thus take for granted, as opposed to, for example, the imaginary worlds that we fear or hope for. Although the assumptive world is flexible and can be modified with experience, it may be shaken by a major change or loss, especially one that occurs unexpectedly. The death of a loved one can seriously challenge the assumptive world, throwing the bereaved off balance and causing them to question their presumptions about themselves and the world.

They might also ask questions about the death of their loved one, searching to find answers and make sense of what happened. Through their explanations of what occurred and why, the bereaved reconcile themselves, to a greater or lesser extent, with their loss. While some losses can be understood within our existing meaning structures, other losses precipitate a search for meaning (Gillies & Neimeyer, 2006).

Meaning reconstruction may be explained in the context of narrative, which is at the heart of the constructivist approach to grief theory and therapy (Neimeyer, 1999). Creating a coherent narrative of loss helps the bereaved to integrate the death into their past, present, and future lives. Neimeyer (2001) expressed it in this way:

Like a novel that loses a central character in the middle chapters, the life story disrupted by loss must be reorganized, rewritten, to find a new strand of continuity that bridges the past with the future in an intelligible fashion. (p. 263)

Our stories of loss are deeply personal and individually meaningful; but we are also primarily social beings, and thus our self-narratives (e.g., those that incorporate roles and identity) are reconstructed in negotiation with significant others, including the deceased person as they exist in memory and imagination (Neimeyer, 2001; Rynearson, 1987).

Gillies and Neimeyer (2006) proposed that the bereaved take part in sense making, benefit finding, and identity change in their attempts to reorient themselves and reconstruct meaning in the wake of a significant loss. As well as trying to make sense of a loss, over the course of time, the bereaved may find some benefit or experience a change in their sense of self, for instance, that they have become more independent or empathetic (Gillies & Neimeyer, 2006).

In the aftermath of a loved one's death, some have reportedly found a sense of personal growth, of having gained a better understanding of themselves, and more empathy and



compassion for others (Hogan, Morse, & Tasón, 1996; Meuser & Marwit, 2001). For example, the participants in one study found that life and relationships now held more meaning and were cherished to a greater extent than before (Hogan, Morse, & Tasón). After the initial, intense pain of grief, introspection led to perceived changes: the caregivers underwent “a process of becoming more caring and connected to others.... They became more tolerant, more understanding of themselves and others, [and] more resilient and empathetic” (Hogan, Morse, & Tasón, 1996, pp. 58-59).

Researchers have examined meaning reconstruction in bereavement. Analysis of CLOC data showed that searching for sense, which was an infrequent endeavour for most bereaved spouses, was associated with worse outcomes, namely, current and subsequent grief, and subsequent increased depression and decreased sense-making; sense-making (i.e., being able to make at least a little sense of the loss vs. none) was linked to more resilient outcomes over the course of the study, including positive affect at 48 months post-loss (Coleman & Neimeyer, 2010). At 6 months post-loss, 65% of CLOC participants whose spouses had died from chronic conditions reported having found at least some meaning in their loss; finding meaning was associated with lower levels of anger at 6 months post-loss, and it was positively related to social support and caregiving strain (Kim, 2009). The author suggested that bereaved caregivers who experienced higher strain may have found meaning through relief that their spouses' suffering had ended and that their own burden had been lifted.

Chan and Chan (2011) conducted a grounded theory study on meaning with bereaved spouses aged 66 to 86 years whose partners had died after the age of 60. The length of bereavement ranged from 8.5 months to 5.2 years. They focused on acceptance, which in the Chinese understanding of the term is a culturally valued attribute, as in fatalism and acceptance

of adversity (Chan & Chan, 2011). Acceptance were associated with the timing of the death being perceived as in keeping with a natural or “good” death, and finding a sense of meaning in the past, and in the present, through social activities and connections. Difficulty with acceptance was related to a lack of goals for the future, no meaningful way to spend time in the present, and a sense of isolation.

Hsu and Kahn (2003) interviewed widows in Taiwan, aged 27 to 80 years. Adjustment to bereavement was enhanced by a gradual, evolving process of meaning construction, which included social comparison, questioning, and reconstructing the past by creating an acceptable narrative of what had occurred. Reconstruction meant reworking the meaning of the death and its implications, and finding a new self-image.

In the two CLOC studies, the validity of the meaning measures is questionable. There was one item about searching and another about making sense or finding meaning, the latter with two follow-up questions. Finding meaning was not clearly defined, although admittedly it is a broad construct. As Coleman and Neimeyer (2010) noted, there is a need to determine the dimensions of meaning-making and its relationship to adjustment, and to distinguish processes from outcomes. The two qualitative studies are limited in terms of small sample size, particularly Chan and Chan (2011), which had 15 participants. There was also a wide age range in the Hsu and Kahn (2003) study. The findings may be culture-specific (i.e., Chinese and Taiwanese, respectively, in Chan & Chan and Hsu & Kahn, vs. North American in the CLOC studies); nevertheless, this suggests the need to be aware of cultural differences. In the four studies, as in much of bereavement research, men were underrepresented or excluded.

The broad implications of the studies are that meaning is complex and dynamic. Searching for meaning after loss seems to be prevalent, and making sense of a loss or finding meaning in its aftermath may well have significant effects on adjustment to spousal bereavement.

The intensity of the drive to find meaning likely changes over time (Davis, 2001). This would be consistent with the Dual Process Model of Coping with Bereavement (DPM; Stroebe & Schut, 1999, 2001a, 2001b, 2010), which proposes that the bereaved shift between states of confronting or avoiding the loss, confronting or avoiding loss-related changes, or doing none of the above (i.e., attending to or being distracted by other matters); the ability to move between states rather than becoming stuck in one may lead to a more balanced experience of coping with loss.

Finding a balance between focusing on the deceased person and what their loss means, versus attending to the changes and challenges resulting from loss: this dynamic forms the basis of not only the DPM, but also the Two-Track Model of Bereavement (TTM; Rubin, 1981, 1999; Rubin et al., 2009), which highlights the importance of the bond with the deceased on the one hand, and the general functioning of the bereaved person on the other. Davis (2001) described two central and perhaps interrelated meaning-making processes: making sense of the loss itself, which is focused on the deceased, and the more self-oriented process of finding benefit. This framework seems compatible with the two preceding models.

The death of a loved one has the power to throw the bereaved off balance and cause them to question their presumptions about themselves and the world. Questions are asked in an attempt to make sense of the death, on a basic or more existential level. When loss causes a disruption in the narrative of our lives, the ability to create a coherent story of loss helps reintegrate the past with the present and shed light on a possible future. Personal change may

occur as a result of bereavement, and this sort of change includes personal growth for some. Meaning making takes place in the context of other life changes and challenges.

The struggle to make sense or finding meaning after loss could have profound implications for well-being. The ultimate outcome may be lingering distress, positive change, or perhaps a middle ground of attaining a sense of peace or resignation. The last two sections of this introduction to bereavement concern other contributors to adjustment after loss, a process which may be characterised as problematic or more resilient.

### *Risk Factors*

A number of authors have specified factors that seem to contribute to a higher risk of experiencing difficulties with bereavement. Problematic grief is characterised by separation distress (i.e., yearning or longing for the deceased, with resulting emotional or physical suffering) as well as symptoms such as the ones proposed by Prigerson and colleagues (2009, p. 9):

- Confusion about one's role in life or diminished sense of self (i.e., feeling that part of oneself has died)
- Difficulty accepting the loss
- Avoidance of reminders of the reality of the loss
- Inability to trust others since the loss
- Bitterness or anger related to the loss
- Difficulty moving on with life (e.g., making new friends, pursuing interests)
- Numbness (absence of emotion) since the loss
- Feeling that life is unfulfilling, empty, or meaningless since the loss
- Feeling stunned, dazed, or shocked by the loss

Track I of the TTM (Rubin et al., 2009) addresses similar types of concerns regarding functioning after bereavement (see p. 18 above).

Rando (2013) stressed the importance of considering not only symptoms of problematic grief, but also “the situation of *this* person, dealing with *this* loss, at *this* time, under *these* circumstances” (p. 50, emphasis in the original). Personal, relational, and situational elements

must all be examined. For the purpose of this discussion, the factors associated with problematic grief will be categorised into three types: predisposing, precipitating, and perpetuating. Age is a factor that will be discussed here as well. These risk factors underscore the importance of the relationship with the deceased, bereavement context, and meaning.

Predisposing factors include the personality types or dispositions that are thought to be related to a more difficult bereavement outcome. In his work on attachment theory, Bowlby (1980/1998) focused on individuals who are insecure, anxious, and overly dependent in their relationships, and those who assert their emotional self-sufficiency and independence from bonds of affection. Ambivalence in the former relationship with the deceased is another risk factor (e.g., Bowlby, 1980/1998; Parkes, 2002, 2006; Rando, 1993). Avoidant attachment has been linked to marital conflict and difficulty expressing sadness and grief and, at times, regret and self-recrimination, while disorganised attachment has been associated with anxiety, depression, and alcohol misuse after bereavement (Parkes, 2006).

If the deceased was the dependent one in the relationship, the bereaved person may miss their role as protector, decision maker, and/or caregiver (Parkes, 2002). A lack of basic trust in others (Parkes, 2002) and a history of psychological problems (Bowlby, 1980/1998; Parkes, 2002; Rando, 1993) or emotional instability (Bowlby, 1980/1998; Burke & Neimeyer, 2013) could possibly predispose the bereaved to complications. While it is reasonable to assume that pre-existing psychological problems pose a risk, more research is needed to determine the relative influence of intrapersonal factors on one's ability to cope with bereavement.

As noted earlier, the relationship in a general sense may pose a risk. The loss of a child or spouse tends to confer a significant risk of problematic grief (Burke & Neimeyer, 2013).

However, the loss of other important relationships could also lead to significant distress and impairment, depending on multiple factors (e.g., context and meaning).

Precipitating risk factors include the circumstances of the death. Higher risk has been associated with unexpected or untimely deaths, deaths that feature violence or trauma, multiple losses (i.e., bereavement or other types of loss), and multiple stressful events (Bowlby, 1980/1998; Parkes, 2002; Rando, 1993). Deaths that are perceived as preventable or random tend to be harder to bear (Corr, Nabe, & Corr, 2003; Rando, 1993). A previous bereavement could also make grieving more difficult (Burke & Neimeyer, 2013; Rando, 1993; Rosenblatt, 1996). Socioeconomic factors like poverty and unemployment can add to the burden of stress (Payne, Horn, & Relf, 1999).

Perpetuating factors include social circumstances that may predict difficulties, such as social isolation, either because the bereaved person lives alone (Bowlby, 1980/1998) or for other reasons, for example, when a bereaved person's anger dissuades others from associating with them (Parkes, 2002). Social support in its various forms (e.g., supportive family and friends, community services, self-help groups, or professional help) is widely recognised as having a significant influence on coping. There may also be social practices that obstruct healthy mourning, such as a society's lack of rituals, or rigid beliefs that limit the acceptable ways of expressing grief (Bowlby, 1980/1998). Larger societal trends, such as secularisation and increased mobility, could have indirect effects on coping with bereavement (Rando, 1993; Walter, 1996). For example, family members who live far apart will not have the same opportunity to support and comfort one another than those who live in close proximity; and those who no longer hold the religious beliefs of their older family members and their community may be unable to fully participate in bereavement rituals.

In terms of loss and meaning, as noted above, struggling to make sense of a loss has been linked to worse outcomes (Coleman & Neimeyer, 2010). The perceived inappropriateness of the timing of a spouse's death has been associated with difficulty accepting the loss (Chan & Chan, 2011). The issue of timing is related to perceived preparedness.

Advanced age has been treated as a risk factor for complicated grief (Rando, 1993), and it may be thought of as a predisposing factor. The factors that often correlate with age tend to exacerbate the stress caused by bereavement. These include impaired physical functioning, health problems, multiple and serial bereavements and other losses, multiple stressful events, and social isolation (Belsky, 1999; Bowlby, 1980/1998; Parkes, 2002; Rando, 1993; Stroebe, Hansson, Stroebe, & Schut, 2001; Stroebe & Schut, 2001a, 2001c). Old age is thus viewed as a time when the interaction of multiple stressors can strain the coping abilities of the conjugally bereaved (Moss, Moss, & Hansson, 2001).

However, age is also associated with resiliency in the face of loss hardship. Elders are, by definition, survivors. Research supports the idea that the vast majority of older adults are able to accommodate successfully to the challenges of later life, as will be discussed in the section on adaptation and change in later life.

To summarise, a variety of predisposing, precipitating, and perpetuating factors have been associated with a heightened risk of experiencing difficulties in bereavement. Looking beyond particular factors, it is important to consider a bereaved person's relationship to the deceased, including their attachment style, as well as the context of the death, the larger context within which the bereaved carry on after the loss, and the issue of meaning.

### *Resiliency after Bereavement*

Researchers have not only focused on the risk factors that may contribute to problematic bereavement, but also on resiliency in the face of loss. This section will focus on resilience and coping among bereaved widows and widowers in later life. A discussion of coping from the perspectives of cognitive stress theory and the DPM will be followed by a review of the research on resilience after conjugal loss.

Mangham, McGrath, Reid, and Stewart (1995) defined resiliency as the capacity to successfully cope with risk or adversity. Describing resiliency as “a balance between stress and adversity on the one hand, and the ability to cope and availability of support on the other” (Mangham et al., 1995, p. 4), they observed that resiliency may be a trait or a state, but also a dynamic coping process, with past successes at coping leading to greater competency in the future. They added that resiliency can pertain to specific competencies in, for example, physical or emotional domains. In meeting hardship with resilience, we call upon internal strengths and external support. When mobilised, these factors “provide a buffer as well as a reservoir of resources to deal effectively with stress” (Mangham et al., 1995, p. 2).

The work of Lazarus and Folkman (1984) on cognitive stress theory helps explain the coping aspect of resilience. In this model, coping is defined as “the changing thoughts and acts that an individual uses to manage the external or internal demands of stressful situations” (Folkman, 2001, p. 565). Folkman (2001) explained that the coping process is initiated when a person encounters a condition or event that signifies an actual or potential change that could endanger an important goal. The person, influenced by their values, beliefs, goals, and coping resources, then appraises the implications of the event (i.e., primary appraisal) as well as their available coping options (i.e., secondary appraisal). This appraisal process affects the quality and



intensity of the emotional response, and the strategies used to deal with distress (i.e., emotion-focused coping) and the problem fuelling it (i.e., problem-focused coping). Interrelated changes tend to occur in coping strategies and the situation itself, changes that lead to reappraisal and new attempts at coping that may in turn lead to further situational changes (Folkman, 2001).

Cognitive stress theory has been applied to the bereavement process. In the revised version of the model, chronic stress provides an incentive to seek positive well-being; positive affect is sustained through meaning-based coping processes that serve to maintain coping strategies in the long run, including both problem- and emotion-focused coping (Folkman, 2001). The revision was based on the results of a study on gay men who provided care to their partners living with AIDS in the early 1990s, when no effective treatments for the disease were available (Folkman, 1997). Two thirds of the caregivers' partners died during the course of the study.

In addition to a stable pattern of above-average levels of depressive symptoms, an equal prevalence of positive mood was found, except for the period immediately surrounding the partner's death. It was concluded that positive mood was associated with active problem-focused coping and positive reappraisal. In the course of caregiving, the men gained a sense of mastery and control from the performance of ordinary tasks and the achievement of specific goals. The men described "enhanced self-worth, strength, wisdom, and perspective ... [and some] also said they no longer feared death" (Folkman, 2001, p. 570). In other words, they were able to reflect on the positive aspects of the situation and to derive positive meanings from it, which gave them the energy to continue coping. Incidental events, like enjoying a movie, also helped generate positive feelings and maintain social ties, while providing a respite from distress (Folkman, 2001).

Folkman (1997) commented on the limitations of her research with caregivers. She noted that the generalisability of the findings to other caregiving situations is questionable, as the caregivers and their partners were younger than average, and may have been exposed to stigma due to both AIDS and homosexuality. In addition, the caregivers faced the possibility of also being infected by HIV. However, the strengths of the research included its prospective design, repeated measures, number of participants (253 caregivers), and the use of questionnaire and interview/observational data.

The role of positive feelings was also emphasised by Bonanno (2004), who defined resilience as the ability of adults “who are exposed to an isolated and potentially highly disruptive event ... to maintain relatively stable, healthy levels of psychological and physical functioning” (p. 20), as well as “the capacity for generative experiences and positive emotions” (p. 21). He argued that resilience following loss or the threat of trauma is more common than we think, and is sometimes reached in diverse and unexpected ways (Bonanno, 2004).

Stroebe and Schut (2001a) cited evidence for the DPM’s contribution to coping with bereavement: “Persistent negative affect intensifies grief, yet working through grief ... is the essence of coming to terms with a bereavement. Positive reappraisals ... sustain the coping effort, yet if positive psychological states are maintained relentlessly, grieving is neglected” (p. 67). In other words, the ability to shift between different states allows the bereaved person to cope more effectively, and to ultimately attain a degree of balance between focusing on the loss and coping with the secondary consequences of the loss (Stroebe & Schut, 2001a, 2001b, 2010).

A framework integrating the cognitive stress model with the DPM proposes that loss- and restoration-oriented stressors are moderated by cognitive and behavioural appraisal and coping processes, in the context of intra- and interpersonal risk factors and protective resources

(Stroebe, Folkman, Hansson, & Schut, 2006). The interaction of these components subsequently impacts bereavement outcomes. To give a simple example, the accidental death of the child of parents going through a divorce, who appraise the loss as having been preventable, who are both dealing with medical problems, and perceive their social support as inadequate, would likely lead to negative outcomes such as intense grief and worsened health. An improvement in one or more of these risk factors would presumably result in less problematic consequences, while a more favourable set of factors would contribute to resilience after loss.

Resilience in later life has been conceptualised in terms of a metaphor called the *resilience repertoire*, which is defined as the resources and skills that can help “moderate ‘the bad things that happen’ in the lives of older adults to reduce or blunt the negative consequences of those events, or even in some cases to lead to positive growth and development” (Clark, Burbank, Greene, Owens, & Riebe, 2011, p. 53). One aspect of the repertoire involves health resources, including health status, physical activity, medication compliance, and the adaptive measures taken to sustain good health and well-being, such as pursuing meaningful activities and roles. Another aspect concerns social and economic resources, including social support and finances. Older adults with adequate resilience repertoires can better weather stress and adversity, while ideally maintaining the values and goals that add personal meaning to their lives (Clark et al., 2011).

In addition to the factors already discussed here, such as social support and meaning, the repertoire focuses on aspects of life that are significant to older adults, such as health and finances. Although the authors did not comment on resilience in the context of bereavement, their conceptualisation is relevant because bereavement is a commonly experienced and

significant source of stress in later life. Health will be discussed further in the context of themes found in qualitative studies on widowers in later life.

Several studies on bereavement have found evidence for resilience. CLOC data analysis has shown multiple trajectories of conjugal grief, including resilience, that are linked to pre-bereavement functioning (Bonanno et al., 2002; Bonanno, Wortman, & Nesse, 2004). Resilience has also been studied by analysing the interviews of widowers aged 55 to 104 years (Bennett, 2005, 2010; Moore & Stratton, 2002) and bereaved spouses (71.4% women) aged 26 to 85 years (Dutton & Zisook, 2005). Resilience after conjugal bereavement has been characterised as having consistently low levels of depression and grief before and after the loss (Bonanno et al., 2002), and in terms of making a good or even excellent post-loss adjustment, perhaps as soon as 2 months after the loss (Dutton & Zisook, 2005). All of these studies found that resilience was common, although Bennett (2010) viewed it as a much more gradual process than Bonanno and colleagues (2002) and Dutton and Zisook (2005), and the latter described it as variable rather than a steady state. These studies support the idea that widowhood in later life is often met with resiliency, in spite of the stressors that are correlated with age.

The factors associated with resilience were extraversion (Bonanno et al., 2002), having an optimistic or positive outlook (Bennett, 2010; Dutton & Zisook, 2005; Moore & Stratton, 2002), adaptability in terms of developing practical skills (Bennett, 2010; Dutton & Zisook, 2005), meaning regarding making sense of the loss (Dutton & Zisook, 2005), having a strong and integrated system of beliefs and values (Dutton & Zisook, 2005; Moore & Stratton, 2002), acceptance of death and belief in a just world (Bonanno et al., 2002), and finding life meaningful (Bennett, 2010). All of the studies noted social support, and most discussed social involvement with others (Bennett, 2010; Dutton & Zisook, 2005; Moore & Stratton, 2002), including

providing support to those in need (Dutton & Zisook, 2005). Folkman (2001) also found a focus on positive aspects, emotions, and meanings.

Resilience was inversely linked to pre-loss depression, neuroticism, introspection, low perceived coping ability, belief in personal injustice, belief in the uncontrollability of negative events, dependency, and negativity and ambivalence toward the deceased spouse and the marriage (Bonanno et al., 2002). Depression before and after bereavement was linked to dependency, a low perceived coping ability, and belief in the uncontrollability of negative events; these findings, which are consistent with clinical depression, highlight the need to consider the psychiatric history of the bereaved, including their functioning before and at the time of their loss (Bonanno et al., 2002). While the use of quantitative measures provides more precise operational definitions and outcomes, the analysis of interviews allows a more nuanced approach resulting in rich data that reflect bereaved spouses' experiences. Collectively, the studies underscore the importance of predisposing and perpetuating factors, the relationship with the deceased, and meaning after loss.

A bereaved spouse's decision to continue living touches on resilience. Bennett (2005) found that an open discussion of this decision spontaneously arose in one third of the widowers' interviews, a decision that seemed to involve "a rational consideration of the available choices" (p. 144). Some described a personal decision to carry on and to keep on doing things, while others said that their responsibilities to other people kept them going.

There are several methodological issues to keep in mind regarding these studies. Bonanno et al. (2002) characterised resilience in a narrow way, relying heavily on depression as an indicator of grief, and used 18 months as the marker of chronic grief, which is debatable, as the time span of grief varies from person to person (Wortman & Silver, 2001). The time intervals

between assessments may have meant that crises or important events occurred and were then resolved before the next assessment (Bennett (2010). In the qualitative studies, resilience and coping were loosely defined, based mainly on interview content, although Bennett (2005, 2010) used quantitative measures of anxiety and depression as well. The age ranges were wide, especially in Dutton and Zisook (2005), which precludes a focus on conjugal loss at a particular stage of life. Bereavement length varied, particularly in Bennett (2005, 2010); it is problematic to compare bereavements of less than a year with those of several years or even decades. Also, the longer time periods carry the risk of inaccurate retrospective recall, which is a particular issue when information about the course of bereavement must rely on participants' memories (Bennett and Moore and Stratton did not use repeated measures). Another drawback of Moore and Stratton (2002) is that 23.3% of the men had remarried and others had found new companions, which could have had a moderating effect on their bereavement.

This concludes the introductory section on bereavement theory and research, which focused on the nature of the bereavement process and the importance of the relationship with the deceased, context and meaning, and the risk and resiliency factors that influence our ability to cope with loss. No single theory or approach can encompass all aspects of bereavement. Stroebe, Hansson, Stroebe, and Schut (2001) predicted a continuation of multiple theoretical approaches to the study of grief, and recommended a lifespan perspective that includes a focus on the elderly and their social context. In the next section of the literature review, the factors associated with successful adaptation in later life will be explored. This will be followed by a review of the themes found in qualitative studies on widowers in later life.

### Adaptation and Change in Later Life

In this section, I will review the basic concepts, theories, and research in psychogerontology, the study of age, aging, and older adults from a psychological perspective. The review focuses on the topics of diversity, selectivity, continuity, and personality in later life.<sup>2</sup>

Similarly to bereavement, later life is characterised by marked variability, both between and within individuals. While advanced age is associated with challenges, it also holds the potential of sustaining meaningful connections and pursuits. Personal change and growth may be experienced well into later life. Resilience can help older adults cope with changes and challenges, even those accompanying the loss of a spouse.

#### *Diversity*

Researchers have studied the differences between people of various age groups, and also the way individuals change across the lifespan. Age-related differences have been difficult to determine due to a preponderance of cross-sectional studies and the confounding effects of cohort and time of measurement (Belsky, 1999; Cavanaugh & Blanchard-Fields, 2002). However, longitudinal studies and sequential strategies (the latter combining two or more cross-sectional or longitudinal studies at a time) have shown that older adults as a group are truly diverse, both in terms of differences within themselves (e.g., in their abilities across different functional areas) and in comparison to one another (Schaie, 1996).

In addition to age-related differences, researchers have increasingly studied age-related change across a number of domains. A lifespan developmental approach considers diversity in the multiple directions (improvement, stability, and decline) and multiple dimensions of age-

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<sup>2</sup> As noted in the footnote on p. 2, before beginning this project, I had prior knowledge about gerontology theory and research acquired through coursework and thesis research ending in 2001. I completed four undergraduate and three master's-level courses on gerontology in different disciplines, as well as honours and master's-level theses on gerontology-related topics. Also, as a doctoral student, I was a teaching assistant for three sections of an adult development and aging course, taught by three different course directors, between 2002 and 2005.

related change between and within individuals, while being mindful of the unique historical and personal context of each individual (Baltes, 1987). It also focuses on the multiple causes that shape development.

Diversity associated with aging has been demonstrated by the Seattle Longitudinal Study, which found that although different age cohorts demonstrated marked differences in intellectual abilities, longitudinal designs showed slow and gradual average declines over the lifespan, with a large degree of individual variation in patterns of stability and change (Schaie, 1994, 1996). Although declines are evident in our late 60s and 70s, older adults' performance does not generally fall below the median for young adults until age 80 or older (Siegler et al., 2009).

The limitations of this type of longitudinal research were outlined by Schaie (1983a): the use of correlational data and measures designed for adolescents and young adults, measures that may not have significance for all social contexts or situations. Threats to internal validity include sampling, maturation, attrition (including mortality), history and testing effects, and statistical regression to the mean; threats to external validity concern generalisability to other populations or settings, and the "extent to which task characteristics remain appropriate at different developmental stages" over the course of the study (Schaie, 1983b, pp. 6-7).

Regarding the latter observation, it has been argued that we need to look beyond specific cognitive abilities, which may be more relevant to adolescents and young adults, and consider instead the priorities of older adults: "The information that elderly people acquire and the knowledge they apply becomes a function of their interests, attitudes, and values," and ideally, these aspects become integrated (Schaie, 2008, p. 6). Instead of trying to be at the cutting edge of new knowledge and information, older adults tend to focus on their quality of life in the present



and the legacy they will leave for the future (Schaie, 2008). However, specific values and priorities will differ from person to person.

In a broad sense, the many factors (e.g., biological, psychological, sociocultural, historical, and life-cycle forces) that influence development over our lifetimes contribute to variability in later life, especially when comparing adults from different generations (Cavanaugh & Blanchard-Fields, 2002). It is thus important to keep diversity in mind when examining the lives of older adults.

### *Selectivity*

Selectivity concerns the idea that older adults make choices based on their priorities and available resources, choices that are guided by and have an impact on well-being. Two lines of research that focus on selectivity are selective optimisation with compensation and socioemotional selectivity theory.

*Selective optimisation with compensation.* Paul and Margret Baltes (1990) described this model (abbreviated as SOC), which explains that one aspect of successful aging is the ability to selectively prioritise that which is most important to us, to optimise our performance in those areas, and then to compensate for age-related declines in performance by using new strategies or other means of support.

A questionnaire developed to operationalise the adaptive processes outlined by the SOC model (Baltes, Baltes, Freund, & Lang, 1999) has been used to examine the relationship of age to these SOC processes, with the expectation that older age would be associated with the greater use of the strategies, up until late adulthood, when age-related declines would limit the scope of adaptive behaviours (Freund & Baltes, 2002). The research involved participants aged 14 to 89 years. The results were as expected, with the exception of selectivity in general and selection

specific to obtaining desired states, which were positively correlated with age across the entire age span. This trend was explained in terms of middle aged and older adults typically finding their own paths in life, and thus continuing to focus increasingly on their chosen priorities. Freund and Baltes (2002) noted the limitations of this work, namely, the typical drawbacks of cross-sectional and correlational research, the possibility that additional variables may have an influence on SOC processes, and the need for longitudinal and experimental research to investigate age-related changes in SOC processes and the underlying mechanisms of these processes.

Support for the SOC model was also found by Åberg, Sidenvall, Hepworth, O'Reilly, and Lithell (2005), who interviewed hospitalised patients aged 80 to 94 years. To the extent that they could, patients selectively prioritised what was most important to them, optimised their performance in those areas, and compensated for declines by using new adaptive strategies or other means of support, including reliance on care providers. The adaptive strategies were less successful when physical dependency was high and factors such as pain and fatigue were present. The study's limitations include a relatively short time span, the small number of participants (15), and the lack of a control group.

Dixon (2011) commented that the ideas of Baltes and colleagues continue to be recognised by, and exert an influence on, researchers (e.g., Bowen, Noack, & Staudinger, 2011; Charles, 2011), including the views that aging is not synonymous with decline, and development is a lifelong process.

*Socioemotional selectivity theory.* The central idea of socioemotional selectivity theory is that we become less motivated in later life to seek social contact for the purpose of gaining knowledge and skills, preferring instead to focus on emotionally rewarding relationships with

select family members and friends. This change is propelled by the growing recognition of limited remaining time in life, coupled with an increased wish for a life that is satisfying and meaningful (Carstensen, 1995; Carstensen & Turk-Charles, 1994). The perception of limited time makes individuals more present-oriented, rather than focused on the past or distant future. The benefits of selective social relationships are that “interactions with familiar social partners permit people to better navigate difficult social transactions, to more reliably elicit positive emotions, and to obtain a sense of social embeddedness and meaning in life” (Carstensen, Isaacowitz, & Charles, 1999, p. 169).

Research with people living with AIDS demonstrated the importance of the limited time factor in this model (Carstensen & Fredrickson, 1998). Healthy participants aged 18 to 88 and gay men aged 23 to 66 were asked to use a card sort procedure to rank whom they would most like to spend time talking with. The gay men living with AIDS prioritised bonds of affection, such as close family and friends, and age was positively associated with the same preference. Younger participants and gay men who were HIV-negative tended to express preferences for interactions that might yield information or a novel experience, such as meeting someone new. The authors suggested that awareness of a limited future explained the findings. They considered an alternative explanation: the availability of social partners could have been limited by prejudice and poor health, and thus the preferences expressed may have reflected reality rather than choice. This was countered with research showing elders’ satisfaction with their social relationships (Field & Minkler, 1988) and the impact of manipulating future time perception on social choices (Fredrickson & Carstensen, 1990).

Links have been drawn between positive emotional experiences and aging. In one study, participants aged 18 to 94 were assessed at baseline and at 5 and 10 years later (Carstensen et al.,

2011). For each assessment, participants reported their emotional states at five randomly selected times per day for one week. The results suggested that, with increasing age, emotional well-being improved until it leveled off in the seventh decade, emotional experiences became more stable, and the experience of having a mixture of positive and negative emotions at the same time increased. Reporting more positive emotions than negative ones was correlated with a higher likelihood of survival over the course of the study. The authors argued that the findings were consistent with socioemotional selectivity theory, which attributes age-related improvements in emotional experience to positive, meaningful social interactions becoming a higher priority as we get older. One limitation of the study is that it did not assess emotional experience pertaining to major life events, which may cause significant stress and thus make it more difficult to maintain equilibrium (Carstensen et al., 2011).

Theories of selectivity have been recently used to conceptualise phenomena such as the regulation of emotions in new ways. One example is the Strength and Vulnerability Integration (SAVI) model (Charles, 2011), which proposes examining age-related gains and losses in emotion regulation. According to the model, age is associated with a greater understanding of and ability to regulate emotions, which enhances emotional well-being. Awareness of limited time makes emotional well-being a more desirable goal, and life experience strengthens self-knowledge and heightens the ability of elders to avoid or otherwise manage distressful situations. When such situations cannot be avoided or adequately managed, older adults will experience distress.

In conclusion, older adults make choices by selectively prioritising valued goals and emotionally rewarding social relationships. The SOC model shows that important activities can be sustained by optimising performance and compensating for age-related declines.

Socioemotional selectivity theory suggests that choosing to focus on select members of our social networks can help sustain gratifying and meaningful relationships and emotional well-being in later life. The ability to regulate emotions may help older adults manage stress, although some situations might overtax their resources.

### *Continuity*

Continuity concerns the perspective that older adults adapt to the changes and challenges of later life with the help of factors that promote stability and a sense of continuation and consistency. Like selectivity, continuity is related to well-being. *Continuity theory*. Early ideas about the normative and optimal nature of later life disengagement (Cumming & Henry, 1961, as cited in Belsky, 1999) or, conversely, activity and social engagement (Lemon, Bengtson, & Peterson, 1972), gave way to the concepts of increasing selectivity in social relations and other endeavours, as described above. Indeed, older adults may choose to be selectively active or disengaged to varying degrees, depending on their desires and circumstances (Belsky, 1999).

A further view of psychosocial development across the lifespan is *a continuity theory of normal aging*, proposed by Atchley (1989). In this perspective, middle-aged and older adults strive to maintain internal continuity (i.e., psychological characteristics, experiences, preferences, and skills) and external continuity (i.e., social relationships, environments, and activities) by using well-known strategies derived from experience. Internal and external continuity are structures that exist in memory. Continuity is seen as an adaptive process, as it supports individual preference and elicits social approval. Threats to continuity include role loss and changed environments. Despite these threats, Atchley argued that continuity tends to be robust, as inner continuity and sense of self is strong, and external change is linked in our minds to a perceived past in which we learned to adapt.

Continuity theory was meant to be an organising framework that would provide the impetus for research. It does not make specific predictions. It should be noted that continuity does not always result in adaptive outcomes; significant changes (e.g., declining health) often necessitate new ways of thinking and behaving, and failure to accommodate to change can be maladaptive (Atchley, 1989).

Support for this theory was found by Åberg, Sidenvall, Hepworth, O'Reilly, and Lithell (2005), whose research was noted above. Continuity was a theme that related to patients' habitual activities: "All participants attached great importance to their ability to perform familiar activities in a habitual way, as they used to do prior to the hospitalization. Former habits were pinpointed as standards that they wished to continue" (p. 1116). This finding is consistent with the theory's prediction that many older adults show marked consistency over time in patterns of activities, social relations, and living arrangements, even when faced with significant challenges to health and physical independence. The ability to continue performing habitual tasks and skills reinforces continuity of self in terms of self-perceived competence. The capacity to remain active in different areas of life was a priority for all participants, and a loss of functional ability seemed to result in a diminished self-image and a loss of meaning in life, to some extent.

Continuity may be extended to other specific domains, such as spirituality. Atchley (2006) discussed spiritual development, which he defined as a growing connection with the sacred that moves us to develop an ever-deeper spirituality that may permeate most of our life experiences to some extent. He explained that both continuity and spiritual growth in later life provide resources that are powerful enough to assist and guide us as we cope with the changes experienced with age; however, disability and a diminished social network may require adjustment to valued goals. Atchley advised that professionals working with older adults can

assist them by learning about what they value the most in order to better support their goals (e.g., the common desires for social activity and independence) in personally meaningful ways.

*The convoy model.* Another form of continuity has been described as a *convoy*, which is the network of our closest social relationships, the people who accompany us in our life's journey (Antonucci, Birditt, & Akiyama, 2009). Convoys provide emotional support, affirm shared or respected values and goals, and assist us in more tangible ways. We can evaluate this support as satisfactory to varying degrees.

Our perceived needs for support depend on personal (e.g., age, gender, and personality) and situational (e.g., social roles and demands) factors, which vary from one person to another and are subject to change over time (Antonucci, Birditt, & Akiyama, 2009). Close family and friends seem to become increasingly important members of our social networks in later life; old and trusted friends may compensate for missing or unsatisfactory family connections (Belsky, 1999).

The convoy model considers how social relationships could have a stress-buffering effect (Antonucci, Birditt, & Akiyama, 2009). According to the model, social support lessens the negative impact of stress on well-being. Social networks may provide a buffer against the effects of stress. The impact of the death of a spouse, for example, might be cushioned by the support of family and friends. Conversely, the effects of stress may be exacerbated by inappropriate or unhelpful support. The effects of stress may be sustained or they might vary over time, and could result in a build-up of positive or negative effects. Research is still needed in regard to this specific aspect of the convoy model. In general, longitudinal research would help to further assess the model.

In summary, continuity concerns the idea that adaptation in later life is accomplished with the help of factors promoting stability and a sense of consistency, including the convoy of social relations that provides support and a sense of belonging through the years. Continuity in general, and social convoys in particular, are based on priorities and values. The finding that close family and friends become increasingly important in later life is consistent with the perspective of socioemotional selectivity theory. In the next section, the focus will shift from social factors to personality, which will be examined from a lifespan perspective.

### *Personality in Later Life*

This section deals with personality in later life, particularly the topic of personality stability and change, and theories of personality development.

*Personality stability and change.* Costa and colleagues (1986), Costa and McCrae (1997), and Terracciano, McCrae, and Costa (2010) have found evidence for stability in basic personality traits, such as neuroticism and extraversion, across the lifespan, especially after age 30 or so. Belsky (1999) noted that this view of stability may be challenged, stating that personality change “is more likely over longer time periods and over certain time periods of life” (pp. 241-242), the latter referring to the late adolescence to early adulthood period, on average. She also suggested that change is more noticeable if we look beyond traits to include other aspects of personality and different modes of measurement.

In a review of the literature on personality across the lifespan, McAdams and Olson (2010) described a trend, based on cross-sectional and longitudinal studies of dispositional traits, that has been called the *maturity principle*: through early to middle adulthood, “people ... appear to become more comfortable with themselves as adults, less inclined to moodiness and negative emotions, more responsible and caring, more focused on long-term tasks and plans, and less



susceptible to extreme risk-taking” and impulsive behaviour (p. 523). Aging is also associated with a more realistic, careful, and selective approach to goals, and a greater ability to adjust personal expectations in the face of an unattainable goal (McAdams & Olson, 2010).

Roberts and Mroczek (2008) observed a similar maturing effect in their review of the literature, with age-related increases in warmth, self-confidence, self-control, and emotional stability. The authors noted that although most mean-level (i.e., population) changes in personality traits seem to occur from age 20 to 40, change, usually in a more subtle form, continues to occur into later life, and these changes tend to be retained.

Carl Jung (1933, as cited in Cavanaugh & Blanchard-Fields, 2002) theorised that, in accordance with an inner striving for integration and balance, introversion tends to increase with age, after the needs of finding a mate and establishing a career have been met; also, the masculine and feminine aspects of personality come into greater balance with age, as we begin to feel less constrained by gender stereotypes and more free to express the suppressed parts of our personality (Cavanaugh & Blanchard-Fields, 2002). These tendencies have been referred to as a *midlife shift to maturity* (Belsky, 1999).

*Personality development.* Erikson (1963) proposed a theory of developmental transitions throughout the lifespan, centred on psychosocial crises. Midlife is associated with *generativity versus stagnation*, or the process of caring for and guiding the next generation through parenting, teaching, or other means, versus self-absorption and thus missing out on the gratification of contributing to society and helping others. Generativity may also carry on into later life, which is associated with the final stage, *ego integrity versus despair*, or the process of reflecting upon and accepting one’s life and finding meaning in it as a whole, versus the despair of perceived meaninglessness and lingering regrets.

Boron, Schaie, and Willis (2010) discussed the methodological issues concerning stage theories of personality development, primarily “the lack of specification of change mechanisms and limitations in psychometrically reliable and valid measures,” but also the use of cross-sectional designs (p. 178). Also, stage theories imply a step-wise progress in one direction, which is often too rigid to reflect reality. However, Erikson’s model provides a useful framework for considering development throughout life.

Krause (2004, 2009) incorporated the ideas of Erikson on the topic of meaning in later life. He proposed conceptualising meaning in life as “comprising four factors or dimensions: having a clear set of values, a sense of purpose, goals, and the ability to reconcile things that have happened in the past” (Krause, 2009, pp. 104-105). He explained that a value system serves as a guide for behaviour, a sense of purpose concerns “believing that one’s actions have a place in the order of things and that one’s behavior fits appropriately into a larger and more important social whole,” and goals help organise and focus our “energies, efforts, and ambitions” (p. 105). The final component, reconciling what has happened in the past, involves acknowledging the gap between our plans and desires versus the reality of our lives, ideally arriving at “a larger sense of order or purpose in the way one’s life has been lived” (p. 105), which thus provides meaning. This process fits with the views of Erikson (1963) on perceived integrity in later life.

The development of a sense of integrity can be facilitated by *reminiscence* and *life review* (Butler, 1974) through the recollection of past events. Life review is characterised by re-evaluating or reframing one’s past, including both positive and negative events, into a more integrated whole. In contrast, while reminiscence may be said to have different levels of reinterpretation of the past (Unruh, 1989, as cited in Parker, 1999), it tends to be more free-

flowing and less autobiographical and purposeful than life review (Haight & Burnside, 1993). Both can be spontaneous and intrapersonal, or guided by a professional for therapeutic benefits.

Erikson's theory included the crisis of *identity versus role confusion*, which is linked to adolescence (Erikson, 1963). However, these earlier transitions have also been discussed in relation to later life. Older adults may seek a balance between identity and identity diffusion by reviewing long-held beliefs and personal characteristics with the perspective that age brings, in order to better understand the self and to reconcile youthful hopes and dreams with the life that has been lived and the capabilities that still remain (Erikson, Erikson, & Kivnick, 1986). Thus, identity may continue to evolve throughout life, particularly when we are faced with significant change.

Whitbourne (1986, 1987) devised a theory of identity development, borrowing from Piaget's (1970) concepts of cognitive assimilation and accommodation. In Whitbourne's model, *assimilation* (i.e., relying on pre-existing knowledge to interpret new information) represents resistance to personal change, while *accommodation* (i.e., altering pre-existing ideas to fit new information) is consistent with a willingness to change self-concepts and adapt to new circumstances. For example, when faced with an awareness that one can no longer read labels with ease, a person using assimilation may conclude that the print on labels is getting smaller, while someone using accommodation might decide that s/he needs reading glasses. Whitbourne (1986) explained that we commonly use both strategies as we negotiate a balance between our identity and our experiences, and while an over-reliance on assimilation could lead to defensive rigidity, being overly accommodating may signal a poorly developed identity in a particular area.

Research has suggested that age-related changes in middle-aged and older adults have an impact on identity. For example, one study found that while middle-aged adults tended to focus

on changes in their appearance, those aged 65 and older paid special attention to perceived changes in physical competence (e.g., mobility) and basic functioning (e.g., shortness of breath), and were more likely to use identity assimilation in response (Whitbourne & Collins, 1998). Identity assimilation has been associated with greater self-esteem, while accommodation has been linked to lower self-esteem (Sneed & Whitbourne, 2001; Whitbourne & Collins, 1998). This research was based on questionnaire data, and the reliability of the identity measure was inconsistent across age groups and subscales. However, the clinical implications of age-related change affecting identity, and subsequently health behaviours, suggest that further research is warranted.

To summarise, personality stability and change in later life are difficult to determine with traditional measures. An age-related maturing effect is associated with a more selective approach to goals and a greater ability to adapt to change, for example, by adjusting expectations. Theories of personality development have suggested a focus on achieving a sense of integrity and associated meaning in later life, which may be assisted by life review. In addition, strategies can be used to manage the impact of age-related changes on identity. It seems evident that personality and identity can evolve and adapt into later life.

In conclusion, this section on adaptation and change in later life examined diversity, selectivity, continuity, and personality. Although later life is associated with much variability between and within individuals, adaptation and positive change can arise even in the midst of significant challenges. To the extent possible, older adults make meaning-based choices about relationships and pursuits. Continuity of self, environment, and social relationships provides stability and support. Personality stability is evident, but so is the capacity to change, often with a greater emphasis on bringing the disparate elements of our lives into balance and integration.

Thus, with the help of these resources, older adults can adapt to the changes and challenges of later life, the greatest of which may be the loss of a spouse.

### Qualitative Studies on Widowers in Later Life

There has been a dearth of research on widowers in later life, particularly studies using qualitative methods. In this section, I will discuss the findings of qualitative studies on widowers in later life that I have not yet mentioned in this literature review, with a focus on the central themes in this work.

Bomar (1991) interviewed men aged 60 to 80 who were widowed for 2 weeks to 10 years and had not remarried. The interviews focused on the men's grief experiences and who and what had helped or detracted from grieving and adjustment. The themes concerning grief experiences were: loneliness, (lack of) motivation, relief, and difficulty facing and accepting the finality of the death. The men noted post-bereavement adjustments in numerous aspects of their lives, though less so for those whose wives had been ill for an extended period; the event of the death was reportedly difficult even for those who had forewarning. Adjustments, such as learning to live alone, were associated with perceived improvement in the men's lives. Factors that were viewed as beneficial to adjustment were time, family, friends and companionship, being active, and religious or spiritual faith, while those described as detrimental were staying in the same surroundings (because of sad reminders), not getting out, holding feelings in, poor health, and circumstances of the death (i.e., that it might have been prevented or that the men could have done things differently). Bomar concluded that the men's bereavement experiences had been profound, and had led to positive growth for some of them.

Brabant, Forsyth, and Melancon (1992) interviewed widowers aged 37 to 79 who had been widowed for 3 years or more (25%), for 1 to 2 years (60%), or for less than a year (15%);

30% had remarried or were engaged. The interviews were coded in terms of broad categories: present grief, worst times, thoughts, feelings, and behavioural responses to grief. The majority of the men said they were still affected by the death of their wives, although 40% noted improvements in their grief and ability to cope over time. Thirty percent felt that their grief was ongoing. The men who were remarried or engaged reported experiencing less grief or, for two thirds of them, no grief. The worst times for the men included weekends, holidays, and certain times of the day.

The men's thoughts about their wives or the present concerned the loss of roles that the wives had fulfilled, good memories involving their wives, and speculation about what life would be like if she had not died. Present thoughts involved such matters as family and activities, but also taking care of the gravesite, and existential thoughts. Grief was associated with feelings rather than thoughts for 90% of the men, feelings that were mostly expressed directly, but also through analogies such as "like I'd been hit by a baseball bat" (Brabant, Forsyth, & Melancon, 1992, p. 40). Specific feelings included shock, numbness, sadness, loneliness, anger, depression, feeling hurt, and relief. The men reportedly dealt with emotional pain by praying, keeping busy, working around the house, going for a walk, and reminiscing; but some reported crying, screaming, hitting things, and keeping to themselves. The authors were struck by the degree to which the men did not seek out other people for support when experiencing emotional pain, despite the intensity of their feelings, opting instead to cope alone.

Campbell and Silverman (1996) analysed interviews that Campbell had conducted with widowers aged 30 to 94 who had been bereaved for 2 months to 13 years. Most reported having had a significant relationship after the death of their wives, and 20% had remarried. I will mainly restrict my comments to the men bereaved at age 60 or older, who comprised 50% of the sample;

these men were aged 61 to 94 and had been bereaved for 2 months to 10 years. Loneliness was commonly mentioned, especially at particular times, such as the onset of the weekend, coming home to an empty house in the evening, and getting up in the morning. The men also noted missing companionship and having someone to talk to on a daily basis, and the pain of realising the finality of the loss and what it meant. Other losses included the loss of friends, especially married couples, and multiple losses earlier in life, reported by a man who was a concentration camp survivor. Some men noted insensitive comments from others, and a lack of support from adult children.

Moore and Stratton's 2002 grounded theory study has been referred to above in regard to resilience (see pp. 41-43). Here, I will review the findings in a broader sense. The men commonly mentioned loneliness and having expected to die before their wives. A sense of relief was noted by some of the men who had forewarning of their wives' deaths, although forewarning was not always equated with preparedness. Emotions were evident in the interviews, in the form of tearfulness, becoming choked up, appearing subdued, or speaking hesitantly, almost always when the men talked about their wives, including their terminal illnesses, their deaths, their goodness, and missing them. A wide range of feelings were described, and admissions of crying and sadness were common. Supportive relationships were mentioned.

Health was a major theme, with roughly half of the men reportedly having, or having had, significant, but not life-threatening, health issues or limitations, or having recovered from life-threatening problems. One effect of poor health was that among the men over age 85, refusal to consider remarriage was attributed to advanced age and perceived health problems. Three patterns of coping with disease and disability were: optimism that predated current difficulties;

the decision to enjoy life as much as possible; and the “gritty determination not to get beaten down” among survivors of previous hardships (Moore & Stratton, 2002, p. 126).

In the Older Widow(er)s Project, Bennett and colleagues (Bennett, 2005, 2010; Bennett, Hughes, & Smith, 2003, 2005; Bennett, Smith, & Hughes, 2005) conducted grounded theory research on adaptation to conjugal bereavement among people aged 55 to 98 years who had been widowed for 3 months to 32 years. The findings on resilience (Bennett, 2005, 2010) have been described above (see pp. 37-39). The following discussion focuses on three articles concerning other aspects of the research.

Bennett, Hughes, and Smith (2003) explored widowers’ experiences and beliefs about coping with bereavement. Most of the men (60%) interviewed believed that women cope better, because of their greater abilities in expressing emotions and in the realm of interpersonal and domestic skills. However, the men’s reported experiences were largely at odds with their beliefs, as the majority talked to others about their deceased wives, confided in others, and were socially active and engaged. Compared to the widows in the study, the men were more likely to talk about feelings related to depression or a sense of futility in their lives. The authors contrasted talking about feelings and other bereavement experiences in the confidential setting of an interview as opposed to normal life, in which men may feel pressured to keep their emotions to themselves. The interviews seemed to be the first chance for some participants to discuss their wives and their grief at length.

In a second article, Bennett, Smith, and Hughes (2005) reported their findings on depressive feelings and coping. They concluded that current depressive feelings, found among 26.1% of the widowers (vs. 6.5% of the widows), were associated with not coping well for the men. Interviews with these men showed “direct expressions of depression ... [and] deep sadness,



and discussions of the pointlessness of life and suicide” (p. 351), for example, praying to die in order to be with the deceased spouse. The authors did not mention if any of the widowers had pre-existing depression. They considered factors other than the wives’ deaths that may have been related to depression, but found no clear evidence of this.

In the third article, Bennett, Hughes, and Smith (2005) examined particular responses related to coping. They found that the widowers who reported feeling upset (i.e., expressing feelings, such as crying as an outlet), being selfish (i.e., making personal choices and feeling freed from former obligations), and talking to their deceased spouses were more likely to be coping well. Some of the men who referred to feeling upset in the past noticed an improvement over time. Talking to the spouses seemed to exemplify maintaining a bond with the deceased. Keeping to oneself, which meant not sharing feelings, was generally associated with poor coping for both men and women, while aloneness, which referred to choosing to spend time on one’s own and being comfortable with solitude, was linked to both good and poor coping among the men.

Van den Hoonaard (2009, 2010) interviewed men aged 56 to 91 who had been widowed for 10 years or less. Roughly half had remarried or entered a relationship. The method of analysis was symbolic interactionism, which is centred on the perspective of the informants, and typically covers a wide range of aspects of their everyday lives. Although grief and grieving were not a focal point of the research, the men described and displayed a range of strong feelings in the interviews, particularly when talking about the death of their wives and the early period of widowhood; however, the men often seemed to lack the words to fully express their feelings, as was the case in Campbell and Silverman’s study (1996).

The diagnosis of the wives' illnesses was an important marker. The caregiving the men provided was often depicted in a practical and rather off-hand way. Loneliness was a major theme, often equated with being alone; the men emphasised the need to get out of the house and find other ways to keep busy. They described receiving considerable initial support from a variety of sources, including friends and neighbours. However, secondary losses included the loss of friends, especially couples, as well as the illness or death of friends among the older men.

The men experienced widowhood as an unexpected event, even when their wives had been terminally ill, a result that Moore and Stratton (2002) also found. Furthermore, the men often did not think of themselves as "widowers" and seemed to reject the idea that their identity had changed at all since their wives had died. Van den Hoonard attributed these attitudes to the perceived negative image of widowers as old, alone, and lonely. She concluded that, unlike widows, widowers find themselves unprepared for their new status, having expected to die before their wives. They are left with no immediate peer group with which to compare, identify, and draw support.

Van den Hoonard (2009, 2010) observed that the widowers used a number of strategies to assert their masculinity, such as interrupting, using personal diminutives to address the interviewer, lecturing, referring to themselves as bachelors, and talking about the attention they received from women. She attributed the men's behaviour to their lack of traditionally masculine traits, namely, a heterosexual relationship, employment, and youth. The factors associated with these response styles included uncertainty, discomfort, or a desire to redirect attention after showing signs of emotion, such as becoming tearful. Van den Hoonard speculated that the men's style of communicating may have in part reflected their generations and how they had

been socialised, rather than attempts to assert stereotypical masculinity in a situation perceived as threatening to this image because of their current status.

To summarise the findings from these studies, the widowers' experiences of grief were diverse, complex, and often intense. Although the passage of time was helpful for some, others noted ongoing grief or lingering effects, even in the presence of gradual improvement. A wide range of feelings were described, including shock and numbness, anger, sadness, and feeling hurt. Depression and suicidal thoughts were noted by some. Loneliness was a key theme in all of the studies. Intense emotional pain was evident, although a few claimed they felt no pain, which may have indicated stoicism, or perhaps numbness. Expressing feelings was associated with coping, but some men seemed unable to fully express their feelings in words. Emotions were displayed in the interviews, although often with a degree of discomfort. Meaning was discussed in terms of existential thoughts, positive growth, and searching for meaning (e.g., asking why). Several men talked about a lack of motivation or feeling that life was futile or pointless.

In terms of bereavement context, deaths that were sudden, preventable, or associated with regrets were seen as detrimental to grieving and adjustment. However, the death of the wives was difficult even with forewarning. Long illnesses were linked to feelings of relief and fewer post-loss adjustments. Forewarning did not always result in preparedness, as many of the men had expected to die before their wives, and the finality of the death was notably difficult. Coping was associated with a range of activities, keeping busy or getting out of the house, and having religious or spiritual faith. Poor health was detrimental to adjustment, although some men faced these challenges with resilience, for example, through optimism and determination.

The men mentioned various sources of support, although some noted a lack of support. Socialising with others was seen as helpful. Talking about the deceased wives was difficult for

some, though easier in the confidential setting of the interviews. It was linked to coping well and continuing bonds. Although some men were able to talk with and confide in others, many lacked someone to talk to on a daily basis, kept their feelings to themselves, or did not reach out to others for help despite their emotional pain. As Bomar (1991) observed, the men's bereavement experiences were profound. Deep emotions were evident, and many struggled with their grief, at times in the context of challenges such as secondary losses and health issues. Many coped alone (Brabant, Forsyth, & Melancon, 1992).

These studies are all subject to the limitations of qualitative research in terms of questionable validity of the factors (e.g., coping), generalisability, and representativeness of the samples. The research of Bennett, Smith, and Hughes (2005) included quantitative measures of depression (i.e., the Hospital Anxiety and Depression Scale; Zigmond & Snaith, 1983, and the Symptoms of Anxiety and Depression Scale; Bedford, Foulds & Sheffield, 1976). However, it is interesting to note the authors' suggestion that the widowers may have "responded to the interview in a manner that revealed more of their feelings than did the HADS or SAD" (p. 352), which highlights the ability of semi-structured interviews to elicit different information than quantitative measures – or diagnostic interviews, as the authors speculated.

The sample sizes ranged from 10 (Campbell & Silverman, 1996) or roughly 20 (Bomar, 1991; Brabant, Forsyth, & Melancon, 1992; van den Hoonaard, 2010) to 51 (Moore & Stratton, 2002) to 60 (Bennett, 2005, 2010; Bennett, Hughes, & Smith, 2003, 2005; Bennett, Smith, & Hughes, 2005) widowers, aged 37 to 104, most over the age of 60. The period of widowhood varied from 2 weeks to 32 years. As noted earlier, long time ranges and spans have the potential of inaccurate recall and non-comparable results, respectively. Remarriage, which may affect bereavement outcomes, was an exclusion criterion only in the Bomar (1991) study.

Participants were volunteers recruited with numerous strategies, which included contact with bereavement support groups (Bomar, 1991; Brabant, Forsyth, & Melancon, 1992) and hospice or palliative care services (Bennett, 2005, 2010; Bennett, Hughes, & Smith, 2003, 2005; Bennett, Smith, & Hughes, 2005; Bomar, 1991; Brabant, Forsyth, & Melancon, 1992). Brabant and colleagues focused on the latter, but noted that only one interviewee had accessed hospice support services for himself. Contacts were also made with a wide variety of organisations as well as professional and personal contacts. Participation may have been biased against widowers who were not functioning well, or conversely, toward those with a perceived need (on their own part or that of the contact person's) to talk about their experiences. In spite of these limitations, the findings provide information from the perspective of older widowed men, and directions for future research.

In conclusion, collectively, these studies give an indication of the range and depth of the experiences of widowers in later life. Emotions are reportedly intense for many, and coping in the aftermath can be a struggle. The purpose of the current study is to provide a detailed focus on the experience of grief, with a consideration of personal and life changes and challenges after bereavement.

### The Current Study

Despite my cursory knowledge of the area when I began this project, I understood that grief in later life has been inadequately explored, leaving many unanswered questions, such as the nature of the relationship between bereavement and declining physical health, which gender differences genuinely exist, and what accounts for these differences (Carr, Wortman, & Nesse, 2006; Wolff & Wortman, 2006). Insufficient attention has been paid to the bereavement experiences of both men (van den Hoonaard, 2009) and the elderly (Wolff & Wortman, 2006).

There is, therefore, a gap in the literature concerning widowhood in later life, and a need to more closely and carefully address the experiences of older adult widowers. Apart from the motivation of addressing unanswered questions, this gap in the research needs to be filled for several reasons.

The average life expectancy is increasing, with people in their 80s representing the fastest growing age group in North America (Belsky, 1999; Cavanaugh & Blanchard-Fields, 2002). Although women continue to significantly outnumber men in older adulthood, a substantial group of men are now living into their 80s and 90s in North America (Belsky, 1999; Cavanaugh & Blanchard-Fields, 2002). Gender differences in later life are not well known, and may be different than earlier in the life course (Belsky, 1999). These differences likely vary by cohort and by other variables (e.g., culture).

Due to a lack of research, false assumptions have been made about the grief experiences of older adults, particularly men, for example, that they are alone and feel lost and unable to cope (van den Hoonaard, 2010). False assumptions lead to inaccurate research findings based on flawed hypotheses and non-representative samples. The result is a further lack of understanding and the perpetuation of myths and misunderstandings. This ultimately results in poor social planning and inadequate provision of health care resources, including mental health care.

The purpose of the current study was to shed light on how bereavement affects the lives of men who are widowed in their 60s and older. In order to explore the phenomenon of conjugal bereavement in the lives of older adult widowers, I used an inductive approach that allowed widowers to openly discuss their experiences. My knowledge of bereavement and gerontology helped me to reflect upon and develop the concepts that arose from my analysis of these

discussions. The resulting theoretical framework is intended to be informative for researchers in bereavement and related fields.

## CHAPTER 2. METHOD

### Methodology

#### *Grounded Theory*

In this study, I used the grounded theory method (Glaser, 1978, 1992; Glaser & Strauss, 1967) as understood through methodological hermeneutics (Rennie, 1998, 2000, 2007). Grounded theory is a system that guides the analysis of qualitative data. The theory that results from a study undertaken in this way is firmly based on, and stays close to, the original data.

The basic components of the grounded theory method are simultaneous data collection and analysis, constant comparative analysis of meaning units to each other and to emerging conceptual categories, and theoretical memoing (Glaser & Strauss, 1967). The ongoing analysis of data informs the course and direction of the research.

Meaning units are the building blocks of analysis. In the context of interview data, as in this study, they are significant portions of interview transcripts that are chosen and assigned a tentative theme or meaning by the researcher. The meaning units are then compared with each other, and similar meaning units are placed into categories that become the topics of analysis (Glaser & Strauss, 1967; Rennie, 1998).

Constant comparison means that new data are compared to previously gathered data to determine what they have in common; these common aspects are given tentative code names and are gradually categorised and recategorised, sorted and resorted into clusters or groups (Rennie, 1998). One piece of data (i.e., one code) can be associated with multiple categories; in other words, one interview excerpt can have more than one code name assigned to it. Categories are compared to each other. Subcategories that relate to each other in a meaningful way can be



grouped together into larger or higher-order, categories (i.e., they represent a higher order of abstraction, vs. lower-order descriptive categories).

The process of developing the categorical structure of the grounded theory is where interpretation becomes most prominent (Rennie, 2000). The development of the theory is said to be a creative process, in which researchers use their own experience to help them understand the participants' experience made evident through the text (Rennie, 2000). The ultimate goal is the discovery of a theory that is grounded in the text.

One or more core categories may ultimately subsume all higher order categories. Theoretical saturation occurs when newly analysed data no longer necessitate the creation of new categories or the expansion of existing categories. Data collection ends when all meaning units fit into the theoretical structure, and new data no longer add further meaning (Glaser & Strauss, 1967; Rennie, 1998).

Theoretical memos are used to record ideas and developing theories, speculations about the data, personal biases that enter awareness, assumptions, previous knowledge, and personal reactions to the work (Glaser & Strauss, 1967; Rennie, 1998). These written reflections on the investigator's ongoing thoughts begin before data collection and continue until the research ends. When biases are brought to self-awareness, with the help of theoretical memos, they are "bracketed" and set aside.

Glaser (1992) advocated an avoidance of reviewing relevant literature until after "the theory seems sufficiently grounded in a core variable and in an emerging integration of categories and properties" (p. 32). The reason is to facilitate the discovery of concepts and theory based on the data, rather than testing existing ideas or being overly influenced by the preconceptions of previous work. It may be difficult to adhere to this principle, as investigators

inevitably have some knowledge of the area(s) of research before beginning a study, and arguably must have enough awareness to decide that an investigation will likely make a worthwhile contribution (Payne, 2007; Willig, 2008).

A compromise solution is conducting a preliminary review before gathering data, which is indeed a necessary step when a proposal is required, and then completing the review process and write-up afterwards (Payne, 2007). This is the method that I adopted, briefly scanning the literature on conjugal bereavement among older adults, particularly men, in order to write the proposal, and then reading much more extensively and writing the full literature review only after the first draft of the analyses had been completed. I left my reading of the relevant gerontology literature until this point as well, citing a few familiar sources in the proposal. As noted above, I had some prior knowledge of bereavement and gerontology literature, but not the combination of these two large fields (i.e., bereavement among older adults), and not bereavement concerning spouses or men in particular. Charmaz (2006) argued that although familiarity with the literature provides “points of departure” that help set the initial course for a project, grounded theorists must subsequently strive to be “as open as possible to whatever ... [they] see and sense in the early stages of the research” (p. 17), allowing the concepts and theory to be interpreted from the data. This is the approach that I took for this project.

### *Hermeneutics*

Hermeneutics concerns the interpretive understanding of a written text on the basis of the text itself. The procedure of methodological hermeneutics is thus used to discover meanings in texts by finding explanations that are based on the text, such as the content and the meaning derived from interview transcripts (Rennie, 1998). However, this methodology recognises the researcher’s subjective point of view and acknowledges the effects of subjectivity on the

research. A tension exists between *realism*, the actual subject of analysis, and *relativism*, the influence of the researcher's inescapable subjectivity. The researcher maintains as fine a balance as possible between the data and his/her influence on it by rigorously applying the methods described above: simultaneous data collection and analysis, constant comparative analysis, and theoretical memoing. Being reflexive allows a "middle ground" to be reached between realism and relativism (Rennie, 2000, p. 486).

In social science and humanities research, there is said to be a double hermeneutic (Rennie, 2000). This is because research participants interpret their own experiences, and so the investigator actually interprets this pre-interpreted information. Participants also exercise their agency by opting to present their experiences in certain ways (Rennie, 2000). Participants and researchers alike are influenced by their own values, beliefs, and experiences, which in turn influence their interpretations and choices. Researchers decide how deeply to interpret a text, staying close to the manifest substance of the text or analysing the underlying meaning (Rennie, 2000). I believe that decisions of this type are made throughout the analysis of the data, depending on the nature of the specific data being examined.

In order to avoid an overly subjective analysis of the data, the interpreted meaning of the text cannot be overlooked:

The "life" of the subject matter is in the meaning of the text constituting it, and ascertaining of the meaning is a matter of interpretation, which is always relative to the interpreter.... [I]n grounded theory analysis, the demonstration involved ... draws upon the assumption that the meaning of the text that is brought to light through the grounded theory inquiry will resonate with an audience sharing a culture with the interpreter, such

that the audience will identify with the interpretation and be moved by it. (Rennie, 2000, p. 494)

The meanings resonate when “they articulate what people sense about themselves and others” (Rennie, 2007, p. 11). Readers should find the theory meaningful, credible, and detailed enough for them to imagine being in the field (Glaser & Strauss, 1967).

The interpretation that hermeneutics requires has been described as a creative process, in which the researcher works to find the best fit between his/her own experience and those of the participants; the researcher should be neither too cautious to extrapolate from the precise data, nor unrestrained to the point of moving too far away from the data (Rennie, 2000). The goal is to create a theoretical model that, while grounded in and built up from the data, provides a clear understanding of the data as a whole, which offers an explanation of the phenomenon of interest. The resulting theory may thus feature extrapolations or inferences made about the overall sample that describe the data as a whole. Insufficient extrapolation from the data might result in a model that is overly concrete and descriptive.

It is preferable for the main investigator to transcribe the interviews they conduct, since they begin to develop a sense of the text even before it is transcribed, and this understanding is further expanded through the process of transcribing (Rennie, 2000). On a more practical note, the investigator can also ensure that the transcript is as accurate as possible, based on their memory of the interviews. In working with interview data from the start, the researcher enters the hermeneutic circle wherein “the understanding of the whole of the text influences the understanding of a part of it, and the understanding of each part in turn influences the understanding of the whole” (Rennie, 2000, p. 484). Thus, bit by bit, the theory is built up from

part to whole, remaining grounded in the component parts of the data, which in turn support the overall structure of the theory.

### *Ethical Considerations*

In qualitative research, a number of ethical issues must be taken into consideration. One of these is the protection of individuals' privacy. To ensure the privacy of the interview participants in this study, the interview transcripts contained no names of interviewees or their family or friends, no names of locations where they had lived, and no information that might identify them, such as specific details about their work. Each transcript was assigned a code number. These code numbers were also applied to the demographic information sheets that I filled out for each participant. My copies of the consent form and the demographic sheets were kept in a locked cabinet, and the computer on which the audio files and transcripts were stored was password-protected. (See p. 80 for details of the procedures regarding transcripts and other materials.)

There are particular ethical issues to be considered when interviewing bereaved participants. The personal and sensitive nature of conjugal bereavement necessitates a careful and considerate approach to interviewing. I used my master's and doctoral-level training in clinical psychology and my knowledge of bereavement theory and research to interact with the participants in as sensitive and respectful a way as possible, being mindful of the emotional strain of discussing personal experiences of grief, and also mindful of the need to stay within the role of a researcher rather than that of therapist.

Charmaz (2006) argued that the primary concern when conducting research into sensitive topics is the comfort level of the participants, which necessitates adjusting one's approach according to what an interviewee seems to be experiencing in the moment. Rosenblatt (1995)

suggested attending to both the verbal and nonverbal communication of interviewees to gauge their reactions, and in order to reduce the risk of harm, the researcher might redirect the interview, avoid certain questions, or switch to a shorter or more positive interview. On the other hand, the therapeutic benefits of participating in such research have been noted as well (Charmaz, 2006; Cook, 2001; Rosenblatt, 1995).

Cook (2001) was a good source of ideas and suggestions regarding ethical issues in bereavement research, one of which concerned the use of focus groups. Thus, in order to be sure the interviews would be appropriate and not harmful, I conducted a focus group to elicit the opinions of bereaved men aged 60 and over.

The criteria for the focus group participants were: male; aged 60 or older; widowed for at least 2 years; English-speaking; able to tolerate a 60-minute session; and willing and able to give informed consent. Topics of concern included timing of interviews (i.e., how soon after bereavement), appropriateness of potential questions, the interview process, debriefing and follow-up procedures, and any other concerns the group raised. This information was gathered in preparation for the actual study where in-depth interviews would be conducted.

### *Focus Group*

I sought participants for the focus group and the interviews at the same time, first by making telephone calls and sending emails to seniors' centres, community and recreation centres, churches, clubs, and bereavement support groups, and posting notices where I could (see Appendices A and B). The objective was finding participants who were living independently, as this would have represented the circumstances of the majority of older adults. However, having had no success with my initial efforts, I contacted retirement residences, nursing homes, and

seniors' apartments<sup>3</sup>, in the area in which I was living, and later in other cities that I could reach by train, and a city that I periodically visited in another province. Eventually, I reached a recreation manager in a retirement residence who offered to put together a focus group consisting of some of her widowed male residents.

The focus group session was conducted in September 2009. It took place in a room within the participants' retirement residence. The group included four widowed residents, who were informed that the purpose was to gain their opinions about the timing of interviews, the appropriateness of the questions, and the interview process and follow-up. The session took approximately 45 minutes, and I both audio-recorded and took notes. All four men made comments at various times, and they all shared their personal experiences with widowhood, even though I had assured them that they did not have to talk about personal matters if they did not wish to, as I was primarily interested in their opinions. The men seemed attentive and mentally focused. Their participation gave me the impression that they would have liked to have had a longer, general discussion about grief issues.

After the session, I transferred the file from the digital voice recorder onto my personal computer in the form of an audio file that could be played with a variety of audio software programs. I then listened to the recording and made notes, and deleted the original audio file from the recording device.

The men's ages ranged from 78 to 95 (average 86.3 years), and the time since their

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<sup>3</sup> According to the Ontario Retirement Communities Association (ORCA; 2013), retirement residences are privately-owned properties with rental accommodations mainly for people aged 65 and older. Basic care services such as meals and housekeeping are provided, as well as more extensive services to those who need them, such as assistance with bathing. Nursing homes (also called long-term care homes) are government-regulated residences for people who need 24-hour nursing care and supervision. Compared to retirement residences, they offer more personal care and support (ORCA, 2013). Seniors apartments are for older adults who can live independently, but prefer to be in rental accommodations designed for seniors. They might provide services such as social or recreational programming or an emergency call system, and the rent is often subsidised by municipal or provincial governments (ORCA, 2013).

wives' had died ranged from 6 to 43 years (average 21.5 years). All of the men appeared to be Caucasian, and they all spoke fluent, unaccented English. The main consequence of the focus group was my decision to change the criteria for the minimum time since bereavement from 1 to 2 years after the death. Other than that, I did not alter the planned procedures or criteria. The data for the focus group participants are shown in Table 1 (below).

<i>Member</i>	<i>Age</i>	<i>Years since wife died</i>	<i>Second marriage</i>
1	78	7	no
2	81	6	no
3	91	43	no
4	95	30	yes

### Participants

The criteria for the interview participants were: male; aged 65 or older; widowed for at least 2 years, but no more than 10 years; and currently unmarried and not living with a partner. The latter was meant to avoid the effects of remarriage or cohabitation on bereavement. Additionally, the participants had to be English-speaking, able to tolerate a 60- to 90-minute interview, and willing and able to give informed consent.

As mentioned earlier, recruiting participants was a challenging aspect of the study. I followed the same procedures noted above (see pp. 71-72). Whenever I was given permission, I sent or left a notice to be posted in the locations I contacted. Over a period of 6 months, I recruited 12 participants from four different cities in two provinces. The reason for this wide geographical range was the need to broaden my search in order to find enough participants. An unexpected benefit of the extended search was obtaining a more diverse sample. Two participants responded to notices they had seen posted in seniors' centres, while the rest were contacted through an intermediary, such as the recreation director of a retirement residence. I



explained the purpose and procedures of the study to the widowers who telephoned me and to the intermediaries I contacted. Regarding the former, I explained that the purpose of the study was to learn what it is like for widowers aged 65 or older to experience the loss of a spouse, and to learn how they have dealt with being a widower; I noted that the information gathered for this research would form the basis of my Ph.D. dissertation, and that any published data would contain no identifying information about individual participants. The procedures that I explained to the intermediaries and prospective participants are outlined below (p. 80).

The participants were 12 widowed men ranging in age from 68 to 94 years (average 83.0), and all were retired. They had been married from 37 to 61 years (average 50.1 years), and at the time their wives died, the men's ages ranged from 60 to 90 years (average 77.7 years). The length of time between the death and the interview ranged from 2 to 10 years (average 5.3 years). Seven were born outside of Canada, and English was not the first language for three of them. Table 2 (below) summarises information gathered on the men's backgrounds. Table 3 (p. 75) shows the data pertinent to the participants' marriages and their wives. The interviews took place between September 2009 and March 2010.

<i>Pseudonym</i>	<i>Age</i>	<i>Ethnicity</i>	<i>Education</i>
Bill	68	North European	Bachelor's degree
Paul	71	did not say	Master's degree
Christopher	78	West European	Doctoral degree
Ted	79	West European	High school
Arthur	80	Middle Eastern	High school
Frank	81	West European	High school
Alex	82	East European	Elementary school
Robert	85	West European	Doctoral degree
Peter	92	West European	High school
Ian	93	West European	High school
Matthew	93	West European	Bachelor's degree
Joseph	94	West European	High school

<i>Participant pseudonym</i>	<i>Age</i>	<i>Years married</i>	<i>Years since wife died</i>	<i>Wife's age at death</i>	<i>Cause of wife's death</i>
Bill	68	37	8	56	cancer
Paul	71	40	9	56 or 57	cancer
Christopher	78	50	3	78	lung disease
Ted	79	42	10	65 or 66	cancer
Arthur	80	53	7	71	cancer
Frank	81	50	2	75	cancer
Alex	82	49	2	did not ask	heart disease
Robert	85	59	2	84	various
Peter	92	50	10	78	stroke
Ian	93	60	3	80	stroke
Matthew	93	50	4	94	cancer
Joseph	94	61	4	89	aortic aneurysm

Two of the men were living in their own homes, and one in a seniors' apartment building. Seven lived in retirement residences, and two were in nursing home situations. Regarding health status, five had serious health concerns, namely, rheumatoid arthritis, Parkinson's disease, lung disease, and cancer, although the participant with cancer was not particularly focused on his health in the interview. He was able to talk at length about matters that did not relate to his health, while in contrast, the other men with health issues were quite focused on their health in the interviews. However, they did also talk about their wives and other relevant topics.

There were also mental health issues among four of the men<sup>4</sup>. Two men reported that they had clinical depression that predated their bereavement, one of whom reported memory problems as well; the other had Parkinson's disease. A third man discussed having memory problems of unknown origin (perhaps due to alcohol use or a heart condition, although this is speculative), with no apparent mood or anxiety problems. A fourth man reported being treated

<sup>4</sup> I decided against trying to verify this information or any formal diagnoses, because it would have meant asking to look at the men's medical records, which they might have viewed as an unacceptable intrusion into their privacy. The three men who reported depression all said they were taking medication for it.

for anxiety and depression that began after his wife's terminal diagnosis. The memory loss of the two men did not appear to be dementia-related, judging by the interviews, and it seemed to mostly take the form of uncertainty about details such as children's or wives' ages or years of marriage.

## Procedure

### *Interview Questions*

The grounded theory analyst begins by choosing a phenomenon of interest. Interviewing is undertaken with the attitude that informants will show the researcher what is most relevant to them about the phenomenon. This information then informs the choice of subsequent questions, and shapes the ongoing processes of coding meaning units, comparing meaning units with each other and with existing categories, creating and revising categories to fit new and existing data, writing theoretical memos, and developing a conceptual framework. The overall goal is to fit the emerging theory to the data, without discarding data that do not seem to fit, and without trying to force the data to fit preconceived ideas (Glaser, 1978, 1992; Glaser & Strauss, 1967).

The purpose of this study was to learn about the bereavement experiences of older adult widowers by taking an inductive approach, one that allowed the meaning of the men's experiences to arise from the information they provided. Therefore, the purpose of the questions was to elicit the men's perspectives and experiences, in order to elicit the subjective meanings of their experience of widowhood in later life. My outlook as interviewer was one of "not knowing" and thus allowing and encouraging the participants to educate me.

As planned, I asked additional questions to check my understanding of what participants were telling me, and to explore the topics in some detail. Issues that arose in response to the sixth question (below), as well as responses that raised new topics of interest, formed the basis of new

interview questions. I continued interviewing until no new questions were suggested and all meaningful categories seemed to be fully explored, thus indicating that theoretical saturation had been reached.

The initial interview questions, designed to be atheoretical and to avoid leading participants' responses in an overly narrow direction, are listed as follows:

1. Tell me about your relationship with your spouse.
2. Tell me about your wife's death.
3. How did you react to your wife's death?
4. How has your life changed since your wife's death?
5. How have you changed since your wife's death?
6. Is there anything I have not asked you about that you think is important?

The purpose of the first question was threefold: to bring memories of the wife into the interviewee's conscious mind before asking about his wife's death and its aftermath; to learn something about the nature of the marital relationship; and to "break the ice" before proceeding to more sensitive topics. The purpose of the subsequent questions was to elicit information about how the participants had been affected by the death of their wives, with the last enquiry opening the door to material that had not been previously discussed in the interview.

The questions evolved and expanded as the interviewing progressed. On a stylistic level, some questions were softened, for example, by the addition of the words "could you" before "tell me," and the substitution of "when your wife passed away" for "your wife's death." This process began before the first interview. The precise wording of the questions varied slightly, according to the progress and content of each interview. For example, an interviewee would at times address the topic of a question before it was asked.

After the initial interview, the first question was revised from "Could you tell me a bit about your relationship with your wife?" to "Could you tell me a bit about your marriage and the life you had with your wife?" The reason was that the first interviewee did not understand what

was meant by the word “relationship”. While this might have been because English was not his first language, it may also have been because the word “relationship” is what might be considered modern and perhaps not commonly used by people in their late 60s and older. In order to help draw out brief responses, a secondary question was sometimes added: “What kind of a person was your wife?”

The final list of questions is the following. This list includes both the primary and secondary questions used in the course of the twelve interviews. Questions 6 and 7 were asked at the end.

1. Could you tell me a bit about your marriage and the life you had with your wife?
  - a. What kind of a person was your wife?
2. Could you tell me how your wife passed away?
  - a. Did you look after your wife while she was ill? What was that like for you?
3. When your wife passed away, how did you react (at first; as time went on)?
4. How is your life different now, since your wife passed away, or how has it changed?
5. How have you changed as a person, if at all, since your wife passed away?
6. Is there anything I have not asked you about that you think is important, or that you would like to mention? Is there anything you would like to add?
7. How has it been for you to talk about this today?
8. Sometimes people who are grieving a loss try to find a sense of purpose or meaning. Have you thought about this?
  - a. Do you ever think about whether it’s fair or not? Do you think about it in those terms?
9. What kind of support did you receive from other people when your wife passed away?
  - a. Did you have people you could talk to about how you were feeling?
  - b. Were your friends helpful?
  - c. Were your family helpful?
10. Since your wife passed away, have you had other problems or challenges to deal with (e.g., with your health or moving)?
11. What has your wife left you with?
12. What have you lost with your wife’s passing?
13. Would you say that you have come to terms with your wife’s death, or perhaps there is a better way of saying it?
14. Would you say you have learned anything from the experience of your wife passing away?
  - a. Is there any wisdom you would like to share with other people to help them understand what it is like to lose a spouse?

The seventh question was added after the first interview. The interviewee responded to the question “Is there anything you would like to add about your wife or her passing...?” by shaking his head to indicate “No,” and then responded in the affirmative to the question, “Is it hard to talk about?” He appeared to be on the edge of tearfulness. It was thus decided to add a question about what it was like to do the interview, to check on the state of the interviewee, and to provide information on the experience of being interviewed for this study.

The primary eighth and the ninth questions were added after the second interview, as they addressed topics that were raised by the second interviewee. His response to Question 6 highlighted the importance of support from family, friends, and others following the death of a spouse.

The remaining questions that were added to the initial set were developed after the fourth interview. I wished to devise a longer list of more precise questions (compared to the initial ones) to elicit meaningful responses about conjugal bereavement and its consequences. The goal was to probe these phenomena more widely and deeply, while still keeping in mind the constraints of the interviewees’ time and their ability to participate in reasonable comfort. So, for example, I began using the phrase “come to terms” after the fourth interview, in an effort to prompt more in-depth responses about the men’s experiences of conjugal bereavement. In order to learn more about this, I added Question 13, posed in a tentative way to allow the men to use their own words. I also used the words “coping” and “adjustment” in order to prompt further discussion when I felt it was necessary.

The ethical considerations discussed above also arose during the process of interviewing my 12 participants. The focus group helped to prepare and guide the structure of the interviews,

but I still had to make ongoing decisions about the questions I asked as each interview progressed.

### *Interviews*

I began each interview session by introducing myself, explaining the study's purpose and procedures, and then reading the informed consent form aloud (or having the participant read it, if he preferred) and asking the participant if he had any questions or concerns before obtaining his informed consent. Next, I asked a set of demographic questions that are provided in Appendix C, and then turned to the interview questions, which I had written in a copybook, updating the questions as the interviews progressed; I recorded this part of the interview with a digital voice recorder. As soon as possible after each interview, I wrote down my thoughts as part of the theoretical memoing process.

After the interview, I transferred the file from the digital voice recorder onto my personal computer in the form of an audio file that could be played with a variety of audio software programs. I then deleted the original file from the recording device and transcribed the recording with the Microsoft Word software program. Next, I coded the interview and compared the coding to that of the previous interviews.

The procedures designed to protect participants' privacy are the security of consent forms and other materials are noted above (see p. 70).

### *Analysis*

The coding process evolved over time. All interview data were transcribed into QST NVivo8 software for the purposes of coding the data consistently across all transcripts. In NVivo terminology, a "node" contains all of the data coded at a particular topic or theme. The program records the number of sources (i.e., interviews, in this case) and references (i.e., coded interview

excerpts) for each node, and when each node was created and most recently modified. Nodes can also contain descriptions created by the researcher, and they can be linked to memos or other information. Tree nodes are topics organised into hierarchies, while free nodes are separate topics that are not arranged into a categorical structure. The analysis proceeded according to defined steps described as follows.

Step 1. In this study, the initial NVivo coding consisted entirely of free nodes (i.e., they were not arranged in any structure). After the initial NVivo free coding had been completed for the twelve transcripts, each transcript was coded once again, in an effort to correct mistakes and to make the free nodes more precise and more consistent across transcripts. During this process, several free nodes were added, merged with other nodes, or redefined. When a node was redefined, usually for greater precision, each transcript was then checked to add to or adjust the coding of that node, if necessary.

Step 2. Once the free nodes had been revised, they were then cut from the NVivo free node folder, pasted into the tree node folder, and arranged into a categorical structure that had first been worked out in list form in Word. The only free nodes that did not become tree nodes were the set that represented the interview questions and the node called “off-topic” (i.e., off-topic remarks, including interview-related comments).

Step 3. The tree nodes were checked a third time, when all of the references, or examples, for each node were examined for precision and accuracy. This process led to some further revision and refinement of the nodes and their descriptions. Some slight revisions were also made during the process of writing the following full description of the model with examples of the nodes included. One significant revision was the creation of the node called “when half of you leaves,” which I added after writing the description of the existing model.



## CHAPTER 3. RESULTS

### Overview of the Thematic Results

The list of questions on page 78 and the opportunity to discuss their answers produced a myriad of data that were emotionally rich, and daunting to organise in a way that captures the variety of experiences, while at the same time conveying the strong and broad theme that permeated the men's stories. That theme is captured by the core category of "Continuity in the Midst of Change," and yet, understanding how pervasive that theme was among the interviewees requires attention to how the lower-level categories feed into that dominant theme. These lower-level categories are the main facets and transitions of the men's lives that they drew upon in responding to the questions. These men realised they had been experiencing "change" in all of these facets of their married lives, and bracketed their experiences first as husband and then as widower. But change remained as a continuous unfolding theme in their stories. At the core was a kind of meaning making, perhaps wisdom, of recognising continuity throughout their lifespan, much of which was connected to their relationship with their wives. Therefore, it is important to not look at the following categories as inordinately distinct, but rather to see how the theme of maintaining continuity throughout all the ongoing transitions of one's life melds together to create a person's overarching narrative. It is for this reason that the descriptions and explanations of the categories set out below often mention change and continuity as these lower-level categories fed into the discovery of the dominant core categorical theme. That common emphasis on continuity reflected the meaning these men were making of their lives and the emotional impact of the loss of their partner of so many years. This theme of finding meaning in their long-lived facets of married life is what holds together the many details they talked about. That

meaning is a realisation, implicitly and explicitly, of the continuity amidst the change that is always a part of life, when looked at over many years and transitions.

The resulting model features one core category and two second-level categories. The core category is entitled “Continuity in the Midst of Change.” The two second-level categories are “Relationships, Work, and Activities” and “Death, Loss, and Other Changes.” The components within these second-level categories will be referred to as subcategories, which contain branches, and in one case, sub-branches.

The first second-level category, “Relationships, Work, and Activities,” contains the following subcategories, which can be thought of as comprising the past and present fundamental elements of life for each participant:

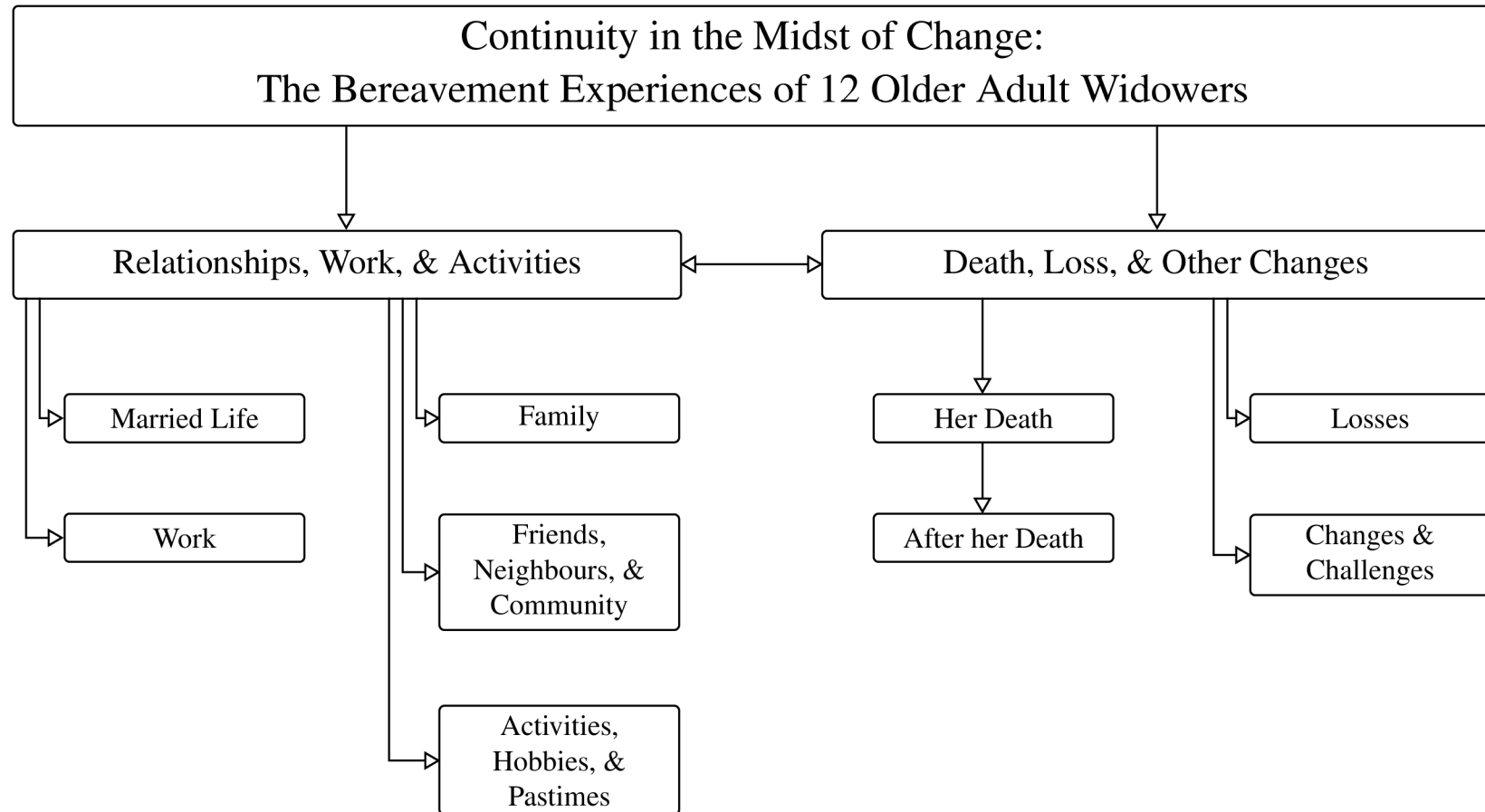
- Married Life
- Family
- Friends, Neighbours, and Community
- Work
- Activities, Hobbies, and Pastimes

The second second-level category, “Death, Loss, and Other Changes,” contains the remaining subcategories, which refer to the wives’ deaths and their aftermaths in the context of other losses and life changes and challenges:

- Her Death
- After her Death
- Losses
- Changes and Challenges

Figure 1 (p. 84) shows a diagram of the hierarchical structure of the model.

Figure 1. Hierarchical Structure of Categories and Subcategories



*Note.* There are five levels in the model. The first features the core category (top). This is supported by the two 2nd-level categories below it, which are each supported by the 3rd-level subcategories below them. Each of these subcategories is supported by 4th-level branches (see Table 4, p. 93 and Table 5, p. 109). The 4th-level branches of the “After her Death” subcategory are supported by fifth-level sub-branches (see Table 6, p. 122).

In the following description of the model, the title of the core category is printed in underlined bold italics. The two second-level categories are in bold italics. The (third-level) subcategories are in underlined italics. The (fourth-level) branches are in italics, as are the (fifth-level) sub-branches; the latter are found only within the “After her Death” subcategory.

The quotations below are double-indented, with my words italicised and preceded by “I” for interviewer, with three ellipsis points at the end of my unfinished sentences. The other ellipses stand for omitted material in the interviewees’ quotes. Square brackets indicate either changed text, such as name deletions, or words that I was uncertain about because I could not hear them clearly when transcribing. The underlined parts of quotations are phrases that especially stood out for me.

When I began writing this section, I decided to use pseudonyms instead of code numbers for the participants, because it seemed more natural to refer to names. I chose the pseudonyms from a list of first and middle names of men in my extended family. The pseudonyms were assigned on the basis of simple mnemonics that made sense to me (i.e., I was able to link something about the pseudonym with a particular participant), and not because the interviewee had reminded me of that family member. The use of family names made it easier to remember the set of pseudonyms.

As noted above in the Method section, the methodology of hermeneutics requires interpretation of the data in order to create a theoretical model that provides an understanding of the data as a whole, which in turn offers an explanation of the phenomenon of interest, the bereavement experiences of older adult widowers. The model features extrapolations or inferences made about the overall sample in order to achieve this end. In this section, I have provided my interpretive understandings of the higher-level components of the model, while

explaining the lower-level components that support them, noting how the latter feed into and support the former, in order to present a unified explanation of the model. I have preserved the variability I found among the participants by including variations on the main themes, such as the notable but atypical experiences of a minority of the widowers.

### **Continuity in the Midst of Change**

I interviewed 12 men of varying ages, backgrounds, and circumstances. All had experienced the death of their wives in later life, when they were aged 60 to 90 years. They had each been married once, for a number of decades. They had long marriages in the context of lives that were marked by many events, among them significant milestones: graduation, military service for some, establishing careers, setting up homes, having children and grandchildren, and retiring. They had lived through many personal and historical changes. Along the way, they pursued different pastimes, had their share of ups and downs, and saw extended family and friends come and go.

These men can now look back on this wealth of experience and reflect on their lives as a whole, and make sense of them as an ongoing narrative. Stories require a storyteller, who inevitably has a particular point of view. Stories convey events, but also underlying themes or ideas of substance. The recounted stories of the men's lives featured common themes and threads: companionable marriages, close ties to family and friends, embeddedness in neighbourhoods and communities, and devotion to work and other endeavours. A man's life story always begins with himself and his parents and siblings. However, in my discussions with these men, the stories focused on themselves as married men and then widowers, and are thus imbued with "she" and "we", told through many recollections of a shared life, the life of a long-married couple.

The thread of marriage was long and deeply embedded, running from young adulthood to later life, and so permeated their lives that it is impossible to pull out without unravelling the rest. The tapestry would not be the same. Their lives would not have been the same. They were each married to a particular woman who lived with them and shared their lives, raised children with them, experienced joys and sorrows, and left an indelible impression. Each would not have been the same man without that marriage to that woman.

They were travelling down a shared path, hand in hand and side by side with their wives for all of those years. And then one day she was gone, and they were left to walk the path alone. Alone with their daily lives, the making of plans large and small, alone with being a parent and grandparent, alone with once-shared memories, and the intimate thoughts and feelings once confided to their wives. Alone without her companionship, feeling the same need to reach out and touch, to talk, to share a comfortable silence, to relax, to laugh, to impress, to rely on, to look into her eyes and feel themselves reflected there, the familiar and loved companion they were for so long. The loss of the wives itself became a story, the story of her death. But where do they go from there? How does this chapter fit in, and what comes next? Life after such a loss can be a bewildering experience.

In the midst of change, even the enormous change of the loss of their wives, threads of continuity remained and the story continued. The men realised they could not undo what was done, they had to go on, and the course of their lives continued. One thread that helped bridge the gap between life before and after the death was the fact that although the wives were gone, their influence remained. The impact of a decades-long spousal relationship on a person's life does not dissolve with the death of a partner. It continues to be felt in numerous, at times difficult to articulate, ways, such as the ongoing influence of one partner on the other's behaviour and

perspective. The bond itself can continue, although in a different way. Memories and the maintenance of once-shared activities are examples of continuity that keep the bond alive and meaningful.

Following the death of their wives, the men had other threads of continuity to help ground and sustain them. Relationships with children and grandchildren became more central and significant to them in widowhood. Other family relationships and friendships were important as well, as were communities and the continuation of meaningful activities. Additionally, they were all mature men with a well-established sense of self and identity and a system of beliefs and values. Although their lives had undoubtedly changed, many said that they themselves had not significantly changed after their wives had died. They felt they were the same person, albeit with the new and deeply felt presence of grieving the loss of their wives. This grief was experienced in similar ways by the 12 men; all recounted initial and subsequent reactions, thoughts, feelings, and so on, although the particular experience was unique for each person. All told the story of their wives' deaths, narratives that varied in length and detail according to the nature of the deaths and the communication styles of the men. For all, the loss was a solemn and significant event that still resonated years after, up to 10 years for some.

Before experiencing this loss, these men had lived through many changes over the course of their lives: some emigrating from their home countries and adapting to a new place, many living through the turbulence of war years, experiencing the loss of family members and friends, having one or more careers, and then adjusting to retirement. Several men had to deal with health-related challenges, which were serious and even life-threatening in some cases. Some had moved into a retirement residence. All were familiar with the changes that gradually come with age, both superficial and more profound, and bereavement was not unknown to them. The death

of their wives was the most emotionally profound change, and one that often precipitated other life changes, most commonly a change of residence, either soon after the death or following a period of living alone in the marital home. Whatever their circumstances, change was an unmistakable aspect of the men's lives, and it was within this context of changes and challenges that the loss of their wives occurred.

Change refers to a significant difference, which may or may not result in loss of the original state or form. Change is about making or becoming different. It can mean a different course or direction. It implies modification or adjustment and transformation. The end result of a process of change is an open question, suggesting both the excitement of possibility and the fear of uncertainty. The process itself implies at least temporary instability, which may be described as shifting, fluctuation, or oscillation. Change is not necessarily a bad thing. A lack of change can bring a sense of stagnation or a feeling of being stuck and unable to move forward. Change offers a chance for growth and perhaps renewed vitality.

In contrast to change, continuity refers to something that is expected to last or endure for an indefinite time; no predictable ending is foreseen, and the word itself suggests there will be no end. For men, widowhood in later life is an unexpected scenario, an event they either did not foresee or is difficult for them to reconcile because it seems to deviate from the accepted script for older couples in which wives outlive husbands. These men married "until death do us part," but they were the ones who were supposed to die first. Thus, widowhood is a perceived discontinuity in the life story, which requires imagining a whole new ending, one that includes the necessary motivation to carry on.

Despite the many changes or discontinuities the men had faced, not the least of which were the deaths of their wives, their lives were also characterised by multiple forms of



continuity. Continuity and change were interwoven in their lives.

Continuity in its various forms provides a sense of stability amidst the changes that life inevitably brings, even a change as profound as losing a partner. While change is the core theme of the second second-level category, continuity is the theme underlying the first, which is discussed in the next section.

***Relationships, Work, and Activities***

The theme of continuity concerns the past and present fundamental aspects of life for the men interviewed: the enduring effects of the lives they shared with their wives, relationships with family, friends, and neighbours, the communities they belonged to, and the work and other activities with which they were involved.

The men's current lives and identities were forged in large part by their past relationships and endeavours. The men's marriages lasted an average of 50 years. They spoke about their wives with admiration, gratitude, and pride. They had been both husbands and fathers raising children, while maintaining ties with their parents and siblings as well as in-laws. They had friendships and years of work that were extensive, and habitual activities that gave added structure and meaning to their lives. The personal bonds and the events and activities of their lifetimes had continuing influences upon them, as attested by the stories they told me.

Personal relationships were vital aspects of the men's current lives. They spoke at length about their children and grandchildren, and the importance of these connections was evident through the stories they recounted. Older relatives had mostly died, and those who remained were often geographically distant, which made more proximate relations assume greater importance. Relocation had meant separation from familiar neighbours and communities, but ties with old friends were maintained by half of the men, and new friends, acquaintances, and fellow

parishioners were a part of social networks. But among existing bonds, those with children and grandchildren were central.

While married life and relationships over the years had instilled a sense of identity and belonging, work had provided a sense of pride and purpose. The men spoke about work in the context of setting up homes with their wives, providing for their families, and interacting with coworkers. Most of the wives had worked outside of the home as well, accommodating their jobs, careers, or volunteer work to meet their children's needs. The men's stories about work helped explain who they were and how they had managed family life in partnership with their wives. In a similar way, stories concerning activities, hobbies, and pastimes gave a sense of who the men were, as well as the people and interests that were most important to them, based on the choices they had made and continued to make, to the extent that they were able. In a general sense, relationships, work, and activities gave added meaning and purpose to their lives.

Continuity provided a source of comfort and perceived stability for the men in this study. For example, continuity in the form of supportive relationships can help to ease the pain of bereavement, while discontinuities such as a change of residence may involve additional loss and distress. Thus, continuity is a force that helped the men to weather conjugal bereavement and its aftermath, as well as other concurrent and subsequent challenges. However, in terms of bereavement, it likely takes time and support to gradually reach a point of relative equilibrium, a balance that may yet be upset by the surfacing of emotional memories and the ongoing realisation that the departed wife cannot be brought back.

The dynamic of continuity in the midst of change is that despite profound changes, some aspects of our lives and ourselves remain the same. These elements of continuity help us to regain our bearings in the wake of a major transition. The men in this study had to adjust to a

changed reality, gradually picking up the threads of life and carrying on after the loss of their wives. The underlying theme of change will be discussed in the section pertaining to the second second-level category, which is “Death, Loss, and Other Changes”.

“Relationships, Work, and Activities,” this first, continuity-related, second-level category, is supported by the following subcategories: Married Life; Family; Friends, Neighbours, and Community; Work; and Activities, Hobbies, and Pastimes. Continuity was interwoven with change in the lives of the men who spoke with me, and so many of the themes and related examples of these subcategories will also appear in the context of the change-related material. Details of the subcategories and branches within this first category are shown in Table 4 (p. 93); those of the second second-level category can be found in Tables 5 (p. 109) and 6 (p. 122).

Table 4. Second-Level Category 1: Relationships, Work, and Activities

<i>Subcategories</i>	<i>Branches</i>	<i>Sources</i>	<i>References</i>
Married Life	Caregiving	4	4
	Communication	6	10
	Companionship	3	5
	Description of her	11	78
	Description of him	10	43
	Happiness	5	9
	Her health	9	23
	Her influence	4	15
	Household management	10	27
	Love	6	17
	Marriage	10	46
	Partnership	1	3
	She & I	10	28
	Togetherness	9	23
	Trust	2	2
Ups and downs	2	3	
Family	Children	12	111
	Grandchildren	11	26
	Her family	7	31
	His family	11	36
Friends, Neighbours, and Community	Community members or neighbours	4	10
	Old friends	11	46
	Parishioners	5	14
Work	Her work	9	24
	His work	10	43
Activities, Hobbies, and Pastimes		9	58

*Note.* “Sources” refers to the number of interviews that featured each node, or topic. “References” refers to the number of interview excerpts for each node.

The subcategory *Married Life* mainly represents responses to the first interview question, which concerned the interviewee’s marriage, the life he had with his wife, and what his wife was like as a person. It also contains information that the men offered about themselves in the context of their marriages.

These men were each married once, and the marriages lasted from 37 to 61 years (the average was 50.1 years). Married life was thus a deeply rooted part of themselves and their lives. It shaped the course of their lives and the men they became, instilling a sense of belonging and adding meaning and purpose to their endeavours, leaving an impact that lasted beyond the death of their wives. These lasting effects helped provide internal continuity after bereavement, but the loss of the wives made carrying on as widowers a difficult, if not overwhelming, experience.

Marriage for these men represented decades of shared intimacies and experiences. Together with their wives, they experienced the milestones of new careers, setting up homes, raising children, having grandchildren, and retiring, sharing the joys and stresses of these passages.

The men recounted the nature of their married lives in many ways. They told stories of courtship and *marriage*, and spoke about their thoughts of what marriage is. They described their married lives in terms of *companionship*, *happiness*, *love*, *partnership*, *togetherness*, and *trust* (please note that the names of branches, such as these, and sub-branches are in italics). The men all described their wives and their married lives positively. However, two of the men used the phrase *ups and downs*, including one whose wife had been diagnosed with bipolar disorder; Joseph noted that this illness was one of “the usual ups and downs that life presents.” Bill described his marriage in a matter-of-fact way, saying, “There [were] some ups and downs. I don’t think any marriage is perfect.” So although idealising of the deceased wives may have been evident in the interviews, there was also a measure of realism.

Marriages were described in positive terms, such as “wonderful,” “marvellous,” and “happy.” The men talked about having a good life with their wives. Peter described having had a close partnership with his wife, doing things together and sharing the decision-making. Here are

some short examples of how the marriages were described: “We used to tell each other every, everything” (Joseph). “Every day that went by, I loved her more” (Arthur). “And I think I was very fortunate in finding her, and getting married to her, and having two boys. And, oh, I think, I think I was fortunate... ..I couldn’t have asked for anything better” (Peter).

Several men mentioned doing things together, whether it was around the house, outdoor leisure activities like hiking or golf, taking vacations together, visiting family, socialising with friends, or spending quiet time together. Here are two of the many descriptions of doing things together.

She loved to knit and, and sew and things like that. She got me doing needlepoint... And we used to give them, every cousin or somebody ... having an anniversary or anything, we’d find a needlepoint that fitted them, and I would do it. So, (*pause*) so that ... we would sit in two chairs. I’d be here and she’d be here and the TV would be over there (*gesturing*). And I would have the needlepoint there and she’d have her knitting there. (Peter)

She was a great tennis – well, we both played lots of tennis. Very fit. We jogged together. I loved gardening. And she, she was a super cook. And we had a lot of, sort of, things together. In [our home country], we used to go to dances, barn dances, things you don’t do over here. But, rugby, cricket. (Ian)

*Household management* refers to the more mundane activities of married life: cooking, cleaning, and other household tasks, including financial management (e.g., how money was earned and spent). Some of the men mentioned helping out around the home and sharing the workload. Several had shared at least some of the household chores, including cooking and cleaning.

*Description of her* and *description of him* refer to how the men described their deceased wives and themselves, respectively. The men described their wives with fondness and affection. Their stories conveyed respect, appreciation, and pride. Some of the men used adjectives or short phrases to describe their wives, such as “a very wonderful person,” “marvellous,” “a very loving

person,” “very understanding,” “a good person,” and “hardworking.” Other descriptions were full of details about the wives’ backgrounds, the activities they had enjoyed, and their character. Many of the men praised their wife’s physical attractiveness and her abilities as a homemaker and mother. The wives were variously described as a constant companion, a friend, and someone who provided encouragement and motivation. *She and I* is a branch that denotes common or contrasting likes, dislikes, and characteristics. It demonstrates compatibility of important values and interests, while acknowledging differences that were not an apparent source of discord, such as having different personalities. Good *communication*, talking and sharing thoughts and feelings, was a valued marital attribute, one that implies that the wives were good communicators.

*Her influence* reflects the wives’ influence on their husbands, which was described as continuing into the present as well as occurring while she was alive. The wives were portrayed as a good influence on their husbands’ character (e.g., making him a better and more tolerant person), on his behaviour, and on health-related habits, such as eating, drinking alcohol, and smoking. These are two behaviour-related examples of the wives’ influence that lasted beyond bereavement:

And I, I think [wife’s name]’s influence on me over the years has paid off, ‘cause she made me a more tolerant person, I think. And I think that this is why I’ve been able to do the things and live the life I live. Because I, I, I want to help people. I want to do things for people. And I’m limited now, we don’t have a car. But anybody that moves in here, I’m the first person they know. And that’s part of the way I try to do things. So I think she’s, she’s part of that. And I think that she’s there, ‘cause she was very friendly, a very open person. (Peter)

But she left me only with to be kind and then, you know, try to help if you can.

*I: Okay. So she had an influence on you.*

Oh, yeah, and, and me on her. (Joseph)

The wives typically influenced decision-making, which is a big part of sharing a life together. Decisions were made primarily by the husband in some cases, but jointly made in others. Ted noted that his wife had made the decisions, because:

...she was smarter than me. You know, she, she would make the decisions, sort of thing, and, and they always made sense to me. I thought, well, you know, some, I think some families, the guy thinks he's the Almighty and, you know. (*Laughs*)  
But I never felt that way.

One man regretted having been “selfish,” explaining that “all my married life, I was the same. We did things my way, sort of idea.” This was something he wished he could change.

Married life is not without its difficulties, those problems that go beyond the normal “ups and downs.” For the most part, these were not featured in the men’s stories. However, a notable variation to this pattern concerns health matters raised by a minority of the men. *Her health* includes comments about the wives’ health that did not pertain directly to their final illnesses. Although most of the wives were described as being healthy, three had serious chronic conditions: heart disease, leukemia, and bipolar disorder. *Caregiving* refers to the care provided by three of the men for their wives, excluding the period of the wives’ final illnesses, and also to the care that one of the wives provided for her husband when he had advanced Parkinson’s disease. Caregiving is an important aspect of the wives’ deaths that will be discussed further in the context of the change-related second-level category, “Death, Loss, and Other Changes.”

The *Family* subcategory contains four branches, including references to the participants’ *children* and *grandchildren*. *Her family* refers to the wives’ families of origin (i.e., parents, siblings and their spouses, and grandparents), while *his family* refers to the husbands’ families of origin. Responses to the ninth interview question, regarding support received when the wives passed away, form part of this subcategory and the next one. The topic of support will be



addressed in the section on “Death, Loss, and Other Changes,” in regard to circumstances after the wives’ deaths.

Apart from the relationships with their wives, the men’s family ties were the most important to them, particularly those with their children and grandchildren. The men had spent decades being fathers, and had more recently assumed the identity of grandparents. Connections with parents, siblings, and in-laws were additional formative relationships that helped make the men who they were and influenced the direction of their lives. As the men reflected on their life stories, it was evident that these personal bonds exerted continuing influences upon them, and lent greater meaning to their lives.

The men’s older relatives had mostly died, and those remaining often lived at a considerable distance. These losses and geographical separations meant that existing and more proximate relations had become even more precious to them. Two of the men had family photographs displayed in the rooms in which they spoke with me, and invited me to look at them as they told stories about their families. The other men most likely had similar photos that served as visual reminders, keepsakes, and tokens of their connections to those who were dear to them.

The bonds the men maintained with children and grandchildren were of central importance to them. Each of the men talked about their *children*, referring to both the past and present. In fact, children were a source of continuity that all of the men shared. (This branch of the model had the most references by far, 111 in total.) Children seemed to be a source of happiness and pride for the men, who praised their children’s good qualities.

Although none of the men lived with family or were otherwise directly dependent on them after their wives died, four had moved some distance in order to be closer to their adult children. In two of these cases, the men’s children had urged them to make the move due to

concerns for their well-being. The men valued contact with their children, as shown in this excerpt from a nursing home resident:

I was very fortunate. I have two daughters, they're quite wonderful. I was busy looking after them... And they looked after me.... To this day now, my daughter phones me every 2 or 3 days.... I know that each time I [can phone] them, and they will come running, (*pause*) both of them. (Arthur)

At the same time, the men recognised that their children led busy lives, and did not want to impose any burden on them. The relationships were sometimes described as reciprocal. Peter commented that he had a stronger friendship with his sons than with people of his own age group, and Bill talked about helping his children, for example, by being “sort of a grandpa taxi,” driving his grandchildren to various places.

Eleven of the 12 men mentioned *grandchildren*, all in positive terms. Contact with grandchildren, primarily through visits and telephone calls, provided a source of joy for the men, as this excerpt from Ted demonstrates:

We usually talk about ... my granddaughter. She's always trouble. (*Laughs*)  
*I: She's a handful.*  
 Oh, she is. She's getting there, yeah. She was anyway, before. She's nice. I like her. We get along pretty good, the two of us. Maybe we're the same, you know.  
 (*Laughs*)

It was my impression that these bonds gave the men a sense of continuity and purpose.

All but one of the men talked about their families of origin, and seven discussed their wives' families. Interestingly, a few of the men seemed to prefer their wives' families to their own. Peter said this about his younger brother, whom he rarely heard from: “He had his 90<sup>th</sup> birthday ... and I sent a card and I said, ‘I hope you have as happy a 90<sup>th</sup> birthday as I had,’ which is a little bit of a dig.” He noted that his wife's family “were very important to her. And mine were a little bit funny.” Ted said that he was closer to his wife's family than to his own, and Robert described fitting in well with his wife's parents, who appreciated his musical talent and

his skill as a home handyman in his younger years. In-laws thus provided a form of extended family and a greater sense of belonging.

As Peter's previous comment suggests, a variation to the pattern of harmonious family ties was evident. Regarding ties with children, minor notes of discord appeared at times, as in Joseph's comment about his son having been married three times. Ted gave lengthy accounts of the problems of his son and daughter. These scenarios demonstrate that parental concern does not end when children (and grandchildren) become adults and assume their own independent lives. Addressing these concerns can make widowers feel that they still have something of value to contribute to their families, but it may also add an element of stress to their lives.

*Friends, Neighbours, and Community* is a subcategory with three branches. Friendships that the men and/or their wives made before the men entered a retirement, nursing, or seniors' home are contained in the *old friends* branch. Past or present relationships within the context of communities and neighbourhoods are found in the *community members or neighbours* branch, while those within the context of a church or similar place of worship are noted in the *parishioners* branch.

Long-term friendships represented common threads of continuity for the men lucky enough to still have them. Like marital and family ties, these bonds influenced and enriched the men's lives, and often lasted for decades. Ongoing ties with old friends were maintained by half of the men in this study.

In addition to citing them as providers of post-bereavement support, the men talked about their friends in a variety of ways. Alex described how a friend had helped look after his young daughter when his wife first became ill in the 1970s:

When she had that operation, I had to take care of my daughter. She was ill and I was working, so I had to leave my daughter at my friend's place.... I used to work

until about 10:30 in the evening, because I had the afternoon shift, I come pick up and fed her and put her to bed. In the morning feed her and give her a lunch to school and go to work. She comes from school to that, my friend, because they weren't far from school.

Christopher talked about the many friends that he and his wife had had, including a friend from his childhood with whom he was still in touch. Ian explained that it was difficult for him to still see his friends, because of age and the limitations of his illness. Joseph was still able to see some close friends outside of his retirement home, although he noted that his activities were decreasing year by year as he became older. Ted talked about visiting and having fun with various friends, including golfing buddies, and Peter, Matthew, and Paul briefly mentioned seeing friends from time to time. Bill discussed how some of his friendships had changed over time:

I used to smoke and drink in our early days, and after work we'd drop ... in one of the bars, and we'd go golfing or whatever else. But after I quit drinking ... I lost touch with [the drinkers]. And so I, I don't, it doesn't matter that, that I don't have them as close friends. But I can call on them anytime if, if, if I want to. You know, like, we shoot emails back and forth. And it's not that they're disappeared, it's just that, I think too as you get older, you don't socialise in the same way that you used to socialise when you were younger.

*I: Sure. How would you say it's different for you?*

Well, a whole bunch of us used to go golfing after work. But since ... most of them were older than me, and they retired earlier than me. They'll go golfing during the daytime when I was still at work. So they weren't available in the evening. So, you know, everything just changes, and you just slot yourself in where, where you can...

Bill also noted that his wife and her friends had supported one another when they all had young children, for example, by taking turns babysitting for each other. The role of friends thus ranged from social companions to providers of significant help when needed.

Living in neighbourhoods and communities seemed to have contributed to the men's sense of belonging and feeling grounded in a particular place and among a group of people. Four of the men mentioned *community members or neighbours*. Peter briefly mentioned having

friendly neighbours, and Ian said that he and his wife were well known in their community. Paul spoke at length about people from his community, particularly about their role in trying to help him after a psychiatrist's treatment of his depression (he said he was "over-medicated") led to his inability to function as before, according to Paul. Paul also mentioned happier times when his wife was still alive: "Then we used to invite some of our community in our house. They used to invite us also. We had community party, we used to join, some other thing." My understanding is that he meant people who were from his home country or who shared his cultural background, or perhaps both.

When I recorded the participants' demographic data, all but one of the men reported having a religious affiliation (i.e., a specific religion with which the participant identified). In terms of the *parishioners* branch, five men talked about their connections to a religious community in a context other than their wives' deaths. These bonds can provide an extended social network and a sense of identity and belonging, which are all sources of continuity.

Work contains two branches, *her work* and *his work*, referring to comments about work that the wives and the participants did outside of the home, respectively, including volunteer work.

The topic of work is common theme or thread that featured in the stories the men recounted. Although the men were all retired when I spoke with them, work may be thought of as an element of continuity because the men's extensive years of work helped shape their lives and identities, providing a source of accomplishment and purpose that they could still refer to with an understated sort of pride. The men's stories about work arose in the context of establishing homes with their wives, helping provide for their families, and interrelating with

coworkers. These accounts gave an indication of who the men were and how they and their wives dealt with the demands of family life together.

Six of the men had marriages that could be described as traditional, where the husbands worked outside of the home, while the wives were primarily responsible for raising the children and taking care of household matters. However, the other six were less traditional in that the wives worked, mostly part-time, and another wife participated in volunteer work to a great extent. Even so, the working wives had accommodated these endeavours to meet their families' needs while their children were still living at home.

The wives' paid work had included teaching, physiotherapy, working as a bank teller, and sales and clerical work. Three of the men worked jointly with their wives at some point. Frank's wife joined his company when their children were "pretty well grown up," in his words. Following his retirement, Peter and his wife worked briefly for the same company. And after holding a few different positions, Joseph and his wife owned and operated a retail store together until their retirement.

In terms of volunteer work, Ian mentioned that both he and his wife had been active in their community, Peter said that he used to volunteer, and Bill noted that he was currently involved in volunteer work. Ten of the men discussed their own paid work outside of the home at some length. Although these were mostly positive accounts, Paul talked about the enormous change in his ability to work and to carry on with his life after being forced to flee his homeland due to war. He had had to accept much less prestigious and lower paid positions in Canada, which served as reminders of the loss of his previous job satisfaction and "happy life."

The transition from work to retirement will be discussed in terms of the "Changes and Challenges" subcategory of the change-related second-level category.

Activities, Hobbies, and Pastimes refers to the past or present leisure activities, hobbies, or pastimes that the interviewee either participated in by himself, or shared with his wife, children, other family members, friends, and co-workers. There are no separate branches to this subcategory.

These habitual activities were intertwined with married life and relationships that were important to the men. The enjoyment and fond recollection of these activities stemmed in large part from the people with whom they had been shared. These endeavours added structure to the men's lives and were meaningful to them, judging by their accounts. Like the men's stories about work, their accounts of activities, hobbies, and pastimes gave a sense of who the men were, and also the people and interests that they valued the most, as indicated by the choices they had made and continued to make.

Collectively, the men talked about a wide range of activities. Examples include reading (including one of the couples reading aloud to each other, sometimes with their children taking part), doing needlepoint, playing card games such as bridge and euchre, listening to music, singing in a choir, dancing, writing, painting, and seeing films or plays. Casino gambling and racetrack betting were also mentioned. Other noted activities were skiing, swimming, walking, hiking, jogging, camping, boating, fishing, traveling, visiting friends and relatives; playing outdoor games like golf, cricket, soccer, rugby, and tennis; and participating in exercise groups. The at-home pastimes included gardening, growing houseplants, exercising, playing table tennis, doing woodworking projects and home renovations, watching television, and entertaining at home. The activities of some of the men in retirement homes included shopping, eating at nearby restaurants, playing bingo, and visiting science centres and local exhibitions.

Old age and/or infirmity had reduced the activities of some of the men in their 80s and 90s. Ian, for example, discussed how his ability to see old friends was limited by his declining health and subsequent need to have an oxygen tank with him at all times. A longer discussion of the changes brought about by aging and health can be found in the next section below.

In conclusion, the collective subcategories and branches of *Relationships, Work, and Activities* can be thought of as the normal, fundamental parts of the lives of most people: the lives we share with our partners, our formative and ongoing relationships with family and friends, the communities we belong to, and the work and other meaningful activities we devote our time and energy to.

Married life, family ties, bonds with friends, neighbours, community members, and fellow parishioners, and work and activities helped make the men in this study the people they became, gave them a greater sense of identity, belonging, structure, and stability, and imparted a sense of meaning and purpose to their lives. Even after retirement, relocation, the loss of close companions and social partners, and, most notably, spousal bereavement, the legacy and influence of these fundamental relationships and endeavours involving other people still lingered and helped provide a sense of continuity in the men's ongoing lives.

These subcategories thus all relate to continuity, and they are all interrelated. These topics are also connected to the larger theme of change, as has been hinted here and will be explored in depth in the next section concerning the change-related second-level category; for example, old friends are part of a social network or convoy that helps maintain continuity, but the loss of friends is a change that results in discontinuity, which poses a challenge for older widowers.



Change may also be thought of as a normal, integral aspect of our lives. However, some changes are more easily assimilated than others, while some can be difficult to bear. These topics are addressed by the second second-level category of the model, which will bring us to the topic of widowhood in later life.

The next section features an explanation of the second second-level category.

### ***Death, Loss, and Other Changes***

The theme of change in this study relates to the death and its aftermath in the context of other losses and life changes and challenges. This theme gets to the heart of the phenomenon of men's widowhood in later life: how spousal bereavement affects men widowed in their 60s and older. I discovered that the men's experience of bereavement and its aftermath cannot be considered in isolation; instead, it must be viewed within the context of other losses and life changes and challenges that are often particular to later life, as well as in relation to the threads of continuity remaining in their lives. These other changes are distinctive, more specific as in being parts of the whole, and thus operate at a different level than the core category. Yet they also feed into the dominant overriding continuous change theme underlying the phenomenological experiences of these men.

As noted regarding continuity in the midst of change, change was an integral part of the men's life stories even before spousal bereavement, including immigration, war, personal losses, transitions from education to work, the ups and downs of family life, and retirement. In later life, health-related challenges, relocation, and the death of family members and friends became more common scenarios. Aging brought gradual changes over time and a growing awareness of mortality. All of these experiences formed the context within which the most significant change took place: the death of the men's wives and the aftermath of this loss. Although threads of

continuity in the men's lives survived this loss and helped the men to span the gap between life before and after, the loss had an enduring resonance.

The stories of the death and its aftermath still resonated with feeling and imagery years later. In recounting their wives' final months, days, and hours, the men gave testimony to their wives' bravery, selflessness, and strength. The men's own anxiety, pain, and tenderness formed a subtext that could be glimpsed through their matter-of-fact accounts, often in the form of euphemisms and nonverbal communication: an intake of breath, sighing, uncharacteristic stuttering, changes in tone of voice or bearing, and a more serious demeanour. It was evident that the loss was huge and deeply felt.

The aftermath of the death was vividly conveyed through the wealth of detail with which the men described their experiences: the initial and subsequent reactions, the experience of grief and its effects, a multitude of thoughts and feelings, efforts to contend with what had occurred, and the circumstances, both bad and good, that the men found themselves in. The nature of what was lost with the wives' passing became evident over time. This central loss was one among many layers of loss, past and present, which affected the men's perspectives and abilities to cope. The men found ways to compensate for some losses, but other losses were irreplaceable. Loss leads not only to grief, but also to a feeling of imbalance and vulnerability.

Apart from loss, the men had faced many changes and challenges. The men were able to adjust to change with grace and forbearance, although at times it was difficult for them. The men's experiences and circumstances were to a certain extent a matter of perception: the men interpreted their own experiences over the course of time and wove them into the stories they told me. These narratives often included joy, gratitude, humour, and hopefulness. It was only when they felt overwhelmed by the pain of their losses, the immensity of their challenges, or the

scarcity of their resources that the men found it difficult to look ahead to the future. While the perspective afforded by age and life experience helped the men to deal with change, the threads of continuity provided an invaluable source of resilience that helped them to navigate through the challenges of change. When these threads become too few or too frayed, as when social networks are too thinned out, then change becomes more difficult to bear. Continuity thus provides a counterbalance to the change that is inevitable in later life, and helps older widowers to piece together a story that foretells a possible future beyond bereavement.

“Death, Loss, and Other Changes,” this second, change-related, second-level category, is supported by the following subcategories: Her Death; After her Death; Losses; and Changes and Challenges. These subcategories are in turn supported by the branches and sub-branches that are outlined in Table 5 (p. 109) and in Table 6 (p. 122).

This second-level category is described as the death and its aftermath, in the context of other losses and life changes and challenges. As noted above, the marriages of the men in this study lasted for an average of 50 years. The men were aged 60 to 90 years when their wives died. They were aged 68 to 94 years when interviewed, and all were retired. The length of time between the death and the interview ranged from 2 to 10 years (average 5.3 years). Table 3 (p. 75) shows the demographic data of the participants and their wives that are pertinent to this section.

It is not difficult to imagine that these widowers experienced a variety of reactions and events in their lives when their wives passed away, and in the years since then. The men’s backgrounds were diverse, and so too were their reactions to the death of their wives, the circumstances surrounding the death, and the men’s ways and means of coping with this and the

other demands that they have faced. But the interviews revealed that they also showed marked commonalities in many respects, as the model indicates.

There will be a greater emphasis placed on the details of the branches within this category, because they get to the heart of this study's central question about the phenomenon of widowhood in later life.

<i>Subcategories</i>	<i>Branches</i>	<i>Sources</i>	<i>References</i>
Her Death	Caregiving of her when dying	8	10
	Expected or unexpected	7	15
	The funeral	8	14
	The story of her death	12	41
After her Death <sup>a</sup>	Actions or Process		
	Circumstances		
	Feelings		
	Reactions		
	Thoughts		
Losses	Family deaths	11	24
	Friends' and neighbours' deaths	3	3
	Other losses	3	7
	What was lost	9	22
Changes and Challenges	Aging	7	17
	Health	12	45
	Immigration	6	13
	Life changes	12	16
	Mortality	8	16
	Moving	12	50
	Personal changes	11	15
Retirement	6	11	

*Note.* "Sources" refers to the number of interviews that featured each node, or topic. "References" refers to the number of interview excerpts for each node.

<sup>a</sup>Details of the subcategory "After her Death" are shown in Table 6 (p. 122).

*Her Death* is the subcategory that mainly represents responses to the second question, "Could you tell me how your wife passed away?" This difficult question elicited stories that varied in length and complexity, but years later, continued to resonate with images and emotions

that reflected the great depth of the loss. The accounts affirmed the wives' courage, their care for and consideration of others, and their strength in the face of death. In contrast, the men seemed more circumspect about their own behaviour, downplaying the care they provided while praising the assistance of other people. However, beneath the surface of the mostly matter-of-fact recollections, the impact of the deaths was evident in the sombre and careful way with which the men recounted the events, and in the emotions that could be observed through their nonverbal communication and the euphemisms they chose.

Each of the men told a story of his wife's death, a personal narrative of what had happened as they perceived it. Although the accounts represented by *the story of her death* were at times quite lengthy and detailed, this depended on the interviewee's style of communication as well as the nature of the death. The lasting impact of the death was evident in the evocative nature of the narratives, despite the passage of time. For example, the wives of two of the men, Peter and Ted, had passed away 10 years earlier. Peter still recalled many details, and the retelling brought back strong feelings. Here is part of his account:

She, she, well, (*laughs a bit*) this is always a little bit of a – how would I, I'm not saying it's painful – but she had a stroke. And she was in the hospital, and she developed infection. And the infection just started dragging her down. And to this day, I don't believe that they treated this right, correct. But in, when she was in the hospital, she was in the care of a doctor, and he was a very dominant man, and so the nurses were afraid to do anything other than what he would authorise. And, just, her, she just, her heart just failed, that's all. She, she just couldn't, couldn't take it.... [S]he had the stroke ... and she died [18 days later].... [O]n Saturday morning before she passed away, my son and I were there. And we asked them to put on the, on the intravenous and feed her antibiotics to get rid of the infection. They said they had everything under control. And I realised after that they wouldn't do anything without the doctor's okay. And so she, she had to do without it. But then again, I (*pause*) have a certain amount of Christian belief, and I often wonder whether God decided it was the time (*tearing up*) for her. See, I don't know these things though. I can't, I can't take – no, I don't need it, it's alright (*declining a tissue I offered him*) – I, I can't say that's the actual fact, but. When she went, she was a beautiful person, and, (*wiping his face with a handkerchief*) otherwise. I

don't, (*laughs a bit*) I don't mean to get a little sentimental, but.

Despite having memory problems, Ted was able to recall many details of his wife's health history and of her passing. Here are some combined excerpts from his story, which began after he explained that his wife had survived ovarian cancer and the removal of a benign cyst:

And then, then she got the, the breast cancer, and that was terrible. She couldn't, (*pause*) she couldn't get past that.... [S]he, eventually she died – not of the cancer, I guess, but I guess as a result of having cancer, she was weak in other spots. So it was, I guess her heart gave out on her, actually, or her breathing. I, I remember sitting there when she would be (*sounds of laboured breathing*), you know.... But we were there, like [my daughter] and I, and [my son] went home. He couldn't handle it anymore. He, he went home and we stayed, and she passed away with the two of us there. (*Long pause*) I didn't think I'd remember all this stuff, you know.... I remember the details of her dying, which (*pause*) was just sitting there watching her breathe, and listening to her and. She couldn't talk, she didn't talk or anything. I guess she was sort of half unconscious, I guess. So she wasn't really in any pain when she died that I, that I knew of.... I was sort of relieved that she had passed away with this last thing. I thought, "Oh God, she can't." You know. Well, it was awful, actually, all the things that she had, and they couldn't do anything for her. (*Pause*)

The specificity of the memories and the pauses in their recall convey the emotions of the original experience, brought back through the process of retelling. More excerpts from the men's accounts will follow, in regard to specific aspects of the wives' deaths.

The nature of the wives' deaths is addressed in part by the branch called *expected or unexpected*. Collectively, the interviews demonstrated how difficult it is to determine the degree to which a death is said to be anticipated versus unexpected. The matter is highly subjective, and it seems to depend in part on the nature of the illness and death, and in part on the perspective of the bereaved husband. All but three of the deaths were expected in the sense that there was at least some forewarning. The time span between diagnosis and death ranged from only 5 weeks to more than 3 decades in these nine cases.

Christopher's story shows that a death can be both anticipated and unexpected. His wife died at age 78 after having terminal lung disease for 2 years. She had been given 1 to 5 years to live. But she actually died suddenly after an apparent drug reaction, which made the actual event of her death unexpected. This is part of what Christopher had to say about the impact of his wife's passing, despite having expected it:

...I remember also that both of us had certainly been expecting her death sometime in the next couple of years, right? Her death was not a surprise or a shock to me, except that the suddenness of it was the shock. But not, again, as I almost immediately realised that this was better, a better end than, than she would've, she would've had had the disease run its course, you see.... But I, you know, I was prepared for this to happen, but nonetheless, it's not until it happens you realise its full effect.

He attributed his sense of preparedness in part to his religious faith:

Well, in the first place, we all expect death. We prepare for death every night, you know. Death is, is in a sense what our religion is all about. And, and so death and resurrection are the essence of the Christian religion. And so, in the first place, we're not surprised by death. And secondly, we're not, maybe much, well certainly not as much shocked or upset by it as non-, as non-Christians or non-believers.

Cancer was the cause of death for six of the wives. Arthur's wife was found to have widespread cancer only 5 weeks before her death at age 71. He believed that she had kept her symptoms secret, even from her doctor, until she could no longer hide them. It can be argued that her death was unexpected, because of the short duration of the illness after it had finally been diagnosed. Ted's wife had breast cancer for "a couple of months" before she died at age 65 or 66. Matthew's wife lived for many years with leukemia, which was successfully managed by blood transfusions. At age 94, she was given 5 weeks to live when the transfusions stopped working.

Two of the women died in their 50s. Paul's wife had breast cancer for "less than a year" before her death at age 56 or 57, a time span that he perceived as being too short. Bill's wife was

diagnosed with treatable colon cancer, but an operation to remove her ovaries led to the discovery of cancer throughout her liver. She died 13 months after the colon cancer diagnosis, at age 56. He said that he felt he had had enough time to prepare for his wife's passing.

Expectation does not always lead to perceived preparedness, and it can be argued that one can never be fully prepared for the event of the death and its emotional impact. In cases of anticipated deaths, the diagnosis also has an impact, as was evident in the stories of Bill and Frank. Bill described the impact of receiving his wife's terminal diagnosis. Typically for him, he did not directly say how he felt at the time, but he nonetheless managed to convey a sense of the impact:

Well, when she, when she got the diagnosis on the colon cancer, there was lots of hope, because they were going to take out a foot or something and everything would be fine. But then when the ovary thing came up, that made it a lot more tacky. And then when they ... found that the cancer was in both halves of her liver, that sort of just there, that's, that's D-Day, that's doom after that, you know.

Frank's wife died 4 months after being diagnosed with ovarian cancer and given 8 months to live. She passed away 2 years before my interview with Frank, and he still seemed to be struggling with his grief, which was complicated by anxiety and depression that reportedly began when his wife became ill. He expressed disbelief at his wife's death, saying he "[n]ever thought it would happen, because she was extremely active." Frank gave a detailed account of the arduous process of his wife's diagnosis and treatment, which involved a number of doctors in five hospitals. Here is part of his commentary on receiving the diagnosis:

They gave her two ultrasounds on two different occasions. They treated her for bladder infection. So then we went up to her own doctor ... but he was on a furlough or something and there was a stand-in doctor. So he gave her a check out, an internal, which she hated, and he was treating her for diverticulitis.... So then we came down, and she wasn't getting any better, and I could see it. I could see it in her, in her face, you know. So I made an appointment (*pause*) to go up to see my doctor again, up in [another city], and there were nothing he could do.



And I said, I, I could see my wife deteriorating inside right in front of my eyes, and says I, “What fuckin’ more are we going to do about it?” He said, “You’ll have to go to emergency.” So we went down, I got her into emergency, again. This time they gave her a bed and put her in a cubicle. And they gave her the CAT scan, with the dye. My heart was broken, and I was so much in hope. I’m sitting there. They gave her this glass of white stuff to drink and wheeled her down. She was a brave lady. Anyway, she went down and come back up again, and we were waiting on the results, put her up in the bed again. And this little doctor come in, she says, “You have ovarian cancer stage 4, tumour 18 centimetres by 12 centimetres,” huge tumour. No compassion [about it], just bang, bang. We see this every day in the week ... like, you know.

Frank’s frustration and anguish were clear in the tone of his voice, as well as in his uncharacteristic use of an expletive in this part of the account. The delivery of the terminal diagnosis in an abrupt and clinical manner by a doctor with whom he and his wife were unfamiliar only added to the emotional strain that Frank had already been experiencing. His comment on his wife’s bravery implies her suffering, and thus he may have experienced trauma.

It may be argued that widowhood tends to be an unexpected event for men in later life, no matter what the nature of the death is, because women live longer than men on average. So for older men, widowhood may engender disbelief, as it does not conform to expectations about wives outliving their husbands. Widowhood thus represents an unanticipated turn of events in the life story. Some of the men whose wives’ deaths were anticipated did recall shock or disbelief, which in some cases seems to have endured. Paul, for example, attributed his initial sense of shock to the perceived brevity of time between his wife’s diagnosis and her death. Christopher recalled that the suddenness of his wife’s death was a shock, despite knowing that she had a terminal illness. Several of the men described an emotional reaction, one that Frank was still experiencing 2 years later. It should be apparent that the larger circumstances of the death and its aftermath played a significant role in the men’s experience of spousal bereavement. These aspects will be discussed further in the context of other change-related categories.

A departure from the general theme of anticipated deaths was shown in the three cases of unanticipated loss. The wives of Ian, Joseph, and Peter died unexpectedly, although Peter's wife had been hospitalised for 18 days before her death, which may (or may not) have given him a small measure of expectation in comparison with the other two men. Peter reported feeling dazed at first when his wife died. Ian's recollection of his wife's death from a stroke did not include a sense of shock or disbelief, although he recalled feeling devastated. Ian described his wife's death in a straightforward way:

We were out in the morning. The only good part about it, I hope I go like that. 'Cause we were out in the morning at a coffee shop in [the neighbourhood]. She was dead in the evening. And I had time to get the kids, and we were all with her in, in the hospital here, and we were all lying with her. (*Pause*) But 60 wonderful years. I was damn lucky.

In Joseph's case, he and his wife were living together in a retirement home. His wife had reported not feeling well on several occasions. On the advice of a nurse in their retirement home, they went to the hospital. Although her tests were negative, Joseph's wife was kept overnight for observation. Early the next morning, she died of a "burst aorta" (I believe it was a ruptured aortic aneurysm), just hours after admission to hospital. She was 89. In his story of his wife's death, Joseph recalled an initial sense of disbelief, as well as a lingering emotional memory of how he felt when he received the news of his wife's passing:

I had no idea when I left [the hospital] the way it ended. I went home with the words that I'll be back in the morning, 9 o'clock, to take her home. And she said, "Don't rush," because the weather. And about 4 o'clock in the morning, the phone rang. And I, I don't remember who spoke to me that night, said that they have bad news for me, and that my wife passed away. I said, "How can it be? I was only there a few hours ago." The nurse said she had a burst aorta. I had no idea, medical question to what this exactly is.... I didn't expect it. I thought she would have a restful night at the hospital, and maybe some more tests or something. But I was prepared to bring her home. And this is, it's harder when it's so suddenly come.

The impact of these events is suggested by Joseph's next comments:

A few weeks ago, the phone rang (*laughs a bit*) in my room, I don't know, at 1:15, something like this. And it reminded me, sort of, of the, the phone call.

This shows that the feelings of that earlier night, which perhaps indicate a degree of trauma, were not completely gone, and certainly not forgotten. The possibility of trauma in the cases of Joseph and Frank were atypical aspects of the 12 men's experiences.

Care provided to the wives during their final illnesses is the subject of the branch called *caregiving of her when dying*. This concerns care that the husbands or the couples' children or children-in-law gave to the wives when they were dying, and also care provided by professional caregivers who came into the home at that time.

Paul praised the way his two daughters looked after their mother at the hospital. Bill was still working when his wife was diagnosed. He said she had coped well with chemotherapy and "even went back to work for a while," although she was eventually hospitalised when "it came to the point where she couldn't do anything." Bill noted that when his wife was in hospital, his son-in-law gave her a considerable amount of help.

In contrast to their praise of other's assistance and their admiration for how their wives had coped with terminal illness, the men tended to downplay the care that they had provided for their wives, if they mentioned it at all. For example, in Ted's case, his wife stayed at home until entering hospital for the last few days of her life. He described caregiving as being "fairly easy" as it mainly involved feeding his wife and being there in case "something happened," while visiting nurses provided assistance. Ted noted that his son, who had schizophrenia, "was sort of a problem," because he was living at home at the time, and "he just didn't seem to be able to handle it." However, Ted wanted his wife at home, because he felt that the hospital was "kind of a stinky place to be."

Robert said that caregiving “was no particular challenge” for him. He emphasised the fact that his wife “never lost her personality” and continued to make sure that he was eating and otherwise taking care of himself. Frank was initially able to provide some care for his wife at home, with the aid of a nutritionist to help her gain weight. However, his wife had to re-enter hospital, and spent her final 2 weeks in palliative care. Frank noted the difficulties of his wife’s treatment, and contrasted her bravery at the end with his own feelings of being “mortified” and “broken hearted” to the extent that he told her, “Wherever you’re going, so I want to go.” She convinced him to stay for the sake of their children.

Unlike these accounts, Alex’s did convey the sense that caregiving was all-consuming and challenging for him, which is understandable, given that his wife was ill for much of their marriage. He spoke about looking after his daughter (i.e., cooking, etc.) while being the sole provider for the family. He cared for his wife until shortly after she was hospitalised for the last time. He received some assistance from homecare workers in caring for his wife, which he found to be not entirely adequate. He wound up in the hospital himself after falling down at home, and then went into a nursing home because he could not manage his rheumatoid arthritis. His wife died “a couple of months” after he entered the home. Alex’s situation gives a sense of the strain experienced by some older men who provide extensive care for their wives.

Discussion of the wives’ funerals is the topic of *the funeral*, a branch that was placed in this subcategory because the relevant comments were so closely linked to the discussion of the deaths.

Eight of the men mentioned their wives’ funerals. Stories about the funerals tended to emphasise social ties, illustrating the wives’ connections to others, implying their impact on other people’s lives, and showing the support received from family, friends, and fellow

parishioners. For instance, Arthur described his wife as “a very giving person” who looked after “everybody else, except herself” and took care of everything. To explain his description, he said: “When she passed away, to give you an idea, there was 37 women bowling with her. They all cancelled and came up to the funeral.” Arthur’s depiction of his wife as taking care of everyone except herself is poignant, in light of her failure to disclose her final illness until shortly before she died.

Bill also mentioned his wife’s friends’ attendance at the funeral in conjunction with his description of her:

Well, for instance, there, there was about seven other ladies, I think, in the neighbourhood that she’d befriended, some from I don’t know where. But anyway, they used to get together and play cards and have wine and cheese parties and who knows what else, you know.... They all got up and spoke at her funeral, so that was kind of touching, you know. I guess it was a group of eight, that’s what it was. Yeah. Something like the painters, only these were ... using different spirits to paint with.

The service took place at the church where Bill and his wife had worshipped. He noted the size of the funeral, saying, “The church holds about three hundred, and they had to set up extra chairs and some people were standing. So it was huge.” He felt a strong sense of support at the time, and noted that “it’s still ... a place for me.”

The funerals were notably emotional events in some of the men’s recollections. Joseph commented that he had declined an autopsy on his wife, “And that was the end. And then it was a few days later the funeral. And I took it very, very badly, because we were very, very close.” Peter noted that he “never sat down” because he was feeling “too high-strung.” Frank recalled his reaction during his wife’s funeral:

I cried, I cried all through the funeral.... I remember standing there. I didn’t care who saw me or how I looked or what I looked. I cried my eyes out. I, I, I didn’t want to be stupid or anything, but I could’ve taken her up and hugged her from where she was lying.

Frank's recollections of the funeral were unusual in the intensity of the emotional response he recalled, but they are in keeping with his general reaction to his wife's passing.

Most of the men were pleased with the funeral arrangements, except for Peter, who was not entirely happy with the service; it was led by a minister who had not known his wife and had not offered to visit her in hospital until after Peter had called to ask her to do so. But otherwise, the men who described the service were satisfied with it.

In conclusion, despite the variable length of time since the wives' deaths and other differences in circumstances, the men recounted caregiving, the death, and the funeral with similar degrees of gravity and sombreness. It was my impression that time had not significantly diminished the men's recollections of their wives' deaths, and it was evident from the interviews that retelling the story of her death brought the emotions back to the surface. These stories focused on the wives' strength at the end of their lives. Similarly to the story of the death, accounts of caregiving featured praise of the wives' coping and the efforts of other people, while the men tended to downplay the care they had provided for their wives.

All but three of the deaths were expected in that there was at least 5 weeks' forewarning, although it was certainly not a simple matter to say whether a death had been anticipated or unexpected, due to complex circumstances and the subjective nature of the bereaved husband's experience. Even some of the men who had forewarning remembered feeling shock or disbelief, and receiving the terminal diagnosis had a notably strong impact. Expectation did not always bring a sense of preparedness, and the event of the death has an impact that one cannot fully anticipate.

The stories of the funerals focused on how the presence and participation of other people underscored the impact the wives had made on the lives of others around them. The funerals

demonstrated the support provided to the widowers and their families in the wake of their loss, as well as the emotional reaction to acknowledging the loss publicly through the funeral service. The lasting influence of the wives and supportive social networks are examples of continuity in the men's lives, despite bereavement and other changes and challenges.

The themes alluded to in this first change-related subcategory, *Her Death*, such as reactions and support, will be developed further in the upcoming sections.

*After her Death* is a large subcategory that stems from the question, "When your wife passed away, how did you react (at first; as time went on)?" Subsequent questions and reflections also drew out these responses, which may be thought of as the core of the interviewees' reactions to their bereavement. Table 6 (p.122) shows the details of the branches and sub-branches that support this subcategory.

The stories the men told about the aftermath of the death of their wives were filled with vivid recollections undimmed by the passage of time – or perhaps the memories were burnished by repeated recollections over time, as we often recall significant events more than once, reminiscing or thinking about them in different ways, applying insights gained through new experiences or changed perspectives. These accounts resulted in a large mass of details that collectively described the men's experiences: their reactions to the death initially and as time went on, their experience of grief and its effects, the many thoughts and feelings they recalled, the actions or processes they engaged in, and the broader circumstances in which they found themselves. The loss of the wives, although of central importance to this study, and to the men themselves, considering its emotional impact, took place within the context of other losses and the many changes and challenges inherent in a long life. In order to make some sort of sense of the death and to find meaning in their ongoing lives, the men had to resign themselves to the

death, and then begin to gather up the remaining threads of their lives and find a way to keep moving forward, imagining a future life after spousal bereavement. These threads of continuity helped them to face an unforeseen and unasked for future with forbearance, and possibly a sense of hope.

The diversity of the data within this subcategory reflects the truly wide range of responses there are to spousal bereavement. The branches that support this subcategory are arbitrary in the sense that the nodes could have been categorised in a different way, but they serve the purpose of organising the material. Despite the variability found within this part of the model, it will become evident that the men's experiences can be explained through the central themes: the general reactions of the men and their children, including the men's accounts of their grief, as well as the men's thoughts, feelings, and behaviours in the aftermath of their loss, and also their perceived circumstances in the wake of loss. The subsequent subcategories will help to further contextualise the men's experiences of bereavement by situating them within the broader realm of change, specifically their losses and other changes and challenges; however, continuity will also be evident in the men's stories of loss and change as they looked back on their lives.



Table 6. Details of the Category 2 Subcategory “After her Death”

<i>Branches</i>	<i>Sub-branches</i>	<i>Sources</i>	<i>References</i>
Reactions	grief	4	9
	children’s reactions	5	8
	his reactions	12	17
	when half of you leaves	3	5
Thoughts	beliefs	9	25
	cannot bring her back	3	6
	cannot understand it	1	1
	regrets	2	3
	remarriage	2	3
	should have been me instead of her	2	4
Feelings	bitter	1	2
	crying or tearful	5	9
	devastated	1	1
	disbelief	2	5
	empty	1	1
	grateful or thankful	3	4
	lonely	4	8
	longing	1	1
	missing her	8	10
	painful	3	3
	relieved	3	4
	sad	4	4
	sensing her presence	2	2
shocked or dazed	3	5	
Actions or Process	coming to terms with it	7	7
	continuing	9	28
	coping	7	15
	getting used to it	2	3
	meaning or purpose	6	10
	remembering	8	23
	talking about it	11	25
Circumstances	alone or on my own	9	23
	fortune or luck	8	24
	support	11	25

*Note.* “Sources” refers to the number of interviews that featured each node, or topic. “References” refers to the number of interview excerpts for each node.

*Reactions* represents the general reactions of the interviewees to the death of their wives, called *his reactions* (i.e., responses to the third interview question), and also their *children's reactions* to the death of their mothers, which likely affected the widowers to some extent.

The men's reactions all reflected the depth of the loss. They described their initial reactions as intense and emotional, often recounting these experiences in dramatic terms, as in this excerpt:

The bottom fell out of the earth. I came to see her. She was waking up, but then they told me she wouldn't live until morning. She didn't even live long enough for me to get home. (Arthur)

Christopher characterised the event as an emergency (his wife died suddenly of an apparent drug reaction):

Well I, to my, from my standpoint, she died that night in bed. What happened in the hospital 3 days later was irrelevant. Yeah. My first reaction was to, well my, I, I, I, I knew she had died, actually. But I still thought I ought to do my duty and get people in here right away. And frankly, I was kind of too, too, too, too, I was pushed, I, you know, in, in emergencies like that, you don't have too much time to reflect.

The stuttering evident in this excerpt, which was uncharacteristic of Christopher's usually fluid and factual style of response, suggests the depth of feeling he was recalling and, to some extent, reliving as he spoke about his wife's death.

There were other examples of indirect expressions of deep feelings among the men's reactions, including the aforementioned phrase "The bottom fell out of the earth," and the use of figures of speech in these excerpts in which Bill described his reactions to the diagnosis and the death:

*I: Do you remember how you reacted at first when she passed away?*  
That was a relief. It was the year, her last year alive, that was the tough part....  
It was all downhill.... When it went, you know, hospital visit after hospital visit, and. Yeah. There was no (*pause*), it just, well, you know, they. Yeah, it started, you know, pretty much 6 months or more before she died. That was

the tough part.... Once I knew that it was game over.

And then when ... they found that the cancer was in both halves of her liver, that sort of just there, that's, that's D-Day, that's doom after that, you know.

These passages also suggest a struggle to find words, which perhaps indicates difficulty putting feelings into words or expressing emotional material more directly (e.g., “There was no (*pause*), it just, well, you know, they”). Other examples include this one from Alex, “Well (*pause*) like first few weeks, like you know, but slowly, slowly, you have to get used to it,” and this expert:

*I: And do you remember how you reacted at first, when she died?*

(*Pause*) Well, no, I can't. Like, I didn't break down or, you know. Like, we knew it was going to. You know, you're sort of prepared. But we were there, like [my daughter] and I and [my son] went home. He couldn't handle it anymore. He, he went home and we stayed, and she passed away with the two of us there. (*Long pause*) I didn't think I'd remember all this stuff, you know. (*Laughs a bit*) (Ted)

Nonverbal communication was another indicator of strong feelings expressed indirectly, as in this example:

*I: And do you remember what you felt at the time, what you thought?*

(*He shakes his head*)

*I: No? Okay.*

Oh, you get this emotional overreaction, in a way. And then when it's done like (*inhalation of breath*), ah, I'll say a prayer to her. Thankfully it's over. (Robert)

Rather than saying what he felt at the time, Robert shook his head and breathed in sharply before replying briefly.

However, other accounts gave a more direct indication of emotion. For instance, Frank recalled crying and feeling heartbroken, and Ian used an atypically emotional word for him, *devastated*, saying he still felt that way. (In this section, I have italicised some of the words that belong to the *Feelings* branch, which is covered below.) Matthew responded emotionally, saying “Oh, it was terrible” as tears came into his eyes. In the above excerpt from Robert's interview,

the word “overreaction” suggests a discomfort with emotions; however, Robert’s sighing at recalling that his wife “wanted to go” and had told him “[Robert], I’ve got to go, I can’t go on like this” imply that his wife’s passing was an emotionally difficult experience for him.

Variations on the theme of an emotional initial response were shown in the accounts of two other men who recalled feeling *relieved*, although relief can also contain an intensity of emotion. Bill seemed to feel a greater impact at the time of the terminal diagnosis. He explained that it was a relief for everyone when his wife died, because of the poor condition she was in at that point, saying that he had done “a lot more mourning before she died than after she died.” Ted responded by saying that he “didn’t break down” because he knew it would happen, and was thus prepared. It is possible that the 10-year time gap and his loss of memory for specific details were masking his initial reaction, although he might truly not have had an emotional response at the time. As in Bill’s case, Ted had seen his wife’s condition deteriorate steadily before her death, and he acknowledged feeling relieved that her suffering had ended:

Well, I, I was sort of relieved that she had passed away with this last thing. I thought, “Oh God, she can’t.” You know. Well, it was awful, actually, all the things that she had, and they couldn’t do anything for her. (*Pause*)

So in these cases, it was more difficult and distressing for the men to witness their wives’ suffering than it was for them to experience their death.

Shock and disbelief were evident in a few of the men’s stories of their reactions. Peter recalled feeling *dazed* at first, for example, and Paul remembered feeling *shocked*, apparently because of the perceived shortness of time between the diagnosis and her death. These responses suggest an initial sense of unreality, which Frank also reported in terms of a sense of *disbelief*, both at the time his wife died and 2 years later, as these combined excerpts indicate:

I cried. And I couldn’t believe it.... And I, I can’t believe it’s even happened. Sometimes I think I’m going to wake up from a, a bad dream and she’ll be

there.... And I know she's not coming back. (*Pause*) But it's like a nightmare, and the re-, when I, when I, when you sit down and reflect on the reality of not seeing someone that you loved so much anymore, (*pause*) that's hard.

The words “bad dream” and “nightmare” imply a desire to wake up and discover that the dreadful event is not real. Shock and disbelief do not seemingly preclude a depth and intensity of feeling, although their persistence (as in Frank's case, judging from his use of the present tense) indicates a risk for difficulty with coming to terms with the reality of the death.

For the most part, the men's reactions reportedly changed over time. Some expressed the imperative to accept the reality of the death and carry on; for instance, Alex said that “slowly, slowly, you have to get used to it.” In the context of coping or adjustment, Joseph noted a gradual change:

And at first, after my wife passed away, it was of course much harder than it is now.... But it's getting less (*referring to the perception of his wife calling to him at night*). I do go to the cemetery, you know, [on] Mother's Day and ... her birthday... And when I'm there, I, I, I feel good, you know. It sounds wrong to visit a cemetery. But I feel good, like, I feel almost like talking to her, you know....

*I: Yes. So in a way, when you go to the cemetery, you feel almost closer to her?*

Yeah. I tell her my son is coming or not (*laughs*)... ..I have three grandchildren... So I get phone calls. Everybody is very nice to me. I, I, I really have, I have no anger in me. I have no complaints.

Christopher described feeling ready to remarry approximately a year and a half after his wife died, and Bill noticed a significant change over time:

The first year was the tough year. You wait for it to pass so that.... I don't know, it was just, it had to be.... It was sort of like an anniversary. Once it's done, it's, you know, you kind of push it further away.

However, in contrast, Frank noted only a small degree of improvement, while Ian reported no change:

Well, time has gone by, but I, I guess it's got a little easier. But the ache in my heart is still there. And you, you go to bed at night, in, in the silence, and you go to get up in the morning in silence. (Frank)

*I: As time went on, did your reaction change? Did you...?*

No. It was always the same. I still think the same. It's very lonely at night. I sit here with the four walls. And I look at her, pictures of her in the other room. (Laughs a bit) (Pause) (Ian)

These accounts both convey a sense of silence and emptiness, at times when these men were alone.

*Grief* deals with specific references to the grief experienced by the men, worded in terms of “grief,” “grieving,” “mourning,” or “bereavement;” all of the men spoke about their reactions in general, and four used these specific words, as they reflected on the experience of grief. *When half of you leaves* is a striking phrase that Peter used. I originally made a note of it and similar references, which I later defined as being “like one” with their wives, and thus feeling like half or part of oneself has left or been removed when she dies.

The remarks concerning *grief* and *when half of you leaves* were quite striking, allowing a glimpse into the heart of the experience of losing a spouse after a long marriage. Here are some passages from those excerpts that I found notable for their evocative language (with my underlined emphases added, and words relating to *grief* italicised):

I guess in a lot of ways we were both the same. It's why we got along so well together. And when half of you leaves, well, the other half has to keep going, you know. (Peter)

But, but when you've been married for a long time, well, I mean, in fact, there's a, there's almost a, you always realise the truth of the biblical doctrine: The two of you become one. You actually do become one. And so, it's really that half of me has been cut off, you see. (Pause) Now, we're, we're survivors, we human beings. We can live with half a leg or half a limb or what, whatever. But nonetheless, you are never gonna forget it. (Pause) (Christopher)

And it, and I, in the first place, it, it has never been painful for me to talk about my *bereavement*, never in the slightest. The, the bereavement itself was

painful, but, but that's something I have, I have, even though it's 3½ years now. It takes, it took me – everybody says you should give yourself at least a year to *grieve*. And, and I found by the time I was, after about a year, I, I, I, though, you know, though I say the loss of this huge chunk of my body is never going to be forgotten, and it's, again, it's going to disable me permanently in some important respects. Yet nonetheless, you do get used to it. A human being is a survivor, right? (Christopher)

But the two of us were just like one, you know.... And the thoughts now – it's 2½ years – the thought that I'll never see her again breaks my heart.... I've got my children, of course. But that's a different type of love. This, in here, is, is what I feel for her. (*Long pause*).... And when I lost my mum and dad, I had a sense of purpose to rear my family. And it was though I was angry and I was *grieving* for them, but I was able to leave it behind in the pursuit of pushing my family, rearing my little ones, getting them up and getting them out into that world, educating them and supporting them, all this stuff. So a child and a father and mother, a child and parents, it's different. Mine is like my right hand was chopped off, because I've nobody to impress anymore, because all these jobs now – and I always done them professionally, not only for meself, for all my children I've done work – and she was with me. But I wanted to show her, I wanted to show her that, who she married, that I could help her and do things. (Frank)

The theme of *when half of you leaves* brings to mind the deep connections built up between husband and wife over the course of a long, companionable marriage, including shared history and mutual understandings. The death of a spouse thus signals the loss of all that was once shared between the two, which may indeed seem to the bereaved widower as if half of his life or himself has been lost.

Peter's feeling of being *empty* may perhaps be considered an aspect of feeling as if a former part of you (now replaced by emptiness) is missing: "Oh ... you lose your partner and you, you, it leaves you empty, you know. And there's nothing anybody can really do ... to make up for it or help you." For Peter, the solution was to continue on in the best way possible: "But you have to ... keep going and you have to continue and (*pause*) you ... try to make the best of it."

The difference between *grief* and *his reactions* is partly in the wording the men used. However, the main distinction is that the latter represents the men's responses when asked about initial and subsequent reactions to their wives' deaths, as they recalled them; in contrast, *grief* relates to reflections on the grief experience itself. For example, while Frank and Christopher recalled their emotional reactions to bereavement, later in their interviews, they referred to grief in broader terms, Frank comparing the loss of his wife with losing his parents, and Christopher speaking about surviving, albeit in an altered state. Frank spoke about grief as a tangible presence in his life, and referred to "carrying a big load of grieving baggage." *Grief* and *when half of you leaves* are both notable for the men's ability to speak to the experience of spousal loss in a powerful way.

In addition to their own reactions, the men had to deal with the reactions of their children to the loss of their mother. Although these were not discussed at length, they were a part of the men's experiences. Five of the men mentioned their *children's reactions*. For instance, Arthur said, "They sure were broken up about it." The children in a family do not all react in the same way. Ted found that his son had difficulty handling his mother's illness and her passing, while his daughter was able to stay with him at the hospital on the day that his wife was dying. Paul's daughters reportedly had stronger reactions than his son. Bill commented on the different reactions of his two children:

My daughter kind of screwed up on that, 'cause she. My wife was cremated, but my daughter didn't want her to be buried immediately. Because she was in a cremation urn. I had her at home. And I think it was a pretty, pretty much a full 18 months, and I said, "You know, it's time to put these ashes to rest," you know. And so she finally agreed.... My son didn't, he, it didn't bother him in the same way. But my daughter wanted her, to be able to come over and just, I don't know why... But anyway, then we took her out to the cemetery and put her in a niche, and. That was a big event too, to have that closed off, you know.



These examples show that death is a family matter, particularly when children are involved, even when they are adult children. The frequency with which the men talked about their children in general indicates the importance of family ties, and suggests that the children's actions and reactions were indeed a part of the men's bereavement experience. As the children did not always react in the same way, the men had to be flexible and understanding as parents (and presumably as grandparents). This also illustrates that the role of father extended into the children's adulthood, and beyond the loss of the wives.

The next section focuses on the men's specific reactions, which are grouped into three branches: thoughts, feelings, and actions, all within the context of circumstances. Firstly, *Thoughts* includes religious, spiritual, or philosophical *beliefs*, *cannot understand it*, *cannot bring her back* (which were two phrases used by the men), the thought that it *should have been me instead of her* who died, *regrets*, and thoughts of *remarriage*.

Eleven of the men had a religious affiliation, and nine of them talked, mostly in a spontaneous way, about their religious, spiritual, or philosophical *beliefs* to some extent. With the exception of Christopher, the men who spoke about their spiritual beliefs did so in a way that implied uncertainty. For instance, Peter described his faith as evolving rather than fixed (e.g., he remarked that "...the longer I live, the more I hear and the more I see, the more I think that there is an influence on our lives that we don't know"). He also suggested that his beliefs did not always answer his questions or provide the solace he desired:

I, I think about my mother the same way. But I know I can't bring her back. And I know I have to go on the way I am. And you know that they, they're someplace.  
*I: Does it make it a bit easier to have that belief?*  
 Oh, not really. No. No. No, I, (*pause*) well, that's why I carry (*gesturing to his wallet, which contains photographs*) – I don't need this to remind me. But I like to carry it around so that I can look at it every now and again (*tearing up*).

See, I, after she passed away, I continued to go to church. I didn't blame God or do any of that, you know, stuff that some people do. I blamed the medical profession, but that's a different proposition.... Anyways, these, these things happen. If you haven't reached, I haven't reached the conclusion yet that a lot of these things are the way God made them to be. I haven't reached that conclusion yet.

*I: You haven't?*

No. It's close. *(Laughs a bit)*

*I: Oh, alright.... So you've moved closer to thinking it, or that way?*

Oh, I think so, I think so.

Although Frank felt that his faith did provide comfort, he phrased the latter part of the following excerpt in the second person, which suggests an element of doubt, and Arthur acknowledged that he did not know what God's purpose was:

*I: Would you say that your religious beliefs give you any comfort? (He had previously spoken about attending church services regularly.)*

Yeah. Yeah. My, we used to go to mass every morning, myself and [my wife].... *(He went on to recount a memory of himself and his wife, and to describe how he had changed since his wife's death.)* When I think of what I had, what I had was beautiful, in every sense of the word, and now that's gone. Not only it's gone, but to sit and think and you'll never see it again. People say that you meet your loved ones when you pass away and all the rest, like, you know. You know. The soul goes back to God. I say my prayers all the time. I go to mass. *(Pause)* (Frank)

But God takes who he is ready for. He's got a purpose of some sort.

Somewhere in the files, there's a purpose in this. I just haven't found it yet.

Well, not completely, I haven't found it. But I really appreciate that God has got a plan that's for everybody. [But it takes a hell of a twist sometimes.]

(Arthur)

Some responses regarding beliefs were in answer to Question 14 (a): "Is there any wisdom you would like to share with other people to help them understand what it is like to lose a spouse?" Once again, the men expressed a lack of certainty, due to their belief that the bereavement experience is different for everyone, as shown in these excerpts:

*(Long pause)* With me, it came sort of, I had to just do what the situation afforded.... But I cannot say that I have a message to, to anybody. I think every case is maybe a little different. (Joseph)

Well, no, not really, because I think everybody does it differently. You know, they have their own. You know, some people are religious and they rely on that and, *(pause)* I, I don't know. *(Pause)* (Ted)

However, in a few cases, practical advice was offered, based on experience and/or beliefs, as in these examples about the time before and after bereavement, respectively:

So I would tell a person, you know, if, "You have two choices. Either you can retire and go spend your time with your wife, or you can keep on working, and spend as much time as you can after." ... Another thing we did do is we went and visited every one of her siblings ... while she was still able to move around, anyway. So we sort of made a last tour, and went here, there, and every other place. I think that's, that's good, if they can get out and visit their families, 'cause families can't always come to visit them. (Bill)

I don't want to sound pretentious, but don't sit and brood, because you'll only get weaker and weaker.... And it's important to have people that you can interact with in doing things. (Robert)

Peter's interview contained examples of philosophical beliefs, which may be viewed as advice, for instance:

See, I have, I have two small beliefs: that if you laugh and if you sing, your mind never gets old.... It's been proved by scientists that if you laugh and you sing, you don't, your mind doesn't get old. So *(laughs)* I'm a firm believer in laughing.

But as I said, I believe in laughing and singing. I believe in not telling a lie. And, and, and *(pause)* live ... the way ... you can be an asset to the, to the community, the population.

Another example of personal wisdom includes the belief in the importance of being a kind, understanding, and tolerant person.

Beliefs were also addressed in terms of a sense of meaning or purpose, which I will discuss below on the subject of *Actions or Process*. The two topics are closely intertwined, and are also related to coping.

The other thoughts that the men spoke about were not as common, or at least not as frequently mentioned; however, they do help us understand the breadth of the men's experiences

of bereavement, and they support the parts of the model that explain coping in the aftermath of spousal loss.

*Cannot understand it* is attributed to Matthew's reported initial reaction:

*I: And when she passed away, how did you react at first? Do you remember?*  
Oh, it was terrible (*tearing up*).

*I: Yes. Yeah. Yeah. Is it hard to talk about?*

Well, (*pause*) I can't, I can't really understand it, because she'd been with me for so long, and losing her was completely out. (*Sound of him using his handkerchief*)

The words "losing her was completely out" add to the sense of bewilderment or unreality of the death. Phrases like "cannot believe it" and "cannot understand it" suggest an unwillingness or inability to fully acknowledge, accept, or resign oneself to the death. Matthew explained this by noting that his wife had been with him for such a long time (50 years), while Frank attributed his feelings of disbelief to his intense love for his wife, who had been so close and dear to him.

In a similar vein, *cannot bring her back* implies the wish to have one's wife back among the living. These excerpts suggest the struggle involved in facing the reality of the wives' departure.

Like first few weeks, like you know, but slowly, slowly, you have to get used to it. I mean, I got no problem with. It's gone, it's gone, it's not gonna come back. I am not gonna knock my head to the, against the stone (*pointing to the wall*). (Alex)

And I know she's not coming back. (*Pause*) But it's like a nightmare...  
(Frank)

Alternatively, the phrase could be either a way to force oneself to face this reality, or to explain that the reality has already been faced, as in Peter's interview:

But, you see, I'm very philosophical in some ways, see? I couldn't bring her back. I couldn't make, you know, I couldn't get back together. So I had to continue on the way she would have wanted.

So when it was gone it was gone, you know what I mean? And I couldn't bring it back. But all I could do was continue to do things the way that she would have wanted.

The thought that “it *should have been me instead of her* who died” has a shocking tone. This thought might be explained as having occurred in the throes of deep sadness, or it could be tinged with a sense of guilt at having outlived one's wife, perhaps survivor guilt. But it may also represent logical reasoning about which of two spouses was expected to live longer, because of the age differential between them or the perceived difference in their health, for example. Arthur speculated that “[i]t would've probably been better off if it had of been me that passed away instead of her,” as he reflected on the loss of friends after his wife died. However, he also noted that she had always been the stronger one, and thus it would have made more sense for him to have gone first:

I think that I was always just, over the years, I was the sick one, and she was the strong. Very strong. That's why I say that it should've been me to go instead of her. But God takes who He is ready for. (Arthur)

Ian used the phrase “Why wasn't it me, sort of thing,” explaining this by saying “because I'm older than she was. It's as simple as that. I always figured it would be me, being older.” Both Ian and Arthur had serious illnesses when I spoke with them, which may have contributed to their surprise about being the surviving spouse, although Ian's illness was diagnosed after his wife died.

Two of the men mentioned thoughts of *regrets*. Ian attributed his regrets to the idea that he had been “selfish” during his marriage (i.e., wanting things done his way). Elsewhere in his interview, Ian mentioned that he “could have done more.” Frank said, “I have regrets sometimes that I didn't say ‘I love you’ more and more.” Ian's wife died unexpectedly from a stroke, and Frank's wife died after a brief illness; the perception of having insufficient time before the death

may possibly have contributed to these regrets, due to a sense of unfinished business, although this is speculative.

Christopher introduced the topic of *remarriage*, one I had not planned to address. He explained that he had felt ready to remarry at one point, but decided against it after his cancer diagnosis. I later thought of asking Bill about thoughts of remarriage during his interview, for several reasons: he was the youngest of the widowers, he was in good health, he seemed to have a stable life, and he had been widowed for 8 years. However, I did not feel quite comfortable enough to ask him. He had described himself as an “introvert” and had an air of privacy about him, which I felt uncomfortable about breaching at that moment. Thoughts of remarriage were likely uncommonly expressed because the criteria for this study precluded widowers who had remarried or cohabited with a partner after the death of their wives.

Continuing with specific reactions, *Feelings* represents the diverse emotional responses of the participants, namely: *sad, shocked or dazed, disbelief, devastated, empty, relieved, lonely, longing, missing her, sensing her presence, crying or tearful, painful, bitter, and grateful or thankful*. Some of these have been touched on above, regarding general reactions to the wives’ deaths: feeling shocked, dazed, devastated, empty, relieved, and feeling a sense of disbelief.

The feelings that the men most commonly recollected were those that exemplify the essence of feeling bereft, such as *lonely, longing, and missing her*. Four men spoke about feeling *lonely*, and Matthew additionally expressed “a very deep sense of *longing*” (emphasis added) as well as loneliness when asked to reflect upon how his life had changed since his wife had passed away. Ian and Joseph situated their loneliness in the night time, and in the context of living in a retirement home. Ian commented that he felt “very lonely at night ...

[sitting] with the four walls,” and Joseph describes his loneliness in terms of what he had lost:

*I: And what would you say you have lost with her passing?*

Loneliness. Yeah, I would say, it’s... You see, I’m even – not, close is not the right word – but friendly with some of the staff members, you know, on my floor. Well, they, they are nice to me and I am nice to them.... And I, so, and now I don’t have my wife anymore, but some of the girls here tell me they’ve got problems. Everybody has some problems. And it helps me a, a little bit to have company sometimes for 15 minute, half an hour, in the evening when their duties are light. So.

*I: Sure. Yes. So that helps.... But it’s not the same, of course.*

No, it’s not, not the same. But it helps. (Joseph)

Although Bill did not refer to loneliness, he did talk about time weighing on him on the weekends, particularly Friday nights when he had nothing in particular to do:

Sometime the evenings are long, and Friday night seems to be the worst one of all. When, you know, the people are all heading home for the weekend and they’re, you know, they’re, they’ve got families to go to, and I don’t. So Friday night is probably one of the worst nights of the week. And it’s, it’s been that way for pretty much all the time, unless there’s something going on Friday night.... But I can’t always get something to do on Friday night, or Saturday. Saturday is not as bad, but Friday seems to be the worst one.

Feelings of loneliness may be attributed to being alone, although solitude does not always result in loneliness. These excerpts suggest a degree of loneliness, despite having a social network:

I had in mind to remarry, but I decided that was not on. I couldn’t ask somebody essentially to, to nurse a cancer survivor for the last few years of his life. So I shall live alone from now on. So that’s, that’s, I, I, the, the, the, the companionship of 50 years (*laughs slightly*) is, is hard to evaluate, that loss. But that’s the, the greatest loss. (Christopher)

But you have to, you know you have to keep going and you have to continue and (*pause*) you, you, you try to make the best of it. And it’s not the same. You don’t have her with you, and you don’t have, you’re alone, and. Well, it makes a big difference.... But, I mean, when I think, you know, to, to life then, the fact that when she went, now I was alone. (Peter)

Of course, bereaved people are lonely and long for a particular person, and while the company of others is helpful and comforting, it cannot fully compensate for the loss of the spouse, as these excerpts suggest:

When you've been married for a long time, you believe in, you know, you feel very sure of yourself. You believe everything she says and she believes everything I, I say. And we talked to each other with no restriction whatsoever. And when you lose that, you lose that, you're all on your own. (Matthew)

I miss her. I miss her.... We used to tell each other every, everything. So there was a big change, to be alone. (Joseph)

The phrase *missing her*, as in the version used here by Joseph, also implies loneliness and longing for one's deceased wife. Eight of the men talked about missing their wives.

*Sensing her presence* is perhaps associated with loneliness and with longing for and missing one's wife, in other words, wishing she were present. Two of the men mentioned the phenomenon of hearing their wives and/or feeling as if she were present. Joseph passed it off as a mistaken impression, but for Matthew, it was real, and it seemed to be continuing 4 years after her death.

Many times during the night, I thought I heard her calling me, because, to help her to go to the bathroom or, or something. Sometimes, I, I think at night, when I am sort of half asleep, like she is still there or something, I, things like that. But it's getting less. (Joseph)

I hear sometimes what she says, and I believe she's saying it, because she says things that only she would know about. And people say, "Oh, it's your imagination." But it's very real to me. (Matthew)

*Crying or tearful* refers to when the men talked about crying, and also tearfulness during the interview. For instance, Frank openly acknowledged crying when his wife died and again during the funeral. He did not tear up during the interview, but his feelings were apparent in the tone of his voice and the words that he used. In a diary that Christopher generously shared with



me, he wrote that he cried while packing his wife's photographs and other belongings before moving out of their home.

Peter, Matthew, and Ted had tears in their eyes at one or two points in their interviews, and Arthur shed a tear during his. Here is part of the latter exchange:

*(Pause)* Another one of my bitter memories.

*I: Yes, yes, yes. Although you did have a lot of good memories during your...*

Oh yeah. A lot, an awful lot of good memories. *(Sound of me taking out a package of tissues)* [She was the kind, she used to go out in the evening], liked to go out dancing or something, and used to like to go to museums and everything.

We were very compatible in what we liked and disliked. *(Pause)*

*I: Would you like a tissue?*

*(Pause)* Can you tell where it's running down my cheek? (Arthur)

At this point, I wiped his tear away with a tissue, as he could not use his hands very well. It was a touching moment. The following excerpts refer to men who had tears in their eyes during their interviews:

But then again, I *(pause)* have a certain amount of Christian belief, and I often wonder whether God decided it was the time *(tearing up)* for her. See, I don't know these things though. I can't, I can't take – no, I don't need it, it's alright *(declining a tissue I offered him)* – I, I can't say that's the actual fact, but. When she went, she was a beautiful person, and, *(Wiping his face with a handkerchief)* otherwise. I don't, *(laughs a bit)* I don't mean to get a little sentimental, but. (Peter)

*I: What would you say you've lost in your wife's passing?*

Well, a good friend, for one thing. *(Tearing up)*

*I: Mm hm. Mm hm.*

*(Pause)* You'll have me bawling pretty soon. *(Laughs a bit)*

*I: Yeah. We can talk about something else if you'd like.*

Well, no. It's. What the heck. *(Pause)* (Ted)

Ted's final words in this excerpt do not convey his stricken expression, and the dejected tone of his voice and body language, which I observed. Peter dismissed his tears by calling himself "sentimental," a conceivably derogatory term, and by apologetically saying "I don't mean to get

a little sentimental.” Matthew also became tearful when recalling his initial reactions to his wife’s death, saying, “Oh, it was terrible.”

Emotionally *painful* feelings were linked to the pain of bereavement, as in this excerpt:

The, the bereavement itself was painful, but ... the pain of the bereavement is passed, like the pain of, I say, of an amputation or a traffic accident or, or an operation.... So ... there’s no pain in, in talking about it. (Christopher)

They were also linked to heartache, as in Frank’s comment that although his reactions had become “a little easier,” “the ache in my heart is still there.”

An example of an atypical emotion among the men was given by Arthur, who used the word *bitter* in two contexts. First, he noted that someone had apparently applied makeup to his wife in the hospital after her death, which in his perception was “a death mask, painted on her face.” After a pause, he added, “Another one of my bitter memories.” Later, he said, “I just try to do things more for myself. [But of course] I don’t have the health anymore (*pause*), which makes me quite bitter.” Arthur had been thrust into difficult circumstances after his wife’s death, as he had been largely dependent on her because of his advanced Parkinson’s disease.

Amid the painful emotions, three of the men noted that they also felt a sense of gratitude or thankfulness. They felt *grateful or thankful* for having been married to their wives, having children and grandchildren, and still being able to do things despite their advanced age. Ian described his views on gratitude in pragmatic terms:

And I feel very lucky to be here.... I sold my house down the road here. Where the hell else am I going? (*Laughs a bit*) I’ve got to be somewhere. Besides, I mean, you get three square meals a day. And if you want to talk to people, they’re around. A lot of them don’t. They walk straight past you every morning and afternoon. (*Laughs a bit*) But, no, there are one or two. This female in here, [name deleted], she’s friendly (*referring to the widowed female friend whom he mentioned earlier*). But, no, there’s (*pause*) always things to be thankful for. You watch that (*gesturing to the television set*) and all the sadness in the world. Be thankful.

Although there was some indication of dismissing feelings, as when Peter seemed to downplay his tearful response by calling himself sentimental, collectively, the men described and displayed a wide range of feelings. It could be that they felt safe enough to expose their feelings in a confidential interview. Alternatively, they might not have been able to prevent it, because of the emotional topics they were asked to discuss.

The third branch that concerns particular reactions, *Actions or Process*, refers to specific post-bereavement actions. These include *coming to terms with it* (“it” meaning the death and its consequences), *getting used to it*, *coping*, *remembering*, *talking about it*, the notion of *continuing*, which refers to how life itself, as well as particular aspects of life, such as behaviours, continue and endure after the deaths and the changes brought about by them, and the question of finding *meaning or purpose* in what has happened or in one’s life in the wake of loss.

Three basic action or process components that are at the heart of bereavement are *coming to terms with it*, *getting used to it*, and *coping*. I posed the question of *coming to terms* with the death in a tentative way, offering the men a chance to use other words to describe their experiences. In a similar way, to clarify a question or to draw out further responses, I used words like “coping” and “adjustment.” Based on wording the men had used, the concept of *coping* refers to adjusting or carrying on after the death, while *getting used to it* refers to the process of getting used to the death and its consequences over time.

When asked about *coming to terms with it*, most of the men I questioned agreed that they had come to terms. Their replies suggested to me that they had interpreted the phrase as meaning having to face the reality that one’s wife had died and was not coming back, a task that was generally acknowledged as necessary and inevitable. Matthew’s reply, “Well, you’ve got to realise, right from the beginning, how terrible it is,” suggests the pain of having to come to terms

with a dreadful reality. Peter's response was "You have to come to terms pretty fast. And you can ... mourn for the rest of your life. But there's a difference between mourning and not coming to terms with it..." He explained this comment in the context of continuing, saying:

Well, she, you, you're going to miss her, and you're going to regret her not being there, ... but you're going to continue to do the things that she would like you to do, and you would want to do, which would not, not disrupt the, the union that you knew, you see. You would not start doing things that would be negative to what she, you see, even though you miss her. You're still going to continue.

In other words, you will always miss your deceased wife, but you can carry on, in Peter's view with the help of the enduring influence (and in a sense the presence) of your spouse.

The phrase *getting used to it* implies a gradual process. As Alex said, "...slowly, slowly, you have to get used to it." Christopher talked about getting "used to living alone rather than with a constant companion," adding: "...though I say the loss of this huge chunk of my body is never going to be forgotten, and it's, again, it's going to disable me permanently in some important respects. Yet nonetheless, you do get used to it." He implied stoicism in the face of a terrible event by noting that although "the bereavement itself was painful," he had survived: "A human being is a survivor, right? ...So the pain of the bereavement is passed, like the pain of ... an amputation or a traffic accident or ... an operation, right?"

The question of *coping* was mainly associated with stoical replies similar to those regarding coming to terms, and with comments about practical adjustments the men had to make. For example, Joseph said "I had to sort of take care of my daily, you know, duties," and he talked about getting accustomed to living without his wife, who used to share the same room in his retirement residence, and how he now visited the cemetery on special days, like his wife's birthday. Some men spoke about cooking and housework or concerns with children and grandchildren.

A departure from the general trend was found in replies noting the difficulty of coping and coming to terms, as in this excerpt:

Well, coping, about me coping: very poorly, if at all. Every time I get a set-back, physically, I go right back in the doldrums. You have to constantly take [them], antidepressants. (Arthur)

Arthur spoke about having to make a “horrible, horrible adjustment,” something he would not wish on his worst enemy, which reflects in part his difficult circumstances after his wife died. In another example, Frank was having difficulties as well. His sense of disbelief over his wife’s death, coupled with his vivid recollections of his life with her, suggests that he was not yet able to resign himself to her death and begin to forge a new relationship with her that might bring him some degree of peace.

Coming to terms, coping, adjusting, and carrying on are just some of the ways in which we can try to describe what is truly difficult to put into words.

Seven of the men referred to the act of *remembering*. The men recalled mainly positive memories, facilitated at times by photographs. Here are two excerpts concerning good memories in association with photographs.

*I: I see you have the pictures of your family around you, and I guess you have a lot of good memories as well.*

Yeah. That’s the cutest picture, sitting on the rocking chair. (*Moves his head to indicate a large framed photograph on the opposite wall, to his left*)

Believe it or not, that’s me.... I’m with my wife, at the end there. (*Moves his head to indicate a large framed photograph on the opposite wall, past the end of his bed*)... And I’ve got all the family here. (*Moves his head to indicate snapshots covering the wall behind me, to his right*)

*I: Mm. Oh, yes. Wow. (Pause) Yes. When you look at those pictures, do they bring back happy memories?*

Oh yeah, sure. Especially when I look at my wife. (Arthur)

*I: Did you still have some things of your wife’s there, or...?*

Oh, I got a lot of pictures, pictures galore. Yeah.

*I: Okay. Sometimes it can be tough dealing with that.*

Well, I, I don’t find it tough. And, and like, as you see, I pull this picture out

and maybe I get a little sentimental. But it's not tough, 'cause we had a happy time, and, and she was a, a good person, and, and she passed away, which was no fault of hers or mine.... But I, (*pause*) yeah. Everything we did, I, I just have good memories of. I don't have any bad memories. (Peter)

Strong feelings sometimes surfaced when the men reflected on photographs of their wives, as the following excerpts show.

And I, I can't believe it's even happened. Sometimes I think I'm going to wake up from a, a bad dream and she'll be there. And, and this is, well it's, you know, it's 2, nearly 2½ years now, and I have a picture of her upstairs, and sometimes I get very emotional. (Frank)

No, I, (*pause*) well, that's why I carry (*gesturing to his wallet, which contained photographs*) – I don't need this to remind me. But I like to carry it around so that I can look at it every now and again (*tearing up*). But I'm a bit of a sentimental person too... (Peter)

Additionally, in Christopher's diary, one of the two times that he mentioned crying occurred 5 months after his wife's death, while packing her belongings in preparation for the move from their home to an apartment:

All her old passports with their photographic record of increasing years and new forms of beauty. Little notebooks recording mileage and fuel costs on the long motor journeys we began to take in [the 1970s]. All her piano books, including the one containing Schubert's *Impromptu in A* with which she captured my heart.... And many signs of her care and concern for me and for our children and grandchildren down to the last week of her life. I wept much.

Photographs of other family members seemed to carry less emotional weight, but served to remind the men of their connections to children, grandchildren, and others dear to them.

When asked about wisdom or experience he would like to share, Robert offered advice that concerned keeping the deceased spouse in one's life and in memory, while carrying on with familiar activities:

Don't lose your independence. Go out, do your shopping, even though she's not there. Think of the things she might like to have had, and you can have it, and you know that you liked it anyway. And go for walks once in awhile. Go to church every Sunday, and talk to the people that you used to see when she

was around. And do these things, keep the social dynamic going, even though she's not around. And then your own work that, your hands-on work, you did it by yourself anyway, and just do something and think, "Oh, she would have loved that. I'll put it in the kitchen by the stove so she could see it if she were in the house," and that kind of thing.

*I: It sounds almost as if you, you keep her in your life this way.*

Yeah. Yeah. Yeah. And the memory.

In contrast to the more straightforward remarks about remembering, Paul seemed to imply that it was better for him to avoid thinking about his bereavement too much, because it would not be good for his health: "I think when you think something or something (*pause*) if the person become like me, [their health shot], (*laughs a bit*) it is good to, I forgot." Elsewhere in his interview, Paul had said, "Now I know if I think a lot, it will not help me. It will destroy my health." Although Frank recounted many conversations and happy memories involving his wife, when I commented on this, he replied, "Oh. Yeah, but they make me sad. They make me sad." He was also saddened by hearing music played in his retirement home. It is likely that depression overshadowed his ability to find joy in good memories of the past.

The act or process of *talking about it* mainly stems from two interview questions. The seventh question, "How has it been for you to talk about this today?" was added after the first interview. Secondly, *talking about it* also relates to Question 9a, "Did you have people you could talk to about how you were feeling?" Although this question presumed that having someone to talk to about feelings might have been an important source of support for the men, their responses did not confirm this expectation, for the most part. The question did not seem to resonate with most of the men, or to significantly feature in their stories about bereavement. However, the responses to both questions seem to fit in with the act or process of talking about the death and the men's bereavement in a general sense. Both refer to the act of talking, which itself may relate to dealing with the loss. This sub-branch thus refers to talking about the wives'

deaths or related feelings, before or after the death, including the experience of talking about the death in the interview.

While talking to others as a form of support was not a significant feature of the men's accounts of their experiences, they did acknowledge receiving support from others in a more general sense. Here are two excerpts that refer to the question of having someone to talk to as a form of support:

*I: But you don't really have anyone you can talk to about this, or that you'd feel comfortable?*

No. I, I could have talking to people about it, like, but I don't want to. There is a, a lady, she lost her husband, but she's pretty strong.... She's belonging to this parish here... And I met her, and she gave me her phone number and she says, if you want to talk, like, you know. But I don't want to talk. (Frank)

I never really talked to anybody about, about this at all. Like even ... my friend, you know, he didn't dwell on it too much.

*I: No. Your friend who is the widower.*

Yeah.

*I: You just got together and socialised?*

Yeah, and just, well, we just went along the way we always did, (*laughs a bit*) but he was there. (Ted)

Similarly to Frank, Ian said that he did not like to talk about it too much or for too long. Bill remembered talking to his children about funeral arrangements, but did not recall talking about feelings with them, before or after his wife died. The other men also did not recollect conversations with their children, or other people, that involved feelings.

It seems that it was not always easy for the men to talk about their feelings to others. As Frank's interview suggests, a widower may choose to remain silent about his loss, despite having someone to talk to. Or he could choose to disclose to one or more people, such as myself as an interviewer, and not to others. (In Frank's case, he was very willing to talk to me, and in fact seemed eager to do so from the start of the interview.) Ted's comment about his widower friend, "but he was there," implies that talking about feelings might not be the most desired form of



support, for whatever reasons; having someone familiar to socialise with, for example, may be just as welcome, if not more so. In other words, “being there” without talking about one’s experiences or feelings can be a powerful form of support for widowers, and perhaps also a way of coming to terms with the loss.

There is a common conception that women like to talk, while men feel more comfortable doing rather than talking, especially talking about feelings. In the interviews, although many emotions were recalled, there seemed to be some reluctance to discuss feelings at times. An example is the exchange with Robert about his reaction to his wife’s death, in which he at first indicated by shaking his head that he could not recall what he had felt at the time, and then gave a brief reply in the second person: “Oh, you get this emotional overreaction, in a way.” However, on the whole, it should be noted that the extent to which many of the men discussed their feelings openly, and at times displayed their emotions, was significant.

Peter gave his opinion on the personal nature of talking about bereavement among other conjugally bereaved people:

...[W]hat you have to understand in here is most people had the same problem. They’ve lost a mate and they’ve lost a friend. And so you have to understand that they have gone through the same thing you have gone through. And so you don’t push onto them what, what, the way they should feel or anything, you see.

*I: Yes. Yes. You’re respectful of each other in that way.*

Oh, yeah. Yeah. And, and you don’t, if somebody doesn’t, wants to talk about their person they lived with and had children by, they, it’s fine. But you don’t push them.

This suggests that older adults recognise that bereavement and other losses are not uncommon among their age peers. Consequently, they may choose to be discrete out of respect for the feelings of others, or perhaps in order to avoid conversations about sad or unpleasant topics.

However, not talking about feelings might also be explained by the perceived obligation to not “dwell on it.”

The responses to the question about the experience of *talking about it* during the interview were mostly positive. These included “It hurts, but it’s good to talk about it. Much better than storing it up inside” (Arthur), “it has never been painful for me to talk about my bereavement ... [although] the bereavement itself was painful” (Christopher), and “Of course, I don’t mind talking about [my wife], (*laughs a bit*) ‘cause she was such a wonderful person” (Peter). None of the men characterised “talking about it” during the interview as a bad experience, which I suppose is not surprising; it would have been a bit confrontational to have said so. Also, having agreed to participate, they might have felt a responsibility to fulfil the requirements of the study.

However, three of the men seemed to have had some difficulty. Ted said that talking about it had put him into a sad mood, which was consistent with how he appeared to me as he said this. Toward the end of the interview, he said, “Just talking about [my wife], I, I miss her now.” He had earlier noted: “I never really talked to anybody about, about this at all,” which may have explained some of his sadness, as talking about a sad event elicits those feelings. Another reason seems to have been the family problems he discussed in the interview, which he referred to in his response, saying, “I think, you know, what the heck kind of luck is that, for one family of very few people?”

Matthew appeared to find it difficult to some extent, as did Alex, judging by their demeanour and their nodding when I asked if it was hard to talk about. At the close of his interview, Matthew began by saying that it was okay, but he appeared to be in a sombre mood, as he had when I had earlier asked him “Is it hard to talk about?” when he began to explain his

reaction to his wife's death. He later said that he talked "to everyone about it," especially friends of his wife, but he acknowledged that it was still tough to think and talk about it. This suggests that having talked about it before does not necessarily make it easier to discuss these matters again, or to be interviewed about them, an interview being different than talking with friends or family. While the interviews mainly focused on the wives, their deaths, and the aftermaths, conversations with family and friends would normally cover a range of topics, and would thus be less onerous.

The action or process of *continuing* refers to the men continuing behaviours or other aspects of life after their wives' deaths, or carrying on or going on with their lives. The concept of continuing actually gave me the idea for the core category, "Continuity in the Midst of Change." I originally came up with a two-category model featuring the two second-level categories noted above. However, the phrase "continuity amid change" had occurred to me as a possible central theme after the first round of coding had been completed for all 12 transcripts. As noted above, the theme of continuity concerns the past and present fundamental aspects of life for the men: the enduring effects of the lives they shared for decades with their wives, their important relationships with family, friends, and neighbours, the communities they belonged to, and the work and other meaningful activities with which they were involved.

The idea of continuity was raised by the fifth participant, Peter, whose interview was the longest, and the richest in terms of coding. Peter introduced the concept of *continuing* as he spoke about having to continue after his wife's passing, for example:

I couldn't bring her back.... So I had to continue on the way she would have wanted. And I think that's basically a lot of what I did was ... I didn't ... start drinking or doing anything like that. I wouldn't , you know, I wouldn't go that way. I continued doing needlepoint. And, and, and I, I think this, this is where the, the influence comes in, that you continue to do the things you would have done with the approval of your [wife].

...I think [my wife's] influence on me has stayed, and that I, I've learnt from it and I continue to grow from it, in the way that I handle myself in here and help the people and want, want to help people and want to do things.... And this is, this is the way she was too, so. I think these things continue, you know. I don't think they stop. Or, if she, it's a good, if, if she's a good influence, you'll, she will continue to be a good influence, if you remember the things.

Peter's evocative phrase "when half of you leaves ... the other half has to keep going" is another example of the act of continuing, in the sense of carrying on with life.

Eight other participants discussed matters related to *continuing*, including how they carried on with ordinary activities, such as reading, cooking, and golfing, stayed in touch with friends, family, and community members, and continued relationships with their adult children. Two of the men, Christopher and Bill, continued to work as before.

The link between continued actions and keeping the deceased wife and her memory in one's life is suggested by the quote from Robert about the wisdom of maintaining not only necessary but meaningful activities, which at times may remind widowers of the objects and pastimes that were once shared with and cherished by their wives.

The difficulty of continuing or keeping on going after the wives' deaths is illustrated by this quote from Frank, who seemed to be struggling with his grief:

And the thoughts now – it's 2½ years – the thought that I'll never see her again breaks my heart. Everyone said, "Push yourself forward, push yourself, keep yourself doing it." It's easier said than done. You have to, you have to walk in them (*pointing to his shoes*), you have to have it in here, to know the impact of, of, of the grief and, and the loss.

Perhaps one of the defining aspects of grief is the difficulty to simply keep on going in the wake of such a profound change.

*Meaning or purpose* refers to searching, losing, finding, or making some sense of the meaning or purpose of one's wife's death or of one's own life. It relates to Questions 8 and 8a: "Sometimes people who are grieving a loss try to find a sense of purpose or meaning. Have you

thought about this?” “Do you ever think about whether it’s fair or not? Do you think about it in those terms?”

The responses were quite mixed. Arthur introduced this topic in his interview, after he mentioned “coping poorly.” Here are two relevant exchanges, which indicate that he had difficulty making sense of his wife’s death and finding purpose in his own life:

But the biggest thing is, as well as it’s set up and everything, I guess I don’t see any future in it, being around. My children, [the two of them] are here, and my grandchildren and that. But it turns out, I don’t get up in the morning thinking, oh boy, I got something to do. *(Pause)* There’s no real purpose in it. It would’ve probably been better off if it had of been me that passed away instead of her.

I think that I was always just, over the years, I was the sick one, and she was the strong. Very strong. That’s why I say that it should’ve been me to go instead of her. But God takes who He is ready for.... He’s got a purpose of some sort. Somewhere in the files, there’s a purpose in this. I just haven’t found it yet.

*I: Mm. You haven’t found it yet?*

Well, not completely, I haven’t found it. But I really appreciate that God has got a plan that’s for everybody. [But it takes a hell of a twist sometimes.] However, maybe someday I’ll learn from it...

Frank told me that he had no sense of purpose in his life after his wife died, as she had been his primary source of motivation:

My mornings is very bad. Sometimes I, I worry and wonder is it worthwhile getting out of bed. I’ve no purpose. I’ve no purpose in my life. She was my motivator.

During his interview, Frank told many detailed stories about himself and his wife, including specific episodes complete with dialogue. These eloquent stories end with her death, and it seems as though his “real” life ended there too, replaced with an unwanted present that seemed unreal. He had not yet integrated the happiness of the past with a present and future that go on without his wife being with him in the physical sense. This apparent inability to integrate the past with the present may have contributed to Frank’s despair and perceived lack of purpose in life.

Ian said that he found his life meaningless in some sense, because of the restrictions imposed on him by poor health:

*I: How is your life different now, since she has...?*

Well, lonely, (*laughs a bit*) lonely as hell. (*Pause*) And meaningless, in a way. Well, when you get old, you, you can't do anything. I did nothing particularly exciting, but I was always doing something, [working], or having coffee with my friends somewhere. Now I don't do a damn thing. I stay here. I can't go far. I can't breathe. You know, my life has changed from being a doer to being a non-doer, in simple terms. And that frustrates me, that I (*pause*). I used to go to ... a coffee shop across the road, and charming people. Met every morning. Now I don't even go there. (*Pause*)

Similarly to Arthur, Ian also had trouble making sense of his wife's death, since he had expected her to outlive him because he was older and she had always been physically fit. But he seemed at least partially resigned to her passing. When asked if he had thought about finding a sense of meaning or purpose, he replied:

Not really. I did when I was 80, you could say. You know, [it must have a reason or, in its]. I didn't expect her to go. She, she taught yoga. She did, she was running the physio department. She'd always been healthy. That's all I knew. Played tennis all the time. But 80, not bad (*referring to his wife's age when she died*). Sixty years married.

Paul responded to the question by suggesting that he tried not to dwell on his wife's death:

Actually, for the first year, we found in our house some important person is missing. You can't see anymore. It was a little bit thinking so much. Now I know if I think a lot, it will not help me. It will destroy my health.

Not thinking about it presumably precluded finding purpose or meaning in his wife's death. Paul may have been struggling to find meaning in his own life, amid depression and relative isolation from others; however, he maintained contact with his children and some friends, had cordial relations with the manager of his seniors' residence, grew plants as a hobby, and did volunteer

work, which indicates that he was still making an effort to engage with others and live an active life.

Bill's religious faith may have provided a source of meaning for him, although he did not discuss the subject. He told me that he wondered why his wife had died in her 50s when her parents and grandparents had lived to be much older. However, he seemed to be at peace with what had happened, knowing that it was pointless to dwell on it:

*I: Sometimes when people have lost someone close to them, they, they try to find a sense of purpose or meaning in what happened, or perhaps a sense of meaning in their own lives afterwards. Is that something you've experienced or thought about?*

Well, to this extent, is that she died when she was 56.... With her family's background, I figured she would be well into her 80s or whatever. Her grandparents were in their 80s when they died. So she came from a long list, on both sides of the family, of, of good stuff. But she gets hit at 56, so.

*I: Mm hm. Have you resolved that question of why...?*

I'll never know. Why bother, you know. It's gone, forget it.

*I: Yeah. So it's not something you dwell on?*

Not at all. No. No, you can't dwell. I figure there's no point in dwelling on the past, 'cause it's just going to make. What's it going to do? It's like worrying. Worrying hasn't, doesn't prove anything either. You may get some options out of worrying perhaps, but you're not going to get any options out of looking at someone's death. I don't think, anyway. 'Cause what I do, how I live, how she lived, if, even if they were totally different, it doesn't mean anything. Or if they were exactly the same, it doesn't mean anything, because each individual is so individual.

Bill, Ian, and Joseph spoke about performing rituals, such as visiting the gravesite and placing seasonal flowers; these may have helped provide a sense of meaning in the wake of loss.

Christopher clearly found a sense of purpose and meaning in his spiritual beliefs:

Well, I've always had a sense of purpose and meaning. I didn't lose it when I lost my wife. That made no change whatsoever. *(Pause)* I think you've ... probably got to realise there's going to be a difference in your answers between those people who are ... Christian believers and those who are not. Christian believers maybe have a – well, obviously must – have a totally different attitude towards these [questions].... But my close, my Christian and Jewish friends, we don't, death ... has a totally different aspect to us than it does to unbelievers.

Peter spoke about having “a certain amount of Christian belief” and wondering if “God decided it was the time ... for her,” and whether a “higher power” directed our lives, although he was uncertain. He described his faith as fluid and evolving, not always providing the answers he sought. He attributed his wife’s death (and his father’s) to negligent medical care, but despite this, he seemed to have found a sense of peace about it by the time I spoke with him, saying “these things happen.” It was clear that he had a sense of purpose in his own life, as he continued to live in a way that reflected his wife’s influence on him, and he spoke about personal growth in these terms:

I, I am not the person that I was when my wife passed away, because you either grow or you go back. And I think I, I’ve done a fair amount of, of growing, in my approach.

He explained that he had learned and continued to grow from the influence of his wife, for instance, in terms of the way he interacted with other people and tried to be a helpful and tolerant person.

As these examples indicate, the subject of finding purpose or meaning is complex. Among these widowers, it did not appear to be strongly correlated with religious faith, but it was perhaps inversely linked to depression (in the cases of Arthur, Frank, and Paul) and severe physical disability (for Arthur and, to some extent, Ian), and possibly to the expectation that the men would have or “should have” died before their wives did, which were thoughts expressed by Arthur and Ian. However, perceived untimeliness of the death was not consistently associated with meaning.

Collectively, the sub-branches that support *Actions or Process* relate to grappling with the death and its repercussions. The widowers described the various ways in which they



continued with their lives, while remembering the past and keeping the memory of their wives alive.

The last branch of the *After her Death* subcategory, called *Circumstances*, refers to general aspects of the widowers' lives after their bereavement. It relates specifically to the men's perceptions of being alone, being relatively fortunate or lucky despite their losses and other changes or challenges, and their sense of support from others in the wake of their loss. *Alone or on my own* concerns the perception of aloneness or of being a single person after a long marriage. *Fortune or luck* regards how eight of the men spoke about their life circumstances, both in the present and the past. *Support* mainly denotes responses to the ninth interview question regarding post-bereavement support received from other people.

The *alone or on my own* references denote passages where nine of the men talked about being alone or "on my own" after the wives' deaths. This is, of course, a subjective experience. The men mainly spoke about being alone or on their own in comparison to having had the companionship of their wives, and so it refers to a perception of loss and the difference that this made in their lives, in spite of the presence of family and friends.

Peter, for example, portrayed himself as being active and socially engaged. However, he referred to the sense of aloneness he felt when his wife died, and drew a link between this sense and the feelings he had after his mother's death when he was 14 years old:

*I: How is your life different now since your wife died, or how has it changed?*  
*(Laughs)* Well, see, I, I, for, for me to be 92, and her, you know, passed away 10 years ago, how, how, she, she would've progressed. But, I mean, when I think, you know, to, to life then, the fact that when she went, now I was alone.  
*I: But when your wife passes away, there is no one who can really take her place.*  
 No. No. I, I was on my own. You see, my mother passed away when I was 14, and I was on my own then, in a lot of ways.

I was, I was alone then, I think. I think that was why, why I maybe could handle it, because I'd already been through, through one experience like that.

Joseph and Matthew commented on the sense of being alone or on their own after the death of their wives, despite still having family and close friends. Joseph added that he had accepted being alone, in a sense:

I miss her. I miss her.... We used to tell each other every, everything. So there was a big change, to be alone.... But I have sort of accepted my aging process, to be alone and to do what's necessary for myself.

Matthew explained the perception of being on his own by contrasting it with being in a long-term marriage (50 years in his case) characterised by complete trust and open communication; thus, after the loss of his wife, his experience changed to one of being "all on your own."

Aloneness was generally accepted as a state that one gets used to, especially among the men with adequate social networks, such as Christopher, who made a distinction between living alone in the literal sense versus not living alone in the sense that he could choose to be with family or friends. A few of the men alluded to the limitations of their social networks. For example, after his wife died, Ted's main companions seemed to be friends with whom he played golf, and he noted that their family commitments restricted the time they could spend with him. Similarly, Bill was keenly aware that other people, unlike him, had "families to go to." He felt this most strongly on Friday nights and weekends, when he could not always find enough to occupy his time.

In contrast to the general trend of acceptance and adaptation, in two cases, the circumstance of being alone was notably more painful. Paul seemed to find living on his own quite difficult, most likely from a combination of factors (i.e., conflict with fellow residents, reduced contact with adult children, the loss of family members, and depression):

I'm not afraid to die. If I die, I will be happy. (*Laughs*) Yeah. I'm not going to be unhappy. Because to live in, in my apartment by myself, when there is no one to talk to, is very hard, very hard. I go sometime my children, but they are all working.

As noted earlier, Arthur felt he had been abandoned by friends after his wife died; the phrase “sinking ship” suggests the vulnerable state he must have felt he was in:

I found out some of our friends are not friends. We had an awful lot of friends. Then when my wife passed away, I don't know if they didn't want to see me because they didn't want to be reminded or what, but nobody came. Everybody disappeared. They ran from a sinking ship.

Arthur said he tried to do things for himself, but his health problems and immobility necessitated the help of nurses, a situation he found frustrating at times. In addition to Arthur's suggested reason for his friends' departure, it may be speculated that his friends had felt closer to Arthur's wife than to him, they did not want to feel responsible for his care, or they were simply “fair weather” friends.

Eight of the men described their past or present life circumstances as *fortunate or lucky*. Ian used the words the most frequently, despite having a serious health condition. Arthur also considered himself fortunate, in spite of poor health and the other difficulties he had faced. Here is an example from Ian's interview:

But my kids phone me all the time. I'm damn lucky, very lucky. I'm lucky. I mean, they could be in Vancouver, you know, or the other side. But they're here. And the youngest one has twins. They're 4 years old, a boy and a girl. They come in here, “Grandpa, Grandpa,” and they like jumping on here and jumping on the bed.

Ian also considered himself to be “extraordinarily lucky” to have met and married his wife, and lucky to be married for “60 wonderful years,” and to have reached his age. Similarly, Frank, Peter, and Joseph described themselves as fortunate or lucky concerning their wives and marriages, and Joseph felt lucky to be in the condition he was in at his advanced age. Others felt

fortunate to have their children and other supportive people around them. This excerpt refers to good fortune or luck in the present circumstances:

Every, every year, I, as I said, I consider myself lucky, but I notice on myself that every year I'm more forgetful, make more mistakes, or, luckily, all the mistakes I make didn't have, so far, very serious consequences. (Joseph)

There were only two counterexamples in which the men discussed having been unfortunate or unlucky. Joseph discussed the difficulty of dealing with his wife's bipolar disorder, and Ted commented on his family's misfortunes, particularly his son having schizophrenia and his daughter's adopted daughter having fetal alcohol syndrome. He said, "I think, you know, what the heck kind of luck is that, for one family of very few people?" It is interesting that Ted referred to the misfortune of others in his family, without directly mentioning his own misfortune of losing his wife. However, he did seem to have a point about his children's difficulties, and I believe he was including his wife's health problems as well, although he did not name them in the context of his family's problems.

*Support* is the final sub-branch of *Circumstances*, and it concerns the support provided by others after the wives' deaths. All of the men except Alex commented on the support they had received.

Eight of the men identified their children and/or grandchildren as providers of support. Bill also mentioned being a source of support in this context, which he suggested was beneficial to his adjustment.

But yes, my family are very supportive. My girls, (*pause*) they're great. They feed me at the best when I go there. They pamper me, every time I go up.... [My son] has four little ones and that keeps him busy. And they're grand and I love it down there. Last Saturday, I went down Sunday morning to visit. (Frank)

I have, I have two boys who are very, very supportive. And I have grandchildren who are the same.... [My son] and I talk every day. [My other

son] talks as often as. Most of the time, he's on his way to the airport to go someplace, and he'll phone me on the way to the airport. And the ... [grandchildren] are both ... they're very supportive. One of, they, they will come in and we'll go for supper together. (Peter)

*I: And how about your family?*

As far as support? Well, I guess it's supportive in the fact that they don't live far away from me, and I can call on either one of them anytime. They're both married, and I've got two grandkids, so. If anything, I'm sort of a grandpa taxi now. (*Laughs*) You know what I mean? (*Laughs*)

*I: Yeah. So you're the one lending support sometimes yourself? Yeah.*

Yeah. Yeah, I guess that's part of the recovery, is to have something to, to do with the family, you know. (Bill)

Other family members were mentioned as well. Peter's case indicates that support can be a complex matter, both given and received, but not necessarily available from all family members.

Well, I had my two boys. And my, (*pause*) my, my older brother had passed on. And my ... youngest brother in [another city, approximately 200 km away] ... he was there, but ... he was busy.... And I have another brother who lived in [another city, approximately 700 km away]. And unfortunately, he and his wife and my older brother and his wife didn't get along very well... So when [my wife] and I had our 40<sup>th</sup> and our 50<sup>th</sup> wedding anniversaries, they never showed up. And I had my 90<sup>th</sup> birthday over here, and they never showed up.... He had his 90<sup>th</sup> birthday ... and I sent a card and I said, "I hope you have as happy a 90<sup>th</sup> birthday as I had," which is a little bit of a dig.... But he was, he had some problem a couple of times with a hip, a hip operation. And every time this happened, his wife would phone. And he had a heart problem one time, and his wife would phone me. (*Laughs*) And, and she, I was there whenever he needed, needed me, but I, he and his family never, never, never helped, and never were supportive of [my wife] and I. And it wasn't very nice, but, I can't, I can't answer for everybody, (*laughs a bit*) you know. (Peter)

Friends were cited as sources of support by several of the men, as in these examples.

*I: How about friends? Were they helpful?*

Well, we had, I had one, one or two good friends.... I had good friends when I was growing up, and they, they've all passed away. And so, for, to have good friends, close friends, I, I don't seem to. ...I have one, one good friend in, in [another city], and he's passed away. And he was, his, his wife was [my wife's] sister, so there was a connection. And when he, when, when [my wife] and I were doing anything, we always included him, so, after she, after his

wife had passed away. So we helped him considerably, and he was there for me when, after [my wife]. We used to do a lot of things together... (Peter)

*I: When your wife passed away, what kind of support did you receive from, from other people, from family or friends, or...?*

Yeah. I, I don't have too many friends, and not too many family.... And, but I had assistance by my son, first, first of all, mainly, and especially two couples here, who were very, very supportive.

*I: Okay. Yes. How did they support you? How, what did they do?*

Oh, by visit, visiting very often. I, I like horse racing. (*Laughs*) And they, when they came, they took me to [the racetrack] or something. Or we went to – even with my wife, in the beginning, when she was better – to Swiss Chalet, it's nearby. So I, I had help from, as I said, not a very big group of friends, but very good friends. (Joseph)

However, as noted previously, Arthur alluded to the vulnerable state he was in when his wife, whom he had been dependent upon for caregiving, died. This event was followed by the departure of people he had thought of as friends. Arthur could therefore not count on friends for support, depending instead on his adult children and the nursing home staff.

Several men also referred to neighbours and others as sources of support. They mentioned friendly retirement residence staff, neighbours who provided companionship and instrumental support (such as housecleaning), community members who visited and brought food, and fellow parishioners who helped with the funeral and continued to provide a welcoming environment afterwards.

As noted in the section on *talking about it* as a type of action or process after the death, I had presumed that having someone to talk to about feelings might have been a meaningful source of support for widowers. However, this assumption was not reflected in the men's responses to my question about it, or in the interviews as a whole. They were much more likely to discuss having people to rely on for support in a general sense, such as having close family members and friends with whom they were in touch, as well as receiving some instrumental support from these social network members.

Looking at circumstances in a broad sense, social relations were a common thread running through the men's discussions of this theme. The men distinguished between being socially isolated versus being alone or on their own and feeling lonely or missing their wives. Strictly speaking, none of the men were alone. All had some contact with family, friends, and other people, such as seniors' centre attendees or the residents and staff members in the places they were living. However, this did not replace or compensate for the loss of their wives.

Most of the men referred to old friends and continuing relationships with family, including in-laws. Peter, for example, maintained ties with family and friends, although he felt closest to his two sons, and Christopher seemed to have the most extensive social network, comprising old friends, newer acquaintances, colleagues, and family. A source of support that was common to all of the men was their adult children, although the degree of nearness and contact varied. Peter, Robert, Frank, and Matthew had all moved some distance in order to be closer to their adult children. None of the men lived with family or were otherwise directly dependent on them, but all seemed to enjoy contact with their children and grandchildren for the most part.

However, with advanced age, the death of loved ones, changes in residence, and distance from friends and relatives in the home country for some, it was not always easy for the men to maintain their connections. While some were able to make new acquaintances and friends, others still relied on their remaining, diminished network. Ian still lived in the same town he and his wife raised their children in, but his physical disability limited his contact with friends. Arthur's poor health and the loss of friends after his wife's death left him dependent on his daughters and grandchildren for meaningful social contact. Alex and Paul, who had both immigrated to Canada,

also seemed to be reliant on their children in this way, and both seemed to desire more frequent contact than they were receiving.

Frank had opportunities to make new friends, such as a fellow parishioner's offer to talk, but his state of grief and depression seemed to prevent him from accepting those invitations. He valued his continued contact with his children, whom he spoke of with pride and affection. Ties with adult children were important to all of the men. Children represented continuity and were largely a source of happiness and pride, aside from minor evidence of discord at times, such as Joseph's comment about his son's multiple marriages and Ted's discussion of his children's problems. In general, close relationships provided continuity and support, which in turn contributed to the men's resiliency in the aftermath of loss.

This is the conclusion of the *After her Death* subcategory, which is supported by the themes of *reactions, thoughts, feelings, actions or process, and circumstances*. The two remaining subcategories deal with loss in a broad sense, as well as life changes and challenges.

The stories the men told me concerned not only the death and its aftermath, but also narratives of loss. The death meant losing the physical presence and companionship of a beloved spouse and being alone after so many years as a couple, which was indeed a profound change. Older widowers experience not only the primary and secondary losses inherent in the death of their spouses, but also coincidental losses over the course of their lives. Some of these losses, such as the death of friends, become more probable in later life. Further complexity is introduced when considering the changes and challenges faced by older adults in general, and these twelve widowers in particular.

The men's bereavement experiences can be best understood by placing them within the context of other losses and life changes, while keeping in mind the enduring threads of continuity



in the men's lives, such as ongoing relationships with adult children. These elements of continuity do not compensate for the loss of a spouse, but they do make it easier to some degree to weather this and other losses with greater resilience.

Losses are those specific to the wives' deaths, as well as past and present losses other than her death. *What was lost* refers to the death itself as a loss, and to particular aspects of that loss as described by the participants, at times quite eloquently. This topic was addressed by the twelfth interview question, "What have you lost with your wife's passing?" It is also represented by the men's use of words like "loss" and "lost" elsewhere in the interviews. A common theme was the loss of the wives' companionship. The men also spoke about feeling that a part of oneself had been lost or cut off, as noted in regard to the sub-branch *when half of you leaves*, which alludes to the loss of a shared history. Here are three examples that show the extent and depth of what was lost.

But, I, I suppose the, the most important difference is the loss of constant companionship. The fact that she's there when I came home from work and we sit down to dinner together, we enjoy our evening together, that's, that's gone completely, and can't be, can't be ever replaced, because I'm not really in a position to remarry now, given my cancer and so on, you see.  
(Christopher)

So she was 13 days there before she died. And that was my world, gone, and I mean it. I wouldn't wish it on my, I wouldn't wish it on my worst enemy... When I think of what I had, what I had was beautiful, in every sense of the word, and now that's gone. Not only it's gone, but to sit and think and you'll never see it again. (Frank)

I miss her an awful lot. When you've been together for a long time, you discuss things and understand things together. And, and (*long pause*). Perhaps, to give you a sense of togetherness: You wouldn't do something she didn't know about, or she wouldn't do anything that I wouldn't know about. And we'd understand each other... And truly, when we, when I had that, it's a tremendous thing, and a terrible thing to lose it. (Matthew)

Other deaths are represented as losses, including *family deaths*, referring to the families of the men and of their wives, and *friends' and neighbours' deaths*. Some of these losses dated back as far as childhood, but still seemed to resonate, while the compounding of multiple losses may have made it more challenging to cope.

The men mentioned *family deaths* they had experienced, most commonly the death of parents and siblings, but also other relatives. Less common family deaths included the miscarriages of one of the wives and the death of a 5-week-old child of one of the men. Here are three examples of family deaths.

You see, my mother passed away when I was 14, and I was on my own then, in a lot of ways.... My mother and I were very close, and when she passed away, it, it left a big void. And one of the teachers at school said to my older brother, who was in the same class, she says, "What's happened to [Peter]? He's changed." And that was after my mother. (Peter)

I used to be involved in a big family, but they've all passed away. Well, my mother, my dad, my brother.... You know, I don't mean to cry about it, but when you're coming from a big family, it's good to have somebody to help you. Otherwise you're stuck... Particularly me, stuck in that home. (Arthur)

And a brother died at 44, from viral pneumonia. It's probably this H1N1, for all I know. It could've been, you know. And two sisters died and they were both just about 70, not quite. The last brother to go was 2 years ago coming up in January. He hit 81. (Bill)

Paul reportedly had the most catastrophic family losses among the men in this study. Although this fact singles him out as being different, it should be remembered that many Canadians who immigrate from abroad have similarly tragic backgrounds. Here are two excerpts on family losses from Paul's interview:

What happened, I came from a war-torn country. More than thirty-two people of my immediate family, in my – well, close, like uncle, uncle's son – were killed, more than thirty-two.

My small brother and sister, and sister's children, they were killed there. They were killed there. On the whole list, I am alive. For this, I am thinking, "I

saved myself, not them.” It was not possible. It was not possible to bring them here.

*Friends’ and neighbours’ deaths* were also noted, as in these cases.

*I: How about friends? Were they helpful?*

Well, we had, I had one, one or two good friends. But I, I, I’m not somebody that, well, I had good friends when I was growing up, and they, they’ve all passed away. And so, for, to have good friends, close friends, I, I don’t seem to. When I was in the, I have one, one good friend in, in [another city], and he’s passed away. (Peter)

*I: So there were people around you who knew you pretty well, and they helped out.*

Mm hm. Mm hm. And quite a number – not quite a number – but a few have passed away. (*Pause*) (Robert)

*Other losses* include age-related losses, and secondary losses or consequences of the death, such as the loss of friends and the loss of personal possessions when moving. One participant lost a whole way of life in addition to the ability to return to his home country because of war. As noted earlier, Arthur lost many friends who stopped seeing him after his wife died. Here are two excerpts that relate to these types of losses.

After my wife, I’d had nothing. Not even a piece of furniture I could call my own or anything.

*I: Mm, mm hm. Yes. (Pause) Yeah. That must have been very hard.*

[Like] constant blows. In my first [move], I had it in storage, and I told them to try to see what they could get for it. They got it [inaudible] or something and [they sell] it for about \$25. That didn’t feel too good. And like at the other home, they’ve got memories that’s of lots of value to me. It’s at least worth saving. It’s of value to me. Well, they’re all gone [and then some]. But it seems that when they moved me, everything went. (Arthur)

And I was about a week, 10 days in hospital. And during this time, my son came ... and liquidated the apartment and the car and everything, and I joined her here. I joined my wife here (*referring to the retirement residence*)... ...I was partly unhappy, you know, to lose my freedom and driving and, and everything. I thought that maybe it was a little bit too rushed. (*Laughs*) (Joseph)

In general, the losses the men recounted are typical of those that may be experienced over a long lifetime. There were likely others not mentioned as well.

In order to understand the men's experiences, their losses must be understood within the context of other changes. Change was a familiar experience for the men in this study. Even before the loss of their wives, the sorts of changes they had lived through included immigration, changes in the amount of contact with family members and friends, career change, and retirement. All of these involved adjustment. Before and after the profound change of the death of their wives, many had to contend with health-related challenges that become more common with age. Relocation after bereavement, often to a retirement residence or nursing home, was a major adjustment that most had to make. The loss of their wives and the aftermath of that loss thus occurred within the context of these past and present changes and challenges.

A common thread uniting these diverse occurrences concerns the men's social networks. For those who emigrated, family members and friends were left behind. Career change and retirement often meant disconnection from former colleagues. Moving to a new place, especially leaving a home that was once shared with the deceased spouse, tends to involve not only the emotional task of sorting through mementoes in addition to the attention that must be paid to numerous other details, but also separation from old friends and neighbours and the departure from long-familiar surroundings. While there are opportunities to make new friends and acquaintances, support networks can be greatly reduced by diminished contact with extended family, old friends, and neighbours. Fortunately, threads of continuity such as relationships with children and grandchildren seemed to provide ongoing support and resiliency for most of the men, which apparently helped them to weather bereavement and the other changes and challenges they faced in later life

*Changes and Challenges* is a subcategory supported by eight branches that encompass a wide range of topics relevant to the past and present lives of the participants. The branches are *aging, health, mortality, retirement, moving, immigration, life changes, and personal changes*.

*Aging* and *health* are two interrelated themes that arose in most of the men's stories. Although I did not specifically ask the men about *aging*, seven of them raised the subject. Here are two excerpts.

I'm 92, you know. There's no way I should be 92. (*Laughs a bit*)

*I: How do you mean?*

Well, (*pause*) I've, I've never done anything really great, you know. I've, I've, I've done a lot of things, and I've lived the life the way I believe it should be lived. And I, I do a lot of my medication myself – not myself, but I decide whether, what's going to happen with me. (Peter)

Every, every year, I, as I said, I consider myself lucky, but I notice on myself that every year I'm more forgetful, make more mistakes, or, luckily, all the mistakes I make didn't have, so far, very serious consequences.... But I have sort of accepted my aging process, to be alone and to do what's necessary for myself. (Joseph)

These men, both in their 90s, felt they were doing well compared to others, and seemed to have a positive outlook and acceptance of aging. Peter expressed surprise about reaching the age of 92, and seemed satisfied looking back on his life. Joseph considered himself lucky to be in the shape he was in at age 94, particularly in comparison to other people.

Other comments about aging were more pessimistic, such as “when you get old, you ... can't do anything,” and references to “slowing down” and the desire to avoid having to depend on others when you become “too old.” Alex and Ian referred to slowing down and physical limitations as common consequences of getting older. Both expressed frustration (especially Ian) combined with resignation; they both had serious health issues.

It is perhaps noteworthy that among the four men in their 90s (age 92 to 94), Ian and Joseph mentioned aging and diminishing abilities, while Peter and Matthew did not, although

Matthew did talk about his impaired health. Peter seemed to be physically fit and mobile.

In terms of *health*, I occasionally asked about the men's health in the context of changes or challenges they might have had to face since their wives passed away. But whether asked directly or not, all of the men did mention their health.

Health problems seemed to preoccupy about half of the men, perhaps to the extent of at least partially overshadowing their experience of bereavement and grief. Those who seemed significantly concerned about their physical or mental health spoke about having arthritis, Parkinson's disease, lung disease, depression, and anxiety. Alex suffered from rheumatoid arthritis that affected his life significantly, as he explained to me:

...I think I am still the same as I was before, except that I slow down my movements, because I got rheumatoid arthritis, it hurts me, like especially when change of weather. The reason I can't sleep because one of the kind of the pills they are giving me it's Prednisone. That's a steroid, and it makes my skin very thin, and it, look my elbows (*showing me*), and higher up. Or I hit a little bit something, a little bit, and right away, bruise, bruises all over, and the sleepless night too, one of the other side effects.... And I'm taking Extra Tylenol for arthritis beside those pills, but still, especially in the morning when I get up, it hurts. If I could sit like that and sleep, that would be better, because when I lay down, it bothers me. But yet doesn't hurt me when I'm laying down. When I get up and start walking, that's when it hurts.

Arthur's advanced Parkinson's disease greatly restricted his mobility and ability to function; he also linked his physical setbacks to depression. Ian had a serious lung condition that hampered his mobility, which he clearly found frustrating. Matthew described his Parkinson's disease as "a terrible disease," and asked me what I knew about the research on its treatment. I cannot determine whether the health concerns of these men interfered with their ability to focus on bereavement-related matters or not. They were each able to address their bereavement experiences with me to some extent, and whatever reticence I sensed on their part (e.g., from Matthew) may have been due to personality or other factors.

In contrast, six men seemed to have no significant concerns with their physical health or with anxiety or mood. I am placing Christopher in this group because although he disclosed to me that he had cancer, judging from his interview, it did not preoccupy him to as great an extent as did the health concerns noted above. He commented that cancer had changed his life, because it had determined his decision to not remarry; however, it did not seem to change him in other respects. Similarly, Peter only revealed his recent recovery from prostate cancer and his earlier hip replacements when asked directly about his health. Of course, his lack of concern for his health may have been due to his welcome recovery and apparent good health at the time of the interview. Also, Christopher and Peter had physical mobility and other resources that men such as Alex and Arthur seemed to be lacking to some extent.

Mental health seemed to be a stronger indicator of well-being than physical health among the men in this study. Arthur and Paul reportedly had clinical depression that predated the death of their wives and seemed to be associated with other factors, such as catastrophic loss in Paul's case, and possibly comorbidity with Parkinson's in Arthur's, although this is speculative. These complicating factors likely contributed to their apparent difficulties. Frank's anxiety and depression reportedly began with his wife's terminal illness, and he seemed to have the worst bereavement outcome, judging from his interview, although it should be noted that his loss was relatively recent. Arthur and Paul had been bereaved for 7 and 9 years, respectively, compared to 2 years for Frank.

Eight of the participants shared their thoughts about *mortality* and their own death. Some were in the form of comments said in passing, while others were discussed at some length. The men with serious health conditions were often candid about their mortality, saying things such as "But (*pause*) what can you do? Come here to die anyways so, sooner or later" (Alex), "The next

step is a coffin” (Arthur), and “Well, if I didn’t have [the oxygen], I couldn’t breathe. I’d be dead, simple as that” (Ian). Many spoke in a matter-of-fact way, as in the following quotes.

*I: How do you feel about the fact that you’re doing less and less?*  
*(Laughs a bit)* Well, sometimes I feel – this is *(laughs)* confidential – that I would prefer to fall asleep one night and not get up. Not because I’m so unhappy. But I, oh, I, I’ve been to hospital with a mild heart attack since I’ve been here. Yeah.... But *(laughs)* so, coming back, I would like to fall asleep one day and not... There are sometimes I feel that I had a good life, with all the ups and downs, and I’ve seen a lot of the world, some of it not on my own free will.... But all in all, I’m, I call it a good life. And I feel sometimes that’s enough. Not, not suicidal or anything, but I would like to fall asleep *(laughs)* and no. I even signed such a paper here.... I am what you could call a believing, believing man, and I hope this wish will be fulfilled one day.  
 (Joseph)

*I: Have you learned anything from the experience?*  
 Probably not. *(Pause)* Not, not really. Well, just, just that it’s going to happen, one way or another. Either. You know, now I don’t. Well, I mean, I’m pretty sure I’m next anyway, and.

*I: How do you feel about that?*  
 It doesn’t – now that I feel alright – it doesn’t, you know, it doesn’t bother me too much. Yeah. I mean, my heart’s not what it should be, I don’t think, but. And I’m getting old too, that’s. (Ted)

It seems from my discussions with the widowers that mortality is not necessarily a fearful and avoided topic for older men. However, in Paul’s case, his depression and his current circumstances likely contributed to the attitude he expressed towards death. He said that he was not only unafraid to die, but would be “happy” if he died, because it was so hard for him to live alone in his apartment with “no one to talk to.”

Other age-related topics are referred to in the branches called *retirement* and *moving*. Half of the men mentioned *retirement*. The subject seemed the most relevant to Bill, the youngest man in this study, who was still working when his wife became ill. In contrast, the eldest men were able to enjoy a long retirement period with their wives, as exemplified here.

So when I retired in 1990, we had a wonderful life together. We used to go to the old country every year. She didn’t have many over there. She had a brother. He



always had a, a room for us. But I had three brothers and four sisters – I'm one of, one of ten. So we were never short of someplace to stay, and always very welcome. So this is the way it was. (Frank)

And when I retired, we ... traveled quite a bit together.... We ... liked to go places and see things. (Peter)

The topic of an extended retirement is relevant to bereavement because it gave the older men the possibility of forming an even closer relationship with their wives, and thus the loss of their wives may have had an added dimension. Retirement can also bring disconnection from coworkers who were once a part of one's social network, which results in a smaller group of people to rely on for support.

*Moving* to a new residence was an experience shared by all of the men after their wives died, except Bill, who was still living in the home he had shared with his wife for many years when I interviewed him. Christopher described the experience of moving to a new private residence after his wife passed away. He and his wife had been planning to move to a smaller one-level residence before she died, because of her poor health, but then Christopher made the move by himself a few months after her death:

I'm now living in an apartment rather than in a house. (*Laughs a bit*) If that's, so, losing my wife and, and getting out of my house and moving here were almost coincidental. I mean, I moved, I, I, [my wife] died in February, and I, I moved in here in July, you know. So leaving the ... house, where we lived for 42 years, that was ... a change...

The experience for the majority of the men had been moving from their homes into a retirement, nursing, or seniors' residence, for reasons that included the need for health monitoring and care, and to be closer to children, usually at the children's request. The discussions showed that aging parents and their adult children might have differing perceptions of these needs. The moves required selling a home, getting rid of most possessions, and adjusting

to a new environment. The move was especially difficult for Arthur, as he explained how it “drastically” changed his life. Here are two excerpts regarding *moving*.

Two days after she died, they threw me out of the apartment.... I ended up by having a whole new life and finally I ended up in one of the crummiest nursing homes there is.... Then another nursing home almost as bad. Then I went up to [another home], which is a good one. Then I came down here because my children wanted me closer, and that’s where I’m ending. The next step is a coffin. I don’t want to move anymore [or anything]. Four times in one year is enough. (Arthur)

*I: And how did you end up here [approximately 500 km from his previous home]?*

Well, I, after she died, I was still living in the same house.... And, being, during those days, you did a lot of work on your own place. Like, I finished the basement, the playroom, workshop, laundry room, cupboards, and a basic area where everybody could go, and I’d, I’d be up and down the stairs there a lot. And my boys got worried that I might fall down the stairs. And they said, “Dad, you’re going to have to move up here where it’ll be close to us.” So they, (*pause*) I came up, and they hired somebody to show me around all the different retirement homes. And when they showed me this one ... I decided this was where I wanted to come. So I moved here. (Peter)

The adjustment to communal living was described in mainly positive terms by most of the men who lived in a retirement, nursing, or seniors’ residence. However, Arthur mentioned that the nursing homes he had lived in previously were not as good, and Paul described the difficulties he had been having with some of the other residents in his seniors’ apartment building. For men like Alex and Ian, daily life seemed to revolve around their poor health and the physical limitations they faced.

I don’t sleep, but once I lay down in my bed, I close my eyes, and everybody thinks I am sleeping. I can’t sleep. They give me sleeping pill, but that sleeping pill doesn’t help me. I go 7 o’clock, 8:30 I open my eyes, look on the clock, and back, 9:30, 10:30. Four o’clock I am up already. I am smoker, so I go sit by myself there. You can’t smoke in here. Outside, you have to go past the gate, past the fence there, facing [the street]. (*Pause*) But (*Pause*) what can you do? (Alex)

*I: Do you still see them, or is it difficult now (referring to old friends)?*

Difficult now. Well, the ... club is where we used to go a lot. But I can’t go

down. [I've got to sit here.] Very difficult when you're not sure how you're going to (*pause*) react, 'cause I, I've got to cart this thing, (*referring to the oxygen tank*) you know. Now, you've got to realise, most of my activities are here.

*I: Yes. So you don't get out too much at all now?*

No. (Ian)

They were so much racist, so much (*referring to our earlier conversation in which he explained that he had been verbally mistreated by other residents*). All are old. When a person become old, they become very good person, they say, "Oh, I should leave a good legacy here," not bad things... Then, I thought, "Why they are doing like this to me? Why they are doing this thing to me?" Now, I used to help them.... I have so many plants here now, so many plants. Yeah. I give away for free.... I told the manager, "Why when I passing here, they are doing it, suddenly people are laughing?" ... She's a wonderful, excellent person. But these men are old. What she can do with them? (Paul)

Peter had perhaps the best adjustment to life in a retirement home. He was still active, and he seemed to feel that he had an important role to play:

Coming up here probably changed my, you know, outlook a little bit on, on living. But one of the things I, I used to like to do was, was sing.... And when I came up here, I got involved with a [seniors'] choir in [a centre].... I still belong to it, and we still sing ... with the students at [a] school. But that's, and then I have a choral group in, in here, which I manage and get the, put the music together for and lead them. And ... our practice was to go to different retirement homes ... and we get them involved with singing with us.

But ... every morning at breakfast, I get, I finish and get up and, and I walk around. And I stop at every table, and I say something to try to make them laugh. 'Cause I want them to laugh first thing in the morning, 'cause if you laugh in the morning, you'll laugh all day. And that's, that's my approach to living, is to make other people laugh.... And if somebody ... will come in ... and visit the place ... I'll go over and, and say, "Well, you've had the tour of the place?" And they say, "Yeah." "Do you like the place?"... "Well, you're going to have to meet somebody that lives here now." And they say, "Who, you?" And I say, "Yeah, me." So this is the type of thing I do.... Because I, I, I want to help people. I want to do things for people. And I'm limited now, we don't have a car. But anybody that moves in here, I'm the first person they know. And that's part of the way I try to do things.

Three of the men who moved into retirement residences mentioned making new friends there, as shown in these comments concerning female friends:

And I, I, as I said, I, I, I don't, I don't make real close friends. I have my one or two buddies. And I'm not a, it's the same in here. I'm friends with everybody. But I, I, there's one, [name deleted], who does the same things I do. She helps people that come in here and that sort of thing. And we have the same, the same way of doing things. So she's a friend. And there's nothing romantic or anything, as far as I'm concerned. It's, but she's a friend. And you need friends. Unfortunately, most of the men in here, I'm not, not, I'm more friendly with ... the marketing lady. (Peter)

I got a lady in here who's very nice ... and we've become – in fact, this was her suite. Her husband died. But she's my age group, 80-, she's 87, I think. But we sit together at meals here.... And if you want to talk to people, they're around.... But, no, there are one or two. (Ian)

However, the men generally spoke about contact with children and grandchildren as well as old friends, rather than new relationships with friends or acquaintances.

*Immigration* was a relevant topic for some of the men, often in the context of describing marriage and their earlier lives. Seven of the 12 men were born outside of Canada. For three of them, English was not their first language. The consequences of having family outside of Canada are suggested in this excerpt.

The, the saddest thing was my brother ... had been widowed – 10 years before, at least – and had remained unmarried most of that time. But then ... he had remarried a very pleasant woman, but neither [my wife] nor I had ever met her, right? And we said, well, he'd, because he'd been alone, he'd, he'd spent most Christmases with us in [this city], you see. And he was going to come. But then, when he got married, he, he and his wife decided they'd spend Christmas in [our home country], in their own house and have the family there – not unreasonably. But that, that meant that [my wife] never saw her, her new sister-in-law. (Christopher)

This shows that family members might not always get to know one other when they are living far apart, and the chance to do so is lost when someone dies. Advanced age and its complications may limit the ability to travel. Also, although Christopher had many supportive relationships in Canada, as well as abroad, not all widowers are as fortunate.

In Paul's case, it was unsafe for him to return to his home country. Even if he had been able to return, most of his family had died there because of war. He mentioned his wife's difficulty in adjusting to their new life in Canada, as well as his own challenges in dealing with his drastically changed circumstances:

But that last time, when she came to Canada – I brought her after when I came, because in my country there was a war. No one could come with their families. And then I sponsored them. It was good for a few years. But to come to a new culture, a new country, sometime people get a little bit shock.

*(Laughs)*

*I: Yes, yes. Culture shock.*

She was, it was a little bit difficult for her to accommodate here.

I was her husband. *(Laughs a bit)* We didn't fight. We were okay. I was happy to have her.... I was very happy in my job.... Then, *(laughs a bit)* those time is gone when I came here... I had such a happy life... I lived with my parents, with my family, children, just the happiest time. To live lowly, it is very difficult, especially in this building. No one is talking to me, no one. So this is very difficult.

Canada is known as a multicultural country that welcomes immigrants, including refugees, from many places. Along with the challenges of adapting to a new country and a new way of life, some first-generation immigrants also contend with the absence of family and friends from their home country, and the subsequent repercussions, as they grow older.

*Life changes* is a branch that specifically concerns responses to the fourth interview question, "How is your life different now, since your wife passed away, or how has it changed?" The men had reportedly experienced a wide range of life changes since their wives had died, including some already discussed: most commonly, the loss of the wives' presence and companionship, but also for some a loss of purpose or motivation, the loss of contact with friends, reduced contact with children or in-laws, aging, deteriorations in health, and changes of residence, activities, or habits. The loss of contact with friends is exemplified by Arthur's

comment that the people he had thought of as his friends had all “disappeared” as if running “from a sinking ship,” and by this quote:

*I: Since your wife passed away, how might your life be different now, or how, how did it change (pause), do you think?*

*(Pause) Well, I guess. (Long pause) Well, friends, I guess, is one place. You know, where a couple’s okay, but, so. We didn’t, I didn’t see as many people. (Ted)*

Reduced contact with children with or in-laws was a notable change for some:

Oh, my life is changed for the worst. *(Laughs a bit)* Yeah.... [M]y daughter and son *(pause)*, we live always together in the house.... When my children was adult, they used to work and come to the house every day. They, we were very happy, a happy life. And we went to see some places here in [the city].... [Now my] one daughter is living in one place. Another daughter is living somewhere else.... All are working. I mean, they don’t have time. *(Laughs a bit)* (Paul)

There was things we used to do together that I don’t do anymore. Like, we used to go to [our home province] probably five, six times a year, to visit, you know, visit her family. And, you know, I don’t go very often anymore... And I’ll spend a day or two out there, and then I leave while I’m still welcome. I don’t want to overstay my welcome. Yeah. So that’s different, definitely. Because with her around, instead of going for 2 days, I’d maybe go for a week, and go here, here, here, here, and here, you know, ‘cause she’s got her siblings, they’re all spread around within a 6-hour radius of [the city], but most of them even closer. (Bill)

As may be the case with retirement, these types of disconnection from members of a social support network means having fewer people to rely on in times of need.

While moving seemed to be stressful for the men, understandably, changes in activities or habits were reportedly less so, as in these examples:

I mean, actually, before she died, only about 3 years before she died, [my wife] learnt to use the computer and, and do email.... And so she kept up a voluminous correspondence with all the children...So I, I have to spend a bit more time writing to the kids than I used to. Though now, of course, ... they want to Skype me instead, which I find a terrible waste of time, but nonetheless, *(laughs)* I do that. (Christopher)

I learned how to – well, I could cook a little bit anyway. And that was never a big deal to me, you know. It seemed more important to [my wife] that she has, you know, a decent meal for you every day. (Ted)

*Personal changes* is the final branch supporting the *Changes and Challenges* subcategory. It mainly denotes responses to the fifth question, “How have you changed as a person, if at all, since your wife passed away?” The question of whether one has changed is, of course, highly subjective, and the answer reflects self-perception, which does not always match the views, or expectations, of an outsider. The question is very broad as well, and thus subject to interpretation.

Most of the men responded by saying that they had not changed since their wives had died. Some replied that they were different in terms of such things as aging or health, but not in who they were as a person. For example, Ian noted his feelings of loneliness and Joseph talked about his aging process, but they otherwise felt they had not changed.

In contrast, Arthur and Bill were uncertain, while Frank explained that he had definitely changed, due to his grief. Peter spoke about ongoing personal growth and the continuing influence of his wife. Here are two examples of these responses.

*I: Would you say that you're a different person in any way? Are you... like someone who knows you well, would they say that you're, you're... ?*  
I'll tell you, the truth of it is, I don't know myself. Because I turned around and I... Years of trying to protect my kids, but I came in [under an] ambulance, with a stiff upper lip. Now I don't know what's the truth and not the truth. But it must have been good, because they turned out good. (Arthur)

*I: Would you say that you're a different person in some ways now?*  
 Oh, yeah. I'm a changed person. Yeah. (Pause) Yeah. I'm carrying a big load of (pause) grieving baggage. And that makes me – I was a jolly person. And I, I always could crack a, a good joke, a good clean joke, and all that stuff, but, you know. And I could always have a good laugh on it. And she, and she'd up and nearly bent over laughing sometimes, you know. But since she died, I don't have anything to laugh about. (Frank)

It is interesting to note that while Arthur, Paul, and Frank all reportedly suffered from depression, Paul stated that he had not changed as a person, Frank affirmed that he had, and Arthur was uncertain. However, Paul's depression was of a longer duration, and it seemed to be associated with several events, rather than solely the loss of his wife. Arthur's depression also reportedly pre-dated his wife's death. Arthur's saying "Now I don't know what's the truth and not the truth" implies a fundamental sense of confusion, which suggests that he had changed, or was in the midst of a change process.

In the wake of bereavement and other major life changes, why had so many of the men declared that they had not changed personally? It is difficult to imagine that the loss of a spouse of several decades does not result in change at some level, a psychic scar that alters the widower in a fundamental way. Christopher remarked that his life had "totally changed" due to his cancer diagnosis, and at one point he said that he had "changed a lot" because of the "drastic change" in his health. Yet, at another point, he firmly insisted that he had not changed as a person: "[A]s I look at the first 12 months after she died, I didn't change, I hadn't changed, I don't think I'd changed in any respect at all, really. I personally didn't change." He went on to list the various ways in which he carried on with his life as before, keeping up with his work, religious duties, children, friends, exercise, and so on.

The answer may lie in a distinction between fundamental versus less significant change. Regarding fundamental change, Frank felt that his personality and mental health had undergone significant change, which he continued to experience daily. Arthur's reported uncertainty and the language he used to express it suggested marked change as well. His wife's death had left him in a vulnerable situation, due to his dependency on her. In contrast, when the other men were asked about personal change, they either said that they had not changed as a person, or they spoke of



changes in health, residence, small habits, or in feelings of loneliness. Some of their replies indicated the continuity in their lives, such as personal change that had begun earlier, and doing many of the same things, despite, in Joseph's case, perceived age-related change. Paul's depression is an example of the continuity of a negative aspect of his personal life, one that might understandably be a dominant feature of his life.

Christopher seemed to confuse or conflate personal change with life changes, such as changes in health or activities. The men often spoke about what they *did* rather than who they *were* when asked about personal change. It is possible that doing and being are difficult to tease apart when considering one's life. In the context of the interviews, I imagine that activities and circumstances came more readily to mind than thoughts of the inner self. Consideration of inner change (or continuity) could possibly require more time for reflection than the interviews afforded. Bill's comment when asked what he had been left with may illustrate this point: "You should've given me some of these questions ahead of time. I could've thought about it."

On the other hand, many of the men did describe who they were in other parts of their interviews, such as in the *description of him* branch of *Married Life*, saying they were gregarious or introverted and so on. So the men were, to varying degrees, capable of describing who they were separately from what they did. Also, Ian noted that his *life* had changed "from being a doer to a non-doer," which suggests that he distinguished between doing (referring to his life) and being (referring to himself).

The men may have found it easier or more natural to talk about how their lives had changed, or continuity versus change in terms of actions, what they did before compared to what they are doing now, than talking about how they may or may not have changed as a person. It is also possible that not enough time had elapsed for some of the men to recognise that personal

change had occurred; for example, Ian had been bereaved for 3 years. Also, Arthur and Ian had had to contend with serious health problems. They might not have had sufficient time or energy to contemplate whether they had changed as a result of their bereavement. Paul's avoidance of thinking about his wife's death, in combination with his other challenges, could perhaps have inhibited similar considerations on his part. Another possibility is that some of the men might not have undergone significant change, or perhaps not in the long-term, as may have been the case for Bill after 8 years as a widower. This notion would fit with the idea that bereavement affects people in very different ways.

However, in a general sense, the death of a man's spouse in later life is a profound experience, at times akin to the loss of a part of himself, as some of the widowers in this study explained. Christopher described it as a devastating experience that he was able to survive, but one never to be forgotten. In spite of this terrible loss, he felt that his faith was unshaken and he had not otherwise changed. It is possible that stoicism explains these perceptions. On the other hand, Christopher was fortunate to have many strong threads of continuity in his ongoing life, including close ties with family, friends, and colleagues, an active social life, physical mobility, and the ability to work as he had before. These aspects of his life, combined with the knowledge and experience he had gained over the course of seven decades, provide plausible reasons for his perceived lack of personal change in the aftermath of his wife's death. In contrast, Christopher cited his cancer diagnosis, which was a new challenge for him, as a source of significant change in his life.

In the case of later life marriages that are extremely close (such as Frank's) or feature heavy dependence on the spouse (as in Arthur's case), bereavement may result in significant perceived change on a personal level, or a sense of confusion about identity or self-image. Frank

and Arthur were both long-retired, and Arthur experienced the departure of long-time friends and the loss of his home and possessions. Depression was also a factor for both. In situations like theirs, or those that include other challenges, it is not surprising that personal change seems to result from the death of their spouses. However, in the majority of the cases in this study, there may have been enough threads of continuity to provide the balance and resiliency necessary for the men to feel they had not changed fundamentally.

The finding that most of the men believed they had not experienced fundamental personal change is evidence in support of the core category, because it suggests that amid significant change, even the loss of a spouse of many decades, the widower's sense of self tends to remain the same, and indeed this sense of self adds to the sense of stability and continuity in his ongoing life. The literature on self and identity supports the idea that we tend to perceive our sense of self as stable. For example, one explanation is that as long as our sense of self continues to function over time (e.g., in terms of meaning-making, attention, and working toward goals), even if the focus or content of meaning, attention, and goals changes over time, we continue to perceive the self as being essentially stable across time and situations (Oyserman, Elmore, & Smith, 2012).

This concludes the overview of the subcategories, branches, and sub-branches that support *Death, Loss, and Other Changes*, the second-level category that relates to change, specifically the wives' deaths and their aftermaths in the context of other losses and life changes and challenges. The interview excerpts revealed many common themes, but also a wealth of diversity in the men's experiences, reactions, and attitudes.

## CHAPTER 4. DISCUSSION

### Summary and Interpretation of the Findings

The core category of the theoretical model that resulted from this study, “Continuity in the Midst of Change,” combines the grounded and stabilising force of continuity with the challenge and uncertainty of change in the lives of the 12 men I interviewed. The diverse changes and challenges that all of the men had faced, most notably, but not solely, the death of their wives, took place within the context of continuity in the men’s lives.

The 12 men had all become widowers in later life, at age 60 to 90 years. Their decades-long marriages had unfolded in the context of numerous events and changes in their personal lives, families, social networks, and careers, as well as historical changes. This wealth of experience gave them the perspective from which they could review their lives as a whole and interpret them in the form of ongoing stories or narratives.

As I reflected on the men’s stories, I inferred underlying themes and ideas of importance to them, which I interpreted as the central threads in the tapestry of their lives. One major theme was continuity, which concerns the fundamental aspects of the men’s past and present lives: the lasting effects of their married lives, their relationships with family, friends, and neighbours, their community ties, and the work and other meaningful activities with which they were involved.

The men’s current lives and identities were greatly influenced by the relationships and endeavours that began in earlier adulthood. The men’s marriages lasted an average of 50 years. During this time, they experienced being husbands, fathers, and members of extended families. Their friendships, years of work, and habitual activities expanded their social networks and provided additional structure and meaning to their lives. Married life, relationships,

communities, work, and chosen activities helped instil a greater sense of identity, belonging, pride, and purpose. The stories the men told about their lives showed that these foundational bonds and endeavours continued to exert an influence on them.

After so many years of marriage, the death of the wives signified not only a profound loss and a sense of aloneness, but also discontinuity in the men's life stories. The loss of the wives could be told through the story of her death, but the necessity of continuing to go on after such a loss was a daunting prospect. However, the men realised that they had to go on, and they did, with the help of the remaining threads of continuity in their lives. The influence of the wives remained, and the bond itself continued, albeit in a different, yet meaningful, way.

Close relationships remained essential to the men's lives, especially those with children and grandchildren. Other family relationships and friendships were important too, as were communities and the continuation of meaningful activities. The widowers were all mature men with a well-established sense of self and identity and a system of beliefs and values. Thus, they had internal continuity, including psychological characteristics and skills, as well as threads of external continuity, for example, in the form of ongoing relationships and activities.

These sources of continuity, which provided a stabilising and sustaining force that contributed to resilience, existed amidst change. The elements of change in the men's lives included the losses they had experienced as well as the changes that come with age, health-related challenges, the fact of their own mortality, and relocation from the marital home. Changes from the past, such as retirement and immigration, still resonated for some. The death of their wives was the most emotionally profound and substantial change for most, and one that often led to other life changes. But no matter what their particular circumstances were, change was an unmistakable theme in the stories the men told. Therefore, the loss of their wives must

be considered within the context of these interrelated changes and challenges, while keeping in mind that both continuity and change were interwoven in the men's lives.

In the remainder of this section, I will compare the theoretical model with other models of bereavement, discuss the challenges and strengths particular to later life, noting how they relate to conjugal bereavement for older widowers, and comment on the complexity of spousal loss for widowers in later life.

### *Continuity amid Change – The Theoretical Model*

The core category of the theoretical model that I interpreted from the data gathered for this study, “Continuity in the Midst of Change,” combines the grounded and stabilising force of continuity with the challenge and uncertainty of change in the lives of the 12 men I interviewed. The diverse changes and challenges that all of the men had faced, most notably, but not solely, the death of their wives, took place within the context of continuity in the men's lives. The loss of the men's wives must be understood within the context of other losses, changes, and challenges, being mindful that continuity and change were interrelated aspects of the men's lives.

The concept of *continuing* – for example, carrying on with habitual pastimes, maintaining relationships, and keeping one's wife and her memory in one's life by continuing to do once-shared activities – when combined with the evocative phrase “when half of you leaves, the other half has to keep going” suggests that in the midst of change, life goes on and one must continue. Although to the newly bereaved it may seem like the world should stop, it does not, and one must adjust to a changed reality, gradually picking up the threads of life and carrying on. Thus, the dynamic of continuity in the midst of change is that despite major upheavals, significant parts of our lives and ourselves stay the same, and this continuity helps us to regain a degree of balance in the aftermath of a life-changing transition. So in the midst of spousal bereavement,

experienced within the context of related and coincidental changes and challenges, the widowers in this study had threads of continuity that helped them maintain a measure of stability in their ongoing lives, and contributed to their resilience in the wake of loss and the complexities of later life.

The continuity aspects of the model that resulted from this study are compatible with a continuity theory of normal aging (Atchley, 1989), which proposed that middle-aged and older adults try to sustain personal and contextual (or internal and external) continuity by recalling past experiences and continuing to use familiar strategies. Although change and loss pose threats to continuity, according to Atchley (1989), the durable nature of inner continuity (e.g., psychological characteristics and skills) and the association of current changes with successful adaptations to change in the past help buffer these threats. Links between the past and present are made through reminiscence and life review, the recollection and, to varying degrees, reinterpretation of past events (Butler, 1974; Parker, 1999).

Despite their losses and other changes and challenges, most of the men I interviewed were able to keep a sense of continuity in their lives. Spiritual beliefs and practices were maintained, connections with important family members and friends were often preserved, particularly with children and grandchildren, and even a sense of humour, a valuable buffer against stress, was kept intact. In addition, the wives' enduring influence was cited by some, as well as the many memories of married life.

The model of continuity in the midst of change features the coexistence of conjugal bereavement and its outcomes with a concurrent focus on other matters, such as family relationships and general functioning. The multiple concerns described by the men in this study are consistent with the multidimensional axes of the Two-Track Model of Bereavement (TTM;

Rubin, 1981, 1999; Rubin et al., 2009), outlined above. In addition to bereavement-related reactions and adjustments, the men were also, to varying degrees, preoccupied with concerns about health and physical abilities, symptoms of anxiety or depression, familial and other relationships, and the question of meaning and engagement with life. Thus, in this study of bereavement and its effects, it was necessary to also pay attention to a wide range of comorbid and coincidental phenomena. As Rubin and his colleagues observed, it is essential for researchers, theoreticians, and clinicians to consider the bereaved person's relationship with the deceased, but also their own functioning across a range of areas, as well as how aspects of both may interact (Rubin, 1981, 1999; Rubin et al., 2009). In the case of older widowers, the current study suggests that matters such as relocation, aging, awareness of mortality, and questions about the appropriateness of outliving one's spouse add even more layers of complexity to bereavement.

This study did not reveal the sort of overtly dynamic process entailed in the Dual Process Model of Coping with Bereavement (DPM; Stroebe & Schut, 1999, 2001a, 2001b, 2010), described above. The DPM details a regulatory process of oscillation in which the bereaved person shifts between confronting or avoiding the loss (loss-oriented coping), confronting or avoiding loss-related changes (restoration-oriented coping), and times spent engaging in distraction or attending to mundane matters (Stroebe & Schut, 2001a). The ability to smoothly transition between the different states, rather than becoming stuck in one, is thought to ease coping and help restore a sense of balance in the bereaved person's life (Stroebe & Schut, 2001a, 2002, 2010). The model resulting from this study is similar to the DPM in that it shows that the men were focused partly on the loss of their wives, but also on coping with related and concurrent changes and challenges, while still attending to ordinary, everyday concerns.



Preoccupation with grief could be an indication of becoming stuck in the loss-oriented dimension of bereavement. Recounting conversations filled with past memories of a deceased spouse and finding it difficult to function from day to day suggest this type of imbalance. On the other hand, matters such as severe health concerns and subsequent dependence on others can make it difficult to attend to grief more fully. This may also be the case when a widower consciously avoids thinking about his loss.

For older widowers, it is possible to imagine a dynamic of continuity amid change that involves a process of shifting between adapting to the loss and its repercussions on the one hand, and feeling attached to the past and the sense of who and what they have been for so long on the other. Attachment to the past and to enduring self-concepts can provide rootedness and stability, but it might also hold the widower back, obscuring the view of a future consisting of anything other than emptiness. Ideally, a widower becomes able to talk about his wife while feeling and expressing a range of emotions about her and their time together and what she meant to him. Rather than becoming mired in the past, he is able to make a new life for himself, while preserving a strong self-concept and also maintaining the bond with his wife.

The model of continuity in the midst of change, unlike the DPM and the TTM, is focused on widowers bereaved in their 60s and older, shedding light on the experiences of this growing population that has not yet been adequately studied. At the same time, although the model is most relevant to older widowed men, many of its components could be applied to older widows or conjugally bereaved younger adults, if they have concerns similar to those of the men in this study, such as significant health problems.

An interesting aspect of the model's two second-level categories, "Relationships, Work, and Activities" and "Death, Loss, and other Changes," featuring the core themes of continuity

and change, respectively, is how they correspond to the dual-process model of cognitive-experiential self-theory (CEST; Epstein, 1994, 2003). This model assumes that information processing involves two parallel, interacting systems, one that is rational, analytical, and fact based, and one that is experiential, intuitive, and emotionally driven. The men's narratives concerning their marriages, children, friends, work, and activities were largely factual accounts in which they "talked about" people and events, although emotions did colour these stories, particularly when the men discussed their wives. In contrast, the men's narratives regarding the death of their wives, the aftermath, and loss and change in a larger context were more emotionally charged, which was notable through the language they used and also their nonverbal behaviour; there were also factual, analytical aspects of these accounts, but the men often let their guard down and expressed the feelings and impressions associated with their experiences. Thus, the continuity-related first category corresponds to the rational system, while the change-related second category fits with the experiential system.

The current study and its resulting theoretical model are noteworthy because they offer a detailed picture of grief from the perspective of older widowed men. The study also reveals the multiple factors colouring their experience of conjugal bereavement, and shows the role that a variety of key factors such as health may play in older widowers' adjustment. So the study not only gives an in-depth account of grief from the men's point of view, it situates grief and its aftermath in the broader context of the many relationships, activities, and losses, changes, and challenges inherent in a long life. Meaning, identity, and other key themes in the model add a degree of depth and nuance to the men's accounts and the interpretations made from them.

### *The Challenges of Older Widowers*

In a broad sense, the topic of challenges relates to change, which in this study concerns the death, the aftermath, layers of loss, and changes in such matters as aging and health. The topic can also be framed in terms of challenges to continuity. Potential threats to internal continuity include the perception of negative personal change or uncertainty about this, loss of meaning or purpose, mental health issues, and physical health concerns to the extent that they alter perceptions of self. In addition to the loss of the relationship with the wives, which was the primary focus of this study, potential threats to external continuity include other relationships that are lost or become more distant, relocation to a new environment, and factors related to these circumstances (e.g., serious health concerns could lead to reduced mobility, which in turn might result in less frequent contact with close family and friends and a diminished capacity to engage in activities).

The results of this study indicate that there are a number of challenges that arise from or interact with spousal bereavement, several of which are more common in later life. The ones I will discuss here concern the depth and extent of the loss, aspects of the mode of death, and challenges to internal and external continuity, with an emphasis on the former. In the next section, I will focus on four interrelated themes that illustrate the strengths that are often found among older adults, including those who have experienced the death of a spouse: continuity, social support, resilience, and meaning.

*The depth and extent of the loss.* The men's reactions clearly reflected the depth of their loss. They described their initial reactions as intense and emotional, which is consistent with the idea that grieving is one of the most intense experiences of our lifetimes (Bowlby 1980/1998; Shear, 2012; Simon, 2012). The men expressed a range of strong feelings, and a few were either

tearful during the interview or reported having cried. They spoke candidly about the difficulties they had endured, and used evocative phrases to convey the depth of their emotional experiences, such as “the bottom fell out of the earth.” Their nonverbal communication conveyed unspoken feelings as well.

The emotions that were most commonly recollected are those at the heart of feeling bereft, such as *lonely*, *longing*, and *missing her*. These fall under the category of yearning, pining, or separation distress (Parkes, 2001b; Worden, 2009); while they are considered normal, they could possibly predict subsequent difficulties when high levels are present soon after bereavement (Parkes, 2001b), or when they persist (Worden, 2009). Both of these factors seemed to be evident in at least one of the men in this study, although the relatively short length of his bereavement might also explain his intense and enduring grief.

The men recounted not only their feelings, but also thoughts, efforts to contend with what had happened, and the circumstances they found themselves in, all situated within a larger narrative of loss. The experience of multiple losses as a particular stressor and potential contributor to complicated grief has been addressed in the literature (e.g., Bowlby, 1980/1998; Parkes, 2002; Rando, 1993). As we age, we are more likely to experience the death of people who were an integral part of our support systems; at the same time, losses such as those brought about by relocation and physical disability occur, and so the cumulative effect of loss can be overwhelming (Worden, 2009).

The challenges the men recounted included those noted in the literature as possible complicating factors for bereavement that tend to be more prevalent in later life, such as the interdependence of long-married couples, awareness of one’s own mortality, loneliness, and relocation (Worden, 2009), as well as health problems, impaired physical functioning, multiple

stressful events, and social isolation (Rando, 1993). This study supports the idea that the interaction of multiple stressors in later life may thus strain the coping abilities of conjugally bereaved elders (Moss, Moss, & Hansson, 2001).

The depth and extent of the loss are understandable, given the complexity of the spousal relationship (e.g., Viorst, 1986; Weiss, 2001), which was reflected in the men's narratives of married life. The wives were their husbands' romantic partners, companions, friends, confidants, givers and recipients of advice and support, and long-term partners in parenting, planning, and decision-making. The couples shared the joys and sorrows of life, and lived through the exciting and mundane experiences of many decades. For most of the widowers in this study, a lengthy retirement created the potential to develop closer relationships with their wives. Memories acquired over the course of these relationships create a wealth of associations that are easily triggered when the bereaved spouse encounters reminders, a process that might continue indefinitely (Rosenblatt, 1996).

*Mode of death.* Bereavement context in terms of the mode of death can pose specific challenges. In this study, the majority of the deaths were expected to some extent, and receiving the diagnosis reportedly had a strong impact. Previous studies have compared receiving the diagnosis to getting the news of a sudden, unexpected death because of the strength of the impact (Hogan, Morse, & Tazón, 1996). The diagnosis was seen as an important turning point by the men van den Hoonaard (2010) interviewed, although, unlike some of the men in this study, they tended to discuss it in practical rather than emotional terms.

The responses associated with anticipated versus unexpected deaths in this study support the idea that it can be difficult to discern the two, as both were linked to recollections of shock or disbelief and an emotional reaction to the death. This underscores the finding that expectation

does not always lead to perceived preparedness (Hebert, Dang, & Schulz, 2006; Hebert, Schulz, Copeland, & Arnold, 2009; Schulz, Boerner, Shear, Zhang, & Gitlin, 2006). In terms of perceived timeliness of the death, it has been suggested that for older widowers, “there may be no ‘on time’ loss of a wife, only degrees of ‘off time’” (Moore & Stratton, 2002, p. 89), because older men have an engrained expectation of dying before their wives, even after their wives become seriously ill. The assumption that it “should have been me instead of her” who died suggests, among other possibilities, that perceived untimeliness is a common experience. Van den Hoonaard (2010) found that the men she interviewed experienced widowhood as an unexpected event, even when their wives had died from a terminal illness. The expectation of predeceasing one’s spouse may partly explain feelings such as disbelief in the wake of both anticipated and sudden loss in this study. However, I would add that the larger circumstances of the death and its aftermath play a significant role in widowers’ perceived preparedness and subsequent adjustment, as they did in this study.

*Challenges to continuity.* Although continuity amidst change is the central theme of this study, discontinuity was nonetheless apparent among the men who faced not only grief, but challenges such as anxiety, depression, and isolation. While continuity can help widowers regain their bearings amid the changes and challenges of later life, discontinuities make the process of adjustment even more problematic. In this section, I will focus primarily on challenges to internal continuity (e.g., psychological aspects such as identity or self-concept and the factors that might influence them).

Health, including mental health concerns, was a preoccupation for half of the men in the current study, at a level that may have significantly altered their experience of bereavement and grief. When the effects of illness and disability become dominant features of daily life, or make it

difficult to look toward the future with any sense of hope, then processes such as transforming the relationship with one's deceased spouse could be marginalised. Hansson and Stroebe (2007) suggested that there could be a strong link between disability and the process of bereavement; for example, adjustment to the practical challenges imposed by functional limitation tends to involve a stronger focus on restoration-oriented rather than loss-oriented coping. While the authors focused on physical disability, the current study considered mental disability as well, finding that its effects may be similar.

Despite the seriousness of the physical health concerns of some of the men in this study, mental health seemed to be a better indicator of well-being in the aftermath of loss. This finding highlights the importance of considering both physical and mental functioning among older bereaved widowers, while being mindful of the possible impact of these factors on perceived meaning. Depression was reported by 25% of the participants in this study, and it was associated with a lack of meaning or purpose and coping difficulties to a certain extent, but also to other factors, namely, physical disability and multiple losses. An inability to find meaning in the death or in one's life afterwards can be a challenge. Bennett, Smith, and Hughes (2005) found that depressive feelings in widowers were linked to not coping well. Unlike this study, Bennett et al. (2005) were unable to attribute these feelings to factors other than conjugal bereavement. The association of a loss of meaning in life with severe physical disability and reduced mobility has been found in previous studies (e.g., Åberg, Sidenvall, Hepworth, O'Reilly, & Lithell, 2005). Resilience in later life is supported in part by health status and the ability to pursue meaningful activities and roles (Clark, Burbank, Greene, Owens, & Riebe, 2011). When this ability is frustrated by poor health, purpose and meaning may be diminished. Disability and associated

limitations can affect self-image as well, as suggested by the views of Atchley (2006) and the research of Åberg et al. (2005) concerning continuity of the self.

The men's reactions associated with *when half of you leaves* indicate a type of perceived diminishment, one that presents a challenge to internal continuity. A strong bond of attachment creates a blurring of personal boundaries, such that the person left behind by the loved one's departure feels as if a part of them has been removed. The survivor is no longer part of an intimate couple with a long, shared history, a companionable present, and an unpredictable future that was meant to be faced together. The need to suddenly "go it alone" is understandably daunting, perhaps especially amid the complexities of old age. It has been suggested that elders may be especially vulnerable to emotional loneliness, because of the deep attachment and interdependence that may result from a long-term marriage (Wolff & Wortman, 2006; Worden, 2009). Emotional loneliness, which stems from attachment to a specific person rather than the perceived integration in a social network (Hansson & Stroebe, 2007; Weiss, 1987), was clearly evident in this study, although a few of the men seemed to have networks that were limited to the extent that it could have also contributed to a sense of being alone and perhaps vulnerable. Having a "diminished sense of self" (i.e., feeling that part of oneself has died) is one of the complicated grief symptoms proposed by Prigerson and colleagues (2009). I would argue that when losing someone especially important, such as a beloved spouse after many decades of marriage, the sense of losing a part of oneself could more accurately indicate the depth of the loss, rather than a dysfunctional response. At the same time, this sort of depth might well be a risk factor for problematic grief, particularly in the presence of other complicating factors.

This study suggests that the difficulty to continue or keep on going after the wives' deaths can be profound, particularly when accompanied by factors such as advanced age,



physical infirmity, anxiety, or depression. It can be difficult to find a sense of meaning or purpose in life, or the motivation to carry on despite the change and loss associated with the death of a spouse after a long marriage. The issue of keeping on going after the wives' deaths is a nontrivial matter when considering the "widowhood effect," the phenomenon of increased mortality among recently bereaved spouses (Elwert & Christakis, 2008; Hart, Hole, Lawlor, Smith, & Lever, 2007; Moon, Kondo, Glymour, & Subramanian 2011; Stroebe, Schut, & Stroebe, 2007). Suicidal ideation occurs among a significant minority of bereaved spouses, for example, in association with emotional loneliness (Stroebe, Stroebe, & Abakoumkin, 2005) and complicated grief (Latham & Prigerson, 2004). In addition, suicide is a significant problem among older adults in general, particularly men (Cattell, 2000; Conwell, 2001; Loebel, 2005; Turvey et al., 2002). However, in this study, it is significant that despite the depth and extent of the loss, embedded within a larger narrative of losses, changes, and challenges, the men still emphasised the need to get used to the reality of their wives' passing and keep going. Even the most poignant phrases the men used about grief include the necessity of carrying on; for example, the phrase "when half of you leaves" contains the imperative that "the other half has to keep going." Thus, continuity, even at a basic level, was a driving force that was evident in the men's stories.

In this study, contrary to previous research (e.g., Bennett, 2007; van den Hoonaard, 2005, 2009), I did not find clear evidence for another challenge to internal continuity, namely, the negative impact of society's perceptions of traditional masculinity on older widowers' sense of identity or self-concept. I did find some parallels to the work of Bennett (2007), specifically, that the men in this study displayed a degree of stoicism, they at times seemed to downplay or deflect attention away from their descriptions or expressions of emotion, and much of the interview

content was emotional while the men's delivery was often calm, purposeful, and matter-of-fact. I also found indications of a struggle to find words to express emotional material, the use of figures of speech, uncharacteristic stuttering, and nonverbal communication such as sighing and breathing in sharply rather than discussing feelings directly, particularly when recounting their reactions. However, I interpreted such nonverbal communication and figures of speech as evidence for depth of feeling, despite its being indirect. Also, in many cases, the men did speak directly, and often eloquently, about their feelings and experiences.

In contrast to the findings of van den Hoonaard (2009), the widowers I interviewed did not seem to assert their masculinity as they did in her research (e.g., by interrupting, lecturing, calling themselves bachelors, and talking about the attention they received from women). Rather than highlighting their masculinity, the men I spoke with were open about having traditionally feminine skills, such as needlepoint, cooking, and other domestic pursuits, they discussed and expressed deep emotions in a variety of ways, and they were candid about their difficulties, including those that left them more vulnerable. There were also similarities among the widowers in this study and the widows interviewed by van den Hoonaard (2005): the man I interviewed in his home offered me coffee or tea, some of the men referred to family photographs, and several said they hoped the interview was useful or helpful, thanked me, and wished me success. The interview was evidently a chance for the men to provide assistance and to make a contribution that would help other people, which might be seen as a feminine endeavour – or perhaps a generative one, as I was a member of a younger generation.

So although widowhood in later life may arguably put men at risk of being perceived as powerless (Bennett, 2007) or having diminished masculinity (van den Hoonaard, 2009), I did not

have a clear impression of these perceived attributes, nor attempts to counteract them, among the men in this study.

### *Older widowers' strengths*

There are indeed significant challenges that may coincide with spousal bereavement, many of which are more prevalent in later life. However, this stage of the life course also shows evidence of marked strengths. In this section, I will discuss four interrelated topics that exemplify the strengths that tend to be found among older adults, including those who have experienced the death of a spouse: continuity, social support, resilience, and meaning.

*Continuity and support.* The continuity components of the theoretical model have already been reviewed at some length. In this section, I will focus on the clearest evidence for internal continuity in the model, and then discuss social support and social connections as a source of external continuity for the men in this study.

One of the core questions I asked the participants was whether they had changed as a person since their wives had died. Most believed they had not changed in terms of who they were as a person, while positive responses to the question were attributed to grief or to an ongoing process of personal growth. The interviews suggest that later life marriages that are especially close or feature a high level of dependence on the spouse may result in widowers perceiving significant personal change or a sense of confusion about identity or self-image. However, when the balance tips in favour of continuity, in light of the evidence that inner continuity tends to be durable (Atchley, 1989) and our sense of self tends to be perceived as stable (Oyserman, Elmore, & Smith, 2012), it is reasonable that older widowers might tend to see themselves as the same person they were before their bereavement, especially with the passage of time (the length of which will vary depending on the widower and his situation).

My best explanation for this perceived lack of personal change is that for most of the men I interviewed, there was enough continuity in their lives to provide the stability and resilience necessary for the men to feel they had not fundamentally changed, in spite of the significant life changes they had experienced. Although identity certainly can change over the course of the lifespan (e.g., Erikson, Erikson, & Kivnick, 1986), bereavement might not tend to generate fundamental change in an older person (except possibly under certain circumstances, such as trauma). By the time we reach our 60s, we almost certainly have experienced challenges to our assumptions about how much control we really have over our lives and how safe we truly are. We have begun to face our own mortality (as was evident among the men in this study) as we experience the loss of older relatives, as well as friends and acquaintances of varying ages. In this context, it is possible, but less likely, that a spouse's death will shatter our assumptive world, engender uncertainty about long-held belief systems, or lead to a changed sense of identity or self-image. But there are likely too many long threads of continuity in the lives of older adults to lead to such fundamental changes in most cases. The men's perceived lack of fundamental personal change is in fact supportive of the core category of the theoretical model of continuity in the midst of change.

Over the course of a long marriage, as shown in this study, the legacy of the wives (e.g., the influence they have had on their husbands) is well recognised and appreciated, and it serves as a comforting strand of continuity that helps build the bond that continues beyond death. While conjugal bereavement brings the loss of identity as a husband, the enduring bond itself may in some sense alleviate this loss, because the connection to the deceased wife is changed, but not severed. Older widowers also continue to fill other important roles, such as father and friend. Internal continuity may be thought of as an aspect of or contributor to resilience after spousal

bereavement. Mancini and Bonanno (2006) found a link between resilience after conjugal loss and internal continuity, noting that resilient individuals' perceived continuity of the self allows them to tackle the demands of their lives after loss or trauma in more flexible and adaptive ways.

It seems reasonable to assume that continuity provided a source of comfort and perceived stability for the men in this study. A clear example of how this can occur is through social support, which is an aspect of external continuity. For instance, continuity in the form of ongoing supportive relationships can help ease the pain of bereavement, while discontinuities such as a change of residence may involve additional loss and distress. Thus, this type of continuity can be seen as a resource that helped the men to endure the loss of their wives and the aftermath, in the midst of other concurrent and subsequent challenges.

The men in this study all cited sources of support, and they evidently were providers of support to others, most notably their adult children. Relationships that were not characterised as overtly supportive were also important, such as friendships associated with companionship or enjoyable activities. Simply spending time with these people or staying in contact with them, knowing and being known by them, enriched their lives while providing continuity. Close relationships provided an ongoing sense of meaning in the men's lives, even, to some extent, for those who struggled to find purpose or meaning; they still had children and grandchildren, without whom their lives would undoubtedly have felt greatly diminished. Resilience after spousal bereavement has been positively associated with both social support (Bennett, 2010; Bonanno, 2004; Clark, Burbank, Greene, Owens, & Riebe, 2011; Dutton & Zisook, 2005; Moore & Stratton, 2002) and social involvement with others (Bennett, 2010; Dutton & Zisook, 2005; Moore & Stratton, 2002), including providing support to those in need (Dutton & Zisook, 2005).

The stories the men told me indicated that they greatly valued their contact with those who were closest to them, such as children and grandchildren. They also spoke of good friends as being important to them. These indications are consistent with the finding that age is associated with a propensity to focus on social contacts that are most likely to be emotionally rewarding (Carstensen, 1992), which adds to perceived satisfaction and meaning in life. The emotional stability associated with age (Carstensen et al., 2011; Charles, 2011; McAdams & Olson, 2010; Roberts & Mroczek, 2008) enhances the ability to nurture valued relationships. These tendencies are significant strengths for conjugally bereaved older adults. Although I did not assess emotional stability in this study, it was my impression that most of the men seemed to have this attribute, although a minority struggled with mental health issues; however, they too felt drawn to their families and stayed in touch with them as much as they could. Relationships with children and grandchildren also gave the men an opportunity to engage in the process of generativity, of caring for and guiding the next generations (Erikson, 1963).

The relationship the men had with their wives was of primary importance in this study, and bereavement did not end this connection. The men were able to continue the bond with their wives in various ways. One way was acknowledging her enduring influence by living in a manner that she would approve of, and another was continuing activities they had done together as a couple, even simple things like preparing the same foods. Other indications of continuing bonds in this study include the felt presence of the deceased wives, as well as dreams, countless memories, and treasured photographs that carry emotional significance. The bereaved can learn to keep their deceased loved ones in their lives by keeping their legacy alive (Attig, 2000). A legacy in this sense includes intangible gifts, such as behaviours, beliefs, and attitudes that have an enduring influence (Attig, 2000). The men's stories of their bereavement experiences

exemplified this type of legacy, and that described by Buckle and Fleming (2011): those aspects of the bereaved person that are forever altered for having been touched by the loved one's existence, the type of legacy that changes the bereaved person and transforms their bond with the deceased into an ongoing, enriching attachment.

*Resilience and meaning.* Continuity and ongoing relationships contributed to a sense of meaning in the men's lives, and continuity, social support, and meaning enhanced resilience in the aftermath of spousal bereavement.

Despite bereavement and numerous additional changes and adversities the men had faced, several expressed a sense of gratitude about the positive aspects of their lives, professed an enduring sense of purpose and meaning in their lives, described their good fortune, or noted the helpful support they had received. Having this sort of positive perspective can help counterbalance the negative aspects of life, which in turn makes it seem more worthwhile to carry on. Resilience appears to be the norm for the majority of older widows and widowers in the long term, although there is a marked degree of diversity as well (Hansson & Stroebe, 2007; Wolff & Wortman, 2006).

The majority of the men in this study seemed to be drawing on strengths attributed to resilience in order to carry on with their lives. Resilience after spousal bereavement in later life has been positively associated with extraversion (Bonanno et al., 2002), adaptability in terms of developing practical skills (Bennett, 2010; Dutton & Zisook, 2005), making sense of the loss, (Dutton & Zisook, 2005), finding life meaningful (Bennett, 2010), and having a strong and integrated system of beliefs and values (Dutton & Zisook, 2005; Moore & Stratton, 2002). Resilient widowers are able to experience positive emotions (Dutton & Zisook, 2005; Folkman, 2001) and to find life and activities positive and meaningful (Bennett, 2010; Clark et al., 2011;

Moore & Stratton, 2002). These features were found, to varying extents, among the participants of the current study. Although the older men reported that their aging had been associated with diminished capabilities, there was some evidence of the ability of older adults to capitalise on strengths while compensating for limitations (Baltes & Baltes, 1990), which allows them to continue meaningful activities despite the challenges that come with advancing age (Baltes & Baltes, 1990). An example of this can be found in the story of the widower I interviewed who found himself doing less and less each year, but his mind was still sharp, and he still socialised with close friends and enjoyed activities like going to the racetrack occasionally. The ability to continue meaningful activities despite the challenges of later life adds to resilience.

The men in this study had accumulated a wealth of experience with which they could consider their lives as a unified whole, like a tapestry, and thus make sense of them as an ongoing story with many interwoven threads. This type of broad perspective contributes to both meaning and resilience. The course of personality development in later life can lead to a greater sense of balance and integration in older adults (Erikson, 1963; Erikson, Erikson, & Kivnick, 1986). Making sense of one's life is an aspect of meaning or purpose, which contributes to ego integrity and psychological well-being. The process of life review that many elders engage in can help integrate the past and present into a more unified narrative (Butler, 1974). So while age has been viewed as a risk factor for problematic grief due to various factors that tend to be correlated with older age, as noted above (Belsky, 1999; Bowlby, 1980/1998; Parkes, 2002; Rando, 1993; Stroebe, Hansson, Stroebe, & Schut, 2001; Stroebe & Schut, 2001a, 2001c; Worden, 2009), age is also associated with resilience and successful accommodation to the challenges of later life.

The participants were able to recount stories of the death and its aftermath, linking these experiences with the past and present. The creation of this type of coherent narrative of loss is



purported to help the bereaved spouse to integrate the experience of the loss into their lives as a meaningful whole (Neimeyer, 1999, 2001). Despite the disruption and discontinuity that such a profound loss engenders, the remaining threads of continuity in the men's lives, such as important relationships, allowed them to connect the past with the present and look toward a foreseeable future. The process of meaning reconstruction that follows a significant loss can be facilitated by acknowledging the ties to the deceased spouse that continue to exist, for example, in the memories and imaginations of the bereaved (Neimeyer, 2001; Rynearson, 1987). This was evident in the men's accounts in this study, for the most part.

In conclusion, continuity in the midst of change, even a change as immense as the death of a spouse after a decades-long marriage, provides stability, meaning, and the resources that contribute to resilience after bereavement. The widowers were all mature men with a well-established sense of self and identity and a system of beliefs and values. Close relationships remained essential to their lives, especially those with children and grandchildren. Other family relationships and friendships were important too, as were communities and the continuation of meaningful activities. Thus, they had both internal continuity and threads of external continuity that endured beyond bereavement. Although older widowers may at times feel overwhelmed by the depth and extent of their losses, the enormity of their challenges, or the inadequacy of their resources, continuity can help them piece together a story that foretells a possible future beyond bereavement.

### *Complexity*

The theoretical model reflects the complexity of spousal bereavement for men in later life. A glance at Figure 1 (p. 84) and Table 4 (p. 93), for instance, immediately shows the breadth of the men's experiences that relate to their bereavement as understood within the context of the

diverse losses and numerous changes and challenges they had faced and continued to deal with. The men's experiences of the death of their wives and the aftermath, which was the intended focus of this study, are complex in and of themselves, but as I discovered, these experiences were just one aspect of the bigger picture. This makes perfect sense, because we do not go through the transitions of our lives by ourselves, and we make sense of our lives as a whole by fitting disparate experiences together into a story that contains them all, with ourselves as the central character. Although some parts of the bereavement experience are private and cannot be adequately communicated to other people or fully comprehended by them, we do live in a social world, one in which we play different roles. Therefore, while the men's narratives of bereavement were highly personal and often emotional, and they were filled with references to other people and to preoccupations and events in their lives that were not necessarily related to the loss of their spouses. However, these seemingly dissimilar pieces all fit together and were interrelated, as they all affected the individual widowers experiencing them.

Previous models of bereavement that acknowledge complexity, such as the Two-Track Model of Bereavement (TTM; (Rubin, 1981, 1999; Rubin et al., 2009) and the Dual Process Model of Coping with Bereavement (DPM; Stroebe & Schut, 1999, 2001a, 2001b, 2010), have emphasised the importance of attending to the multiple facets of the experience and how they may interact. The theoretical model of this study does the same, while focusing on the experiences of men bereaved in their 60s and older, who are a population that has been inadequately studied. The model reflects the complexity of older widowers' experiences, and while it recognises the diversity found among these men, it indicates many fundamental themes that transcend individual differences, including the importance of continuity, relationships, and

meaning. The model highlights not only losses, changes, and challenges, but also the strengths older widowers can summon up to meet them.

In summary, the complexity of being a widower in later life is indicated by the multiple aspects of bereavement interacting with the various strengths and challenges associated with aging, as they unfold in the lives of individual widowers, who each have their unique sets of circumstances. While acknowledging and respecting this diversity, the theoretical model of continuity in the midst of change provides a roadmap to a deeper understanding of the experiences of older adult widowers.

### Implications

The purpose of this study was to shed light on how bereavement affects the lives of men who are widowed in their 60s and older. In-depth interviews with 12 men from diverse backgrounds allowed a revealing glimpse into the complexity of this broad topic, while identifying important themes set within a comprehensive theoretical structure that provides a guide to older widowers' experiences. The theoretical model explains how continuity and change are integral and interrelated themes that directly relate to resilience, meaning, support, and other key aspects of the experiences of older widowed men. The scope of the study is noteworthy, providing a detailed focus on grief, as well as a view of the widowers' lives before and after conjugal loss, which uncovered multiple factors that contributed to the experience of bereavement in older adult men, speaking from the vantage point of 2 to 10 years after the death of their wives. The inclusion of theory and research on adaptation and change in later life presented additional ways to better understand the experiences of older widowers.

The results suggest a number of clinical implications. Mental health emerged as an important factor in this study. The concurrence of bereavement in later life with psychological

disorders or symptoms, including depression, anxiety, and trauma, may be more frequent than clinicians suspect. These problems should be addressed in order to minimise suffering and allow widowers to deal with their loss. Conditions such as major depressive disorder should be treated to the extent that they would for other groups of people, that is, those who are younger and/or not bereaved. The opportunity to speak with a trained professional in a confidential setting would be beneficial for some.

Although emotional disclosure does not necessarily facilitate adjustment to bereavement, perhaps because it does not effectively relieve loneliness for the deceased spouse, it has been positively linked to well-being (Stroebe, Schut, & Stroebe, 2005). Bereavement interventions that feature talking and disclosing emotions may be helpful for those with complicated grief who feel the need for help (Stroebe, Stroebe, Schut, Zech, & van den Bout, 2002), as long as they are comfortable with this option.

Bereaved elders who are not dealing with serious psychological problems might also benefit from speaking with someone knowledgeable about conjugal loss in later life, if they so desire, as they may not have many opportunities to do so. The findings of this study suggest that older adult widowers are able to express their feelings and otherwise communicate the depth of their loss in a confidential context, and some may feel comfortable talking in a group setting (see, e.g., the focus group in this study). Retirement and nursing homes should consider offering residents opportunities to speak about their own experiences, either in a group or privately with someone who has received training. On the other hand, it is important to keep in mind that not all older widowers want to talk about their bereavement experiences, but they may well benefit from the company of other people, and the chance to take part in activities that are meaningful to them.

There are suggested strategies to preserve and enhance continuity and resiliency after loss or trauma. Atchley (1989) proposed that recalling past experiences and using successful strategies from the past could help sustain personal and contextual continuity. Linking the past to the present may be facilitated by reminiscence and life review, which can be done either with or without professional guidance (Butler, 1974; Parker, 1999). Mancini and Bonanno (2006) suggested that clinicians help promote a sense of continuity by encouraging participation in regular activities and the fulfillment of social roles, and helping identify the continuous aspects of a bereaved person's life.

Older adult widowers and widows would likely benefit from knowing more about bereavement in later life, so that they may find ways to make their experiences more comprehensible and perhaps less difficult to endure. Topics such as continuity, resiliency, and meaning and purpose can be easily understood if explained in plain language. The focus group experience indicated that there is a desire for this information.

Health care providers should be aware that serious physical conditions might complicate bereavement among older adults, making it more difficult not only to function in their daily lives, but also to attend to the loss and its consequences. The stress of bereavement can have an impact on health as well. It is important to have an awareness of the potential outcomes of grief, which may last for years in the case of conjugal loss in later life.

#### Limitations and Future Research

A key limitation of the study is its nonrepresentative sample, as noted above. Selection bias was also a factor. The widowers that knew about the study and met the participation criteria, but either chose to not participate or the intermediaries decided to forgo asking them, could have been different in some respects. Nevertheless, the participants varied substantially in terms of

physical and mental health and their reported experience of bereavement, which led to marked variability in the findings. In spite of the variation, which is consistent with the diversity found among older adults and bereaved individuals, there were also enough commonalities to provide the basis for categorising the interview data into common themes, with the end result being a unified theoretical model that helps explain the complex phenomenon in question.

Another limitation is the retrospective nature of the interview data, based on the participants' memories of their past experiences. The length of time between the death and the interview ranged from 2 to 10 years, with an average of 5.3 years. This type of data could be subject to bias, such as a loss of recall, but also bias due to post-loss mental health issues, including depression and anger (Carr, Wortman, & Wolff, 2006). In addition, it is likely impossible to accurately assess the quality of a marital relationship after a spouse has died, based on the surviving spouse's account, which may be biased in the direction of idealisation, or subject to other inaccuracies (Wolff & Wortman, 2006).

While depression was reported by three of the men in this study, which might have distorted their memories and bereavement accounts, these men nonetheless provided detailed recollections of their lives, reflective of accurate accounts rather than clouded ones. As such, depression does not appear to have undermined the accuracy of the men's reminiscences. Similarly, the two men who reported having memory problems (one of whom also reported depression) gave quite detailed accounts of their experiences, while being candid about the details they could not remember, which suggests that their recollections were not unduly biased by inaccurate recall.

The perception of serious physical health problems may have influenced the accounts of roughly half of the men interviewed. It is difficult to separate bereavement and health concerns

among older adults, as the occurrence of both tends to increase with age. It is possible that the mental and physical health issues in this study might not have been present if the sample had consisted exclusively of widowers living independently in the community, which may have led to a more generalisable model concerning the experiences of widowed men in later life. However, as men and women live increasingly longer lives, the accompanying physical and psychological challenges will inevitably increase as well. This implies that the sample in this study likely reflects a reasonably accurate picture of older adulthood. The findings also serve the purpose of highlighting the potential challenges of older adult widowers, including those who have concurrent disabilities, no matter where they reside.

None of the wives of the widowers in this study experienced having dementia, which may have influenced the men's caregiving experiences. As noted in the literature review, many qualitative bereavement studies have included participants whose loved ones died after having Alzheimer's disease, which understandably tends to place a particular type of stress on caregivers, or at least carries specific challenges, such as the patient's loss of memory and personality changes, that other illnesses often do not.

There was considerable variance in the participants' ages, which ranged from 68 to 94 years, with an average of 83 years. The men were thus clearly not all from the same cohort, which may have biased the results. On the other hand, the resulting variation among the participants was informative, despite this study's small sample size.

The post-bereavement time variance in this study was 2 to 10 years. It might have been more desirable to limit the maximum time to 5 years, for example, in order to make the sample more similar. However, that would have precluded five of the participants, including one of the most articulate. Given the difficulty I had in finding participants, I think that 10 years was a

reasonable limit, especially in light of the 2-year minimum, which excluded widowers who may have been experiencing a more acute form of grief.

Another feature that might have been useful is giving the participants more time to reflect on the questions, although this could have biased the results, for instance, by giving the men time to come up with answers they believed would be more acceptable. However, some qualitative studies on bereavement use a follow-up interview, or repeated interviews, such as Rowling (1999), who conducted repeated interviews over the course of 2 years. Of course, these designs require additional time and ongoing cooperation.

A comparison of older adult widowers with other groups would be valuable. These widowers could be compared with older adult widows and/or older adult married men, in an effort to distinguish between the effects of bereavement and factors such as gender or the challenges associated with age, including declining health.

This study has provided a wealth of information that could be explored further in future research. A more in-depth focus on specific questions or aspects of the study would be beneficial. Examples include a stronger focus on support (received and given) before and after bereavement, and the impact of concurrent stressors such as health concerns or relocation on the bereavement experience of older adult widowers. A focus on which types of support are seen as helpful could have practical benefits for clinicians and service providers. The presence and effects of stressors that tend to increase with age could likewise be assessed in order to provide information that might result in revisions to policies or practices in health care and assisted living. Links between these concerns and bereavement, as well as the overall experience of bereaved nursing and retirement home residents in general, warrant further examination.



An avenue worth pursuing in the future would be a closer examination of personal change in the wake of widowhood in later life, and the factors that contribute to and result from such perceived change, versus internal (and external) continuity. A focus on the topic of change in a broad sense, perhaps with repeated interviews and/or quantitative measures, might result in more definitive findings. The topic of meaning or purpose would be interesting to explore further in the context of bereavement in later life, ideally with the multidisciplinary approach that I used in this study.

Future research featuring quantitative methods, or a combination of quantitative and qualitative methodologies, could help to further explore how bereavement is affected in particular by internal and external continuity, resilience, meaning, and the concurrence of physical or psychological disorders with bereavement.

At the same time, I believe that studies featuring the same grounded theory methodology that I used, or similar methodologies, may result in additional roadmaps to a unified understanding of bereavement among older widowed men. The rich and intense experiences of these men deserve further investigation.

## CHAPTER 5. PERSONAL REFLECTIONS

In accordance with the importance of reflexivity in this type of research, I will discuss some of my reflections about the process of completing this study.

### *Research Challenges*

Conducting this study was a rewarding experience for me, but it certainly posed a number of challenges. For example, my clinical practicum experiences provided me with useful knowledge and skills that I was able to draw upon when interviewing. However, I had to be mindful that the interviews were not therapy sessions. Each interview was different, and I had to try to find the right approach each time. In addition to managing the interviews, I had to deal with practical challenges and adapt to a methodology that was new to me.

### *My Role in the Research*

The idea that investigators and participants influence each other is widely accepted in psychological research. However, this reciprocal dynamic has been most strongly emphasised by qualitative researchers, who must openly acknowledge their role in the research, not as an objective observer, but as an active participant. The other participants, notably interviewees, both impact and are impacted by the researcher. One way to clarify this statement is by the exercise of imagining that someone else had taken my place. It is clear to me that the interviews in this study would have been conducted differently in some respects, and thus would have yielded results that differed to some degree if this had occurred. It is far more difficult to pinpoint the precise ways in which the dynamics worked in this study. I attempted to elicit the men's reactions to the interviews by asking directly, and through observation. I also recorded and reflected upon my own actions and reactions after each interview. In this way, I was able to at least glimpse some aspects of the interpersonal dynamics at work in this study.

Rowling (1999) wrote about the impact of bereavement research on researchers. She argued that the “emotionality and meaning of the research for all those involved,” including the researcher, have been overlooked (p. 168). She reasoned that while protection of participants is a necessary and commendable priority, the emotional effects of conducting qualitative research with bereaved people should not be ignored, because the impact of the “emotional interchange” between researcher and participant may be significant. Rowling discussed the dilemma of finding a balance between immersion in the emotional aspects of the work versus maintaining distance in order to manage emotional reactions – or, ideally, finding a middle ground of “empathic distance”: being a professional doing meaningful work, but also a compassionate and caring human being. In order to debrief and maintain equilibrium, Rowling recommended keeping a journal to record emotional reactions, maintaining a self-reflective stance, and seeking supervision.

My own debriefing included writing research notes and talking to close friends about my experiences and feelings (without disclosing confidential information). I could easily relate to Rowling’s emotional reactions in the course of interviewing bereaved participants, for example, resonating with participants’ grief and feeling anxious when faced with their (real or perceived) vulnerabilities, namely, trauma or recent bereavement (in her research) and physical or emotional frailty (in my work).

It is difficult to describe how the balancing act of empathic distance is carried out. I can say that in order to build rapport and gain trust, I used minimal encouragements and my tone of voice to convey empathy and nonjudgmental listening. I suppose I maintained a degree of distance by behaving in a professional, respectful manner and refraining from personal disclosures. But how do you keep a professional distance while drying the tears of your

interviewee? And how can you remain unmoved? You cannot, and it is useless to try, in my opinion. In that situation, I changed the subject by commenting on the interviewee's family photographs, to let him regain his composure. In another interview, I noted the good memories the interviewee had mentioned when he seemed sad about the misfortune his family had experienced. I could perhaps have gently pushed a bit further at times. But I tried to always balance the goal of discovering the men's real experiences with the imperative to minimise risk of harm, and I placed more weight on the latter. I did this for the sake of the participants, but perhaps partly for my own protection as well, to avoid exposure to overly emotional responses.

In terms of maintaining a degree of distance, I think it was probably helpful that the context of my mother's death (at age 75) differed from those of the wives in this study. I suspect that strong similarities would have resonated with me, thus making it more difficult to be objective. In my perception, it also helped that the wives' deaths had occurred at least 2 years ago; if they had happened more recently, I think I would have felt greater anxiety and a more pressing need to protect the men from possible harm. Also, the deaths were not characterised by the untimely nature of the death of a child or a younger spouse, and thus the likelihood of trauma from perceived untimeliness was lessened. However, I did not anticipate a complete absence of trauma or complicated grief, and this supposition was borne out; for example, one of the participants still seemed to be immersed in grief, and three others commented on having been surprised that their wives had predeceased them. All of the men displayed some degree of emotion, however subtle, and this had an effect on me.

I could identify with the men to some extent, because we had all experienced bereavement (although they did not know this about me). But I felt apart from them in that I was female, I had never been married, and I had not experienced the death of a partner. The closest I

had come to their experience of conjugal bereavement was observing my mother's widowhood after 35 years of marriage. Here are two interview excerpts on the issue of my unmarried state.

I suppose I could sit down and make a list of them for you, but, but you can probably imagine many of them (*referring to the ways in which his life had changed*). Or maybe you can't, if you're not married. (Christopher)

*I: Are there any other ways it has changed?*

Other ways?

*I: That your life has changed?*

Oh yes.

*I: Mm hm. Could you tell me a bit about that?*

(Pause) Well, you haven't, you're not married, are you? (*Laughs*)

*I: No. No. Okay. It's a huge change, is it not? Yeah.*

A tremendous change, yes. (Matthew)

Both men offered an explanation of what it was like to be married for a long time. But in these responses, I detected the notion that I could not truly understand what it was like to lose a spouse after a long marriage, and that is correct. In particular, I could not know what it was really like for each of the men I interviewed. None of us can fully grasp the experience of another. I could not completely understand, though I could use the interviews to reach an approximate understanding of the more general experience of conjugal bereavement in later life. Still, there was an undeniable gap between their experience and mine.

There are possible advantages to being apart from the group you are interviewing, perhaps particularly when the substance of the interviews is emotionally charged. It reduces the likelihood of over-identifying with the participants' experiences, which in turn could lead to incorrect assumptions, as well as personal discomfort. It may allow the interviewee to talk more freely, in the knowledge that s/he will not disturb you by describing painful events that you have also experienced. The participant may also see the interviewer as more objective and less opinionated than someone who is more similar to them.

I suspect that one of the most important factors in this type of research is the dynamic between researcher and participant. There is likely no perfect match, and what probably matters the most is that the researcher brings a reasonable combination of professionalism, empathy, caring, and respect to their work.

Dwyer and Buckle (2009) wrote about occupying the “space between” being an insider, someone who has had the same experience as their participants, and being an outsider, someone who has not. Through reading the literature, participating in interviews, and recognising the ways in which we are similar to and different from our interviewees, qualitative researchers discover that we are not entirely on the inside or the outside. We cannot reach a complete understanding, but we can get close to it, and in the process, we are moved. Buckle commented that, for her, the impacts included “a deeper appreciation of the present moment and ... a heightened sense of vulnerability” (Dwyer & Buckle, 2009, p. 61), which resonates with me.

The feelings I experienced as a result of the interviews included a deep sense of sadness during and after Frank’s interview. It is my perception that the emotional impact of the interviews was muted to some extent by the hectic schedule I maintained, traveling to and from interviews, transcribing the interviews as soon as I could, and then immersing myself in the analyses. I also relocated to another province at the end of the month in which I conducted six interviews in two different cities.

After some reflection, I believe that the feelings generated by the interviews merged with the emotions I had already accumulated from my own grief experiences, especially the loss of a close family member in early 2003, emotions that have been and are activated to some extent whenever I read about, or hear about, death and grief. In 2005, the heart attack of a close relative, close to my own age, shook me up and made me aware once again of my own mortality. Since

my reading course on the psychology of bereavement in the fall and winter of 2003-2004, I have been exposing myself to books and articles concerning loss and grief. It has become a part of my life. Collectively, these experiences have undoubtedly affected me. However, because of the merging of various influences, I find it very difficult to separate the portion of emotional impact I can attribute to the interviews from all the rest.

One effect I have noticed is a greater feeling of vulnerability, concerning myself and those close to me, especially my partner. Another is that while reading about bereavement, I often become lost in thought, an experience I had as I was thinking about and writing this paragraph and the previous one, to the point that I could not properly attend to what my partner was saying during the day, and I walked out of the house with my backpack hanging open. So there has definitely been an effect.

It should be mentioned that the interviews had a mixture of light and dark moments. Some were predominantly positive, leaving me feeling in a good mood, on balance. These included the interviews with Christopher, Peter, Joseph, and Bill. Peter, for example, gave the impression of a man with a great deal of energy, who was able to joke about himself, while at the same time acknowledging the pain he had experienced, and reflecting thoughtfully on his life as a whole. Although it may sound odd, it was a pleasure speaking with him.

### *Practical Challenges*

Aside from the issue of differences in background and experience, there were a number of practical challenges in the course of completing this study. As mentioned in the procedures section, finding participants was not an easy task, by any means. At times, I could imagine myself in the role of a telemarketer. I believe it would probably have been easier to conduct the study if I had been associated with one or more of the sorts of places in which I sought

participants, such as seniors' centres and bereavement support groups. I consider myself fortunate to have had the cooperation I did receive, as I had been a complete stranger to my contacts before I called or emailed them. In addition to being an outsider in this sense, I was sampling from a relatively small population: older adult widowers who had not remarried and were willing to discuss personal matters.

Once I was fortunate enough to have participants for the focus group and the interviews, with the exception of two participants, I had to rely on intermediaries to initially explain the study's purpose and procedures, hoping that their explanations would be accurate. I also hoped, but could not know, that they would not exert undue, if subtle, pressure on the widowers to participate (e.g., by telling them that I was a student who badly needed their help). I handled that possibility by being attentive to any signs of reticence on the part of the interviewees, in the belief that even if they were completely willing to talk to me, they might be experiencing fatigue, physical pain, or other sources of strain, including emotional and mental stress.

Another practical concern was being heard and understood by the participants; some appeared to have hearing difficulties, which is not uncommon among older men, and English was a second language for three of the men as well. At times, it was difficult for me to understand the speech of one focus group member and the two participants with Parkinson's disease, which put a bit of a strain on talking with these men. Background noise was a problem in three of the interviews, although it seemed to be a minor irritant; the reasons were construction and a noisy air conditioning system.

And lastly, fatigue was an occasional concern. Travel fatigue was a factor with the six interviews held within a short timeframe. Even one set of two interviews in a single day would have been challenging, due to the emotional and mental demands of the interviewing process. I



found the interviews similar in some ways to psychotherapy, although without the use of interventions such as trying to deepen the interviewee's emotions, for example. However, the process was similar in that I had to listen and observe as closely as possible, being open and empathetic, but also keeping a note of the time and the interviewee's reactions and level of tolerance. It was dissimilar in that I had to stick fairly closely to the questions and try to cover them all. Interviewing was rewarding, but also mentally and emotionally strenuous.

### *Embracing the Methodology*

This was my first qualitative study. Despite theoretical memoing, at times I found it difficult to maintain an ongoing awareness of my theoretical biases. For example, when the phrase "continuity amid change" occurred to me as a potential key theme, I quickly linked it to continuity theory, which I recalled (rather hazily) from my masters level psychogerontology studies, and later to the concept of continuing bonds that I had previously discovered when writing about bereavement theory and research for a reading course with my future doctoral supervisor, Dr. Fleming. It was only sometime after I had written about these links to my committee that it dawned on me: I had forgotten that the primary methodological goal of this study was to develop my own theory that was rooted in the findings, rather than linking the findings to pre-existing concepts and theories. Without being consciously aware of it, I had automatically found links to previous research, and then eagerly noted these down, without reflecting, until sometime later, on the imperative to note biases that arise, in order to bracket and set them aside.

Despite my openness to the method and my enthusiasm to try it, I still found it challenging to avoid falling back into old habits of thought. I found it doubly difficult because of my prior exposure to the subjects that sparked my interest in this study, aging and bereavement.

It was impossible to ignore or somehow unlearn what I already knew about these subjects at the outset. However, I have concluded that despite the challenges, a person trained in quantitative methods can greatly benefit from using the methodology of the current study. One of the strengths of grounded theory is the goal of striving to be aware of personal and theoretical biases that will exist, no matter which method is used.

Learning to grasp the full meaning of the methodology and embrace it took time and effort. On a superficial level, it immediately made sense to me: hermeneutics meant interpreting a text (Rennie, 1998, 2000, 2007), which is what one does when analysing interview transcripts. However, to apply the full hermeneutic, as described by David Rennie and explained to me by Dr. Reid, the researcher must go beyond the text, and dig deeper to interpret the underlying themes and their meanings, and to imagine how they all fit together, finally arriving at a model that extends beyond the exact data. The ultimate goal is to provide an explanation, one that rings true to the intended audience – in this case, older widowed men, and those who wish to better understand them.

In order to create this gestalt, I had to think beyond the hierarchy of categories, looking more deeply into their meanings and interconnections. I was gradually persuaded to set the data aside, trusting that I knew it well, and just write about the men's experiences: their marriages and other vital human connections and endeavours, the event of spousal bereavement in their lives, the aftermath of this great upheaval, and how they carried on afterwards, highlighting the unifying theme of continuity amid change in their past, present, and future lives and selves. This was the necessary step that enabled me to see the men's experiences as a whole, albeit with notable variations on the main themes and acknowledgment of diversity.

It was tempting to stick with the data at hand and thus honour the stories the men had entrusted me with. However, that would have left me with a descriptive theoretical model rather than an interpretive, explanatory model. While descriptions are useful, the effort of interpretation and explanation can result in a more comprehensive and vivid picture of a complex phenomenon like spousal loss among older men. Without applying this type of methodology, there is a risk of assembling a set of interesting ideas with no unifying theme, other than one or more evocative phrases quoted from the participants. On the other hand, a unified explanation derived from interpretation of the data could overgeneralise and oversimplify the subject matter. However, I have found it possible to preserve the nuances of a diverse set of themes and experiences, while hopefully staying true to the interview data, and at the same time leaving room to imagine the wider population of older widowers.

In terms of personal biases, I have my favourite theories and concepts. I also have personal life experiences, as all researchers do. For example, I believe that part of the reason for my interest in focusing on widowed men was that I have five brothers. In addition, my interests in gerontology and bereavement can be traced in part to personal experience, including the advanced age of my parents when I was born, and the deaths of important family members. In fact, the description of one of the wives' deaths paralleled the death of someone to whom I was close. I noticed this connection on the day after the interview, while reflecting on reasons for the interview's lasting impact on me.

The interviews were emotionally moving. They provided the richest type of data that I have ever worked with, and I feel privileged to have had the chance to speak with these men. The downside of the interviews was feeling drawn into the sadness and grief expressed by the men, nonverbally as well as in words. In some instances, it was difficult to transition back into the

normal, everyday world after saying thank you and goodbye. Recording my thoughts after the interviews helped me to process my feelings, but it did not erase them. Time lessened the impact of the interviews to some extent, but not entirely. However, the predominant feeling I am left with is one of genuine gratitude for the men's generosity in sharing their stories and reflections with me.

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APPENDICES

Appendix A. Focus Group Notice<sup>5</sup>**Focus Group Participants Needed**

I am a student in the Clinical Psychology program at York University in Toronto. I am currently living in Kitchener. My Ph.D. thesis study concerns the bereavement and grief experiences of widowed men aged 65 and older.

I want to make sure I am being sensitive enough and asking the right kinds of questions in the study I am planning. So before I begin my interviews, I would like to assemble a focus group of 4 or 5 men aged 60 or older who have been widowed for at least 2 years. The purpose is for me to explain the study to the group, and to ask for their opinions on the study and what changes, if any, should be made.

The focus group members will not have to talk about their own personal experiences, nor reveal any personal information at all. I am only interested in their opinions.

The focus group session will take approximately 1 hour. Whatever personal information is volunteered will be kept strictly confidential. If you are interested in participating, or if you would like more information, please call **Karen Kipper** at **[telephone number]**, or send an email to **[email address]**.

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<sup>5</sup> The original font style (Verdana) and size (20 for the title and 16 for the body of the text) have been altered here.

Appendix B. Interview Notice<sup>6</sup>**Interviews with Widowed Men**

I am a Ph.D. student in Clinical Psychology at York University in Toronto. I am currently living in Kitchener. For my thesis study, I am interviewing widowed men who are aged 65 and older. The purpose is to learn what it has been like to experience the loss of their spouse and how they have dealt with being a widower. I hope that my work will shed light on this topic, as there has not been much research in this area, especially with men.

I am focusing on widowed men aged 65+ whose wives have died no less than 2 years ago and no more than 10 years ago, who are not currently remarried or cohabiting.

I will do one private interview of approximately 60-90 minutes with each person. I will first ask a few background questions (age, etc.), and then some more general questions related to grief. All information will be kept strictly confidential.

If you are interested in participating, or if you would like more information, please call Karen Kipper at **[telephone number]**, or send an email to **[email address]**.

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<sup>6</sup> The original font style (Verdana) and size (20 for the title and 16 for the body of the text) have been altered here.

## Appendix C. Demographic Information

Age: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Cultural background/ethnicity: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_

Occupation (former, if retired): \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Years of marriage: \_\_\_\_\_

Number and years of previous marriages: \_\_\_\_\_

Number of children and their ages: \_\_\_\_\_

\_\_\_\_\_

Date of spouse's death: \_\_\_\_\_ How long ago was this? \_\_\_\_\_

Cause of spouse's death: \_\_\_\_\_