Young Widows' Grief: A Descriptive Study of Personal and Contextual Factors Associated with Conjugal Loss

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YOUNG WIDOWS’ GRIEF: A DESCRIPTIVE STUDY OF PERSONAL AND CONTEXTUAL FACTORS ASSOCIATED WITH CONJUGAL LOSS

by

C. Ryan Dunn

A dissertation submitted in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Family and Human Development

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UTAH STATE UNIVERSITY
Logan, Utah

2015
ABSTRACT

Young Widows’ Grief: A Descriptive Study of Personal and Contextual Factors Associated with Conjugal Loss

by

C. Ryan Dunn, Doctor of Philosophy

Utah State University, 2015

Major Professors: Kathleen W. Piercy, PhD and Maria C. Norton, PhD
Family, Consumer, and Human Development

Grief is a natural condition resulting from human loss. It is also a variable process through which aggrieved persons pass and by which a variety of personal and contextual factors can impact the both the breadth and depth. Concordantly, grief resulting from the loss of a spouse is one of the most difficult psychological and social issues through which someone can pass. Among the variety of factors associated with conjugal grief, loss that occurs outside the normative pattern of life events has received little attention. This study of 232 young widows between the ages of 18 and 55 was conducted to ascertain the factors that were associated with off-time conjugal grief. To do this, the present study utilized data from an online survey that was disseminated largely via social network sites and grief support groups across the United States. Framed in Erikson’s lifespan theory of psychosocial development and utilizing the dual process model of coping with bereavement, this study included an assessment of the impact of quality of life, coping orientation, adulthood psychosocial balance, and sociodemographic factors on grief in
young widowhood. Using correlational and regression analyses, many of these variables were individually associated with young widows’ levels of grief. Through additional multiple regression analyses conducted in pursuit of a more parsimonious model, when accounting for the other variables several predictors were no longer found to provide unique contribution to participant grief. In the final model, when simultaneously adjusting for all study variables retained from earlier analyses, higher levels of loss-oriented coping were found to be associated with higher levels of grief. Additionally, higher levels of intimacy balance and participants’ longer length of relationship with their deceased spouse were both associated with lower levels of grief. These findings highlight similarities found in past research regarding conjugal loss, including loss at younger ages, grief work, and the buffering effect of intimacy balance on levels of grief. Contrary to past research on grief, the relative importance of factors such as identity balance, religiosity, and social support were limited in their net influence on grief in young widowhood. These findings can inform future research and intervention regarding the context and impact of conjugal loss that occurs at younger ages.

(228 pages)
PUBLIC ABSTRACT

Young Widows’ Grief: A Descriptive Study of Personal and Contextual Factors Associated with Conjugal Loss

by

C. Ryan Dunn, Doctor of Philosophy

Grief is a natural condition resulting from the death of a loved one, and one of the most grievous experiences a person can endure is the death of a spouse. Grief can be influenced by relationships, the setting, and the survivor’s personal and social resources. Despite many studies on widowhood, young widows have received little attention. This study of 232 young widows between the ages of 18 and 55 in their first 5 years following loss was done to better describe the personal and social factors associated with younger widows’ grief. An online survey was distributed through social network sites and online grief support groups nationwide. Questions were designed to capture participants’ individual differences as well as qualities held in common, psychological wellbeing and social outlets, and the degree at which coping was stuck in the past or looking forward to “what now?” I found that those widows who were more commonly focused on the past and their loss, reported higher levels of grief. Additionally, those widows who had been in their relationships longer, and had stronger bonds with their late husbands had lower levels of grief. However, widows’ sense of “who they are,” religiosity, and social support were limited in their ultimate influence on participants’ grief. These findings highlighted similarities as well as differences when compared to past widowhood research.
DEDICATION

To my wife Jenelle who, while I pursued this degree, largely cared for our family on her own. Her endurance was as inspiring as her friendship was sustaining, her homemaking as supportive as her regard, and her hugs and kisses as nourishing as her long-day-punctuating cuisine. To my children: Ashlee, Grant, Laynie, Maggie, and Charley, who though they missed me in my busy-ness, provided ongoing support, diversion, and the intermittent comic relief I needed for those late nocturnal second- (and sometimes third-) winds after tucking them in at night. To my parents, the original “Drs. Dunn” in our family, who provided a track for me to run on while exemplifying the strides. That track has always been teeming with example and resource, patience and purpose. And finally, to those young women who gave so freely of their precious time and painful personal experiences to help me extend a greater understanding of why those sacrifices are such a gift.
ACKNOWLEDGMENTS

I would first like to thank the committees, organizations, boards, and individuals who helped me with the recruitment process during my dissertation project. Without them, I could not have gained access to the many young widows who participated in this study. Specifically, those who started and maintain social support networks expanding online grief and empathic outreach to young widows and widowers both near and far. I will forever credit them with serving as wonderful experts and thoughtful participants.

I would like to express vast appreciation to the members of my doctoral committee, Drs. Kathy Piercy, Maria Norton, Kay Bradford, David Robinson, and Terry Peak for their valued contributions to my project and my research. Kathy fanned the early creative graduate student embers, inspiring me for a most rigorous long haul. She and Maria worked “tirelessly” (though I am sure I exhausted them both on several occasions) to help the evolution of this project to its final and most useful state. And, to the entire committee, for their marvelous insights, recommendations, cautions, and mentorship as it has assisted me in both my graduate work as well as this most onerously wonderful task.

I would further like to recognize my extensive network of both family and friends for their support throughout the entire dissertation process. Even when I hated being asked about the progress of my process, I appreciated that many “someone’s” were actually counting down the days along with me.

I am also indebted to the many academic colleagues and faculty members who shared their time and expertise. Roxane Pfister, who unstintingly “held my hand” through the statistical analyses, even as she was managing a number of family matters herself. Dr.
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C. Ryan Dunn
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Death is both a common, yet often times complicated life event. Each year, approximately 2.5 million deaths occur in the United States (Murphy, Xu, & Kochanek, 2013). The grief response to the corporeal and symbolic loss, or bereavement, is an individually unique yet socially experienced phenomenon. That response to loss can impact and be impacted by not only the emotions of survivors, but the dynamic processes of their subsequent coping and bio-psychosocial-spiritual development (Jakoby, 2012). During the period closely following loss when the aggrieved individual’s mourning becomes public, social support and social pressures emerge in concert with a variety of interpersonal resources and connections are tasked, and can change (Genevro, Marshall, & Miller, 2004). According to Ha (2008), romantic partners are among the best sources of support in the event of loss. Consequently, one of the most intrapersonally variable and challenging experience is the loss of a spouse. Depending on the unique personal, contextual, and sociodemographic variables related to the widow or widower’s loss, this someday-normative and expectable life event of conjugal bereavement may be extraordinarily challenging. One variation that is central in this study is the impact of timing, or off-timing of the loss, for those who lose a spouse at a younger than expected age.

According to a recent census on marital events (Elliott & Simmons, 2011), there are approximately 14 million widows and widowers in the United States. At any stage, individuals who have lost a spouse endure periods of elevated grief and diminished
access to resources (Ball, 1976; Boelen & Prigerson, 2007; Carr, Sonnega, Nesse, & House, 2014; Pearlin, 2010; Sanders, 1980; Shuchter & Zisook, 1993; Stroebe & Schut, 1999). Widowhood may also include prolonged and/or pervasive stress, depression, loss of appetite and sleep, fear, feelings of guilt, emptiness, hopelessness, social anxiety, and a continuous sense of exhaustion (Buckley et al., 2009; DiGiulio, 1992; Stroebe & Stroebe, 1987). Because most widowhood occurs in later life, the period of grief and loneliness may be shorter in duration even when persistent to the end of life. However, within the population of individuals widowed in the U.S. each year, 15.9% lose their spouse before the age of 55 (Elliott & Simmons, 2011). Grief, though a normative experience throughout the life cycle, when persistent and elevated has been associated with a number of potentially detrimental physical health-related and psychological outcomes (Ball, 1976; Boelen & Prigerson, 2007; Shuchter & Zisook, 1993).

Widows and widowers, when compared to their still-married counterparts, more commonly experience periods of diminished means associated with wellbeing. These include reduced socioeconomic status (Wilmoth & Koso, 2002), and fewer social (DiGiulio, 1992) and emotional (van Baarsen, 2002) resources. Long-term grief, including extensive episodes bereft of those resources that can help bolster coping with grief and uphold quality of life, is potentially more deleterious to the bio-psychosocial-spiritual development and wellbeing of the individual (Prigerson et al., 1995, 2009). Therefore, it is important to understand the various ways in which aggrieved individuals adapt, adjust to, and cope with grief amid the variety of challenges experienced during the period of adaptation to widowhood.
Background

For the last century, grief and bereavement have been topics of study and intervention in a wide variety of fields. Amidst the various findings, an array of personal characteristics and contexts has been connected with normative as well as nonnormative adaptation following loss. Of the varied specificities surrounding death and loss, conjugal bereavement has been characterized as one of the most complex, challenging, and stressful life events (Hardy, Concato, & Gill, 2004; Holmes & Rahe, 1967). Widows and widowers grieve not only for the loss of their spouse, but also for the loss of their identity as a married individual, goals, futures that were jointly held with the deceased (e.g., raising children, growing old, or retiring together), and other factors associated with the adjustments in widowed status and unfamiliar roles and responsibilities (Gass-Sternas, 1994; Lopata, 1979; McEwen & Stellar, 1993; Worden & Silverman, 1993).

The outcomes associated with the death of a spouse range from health complications (Hughes & Waite, 2009) and financial stresses (Sevak, Weir, & Willis, 2003), to loneliness, emotional distress (Hahn, Cichy, Small, & Almeida, 2014; Lund & Caserta, 2002; Stroebe & Stroebe, 1987), and changes in the survivor’s identity (Lopata, 1975; Thomas, DiGiulio, & Sheehan, 1988). As each challenge lingers, the effects are potentially exacerbated during younger widow or widower’s adaptations while mourning and parenting, providing, and adjusting to the new roles or individuality associated with being single anew (Gass-Sternas, 1994; McEwen & Stellar, 1993). Additionally, these same challenges may be complicated by other contextual factors such as a loss that transpires off-time (i.e., occurring much earlier than socially expected) triggering
unplanned or unprepared-for changes in home, work, and social life. This earlier-than-expected loss may also precipitate unanswered queries such as, “will I, or should I marry again?” for which it is difficult to prepare socially, emotionally, spiritually, and so forth. Individual ability to adapt develops over time and through experience as normative psychosocial balance and maturation provide moorings upon which the individual can rely in times of duress (cf. Erikson & Erikson, 1998).

Widowhood at a younger-than-expected age, is a nonnormative life event (Elder, Johnson, & Crosnoe, 2003). It is commonly an experience that is unanticipated and therefore unprepared-for individually as well as socially. It carries potentially greater or more complex biological, psychosocial, and spiritual challenges than loss of a spouse at older ages. Young widowhood is commonly associated with little opportunity to prepare, fewer similar aged exemplars, and limited or support for which there is no “script” which comes from surrounding family and other social groups (DiGiulio, 1992). Thus, premature spousal loss may precipitate a challenging and perhaps prolonged process of grief, mourning, adjustment, and adaptation for the survivor.

Younger widows have been found to handle the changes associated with conjugal grief differently from older widows in a variety of domains including work, sociality, and parenting due to limited personal and social resources as well as few if any role models (Ball, 1976; Carr & Utz, 2001; DiGiulio, 1992; Parkes, 1975). These differences are compounded when the timing of death (anticipated versus sudden) and length of widowhood are taken into account (Ball, 1976; Lehman, Wortman, & Williams, 1987; Shaefter & Moos, 2001). Younger widows are also often raising children, managing finances, and commonly handling unfamiliar life pressures long before they envisioned

Though much less likely to occur than late life widowhood, the relative frequency of young widowhood is noteworthy (Elliott & Simmons, 2011). Happenings such as suicide, automobile accidents, and events such as military conflict and acts of terrorism are events that disproportionately impact a younger population. Though loss at younger ages has been associated with complicated adjustment or prolonged grief, there is a paucity of research characterizing the interconnections among the bio-psychosocial-spiritual factors associated with off-time conjugal bereavement.

**Theoretical Framework**

Off-time widowhood and the associated grief can impact and be impacted by coping processes, personally held identity, roles, and relationships of the individual as well as the depth and breadth of their grief. One central aim of this study was to assess the predictors of grief in young widowhood. Using the Texas Revised Inventory on Grief (TRIG; Faschingbauer, Zisook, & DeVaul, 1987), the present study included a self-assessment of past emotions and present grief.

A myriad of past grief-based research and theory has focused on the expectation that individuals will “work” their way through grief in an attempt to return to what was previously held as normal (Freud, 1917; Lindemann, 1944; Walter, 1996). However, more recent theorizing on mechanisms for coping with grief has emphasized a dual process model (DPM) of coping that oscillates back-and-forth along a continuum between two complimentary coping orientations: loss-oriented (LO) coping, which is a
process of attending to the more commonly early, yet recurring cares of bereavement or
grief work associated directly with the loss itself, and restoration-oriented (RO) coping,
which incorporates attending to the challenges associated with the new changes,
unfamiliar roles, and evolving identity (Caserta & Lund, 2007; Stroebe & Schut, 1999,
2010). Whereas grief is the multifactorial reaction to loss, loss-oriented coping is the
psychosocial and behavioral process of dealing with the stressors associated with the loss
of a spouse, and restoration-oriented coping is the process of coping with the stressors
associated with having (needing, wanting) to change because of that loss. Hence, using
the Inventory of Daily Widowed Living (IDWL; Caserta & Lund, 2007) the present study
included an assessment of the oscillation and balance between both DPM coping
orientations as they pertain to the adaptation and adjustment of young widows to their
grief- and adjustment-based stressors.

Beyond coping, the psychological and social resources of the individual are also
 germane to the progression of grief and bereavement. Erik Erikson (1963) captured the
process of lifespan development associated with these resources in a theory of stages,
which he referred to as crises. Individual development proceeds as biological
development and social interactions produce opportunities for balance amidst competing
psychosocial crises. Because young widows may be compelled to cope and adapt to the
new roles, responsibilities, relationships, and social crises that occur with or impact off-
time conjugal bereavement, the current study is framed by Erikson’s (1963) psychosocial
theory. Utilizing the early-to-middle adulthood stages of Erikson’s theory; ego identity
versus role confusion (identity), intimacy versus isolation (intimacy), and generativity
versus stagnation (generativity), this study assessed and compared psychosocial balance
(Domino & Affonso, 1990) of young widows with reference to their levels of grief. These stages were chosen due to the developmental challenges inherent in becoming widowed at a time (age 18-55) when identity, intimacy, and generativity balance could be consummately and fundamentally affected. These coping and developmental measures were used in conjunction with a self-assessment of recent quality of life and additional measures tapping the individual characteristics (e.g., length of widowhood, age, and financial status) and contextual differences (e.g., parenting, labor force participation, religiosity and spirituality, and social support) among widowed participants.

**Problem Statement & Research Questions**

The challenge of losing a spouse at a younger-than-expected age may demand a reassessment or reconfiguration of personal means and social resources in the midst of prospective crises. These predicaments may include a higher likelihood of financial hardships (Bishop & Cain, 2003; Sevak et al., 2003; Weaver, 2010), emotional upheaval, health concerns (Ball, 1976), and other adjustments (DiGiulio, 1992; Marks & Lambert, 1998). The compounding and complexity of individual stressors such as being alone (Lopata, 1979), changes in role of the provider (Utz, 2006), declining physical health and self-care (Williams, 2004), and self-imposed or social isolation (Johnson & Wu, 2002) can encumber the adaptation and grief in young widowhood (DiGiulio, 1992).

The postloss adjustments in young widows’ individual, contextual, and social milieus may also be associated with variations in the normative course of adaptation. Developmentally speaking, off-time conjugal bereavement then becomes a crises-based disruption of one’s identity, intimacy, and generativity balance as changes in
relationships and the once established roles must be reevaluated (Shaeffer & Moos, 2001). Those changes include reconsidering previously held assumptions (e.g., having found one’s soul mate or that the world is a safe place), adjustments to plans for “the future” (Ossefort, 2000), and the transitions in identity from a coupled “we” to the single “I” (DiGiulio, 1992; Haase & Johnston, 2012; Lopata, 1979).

Research on younger widows is far less common and less robust than studies focused on widowhood at older ages. The literature that has included younger widows is characterized by either small samples (e.g., Haase & Johnston, 2012; Moore, 2014) or adults of all ages (e.g., Ball, 1976; Carnelley, Wortman, Bolger, & Burke, 2006), or has adopted narrow foci on specific issues such as remarriage (e.g., Moorman, Booth, & Fingerman, 2006), or economic programs and policy (e.g., Korb, 2010; Munnell, 2004). In light of these facts there remains a dearth of bereavement literature targeting the interaction among the experiences of younger widows and their processes of adaptation and adjustment relative to grief. To this end, this study was designed to expand present knowledge of young widowhood.

The present study was also designed incorporating a cross-sectional analysis of widowed (up to 5 years postloss) younger women (18-55 years old at the time of their loss) and their adjustment following loss. Special attention was paid to personal and contextual factors that may influence the grief or adjustment processes. Using a quantitative design, this study generated a descriptive analysis of these personal and social variables as they were associated with young widowed grief. This approach included analyses of participant quality of life, coping orientation, and psychosocial balance as well as sociodemographic characteristics. These measures were based on
developmental and coping theory, as well as the extant literature focusing on these constructs with regard to widowhood and grief.

This study addressed the following research questions:

1. What is the relationship between quality of life, coping orientation, psychosocial balance, and grief in young widowhood?
   a. Hypothesis #1: Higher levels of quality of life will be associated with lower levels of grief.
   b. Hypothesis #2: Restoration-oriented coping will be associated with lower levels of grief.
   c. Hypothesis #3: Higher levels of psychosocial balance (identity, intimacy, and generativity) will be associated with lower levels of grief.

2. What is the relationship between the sociodemographic characteristics of young widows and grief?
   a. Hypothesis #4: Older age will be associated with lower levels of grief.
   b. Hypothesis #5: Longer length of relationship will be associated with lower levels of grief.
   c. Hypothesis #6: Greater length of widowhood will be associated with lower levels of grief.
   d. Hypothesis #7: Raising no dependent children during widowhood will be associated with lower levels of grief.
   e. Hypothesis #8: Reporting a lesser level of financial worry will be associated with lower levels of grief.
f. Hypothesis #9: Experiencing no transition in labor force participation will be associated with lower levels of grief.

g. Hypothesis #10: Higher levels of religiosity will be associated with lower levels of grief.

h. Hypothesis #11: Greater levels of social support will be associated with lower levels of grief.

3. How much unique variance in grief experienced by young widows is explained by each of the following individual predictor: coping orientation, quality of life, psychosocial balance, the sociodemographic characteristics of age, length of relationship, marriage, and widowhood, raising dependent children, financial worries, changes in labor force participation, religiosity, and social support?

**Definitions**

Balance, Dual Process Model of Coping (DPM) – within the dynamic processes of coping with grief (Stroebe & Schut, 1999), balance is “the degree to which the bereaved person engages in equal amounts of both processes” (loss-oriented and restoration-oriented coping; Caserta & Lund, 2007, p. 6).

Balance, Psychosocial Development – between the dueling developmental outcomes associated with Erikson’s psychosocial crises, the individual successfully attains to “favorable ratios” of both as opposed to complete alignment with one or the other (1963, p. 274). With reference to the stage-based crises, Erikson and Erickson (1998) added that, “The vs. stands for ‘versus,’ and yet also, in the light of their complementarity, for something like ‘vice versa’” (p. 55). Additionally, Marcia (1976)
described this balance as “a creative tension between polar alternatives, with an emphasis on the more positive pole” (p. 6). For purposes of the current study, higher scores on the Inventory of Psychosocial Balance (IPB) subscales will represent better balance.

Bereavement – the universal response to death (American Psychiatric Association, 2013). The experience of losing a loved one by death (Stroebe, Stroebe, & Schut, 2003). The state of an individual following a loss by death (Genevro et al., 2004).

Coping – a process characterized by change in which individuals “manage stressful events and conditions” (Lazarus & Folkman, 1984, p.150). Coping with the loss of a spouse may be active (i.e., grief work) or passive (i.e., letting go or giving up) and the individual may concurrently look forward to what’s next or back to what happened. Stoebe & Schut (1999) asserted that coping occurs in a dual process within which the individual alternates or “oscillates” (a dynamic process) between an orientation focused on the loss or toward restoration, establishing new roles and identity.

Generativity – A process that occurs in middle-adulthood development during which the individual becomes concerned with contributing to future generations and leaving a positive legacy (Erikson, 1950, 1963). These contributions are commonly produced in parenting, labor force participation, or other propagative activities.

Grief – the bio-psychosocial-spiritual manifestation of the intense physical pain, yearning, despair, anger, guilt, and distress response to the death of a spouse (Worden, 2009). It is the personal, primarily emotional or affective (Stroebe, Hansson, Stroebe, & Schut, 2001a) “reaction to a loss” (DeSpelder, College, & Strickland, 2009).

Identity (ego identity) – a person’s definition of themselves, their values, and the roles they carry out, and “feeling of being at home” in that self (Erikson, 1968, p. 165).
Identity includes the directions individuals want their lives to go, a “sense of knowing where one is going” (Erickson, 1968, p. 165).

Intimacy – is found in both sexual union as well as close friendships. In either regard, intimacy balance is developed out from well-established identity and is protective of the true self. “[In] enduring romantic relationships is determined by the level of commitment and positive affective, cognitive, and physical closeness one experiences with a partner in a reciprocal (although not necessarily symmetrical) relationship” (Moss & Schwebel, 1993, p. 33).

Mourning – is both a personal and social process of adaptation or adjustment that occurs following the loss of a spouse. The mourning has also been considered in part, coping (Stroebe & Schut, 1999), or tasks to be completed by the bereaved (Worden, 2009).

Oscillation – Dual process Model of Coping (DPM) – “The alternation between loss- and restoration-oriented coping, the process of juxtaposition of confrontation and avoidance of different stressors associated with bereavement” (Stroebe & Schut, 1999, p. 215). For the purposes of this study, oscillation will be calculated by subtracting participant restoration-orientation scores from loss-orientation scores.

Quality of life – for the purpose of this study, quality of life will be a single-item self-reported measure of the relative contentment each participant is feeling considering the period including the state of physical, social, and emotional life during the one week prior to participation in the study.

Religiosity – for the purposes of this study, religiosity will be measured as affiliation to a specific religious organization and extrinsic participation in religious rites
or ceremony, attendance, social activities, or other religious-based events, and personal religious activity, commitment, or motivation.

“Snowball effect,” sample recruitment – this is the method by which participants tell others who are eligible about the study and invite them to participate in it. If the primary method of recruitment, this cycle continues until a sufficient number of widows have volunteered to participate.

Social support – the perceived control of social situations in which an individual can (even if they do not) call upon and receive support from her social network (Bath, 2009; Bisconti, Bergeman, & Boker, 2006; Frye, 2012). For the purposes of this study, social support will be measured in terms of both sources and availability of support.

Spirituality – for the purpose of this study, spirituality will be measured as personal importance given to and (or) pursuit of a greater power or subscribe to a moral code or belief system, or who maintain belief in an afterlife (Lugo, 2012; Zinnbauer et al., 1997) without affiliation to or participation in an organized religion or denomination.

Young widow – Earlier researches such as Parkes (1975) defined a young widow as a woman under the age of 45 who had suffered the loss of a spouse. In the last 40 years, with older average ages for first marriages and children bearing, longer lifespans, and for this study to assess the role generativity plays (including parenting depending children) in the process of adjustment, the present research will extend that age group to include young widows ages 18-55.
CHAPTER II
REVIEW OF THE LITERATURE

Widows and Widowhood

According to a recent census, there are 14 million widows and widowers in the United States (U.S. Census Bureau, 2012; Table 57). The majority of widows and widowers identify as White (81%), followed by African-American (10.7%), and Latino (8%). The leading causes of death likely to contribute to conjugal bereavement have been heart disease, cancer, respiratory disease, stroke, unintentional injuries, and Alzheimer’s disease (Murphy et al., 2013). Across the United States, life expectancy is 81 years for women and 76 years for men ($M = 78.7$ years), and 11 of the 14 million widowed individuals in the recent U.S. Census were women (U.S. Census Bureau, 2012; Table 57). In married couples, females are approximately three times as likely to be widowed when compared to males (U.S. Census Bureau, 2012), as women live longer and by social precedent more often marry men that are older. As acclaimed author Joyce Carol Oates (2011) penned following the death of her husband, “[W]hen you sign on to be a wife, you are signing on to being a widow one day, possibly,” (p. 103). Though the occurrence of widowhood is more commonly a feature of older age, 15.9% of widowed persons in the U.S. were younger than 55; 0.5% were 15-24 years old, 1.6% were 25-34, 3.6% were 35-44, and 10.2% were 45-54 at the time of their spouse’s passing (Elliott & Simmons, 2011).

Widows tend to remain single longer and remarry less often than their male counterparts (Moorman et al., 2006; Wu & Schimmele, 2005). When compared with
men, women are more likely to be negatively impacted financially following widowhood (Korb, 2010; Lee, Willetts, & Seccombe, 1998; Morgan, 1986), which may further impact their subsequent romantic relationship opportunities and decisions (Stewart, Manning, & Smock, 2003; Sweeney, 1997). Furthermore, widowed mothers may be less “marketable” or more hesitant to date and remarry while their children are young (Lampard & Peggs, 1999; Stewart, Manning, & Smock, 2003). For these reasons, the present research was conducted using only younger widowed women.

When compared to those who are not bereaved, widowed individuals have been considered more vulnerable in a variety of domains. These vulnerabilities include reductions in social support from family and friends who have rapidly withdrawn after the first few weeks following the loss (Guiaux, Van Tilburg, & Broese, 2007; Ha, 2008; Pinquart, 2003), diminishing mental and physical health (Elwert & Christakis, 2008; Holland et al., 2014), and financial challenges that include loss of income and benefits (Bishop & Cain, 2003; Weaver, 2010). When compared with their still married counterparts, widows reported experiencing greater social challenges including those with children (Seltzer & Friedman, 2014; Suitor, Gilligan, Johnson, & Pillemer, 2014), as well as with close family and friends who expected more rapid “recovery” from grief over time (DiGiulio, 1992).

Research on the affective wellbeing of bereaved individuals when compared to their nonbereaved counterparts has resulted in descriptions of increased instances of intense longing and loneliness (Lund & Caserta, 2002; Stroebe & Stroebe, 1987; Stroebe, Stroebe, Abakoumkin, & Schut, 1996), greater psychological distress and mental health concerns (Carr et al., 2014; Hahn et al., 2014; O’Connor & Arizmendi, 2014), and even
increased mortality rates in the first 12 months following loss (Bowling & Windsor, 1995; Manor & Eisenbach, 2003; Shor et al., 2012; Schaefer, Quesenberry, & Wi, 1995; Stroebe & Stroebe, 1993a; Sullivan & Fenelon, 2014). Additionally, Buckley and colleagues (2009) found that bereaved adults slept fewer hours, registered higher levels of stress (measured in cortisol levels), and were often more anxious and expressed more anger than their nonbereaved counterparts.

Financially, widows are among the poorest groups in the United States (U.S. Census Bureau, 2012). With only a quarter of widows still in the labor force, nearly 80% of all widows have incomes at or below the poverty level (Elliott & Simmons, 2011). Following the loss of a spouse, many widows experience a reduction in income, benefits, and increased time away from home. During a period while mourning and managing a household alone, many widows are compelled to make adjustments to their labor force participation and manage novel issues including complications with childcare and transportation (Amato & Partridge, 1987; Gass-Sternas, 1994; Sevak et al., 2003; Thoits, 2010).

Based on the variety of issues associated with off-time loss, the present research pursued a greater understanding of these challenges to help scholars and interventionists to better understand, predict, and support the grieving, coping, and developmental processes of those who are widowed at younger ages. The following sections will discuss the theoretical frameworks, grief, predictors, and sociodemographic factors chosen to inform this descriptive study based on existing theory and research regarding widowhood.
Theoretical Frameworks

Widowhood is a time of considerable adjustment and adaptation. Grief as well as the role of widow are publically expected to be both temporary and transitional to the roles and identities that remain (e.g., mother; Worden & Silverman, 1993), as well as those that will come “next” (i.e., single; Lopata, 1979). Because they are so difficult to “prepare” for, these psychosocial transitions have enduring implications that may require major revisions in widows’ world views (Parkes, 1971, 1988). The potentially longer-term challenges of young widowhood provide for an unexpected assessment of personal and contextual resources and processes from which the bereaved individual may find further strength or greater duress. Moos and Shaeffer (1984) indicated that, “age, gender, and socioeconomic status as well as cognitive and emotional maturity, ego strength and self-confidence, and what stage a person is in the lifecycle impacts a person’s recovery from a traumatic event” (p. 17). Because of the multiplicity and complexity of transitions that occur in the lives of many young widows, the present study utilized the dual process model of coping and the psychosocial theory of development to aid in providing a broader description of the grief and adaptation to young widowhood.

The Dual Processes Model of Coping

Losing a spouse is considered a consummately difficult life event (Hardy et al., 2004; Holmes & Rahe, 1967). Experiencing that loss outside the expectable lifecycle timetable (Elder et al., 2003; Neugarten, 1968) may add to the complexity of grieving and the coping process (Lazarus & Folkman, 1984; Pearlin, 2010; Stroebe, 1992). Researchers have suggested a normative processes and timetable whereby bereaved
individuals return to preloss levels of wellbeing, usually by the second anniversary of spousal death (Sasson & Umberson, 2014). These processes include coping methods and mechanisms such as working through the pain of loss, while interspersing distractions from that discomfort in what Stroebe and Schut (1999) described as experiencing grief in doses.

Working through grief (or “grief work”) has long been held as an important aspect of the mourning process (Freud, 1917; Lindemann, 1944, 1979; Staudacher, 1991; Walter, 1996). However, based on the limitations found in past theoretical adaptive coping strategies, Stroebe and Schut (1999) theorized that coping with grief occurs in dual processes. Both processes are present in varying degrees in most widows’ coping (Caserta & Lund, 2007; Stroebe, Folkman, Hansson, & Schut, 2006). Accordingly, Stroebe and Schut (1999) proposed a process of coping that “oscillates” between both loss-oriented (LO) and restoration-oriented (RO) coping. LO coping is described as coping or “grief work” that is directly concerned with the loss, the intrusion of grief, relinquishing or continuing broken bonds, and even the occasional denial of the process of moving forward. RO coping is adapted to and making needed changes, distracting and avoiding grief, trying new activities, roles (identities), responsibilities, and relationships following loss. The continuing alternation between these orientations has been found to be integral to healthy mourning, especially in the first year of grief (Stroebe & Schut, 2010). Through a normative course of grief, this DPM process characterized by commonly higher levels of LO coping early on is theorized to become increasingly more RO thereafter. For a graphical representation of oscillation in the dual process model, see Figure 1.
Figure 1. The dual process model of coping with bereavement (Based on the model by Stroebe & Schut, 1999).

Though both LO and RO coping orientations represent potential sources of stress and anxiety (Stroebe & Schut, 2001; Utz, Lund, Caserta, & deVries, 2011), this dynamic process of coping may help explain the length and depth of widowed grief. For example, although early grief and mourning is commonly punctuated with loneliness, crying, and even stress and depression (Boelen & Prigerson, 2007; Neimeyer, 2006; Worden, 2009), many widows will find temporary respite from their pain by embracing distractions from the past and directing their concerns to the future (Stroebe & Stroebe, 1991; Utz, Lund, Caserta, & deVries, 2011; Wortman & Silver, 1987). Folkman (1984) indicated that if bereaved persons are able to create and embrace “new” goals and proceed in novel directions (transition to more RO coping), they are more apt to adjust in a more positive manner. Tedeschi and Calhoun (1996, 2004) described this positive development amidst grief as posttraumatic growth. However, certain personal characteristics and contexts surrounding the loss or the bereaved person may unsettle a more normative system of
coping. Part of this disruption for young widows may stem from the nonnormative nature, timing, or sequencing of events that increase stress on their roles and identities as they cope (Bennett, Gibbons, & Mackenzie-Smith, 2010; Pearlin, 2010).

Researchers have studied the effects of those who have focused coping more specifically on the stressors of grief work or moving forward, however the DPM suggests that most widows “oscillate” between both coping strategies (Stroebe & Schut, 1999), or as others have considered it, both coping and not coping (e.g., Moore, 2014). For instance, Bennet, Hughes, and Smith (2005) found that older widows and widowers who continued to talk about their deceased spouses chose more healthy coping processes going forward than those who did not. Based on these dynamics, Caserta and Lund (2007) developed an assessment measuring the impact of both coping orientations in daily widowed life. Similar to what was found in subsequent research using the DPM (e.g., Bennett et al., 2010; Utz et al., 2011), this measure has generally indicated that widows more focused on RO coping were more involved with mastery of new tasks, decisionmaking, personal care, managing depression, and taking on new roles than those with a more LO coping. Caserta and Lund (2007) found that when absent complicated or pathological grief, older widows transitioned to a more RO approach by around 12-15 months postloss. It is regarding these indications that the present study sought to extend the current body of literature. Another aim of this study was to describe how long, following loss, does it take young widows to transition into new roles and responsibilities and what impact do the stressors associated with grief work and those adaptations to widowhood take on the grief in young widows?
Psychosocial Development in Young Widowhood

Because the widowed identity may be treated as temporary and changing, the processes of reconstruction, coping oscillation, and (or) adaptation are psychosocially dynamic. Therefore, one notion developmentally central to a woman’s adaptation to widowhood is balance. Erikson’s (1959, 1963) seminal work on psychosocial development (“epigenesis”; Erikson, 1963) has provided a foundation for explaining several variations in the theory and process of psychosocial development. He proposed a theory of lifespan development that encompasses the interplay among the myriad biopsychosocial-spiritual influences on the ego identity of the individual. His theory delineates eight different yet interconnected stages he described as psychosocial crises (Erikson, 1963). Each of these crises covers a period of psychological and social development in which the individual strives for balance amidst maturation, experiences, and social interactions. These individual and social crises are interrelated and coalesce around the central crisis of ego-identity development, or as Erikson (1968) described it, a “sense of knowing where one is going” (p. 165).

According to Erikson (1963), everyone progresses through these stages in an invariant sequence, and for an individual to successfully negotiate later life crises, earlier stages must be successfully balanced. In other words, the degree to which individuals achieve balance in earlier stages affects the processes that occur in later stages or crises. Consequently, disruption in later stages can upset balance that was established in earlier as well as future development. The eight stages described by Erikson (1963) are outlined in Table 1.
Table 1

*Erik Erikson’s Stages of Psychosocial Development*

<table>
<thead>
<tr>
<th>Age</th>
<th>Crisis</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td>Basic trust vs. mistrust</td>
<td>Infants develop a sense of trust through reliable caregiver affection and care provision. An imbalance will lead to greater future mistrust.</td>
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<tr>
<td>(0-1 year)</td>
<td></td>
<td></td>
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<tr>
<td>Early childhood</td>
<td>Autonomy vs. shame &amp; doubt</td>
<td>Children develop personal control over physical skills (walking and toileting). Balance leads to feelings of independence, failure results in feelings of shame and doubt.</td>
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<tr>
<td>(1-3 years)</td>
<td></td>
<td></td>
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<tr>
<td>Play age</td>
<td>Initiative vs. guilt</td>
<td>Children explore and begin to assert control and power over their surroundings. Balance in this stage leads to a sense of purpose, however, perceived disapproval results in increased guilt.</td>
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<tr>
<td>(3-6 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School age</td>
<td>Industry vs. Inferiority</td>
<td>Older children cope with the social demands and work of school. Balance leads to competence, while letdown results in overwhelming feelings of inferiority.</td>
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<tr>
<td>(6-12 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescence</td>
<td>Ego identity vs. role confusion</td>
<td>All individuals need to develop a sense of individuality. Balance leads to “feeling at home” with one’s self, while failure leads to a diffuse self-awareness and not knowing where one is going.</td>
</tr>
<tr>
<td>(12-19 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Adulthood</td>
<td>Intimacy vs. isolation</td>
<td>Young adults form intimate friendships and loving relationships with others. Balance leads to committed relationships, while failure results in loneliness and isolation.</td>
</tr>
<tr>
<td>(20-25 years)</td>
<td></td>
<td></td>
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<tr>
<td>Adulthood</td>
<td>Generativity vs. stagnation</td>
<td>Adults foster a need to generate or nurture their legacy, often by having children or creating a positive change that benefits others. Balance leads to feelings of creativity and usefulness, while failure results in non-productivity or stagnation.</td>
</tr>
<tr>
<td>(26-64 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old age</td>
<td>Ego integrity vs. despair</td>
<td>Late in the lifecycle, individuals need to “look back” on life and feel a sense of fulfillment. Balance at this stage leads to feelings of satisfaction, while failure can result in greater regret, bitterness, and despair.</td>
</tr>
<tr>
<td>(65-death)</td>
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<td></td>
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</tbody>
</table>

Psychosocial development as a process, ensues by way of the confluences of mind, body, and social interactions (Erikson & Erikson, 1998). The overarching strength of each crisis is reflected in the ability to risk the central psychosocial balance from the preceding stage in focusing on the crisis of the next (Erikson, 1963). Development of one’s identity begins in youth and persists throughout adulthood (Erikson, 1963; Marcia, 1994). Indeed, Kilpatrick (1975) posited that identity maintenance occurs in “a continuity of significant others, a continuity with one’s past self, and a continuity with one’s anticipated future self” (p. 30). This maintenance or “balance” of identity could be extended to include what Stroebe and Schut (1999) described as a balance of loss-oriented (past-focused grief work) and restoration-oriented (assumption of new roles and responsibilities) coping in the conjugal bereaved. Ostensibly, the off-time loss of a spouse threatens all three of these areas of the “self.” The individual cultivates an ego sense that represents an interconnection of context, relationships, experience, and self-esteem.

Erikson (1959) posited that early to middle-aged adults endeavor to balance the formation of intimate relationships with a sense of isolation. Balanced intimacy stems from solidarity between two unique forms of individuality, the melding of personal styles within the common environment of the couple (Erikson & Erikson, 1998). This union can reference both sexual commitment as well as close or intimate friendship (Erikson, 1963). Widows’ psychosocial balance between intimacy and isolation is theoretically at the heart of psychosocial development following the loss of a spouse (Thomas et al., 1988). Because there is no direct link in the literature between normative and young widowed Eriksonian intimacy development, a strong approximation was found when accounting
for the measures of maintaining (past) and building (current and new) strong intimate bonds. The outcomes of these bonds may be seen in both the closeness, level of reliance, and received support reported by widows in their reflections on preloss relationship (marital) quality (e.g., Carr, et al., 2000; Erikson & Erikson, 1998; Parkes, 2013), and empathy found in contemporary friends and confidants who served as a buffer against the potential traumas associated with conjugal bereavement (Ha, 2008; Lowenthal & Haven, 1968). It may be that widows who could reflect positively back upon the relationships with their spouses or who have maintained or built present and supportive associations were more strongly balanced in their postloss intimacy amidst their past (i.e., grief work) and present (i.e., new normal) milieus.

According to Erikson (1968), in its highest and progressively developmental sense, the strength of an intimate communion between two healthy ego-identities gives outlet to successful creativity, productivity, and procreativity. In other words, as a result of fostering and nurturing ego-identities in successful intimate relations, normatively, individuals seek opportunities to be generative (concern beyond the self to care for future generations, creating a legacy) or stagnate in their development. In sum, well-balanced individuals align with compatible romantic partners or close associates, and from that stability pursue parenthood, suitable careers, and (or) ideologies from which and around which their actions will adapt to impact others including future generations (Erikson, 1968; Erikson & Erikson, 1998; McAdams, Ruetzel, & Foley, 1986). This developmental equilibrium ensues for individuals who effectively navigate their psychosocial crises in balance amidst a variety of life crises.

For young widows, untimely death complicates the present due to the loss of the
future (Ossefort, 2000). The psychosocial implications of young widowhood commonly include moving from a familiar home and neighborhood, changes in labor force participation, and managing relationships with others, including potentially pursuing further romantic relations (Wu & Schimmele, 2005). These processes of re-balance are subject to perturbation and disruption. Stressful transitions within the expectable order of life events may precipitate developmental disruptions (Elder & Rockwell, 1979; Pearlin, 2010). More specifically, abrupt alterations in the balance of an individual’s roles and identity, such as those that occur in young widowhood (Saunders, 1981) can disrupt the balance of the other lifespan crises. For example, the balance of industry vs. inferiority or intimacy vs. isolation can be unsettled (e.g., loss-oriented coping; Erikson, 1963; Thomas et al., 1988), and those challenges can in turn disrupt the individual’s other relationships (e.g., restoration-oriented coping; Erikson, 1968; Lopata, 1975).

When a spouse dies, the grief process and subsequent transitions not only impact widows’ psychosocial development, but that of her close family and friends. Widows may find themselves sustaining long held roles (e.g., mother) while juggling attempts at transitioning into new roles (e.g., single, again) including those once carried out by their deceased partners (e.g., handyman, breadwinner, father, etc.; Carr, 2003; Carr et al., 2000; Gass-Sternas, 1994; Moorman et al., 2006). The individual who once considered herself a partner may now find social interaction challenging as she and others cope with her new found status and identity (Saunders, 1981). Past relationship quality and strength of intimate relationships may balance and stabilize affective wellbeing in widowhood (Carr et al., 2000; Erikson, 1963; Myers, 2003). Current intimate and empathic interactions and friendships can bolster the psychosocial wellbeing of those not currently
engaged in romantic couple hood. Additionally, the stability of the past romantic partner, or the combination of the painful loss with current empathic confidants may supersede interest or desire to pursue future coupling. Or, entering into new intimate relationships may demand establishing new considerations in earlier psychosocial stages such as those of initiative, trust, and autonomy. Changes in labor force participation may exact a rebalancing of initiative and industry, and the widow may go back to school. Those who acted as caregiver for ailing spouses may seek novel ways in which to be generative, focusing wholly on children, work, or other creative outlets. And, some widows may deal with all three stages in a variety of psychosocial considerations (love, work, and ideology).

Women in early- to middle-adulthood are more likely than their male counterparts to be developing their identities, intimacy, and generative processes in love, work, and ideology within relational contexts. In a study of widows at all ages and stages postloss, Thomas, DiGiulio, and Sheehan (1988) found that widowhood did not necessarily result in a disruption of identity development for all widows. Gilligan (1982-1983; 1993) found that more so than men, women’s identities revolved around social interconnection and were “defined in a context of relationship and judged by a standard of responsibility and care” (p. 160). Past and present romantic pursuits, as well as close friendships and empathic interconnections can further confound the processes of adaptation to widowhood. Lowenthal and Haven (1968) found that current intimate relationships, such as those found in close friends or confidants can act as a buffer against the trauma of widowhood. Further, researchers studying intimacy and grief have found that widows and widowers who reflected upon their past marriage in a poor light were more likely to rate
their levels of anxiety, depression, and measures of grief higher (Carr et al., 2000; Parkes, 2013). Though intimacy balance was not assessed specifically using measures of confidants or past marital quality, the assets of current empathic relations and past romantic involvement are intricately linked to subsequent psychosocial development in all three adulthood stages.

Based on Erikson’s stages of early- to middle-adulthood, a potentially vast amount of adjustment may take place for the widow to become psychosocially balanced in her new environment. Women’s sense of self will adjust with how she balances her identity vs. role confusion as a widow. Widows’ balance between intimacy and isolation will be considerably altered as one reflects on the qualities of “we,” as she returns to “I,” as well as how she is received by her current social network. And, the adjustments in productivity (employment), creativity, and generativity will need to be balanced with stagnation in concert with the other adjustments. These psychosocial challenges in the lives of young widows fluctuate, or oscillate (Stroebe & Schut, 1999) as widows “look back” and consider the future in the presence of the grief, duress, and adjustments they experience. However, these struggles do not progress in the same way, and do not impact all bereaved individuals in the same manner or process.

**The Process of Grief**

Grief is a personal “reaction to a loss” (DeSpelder & Strickland, 2009), that is manifest in a number of physical, psychological, emotional, and spiritual ways. Earlier scholars studying death, such as Charles Darwin (2002), John Bowlby (1973, 1980), and Elizabeth Kubler-Ross (1969), described the progression of grief in stages that were
considered universal among individuals of all ages, both the survivors and the dying.

With time, the universal theory of grief that progresses in stages came under fire.

Wortman, Silver, and Kessler (1993) proclaimed that stage-based grief theories exaggerated the suggested patterns through which aggrieved individuals pass. Additionally, Weiss (2008) asserted that there has been no empirical evidence demonstrating a universal stage-wise progression of grief. In later research, Schuchter and Zisook (1993) posited that grief was not a linear process and Neimeyer (2001) wrote that individual processes of grief are unique based on personality, relationship, attachment, cultural, social, and other types of differences. Early grief has been described as being punctuated by the pain of loss, while over time widows begin to manage the day-to-day challenges and responsibilities that emerge within their novel situations (Stroebe & Schut, 1999). However, other grief researchers have suggested that individual characteristics and resources may impact the trajectory of grief in terms of intensity, quality, and duration (Shaffer, 1992; Wofelt, 1999).

As research on reactions to death has evolved, the historically viewed, largely intrapersonal process of grief has been expanded to include the interpersonal dimensions including interrelations with others (Weiss, 2008). Though traditionally supportive, following the loss of close loved ones the aggrieved individual’s remaining social circle can both support and complicate the process of grief. One way others may burden the normative course of grief is through expectations that bereaved individuals will pass through finite stages or over a set of predetermined processes ultimately culminating in acceptance, letting go, or a “return to baseline” (Stroebe, Hansson, Stroebe, & Schut, 2001b, p. 746). In fact, Wolfelt (1999) suggested that an externally applied or rigid set of
expectations for recovery from grief may stymie the healthier, natural, and individually normative processes of adaptation and adjustment to widowhood.

Length of widowhood has been associated with variations in self-reported measures of grief as well (Stroebe & Stroebe, 1993). Because grief is a personal “reaction to a loss” (DeSpelder & Strickland, 2009), and the off-time loss of a spouse creates a formidable context for individual and family development, additional understanding is needed to support academics and interventionists who work with those aggrieved outside of the expectable life course. Thus, this research was designed to capture and describe some of the adjustments and concerns of young widow’s grief.

Holmes and Rahe (1967) asserted that the death of a spouse is the life event most potentially deleterious to one’s physical and psychological wellbeing. However, the majority of research on grief and bereavement has focused on older widows (Arbuckle & deVries, 1995; Ball, 1976; Caserta, Lund, & deVries, 2009; Luoma & Pearson, 2002; O’Connor, Allen, & Kaszniak, 2002) because widowhood is “primarily a late-life experience” (Lee, 2014, p. 2). In the current U.S. environment of war, acts of terrorism both at home and abroad, and natural disasters, younger women are becoming widowed in considerable numbers (Moelker & Van Der Kloet, 2006).

Grief is often evidenced in yearning, despair, anger, guilt, and distress in response to the death of a loved one (Worden, 2009). Boelen and van Den Bout (2002-2003) asserted that grief is grief, no matter the contextual differences. However, many others have found that variations in the challenges of widowhood can occur following non-normative sequences of life events (Ball, 1976; DiGiulio, 1992; Elder & Rockwell, 1979; Neugarten, 1979; Parkes & Prigerson, 2013). When compared to their older counterparts,
off-time adjustment to widowhood has been found to more severely impact mourning post loss (Carr & Utz, 2001; DiGiulio, 1992; Elder et al., 2003). When widowed at younger ages, widows may experience many of the previously discussed challenges in addition to managing transitions into roles for which they are not prepared and for which they do not have models (DiGiulio, 1992). For example, when studying groups of young, middle-aged, and older widows, Ball (1976) found that younger widows reported more physical and psychological health symptoms than the two older groups. Likewise, Faschingbauer, Zisook, and DeVaul (1987) concluded that when compared to those who lost loved ones at older ages, when younger adults died it was associated with survivors’ higher levels of grief and depression.

Grief becomes a part of life in the period following (and occasionally before, for those who anticipate) loss, and as bereaved individuals move forward, many will attempt to work through their grief. Some of the grief process is public (Genevro et al., 2004), more commonly referred to as mourning, and can be met with others’ approbation or antipathy. Stroebe and Stroebe (1991) suggested this “grief work” is the process by which men and women focus on their loss, pine, and yearn for their lost love and in so doing confront or suppress their grief.

As onlookers assess aggrieved persons’ behavior, they may feel that overt expressions of grief are too little or too much. Researchers have indicated that others generally feel uncomfortable in the presence of grief (Bowlby, 1980; Gilbert, 2006). The environment, or system in which the individual adapts to widowhood can have a tremendous influence on their processes of mourning with loss. This death system, or “the interpersonal, socio-physical, and symbolic network through which society mediates
the individual’s relationship to death” (Kastenbaum, 2007, p. 111) may ultimately help or hinder the adjustment to widowhood. When supportive, the system can foster growth in the wake of loss (Tedeschi & Calhoun, 1996, 2004). However, when the system is closed or does not recognize (Williams, 2004) the importance and potentially irregular process of off-time conjugal grief, the bereaved individual may not receive or perceive the resources necessary to adequately cope with their loss (Thoits, 2011; Worden & Silverman, 1993).

Overall, as general research on grieving has evolved, grief has been assessed in consideration of the various personal characteristics and surrounding contexts. These include the nature of the loss as well as how dynamic the processes of coping and development are within and between those aggrieved. However, very little research has addressed these myriad processes, characteristics, contexts, and systems by examining how they influence grief in young widows postloss.

Conjugal loss and subsequent adjustments, though generally painful and associated with loneliness and yearning, are nevertheless fundamental to the processes of grief and coping. On the one hand, grief may feel intrusive as the bonds of the past relationship have been severed and the widow may spend a great deal of energy denying or avoiding the changes associated with moving forward. Yet, experiencing grief is normal, although certain trajectories and patterns of grief are nonnormative. Grief researchers have found that older widows and widowers and those who anticipated the loss of their spouse commonly return to preloss levels of depression and affective wellbeing by the second anniversary of their spouse’s passing (Sasson & Umberson, 2014). However, with the variety of bio-psychosocial-spiritual factors surrounding
individual bereavement, the trajectory of grief and mourning for younger widows may not always be so predictable.

Deaths at younger ages are more commonly unexpected. Unanticipated death has been associated with less normative patterns of grief and mourning (Carr, 2003; Lehman et al., 1987; Parkes & Weiss, 1983). Valentine (2007) determined that unanticipated loss usually does not allow for preparation and participation in the final moments before the death of a loved one. As an example, those who lose a spouse unexpectedly do not usually get to say goodbye, and subsequently may struggle with their own grief and coping. Indeed, Straub and Roberts (2001) found that widows struggled more with coping and reported extensive fear of their own demise when they had not anticipated their personal loss.

A small proportion of widows will experience a prolonged period of grief when compared to their bereaved peers. Prolonged and unmitigated exposure to the distress of losing a loved one may lead to other stressors such as unresolved identity crises, role confusion, and juggling these with the responsibilities and identity of the deceased (Carr & Utz, 2001; Erikson, 1964; Gass-Sternas, 1994; van den Hoomaard, 2009). These extended experiences with grief and mourning have been found to be associated with expectation of the loss (e.g., unanticipated death, murder, suicide), available resources postloss (e.g., financial, social, spiritual), and other contexts and individual characteristics (e.g., personality, resilience, coping styles).

Unlike normative grief, prolonged or complicated grief does not lessen with time. Prolonged grief has been found to be associated with an ongoing diminished capacity to perform daily activities (Horowitz et al., 1997; Shear, Frank, Houck, & Reynolds, 2005),
prolonged deleterious physical and psychological health (Prigerson et al., 1995), pervasive suicidal ideation and role confusion (Prigerson et al., 2009), and severely diminished quality of life (Silverman et al., 2000; Weiss, 2008). The potential for longer periods of grief naturally occur more often in the experiences of those who lose loved ones at younger ages. The depth and breadth of variations in these psychiatric issues regarding complicated or prolonged grief are outside the scope of the present study, yet an awareness of the associated individual characteristics and trajectories of grief is germane to the study of the experiences of younger widows who have a longer period of life available for grieving.

Adapting and adjusting to widowhood can combine a process of working through grief with balancing new roles, responsibilities, and identity postconjugal loss (Saunders, 1981). Concurrently, life continues to move onward, perhaps occasionally diverting individuals from their efforts to work through grief as they attempt new things, establish new roles and identities, and pursue new relationships (Stroebe & Schut, 1999). This may include both addressing the aspects of daily living that are no longer being cared for by the deceased as well as letting some things go while moving forward within the “new norm.” Though most widows tend to gradually transition to greater balance amidst forward-looking processes over time, beyond the length of widowhood, grief, coping orientation, and psychosocial development there are many other personal characteristics and contextual factors that have been found to be associated with adaptive and maladaptive adjustment to widowhood.
Sociodemographic Characteristics of Young Widows

Katz and Florian (1987) suggested that following the near ubiquitous early intensity of sadness and yearning, mourning proceeds based on individual, familial, and cultural characteristics of the bereaved. Similar results were maintained in later research (DiGiulio, 1992; Parkes & Prigerson, 2013). Further, the transition to widowhood is not like convalescing from an ailment after which a phase of recovery ensues where one is “healed” of their predicament (Stroebe, Stroebe, & Hansson, 1993; Stroebe et al., 2001). In order for widows to adapt in a healthy way, the coping orientations and psychosocial crises must be balanced within what has been coined in qualitative interviews as, “the new norm” (Dunn & Piercy, n.d.). As marital status changes following loss, activities and thought processes that served the married partner may often need to be adapted to the context and resources of the widowed single (Bonanno, Wortman, & Nesse, 2004). These factors differ in terms of the resources available to (or missing from) the coping repertoire of the young widow.

Substantial resources including interventions and programs have been allocated on behalf of all single adults and single parents; however in many ways the widowed community is qualitatively different from those who have been divorced or never been married (Amato, 2010; Kitson, Lopata, Holmes, & Meyering, 1980; Wu & Schimmele, 2005). For example, widows near-universally did not choose to dissolve the relationship with their companions. And, unlike other groups of singles (male and female), young widows are proportionally less likely to be pursuing new companionship or remarriage (Kitson et al., 1980; Wu & Schimmele, 2005). Similar to other single parents (e.g.,
divorcees and single, never married), widows have fewer financial resources than their married counterparts (Munnell, 2004; U.S. Census Bureau, 2013; Weaver, 2010). Though widows can receive Social Security Survivor’s Benefits, unlike divorced or other single mothers, widows cannot have access or recourse to a living partner’s benefits, income, or parenting support. These and other related complications may encumber individual adaptation to the novel roles of widowed-single parent, sole provider, and so forth, and may accompany reluctance to reach out or access resources designed for and found useful by those who are grieving the loss of a spouse.

**Widowed Parents with Dependent Children**

The period of early to middle adulthood is a time when married couples commonly start their families. Most parents do not anticipate or prepare for this generative role as a widow or widower. However, more than 85,000 minor children are currently being raised by a widowed parent (Elliott & Simmons, 2011). It is estimated that 5% of all children will experience the death of a parent by the age of 15 (Elliott & Simmons, 2011). When both parent and child(ren) are mourning the loss of a loved one, this dynamic relationship of coping while raising dependent children can further complicate the process of adjustment for both the widow (Bishop & Cain, 2003; Cerel et al., 2006; Gass-Sternas, 1994), and the parentally bereaved child (Kwok et al., 2005). When compared to children with continuously married parents, children who had lost a parent to death scored lower on a variety of measures assessing physical and mental wellbeing (Amato & Keith, 1991).

There is a wealth of literature on child outcomes based on parents and parenting,
however there are fewer studies of single parents that highlight the impact of conjugal bereavement on parents and parenting. Results from research done with single parents indicate that they report a variety of challenges including higher levels of anxiety, depression, and substance abuse when compared to their childless and still-married counterparts (Bierman, Fazio, & Milkie, 2006; Waite, Luo, & Lewin, 2009; Worden & Silverman, 1993; Yeh, Lorenz, Wickrama, Conger, & Elder, 2006). Further, Amato and Partridge (1987) found that young widowed parents reported lower levels of personal wellbeing when compared with similar-age peers who were married or divorced. Yet, children of widowed parents tend to do as well or better than their divorced or other single-parented counterparts in measures of academic success, future relationships, and overall wellbeing (Biblarz & Gottainer, 2000).

Parenting while bereaved can have its own set of challenges. Researchers have found that younger widows and widowers tended to have worse physical and psychological outcomes than their older counterparts (Ball, 1976), and those outcomes tend to be exaggerated for widowed parents raising dependent children (Maddison & Viola, 1968; Worden & Silverman, 1993). Similarly, Balkwell (1981) found that young widowed parents had the worst psychological outcomes amongst all widowed groups in her study. In another study comparing different groups of parents, in addition to these other outcomes, widowed parents reported increased mortality (Liu & Umberson, 2008).

Widowed parents commonly have fewer resources than married parents including financial resources (Couch, Tamborini, Reznik, & Phillips, 2011) and diminished access to adequate medical care (Angier, DeVoe, Tillotson, Wallace, & Gold, 2013). Worden and Silverman (1993) found that widowed parents with more children and those with
younger children, fewer financial resources, lesser support from friends and family, and more family life changes had higher levels of depression. DiGiulio (1992) indicated that these types of outcomes may occur or even evolve because young widowed parents might more commonly feign strength and (or) stability in order to care for their children.

Widows with dependent children must continue in their role as parents while adapting to widowhood. However, bereaved parents and children have been found to mourn at different rates (Hagan et al., 2011). For children, death and the loss of a parent may be difficult to understand (Bonoti, Leonardi, & Mastora, 2013; Mahon, 1999; Mothers Against Drunk Driving, 2012). Younger children comprehend neither the abstract nature of death nor the euphemistic descriptions of heaven or an afterlife, while older children may struggle with the permanence of death and the perceived loss of experiential opportunities or future plans now that the parent is gone. Further, the death of a parent may represent the loss of an essential attachment figure for children at almost any age. These dynamics add complexity to the process of parenting at the same time the widow is coping with the reality that their partner is gone (Gass-Sternas, 1995; Kwok et al., 2005; Worden & Silverman, 1993).

While widows often experience periods of loss-oriented and restoration-oriented coping concurrently (Stroebe & Schut, 1999, 2010), children may map very different trajectories for their own grief. Similar to widows in research conducted on the DPM (Stroebe & Schut, 1999, 2010), aggrieved children have been found to both yearn for the continuity and sameness they had before their parent died, and yet rush to move on with their life (Siegel, Mesagno, & Christ, 1990). During these phases, widows may feel the need to work through their own grief, juggle both old and new responsibilities, or seek a
distraction from grief by trying new things and establishing new roles, identities, and relationships. Mourning widows may also be hindered by feelings of guilt when trying to parent while consumed by their own grief (DiGiulio, 1992; Kaffman, Elizur, & Gluckson, 1987). Because parenting bereaved children may present a variety of dynamically difficult challenges in adaptation to widowhood, the present study assessed whether the participant raised dependent children at home during the period following the loss of their spouse. In an attempt to capture the variety of the generative processes of current parenting, in this study dependent children included those under the age of 18 and those of any age that were dependent by virtue of disabilities.

**Economic Challenges during Young Widowhood**

Young widows are among the poorest subpopulations (Administration on Aging, 2013; Munnell, 2004; Weaver, 2010; Wilmoth & Koso, 2002). Widows of all ages are more commonly living at or below the poverty threshold, and more often require social program assistance (Munnell, 2004; Weaver, 2010). Mallan (1975) studied the needs of young widows and determined that much of what widows reported as “helpful” came in the form of financial resources and even temporary housing. Circumstances before and after the loss of a spouse can have a significant impact on the financial wellbeing of widows and their households. For example, married men with lower socioeconomic status are at a greater risk for mortality than their more well-to-do counterparts (Smith, 1999), creating a disproportionately poorer population of widows.

Due to the greater likelihood of raising children, and the lesser likelihood of financial preparedness, younger widows are at greater risk for financial stress than their
older counterparts (Smith & Zick, 1986). Losing a partner may also involve losing a portion or even all of the household income and benefits. Longer widowhood, therefore, becomes an important factor associated with the elevated risk for living in poverty during early to middle adulthood (Sevak et al., 2003). Finally, poverty and unanticipated participation in social programs are common companions of poor coping and problematic psychosocial development as widows may unwelcomingly take on yet another role, that of welfare or charity recipient (Morgan, 1989).

Both net worth and income are key factors related to financial wellbeing. However, in a longitudinal study on economics and widowhood, new widows reported their postloss household income dropped by more than 300% (Sevak et al., 2003). Beyond helping to maintain the household financial obligations, sufficient income has been found to buffer against a number of maladaptive challenges (e.g., access to transportation, adequate nutrition and health care) during the period of adjustment to widowhood (Holden & Smock, 1991; Morgan, 1981, 1986).

Because net worth is grown over time, younger widows are less likely than their older counterparts to have significant net worth. Additionally, widows who lose their husbands in their 50’s have the increased risk of poverty because many may not have completed their savings preparations for retirement (Sevak et al., 2003). When women are widowed prior to the age 60, during the period during which they are not yet eligible for Social Security benefits, the earlier and unexpected loss may precipitate the need for a more rapid drawdown of household assets (Sevak et al., 2003). To help account for the shortfalls in available and more commonly inadequate sources of income, younger widows may initiate or increase their paid labor force participation.
Widows who have lost their husbands during their earning years may have the added worry of finding employment to help replace the income of their spouse (Scannell-Desch, 2005). A history of paid labor force participation has been found to buffer against the deleterious impacts to widows’ mental wellbeing and adjustment (Pai & Barrett, 2007; Smith & Zick, 1986). However, widowed parents with limited financial resources are commonly working multiple and (or) low paying jobs. The effort and energy expended to care for the financial needs of the household can limit the energy and effort available for self-care, identity adaptation, new relationship formation, and coping (Shapiro, 1996). In these circumstances, widows may find it challenging to enhance their intellectual capital (education and/or training) to improve their labor force participation, and ultimately have little time to care for their own mental and physical health as they work hard to care for their family’s needs.

The changes in finances associated with widowhood appear to have an impact on social outlets sought by widows. Widows who have positive experiences with labor force participation tend to report greater social support resources (Pai & Barrett, 2007). Women who relied on husbands for financial support may identify more with their role as a spouse and (or) a homemaker, making the transition to employee and sole-provider more difficult than for those already in the paid labor force (Thoits, 2010). For widows not employed before the death of their husband, this transition to employment has been found to have a negative impact on self-esteem (Pai & Barrett, 2007). This diminishing of self-worth may be associated with prolonged grief, difficulty maintaining or establishing new relationships, and lower levels of quality of life.
Bishop and Cain (2003) found that poorer widows were more likely to seek out romantic relationships than those who felt secure in their finances. Subsequent marriages have higher rates of divorce, which in turn carry additional hurdles to financial wellbeing and psychosocial balance. There is a paucity of research regarding the relationships among young widows’ economic challenges and widows’ processes of adaptation. For this reason, the present research included measures to assess the relationship between economic circumstances (e.g., net worth, income, and changes in labor force participation) post loss, and young widowed grief.

Religion, Spirituality, and Young Widowhood

Religion or spirituality is a part of many peoples’ lives. The utility of religion has been studied as a coping mechanism used during challenging transitions such as in the death of a loved one (Becker et al., 2007; Wortmann & Park, 2008). Most Americans indicate that they are at least somewhat religious, though identification with a particular religion has slightly declined in the United States over the past decade (Pew Religion & Public Life Project, 2013). Approximately one-fifth of Americans today indicate that they are not affiliated with any specific religion, and that number is even greater for young adults under the age of 30. However, notwithstanding the lack of affiliation with a specific creed, most individuals (68%) continue to feel that religious participation is a good thing, maintain belief in an afterlife, consider themselves “spiritual,” or subscribe to a moral code or belief system (Lugo, 2012; Zinnbauer et al., 1997). Throughout this study, the term “religion” and its variations will be used to encompass both religion and spirituality unless specifically noted otherwise.
Religion continues to be closely associated with mourning and coping. Researchers studying bereavement have found a common association between religion and positive coping post loss. Brown and associates (2003) found that when compared to a nonbereaved control group, recently widowed individuals increased their religious or spiritual beliefs and practices during the first 48 months following their loss. This increase was associated with lower levels of grief. In a systematic review of the literature on the relationship between religion or spirituality and bereavement, Becker and associates (2007) found that 94% of the studies showed some positive effects of religiosity for grieving persons, such as improved physical health, psychological wellbeing, lower levels of depression, and a greater sense of meaning. Likewise, Wortmann and Park (2008) found that the overall relationship between religion and bereavement in the literature was positive. However, both reviews indicated that there were significant shortcomings in the methodologies of most research done to examine these associations including overly simplistic measures of what constituted religiosity such as simple affiliation or mere attendance at church.

Though not all individuals are religious or spiritual, a considerable proportion of end-of-life events tend to be associated with religious rites and ceremony. The majority of funeral services in the U.S. (91%) were performed by religious leaders (Garces-Foley, 2002-2003). Hedtke (2002) suggested that when compared to those who did not participate in funeral rites, bereaved individuals who participated in rituals and celebrations of their loved one fared better in measures of grief and mental and physical wellbeing post loss.

The relationship between grief and religiosity may stem from dogma or belief
systems. Chapple, Swift, and Ziebland (2011) asserted that the positive association between grief and religion may be derived from a hope for continued bonds in an afterlife. This belief of a continuation of life and a future reunion have been found to help many young widows cope with the yearning and loneliness associated with conjugal bereavement. Nowatzki and Kalischuk, (2009) found that many widows who reported experiences with their deceased loved one’s or a sense of their presence after loss were associated with more positive coping processes. This is similar to the research of Michael and associates (2003) who suggested that many widows use religion as a way to connect with their deceased loved ones. However, other bereaved persons may continue to struggle with the loss of a loved one and in so doing question their long held belief systems, and even the existence of God (Exline & Rose, 2005; Ysseldyk, Matheson, & Anisman, 2010).

Though these research findings on religiosity and grief have been published in a variety of journals, the understanding of the association between these topics may be incomplete. In addition to the concern for overly simplistic measures of religiosity (Becker et al., 2007; Wortmann & Park, 2008), the study of the relationship between religion and widowhood has been focused on older populations. Older adults differ from younger adults in views, practices, and affiliation with relation to religion or spirituality (Pew Religion & Public Life Project, 2003). To address these potential limitations, the present research included items tapping specific religious affiliation and participation, and the significance of religion in adjustment to widowhood. To this end, the current study included the widely used Duke Religion Index (DUREL), a 5-item more inclusive measure of “religiosity” (Koenig & Büsing, 2010).
Social Support

For some, widowhood is a time of scarcity, but for others it becomes a time (though perhaps temporary) of increased social resource (Umberson, Wortman, & Kessler, 1992). Conjugal bereavement represents the loss of a primary social support, help mate, and emotional resource, which increases the potential need for adaptation and pursuit of other supportive channels (Ha, 2008). Research findings indicate that while stressed or bereaved, most want social outlets rather than sequestration (Prigerson & Vanderwerker, 2005-2006; Somhlaba & Wait, 2008; Thoits, 2011). Dependable social support has been found to be a significant contributor to positive individual coping among widows (Bluck, Dirk, Mackay, & Hux, 2008; Cairney, Boyle, Offord, & Racine, 2003; Lowe & McClement, 2010; Stylianos & Vachon, 1993; Van Baarsen, 2002; Wortmann & Park, 2008). Social support theory posits that in the midst of adverse circumstances, individuals can derive benefits from their social network, including the ability to better cope with stress and grief (Cohen & McKay, 1984; Cohen & Willis, 1985). Because dispositions, emotions, and resilience may vary within and among individuals, many widows experience distress in the limited availability and helpfulness of comfort that is cut short once their friends and family expect them to move on (Field, Gao, & Paderna, 2005; Guiaux et al., 2007; Ha, 2008; Silverman, 2004).

Widows of all ages have reported seeking and receiving support for a myriad of reasons, beyond the moral support needed after the passing of a spouse (Utz, Swenson, Caserta, & Lund, 2014). Social support takes on various forms such as instrumental (e.g., lending money, or bringing in a meal; Sevak et al., 2003) or emotional (e.g., nonjudgmental listening; Cairney et al., 2003; Van Baarsen, 2002). Additionally, the
varied forms of support can have both immediate as well as long term impact on the mourning process of young widows. For instance, financial obligations must be met, yards and residences need ongoing maintenance, and children continue to need rides to and from extracurricular activities, yet the importance of carrying out those routines may not immediately sustain a recently widowed individual in the same way as an empathic listener (Dunn & Piercy, n.d.).

Social support received or even perceived as helpful can free up energies which may aid in restoration-oriented coping (Caserta & Lund, 2007; Stroebe & Schut, 1999) and the pursuit or rebalance of widowed identity (Kaunonen, Tarkka, Paunonen, & Laippala, 1999). Kauonen and associates (1999) found that among the bereaved, those that recognized and received social support deemed it “helpful” (p. 1308) in their coping because it allowed them to “express their feelings” and temporarily forget the “demands of normal life” (p. 1311). In other words, and as was found in other grief related research, when connected socially, widows have been found to have lower levels of grief and better coping when compared to widows who do not have (or do not) access such resources (Field et al., 2005; Giaux et al., 2007).

Though the period immediately following conjugal-loss is fraught with intense grief (Carnelley et al., 2006; Sanders, 1980; Shuchter & Zisook, 1993), many young widows are surrounded by extraordinary levels of support from the community, their friends, and family. Researchers have indicated that the more difficult period for young widows comes after the outside support fades and the individual is expected to transition out of the widow role and move on (Lopata, 1975; Silverman, 2004; Stylianos & Vachon, 1993; Vachon, 1979). In past studies, researchers have found that following the first few
weeks, young widows felt rejected by friends and ultimately even family (Parkes, 1972). Additionally, friendships that were maintained by couples are commonly lost to the widow over this same period (Parkes, 1972). In fact in an older study, Vachon (1979) found that after the first month of bereavement, the number one predictor of widows and widowers’ distress was the lack of contact with old associations that had been frequent prior to the loss. Consequently, the young widow is commonly left with a deep sense of loneliness (DiGiulio, 1992; Parkes, 2013), and lower levels of self-confidence (Balkwell, 1981; Pai & Barrett, 2007), which can become problematic in the various processes associated with moving forward.

During a time when the aggrieved are in dire need of comfort and support systems, many younger widows are required or asked to take care of others. Recipients of social support are usually considered to be the more penurious party; however sometimes the individual in need is the one to give support. Some researchers have found even greater psychosocial benefits for those who give over those who just receive service, comfort, or support (Brown et al., 2003; Liang, Krause, & Bennett, 2001). Though a time of considerable vulnerability, widows have been found to thrive in new roles and processes including giving comfort and service to others (Dunn & Piercy, n.d.; Piliavin & Siegl, 2007). Though not a specific focus of the present study, it is important to note that opportunities to serve and comfort others during the adjustment to widowhood may provide for reduced grief and better coping (Kaunonen et al., 1999; Mothers Against Drunk Driving, 2012) and help balance or restore widowed identity, intimacy, and generativity (Greenfield & Marks, 2004).
Because social support is a fluid and dynamic resource during the coping process, it may be difficult to pinpoint the actual level of support received and (or) deemed useful by one individual compared with another. Additionally, studies have found that the perception of helpful social support can mediate the beneficial effects of receiving support (Norris & Kaniasty, 1996). For this purpose, the present study utilized measures of actual sources as well as perceived (helpfulness) social support.

Summary

Grief and bereavement will touch the lives of most individuals. The reactions to death (e.g., grief) are varied, and differ with relation to both personal and contextual resources among the aggrieved. There is a significant body of literature on the developmental and coping processes associated with conjugal bereavement, but most is dedicated to an older population of widows (Lee, 2014). Though it is anticipated that death will occur at the end of the lifecycle, a substantial number of off-time deaths are experienced each year. Because of the potential challenges associated with prolonged mourning and unmitigated grief, a greater comprehension of the similarities and differences in the lived experiences of young widows is needed.

There is a limited body of literature focused on understanding of the processes of grief, life satisfaction, coping strategies, and psychosocial balance as they relate to the personal and contextual characteristics of young widows. To address these areas, the present study addressed the following research questions: What is the relationship between quality of life, coping orientation, psychosocial balance, and grief in young widowhood? What is the relationship between the sociodemographic characteristics of
young widows and grief? How much unique variance in grief experienced by young widows is explained by each of the following individual predictors-- coping orientation, quality of life, psychosocial balance, the sociodemographic characteristics of age, length of relationship, marriage, and widowhood, raising dependent children, financial worries, changes in labor force participation, religiosity, and social support?
CHAPTER III

METHODS

Research Philosophy and Design

Conjugal bereavement is perceived and described as personally and socially challenging. Epistemologically we can understand the associated social interaction through use of theory and inductive reasoning. These processes allow for accumulating specific accounts on various subjects and extrapolating to broader classifications, which in turn inform our view of future observations. If psychosocial state (identity, intimacy, and generativity) is balanced via social interactions and individual experiences during the adaptation to widowhood, then it can be expected that the processes of coping are associated with reactions to changes, new roles, identity, and the attending impact on relationships. Because there has been relatively little research done on the phenomenon of off-time widowhood, the present study assessed individuals’ perceptions of their experiences in widowhood, as created from self-report of state-specific measures of grief, quality of life, coping orientation, and psychosocial balance.

The current study was cross-sectional in design. To assess quantitative differences among and between participants from a broad U.S. sample, the study used an online survey to examine participants’ death systems (Kastenbaum, 2007), and adaptation to young widowhood.
Procedure

Following approval from Utah State University’s Institutional Review Board (Appendix A), invitations to participate in the study (Appendix B) were disseminated via email across the U.S. during a period from the end of February to the beginning of April 2015. The invitations and attached web links directed participants to the online survey which included as the first page, the letter of information (Appendix D), participation criteria, and information links to grief professionals.

Recruitment was greatly facilitated by way of social media sharing among groups. Several nationwide large and closed-membership widow communities (some which include widowers) agreed to post the invitation on their group websites or Facebook pages. These groups included Hope for Widows, LDS Widows and Widowers, and The Survivor Services Outreach Program of the United States Army (Appendix C). Additionally, the National Alliance for Grieving Children (NAGC), a grief community created in support of bereaved children, agreed to tap their community by including the invitation and information about the study in their monthly newsletter during the recruitment period. Finally, a popular blogger in the widow, widower, and bereavement communities shared information about the study with others via personal correspondence as well as informational postings on her blog.

Further, individuals accelerated the recruiting process through sharing the invitation with others. Participants were invited to share the opportunity to participate with their eligible widowed peers by word-of-mouth, allowing others to contact the researcher or access the instrument online, creating an additional snowballing effect.
Further a small number of invitations with survey links were sent electronically to eligible individuals who self-selected via personal contact with the researcher prior to and during the study process.

Reminders to participate and to share the link with others were sent out to group leadership and self-selected participants at 15 days, 25 days, and 6 weeks into the recruiting phase. During the recruiting process, several supportive parties as well as study participants contacted the researchers directly suggesting additional groups to contact, and requesting permission to personally share the survey link on their own social media, blog, and networking sites. No incentives were offered for participation in this study.

**Participants**

Because death is predominantly an old age event, the majority of past research on widowhood has focused on survivors older than age 65 (e.g., Lee, 2014). The limited research on “young” widowhood has included participants age 45 and younger (cf. Haase & Johnston, 2012; Parkes, 1972). Due to changes in human longevity over the past several decades, older ages at first marriage and childbearing, and a desire to include data from less studied widowed populations in what could potentially be considered decisive years of middle adulthood (i.e., ages 46-55), the present study included widowed participants age 18-55. The inclusion of this age range was an attempt to better understand the associations among the processes of grief, coping, and psychosocial balance for younger widows during more commonly marriageable working years, when financial resources may be limited (e.g., incomplete preparations for retirement and limited access to preretirement Social Security benefits), and dependent children may still
be at home.

Development during this period consists of the continued adaptation of roles and identity, cultivation and (or) dissolution of intimate relationships, and extension of self and relationships to future generations (Erikson, 1963). Though many characteristics of adult development are theoretically different within this fairly broad age range, Thomas and colleagues (1988) have identified a number of developmental similarities among young to middle-aged widows. Furthermore, the inclusion of widows through age 55 permitted greater analyses of the impact of educational background and furtherance, changes in labor force participation, and other aspects of generativity during the adjustment to off-time widowhood. Because survey items tapping these areas of young widowhood demanded a significant amount of reading and writing, to be eligible, all participants needed to be proficient in reading and writing English.

Another factor used to determine eligibility of participants was length of widowhood. To be included in this study, participants had to have lost their husband no more than 5 years prior to participation in the study. Additionally, eligible participants had to have been married to, and not separated from, their spouse at the time of his passing (other than separation incidental to travel, employment, or military deployment), and not yet remarried following loss. This convenience sample was chosen to enlarge the potential recruiting population yet restrict assessment to respondents with more recent and relatively more vivid recall of the details surrounding their adjustment to young widowhood, and to minimize recall bias. Further, these parameters were chosen to relegate the impact to identity and intimacy balance to events surrounding the adaptation to widowhood and potentially less so to stages that may occur thereafter (responses from
those who considered themselves as “widowed” as opposed to those who had “moved on” or were remarried).

All participants were invited to complete the online survey instrument privately. During the 2 month period used for collecting data, 318 online surveys were started, though a number of the final analyses were conducted using smaller sample sizes because of missing data. A small number of ineligible participants were excluded from the current analyses (males, \( n = 8 \); age > 55, \( n = 4 \), remarried since loss, \( n = 7 \), widowed more than 5 years, \( n = 28 \)), and a number of participants did not complete sufficient items to contribute to this study (\( n = 39 \)). The ultimate sample of eligible participants used in this research was \( N = 232 \). Participants not retained for the final analyses had quit the online process within the first twelve survey items, including 18 who discontinued the process immediately following the letter of information (the first page of the survey). Many of these candidates may have discontinued upon reviewing the study criterion, recognizing their ineligibility.

**Measurement**

**Instrument Development and Description**

The survey items used to gather data in the present study were a combination of psychometrically established instruments as well as new measures, developed from pilot research and designed to elicit reflection and “snapshot” status following the off-time loss of a spouse. These measures included discrete lists of response options, open-ended items, and Likert-type scales. The survey included measures of coping process (Appendix M), psychosocial balance, social support (Appendices H-K), grief (Appendix L), and
religiosity or spirituality (Appendix O-P). Additionally, the items developed in preliminary and pilot studies were aimed at expanding upon or tapping a number of sociodemographic variables. These components included individual, contextual, and background information (e.g., age, time since death, years married at time of death, whether or not the widow participated in rituals, race, sex, income, raising children following loss, etc.), as well as a single item report of present quality of life (Appendix F).

Large sections of the survey instrument were pretested in a pilot study from which several revisions to the current instrument were made. These changes included changes in wording, item order, and adjustments to reduce subject burden (e.g., layout, design, and font color schemes). Subsequently, feedback was sought from research professionals and widowed volunteers as well as survey design specialists who assessed the instrument for readability and clarity. Four volunteers completed the survey as if participating in the research, and subsequently submitted feedback on technical issues relating to user interface and aesthetic properties. Several minor revisions were ultimately made in several areas to improve content, appearance, order, and wording. The next sections discuss established measures used in this study.

**Grief**

To assess participants’ present emotions of longing, adjustment to the past event, health and psychological outcomes, and personal experiences surrounding grief and bereavement, the online survey included the Texas Revised Inventory of Grief (TRIG; Faschingbauer et al., 1987; Zisook, DeVaul, & Click, 1982). The TRIG, a 21-item,
multidimensional measure of grief, “permits rapid evaluation of the extremity and nature of an individual’s personal reaction to bereavement” (Faschingbauer, 1981, p. 2). The TRIG contains two subscales and a list of related facts surrounding the loss. Part 1: Past Life Disruption is assessed by eight items that address feelings and actions as they applied after the loss. Part 2: Present Emotion of Grief is assessed by thirteen items addressing present feelings regarding the decedent, and Part 3: five items addressing perceived capacity to cope). These items are scored on a 5-point scale (“completely true” to “completely false”) as well as five distinct true/false questions (Part 3). For the purpose of this study, the first two TRIG subscale scores were combined to better assess the participants’ “progress” involving grief (Faschingbauer et al., 1987) up until participating in this study. Higher combined subscale TRIG scores indicate lower levels of grief.

Construct validity of the TRIG was established by the developers using theoretically-based hypotheses on grief and similarities and differences in sociodemographic backgrounds among separate study samples (e.g., age, sex, health, and participation in rituals). The reported Cronbach alpha reliability coefficient was equal to 0.86 (Faschingbauer, Zisook, & DeVaul, 1987). Additionally, in a study assessing the TRIG, Futterman and associates (2010) concluded the TRIG factors (e.g., Emotional Response, Nonacceptance, and Thoughts) were commensurate with past bereavement theory and research. Further, the TRIG achieved a split-half reliability coefficient equal to .88. Germane to the present work, it was determined that the TRIG has a variety of advantages over other measures of grief (relevant to the present study) and other bereavement research and intervention conducted with aggrieved individuals from
diverse backgrounds (Futterman, Holland, Brown, Thompson, & Gallagher-Thompson, 2010). These advantages comprise the inclusion of items that tap a range of grief-related issues including behavior, thoughts, and emotions. Due to the cross-sectional design of the present study, I determined that past disruption and present emotion measures included in the TRIG would more thoroughly capture young widows’ “grief” at different stages during the first five years post loss. Among a wide array of currently available grief measures, the TRIG remains the instrument most used. For this study, the coefficient of Cronbach alpha for the combined (past disruption and present emotion) TRIG was .90.

**Quality of Life**

The focus of this study was not to assess particular programs’ or interventions’ impact on individual wellbeing, but rather to capture a snapshot description of off-time conjugal bereavement across a wide berth of young widows’ experiences during the first five years post loss. Hence, a single-item measure of quality of life appeared most appropriate. Quality of life was measured using a single, self-report Likert scale item reflecting participants’ general life satisfaction anchored by 1 = “Excellent” and 5 = “Very Bad.” For ease of analysis in the present study when working with the coding of other variables, quality of life scores were reverse coded to represent lower numbers as lower levels of quality and higher as higher ascribed quality of life.

Though single-item measures have their limitations when compared to longer questionnaires and instruments, single-item measures provide the simplest and least-taxing way to assess quality of life (Cunny & Perri, 1991; Gill, 1995). Findings in the
extant research comparing several measures of quality of life (e.g., De Boer et al., 2004) indicate, for participants following traumatic experiences, single-item measures had strong correlations with longer measures of the same construct \( (r = .63-.70) \), and a test-retest reliability of \( .87 (p < 0.01) \). Cronbach alpha internal consistency reliability cannot be established for a single-item measure.

**Coping Orientation**

To assess coping processes, participants completed the Inventory of Daily Widowed Life (IDWL; Caserta & Lund, 2007). Based on the dual process model of coping (DPM; Stroebe & Schut, 1999, 2010), the 22-item IDWL queries widows regarding the daily frequency of 11 loss-oriented and 11 restoration-oriented activities, tasks, and issues (responses range from 1 = “rarely, or not at all” to 4 = “almost always”), with five additional items regarding specific oscillation between LO- and RO-oriented coping during the past week. Based on the original scale, a composite score of “0” \( (RO \text{ score} – LO \text{ score} = \text{composite score}) \) represents perfect balance between the two processes, and higher or lower scores on the subscales indicate greater engagement in either orientation (-33, exclusively LO and +33, exclusively RO). In past research using the IDWL, the Cronbach alpha coefficients for the LO subscale ranged from .88 for those widowed from 12-15 months and .91 for those more recently widowed. In the same study, Cronbach alpha coefficient for the RO subscale for both subsamples was .78 (Caserta & Lund, 2007).

During early circulation of the survey, it was discovered that three items were missing from the IDWL subscales (two items from the RO subscale and one item from
the LO subscale). These items tapped participant focus on their own health, employment or volunteer work, and one item which asked the participant to imagine “how my spouse/partner would react to my behavior.” To compensate and provide greater accuracy in light of the obvious omissions, and because the two subscales were no longer equal in score-size (10 LO items compared to 9 RO items), I multiplied the composite RO score by 10/9 (or 1.111) to allow for assessment of DPM oscillation and computation of IDWL balance (LO score – RO score = oscillation balance). For the present study, Cronbach alpha coefficients were .88, and .81 for the incomplete LO and RO subscales, respectively.

**Psychosocial Development and Balance**

The current study was also designed to evaluate the impact of off-time conjugal bereavement on adulthood psychosocial development. To assess the current state or balance of psychosocial crises (Erikson, 1963) most specifically associated with the age range of the current sample and the associated milieu, the present study utilized the early-to-middle adulthood subscales from the Inventory of Psychosocial Balance, a scale designed to capture the entire spectrum of the Eriksonian psychosocial life-stages (IPB; Domino & Affonso, 1990). The subscales selected for the present research contain questions regarding the balance between: (a) ego identity versus role confusion (identity); (b) intimacy versus isolation (intimacy); and (c) generativity versus stagnation (generativity). Each subscale was originally composed of 15 items tapping respondents’ agreement with a variety of stage-specific statements, each employing a 5-point Likert scale with values ranging from “strongly disagree,” to “strongly agree” (Domino &
Affonso, 1990). Sample items included “Sometimes I wonder who I really am” (identity); “I often feel lonely even when there are others around me” (intimacy); and “To be a good parent is one of the most challenging tasks people face” (generativity). Higher scores on each of the subscales represent greater levels of development (balance) in each. The three IPB subscales contain both positively and negatively worded items that were ordered in a spiral omnibus manner. Because the IPB was created as a general measure of lifespan psychosocial balance, not development specific to the phenomenon of widowhood, six items extraneous to the present study regarding gender stereotypes and sexual behavior were removed from the identity (3), and intimacy (3) subscales.

Domino and Affonso (1990) found that in a sample of middle-aged adults, the IPB identity subscale had a Cronbach alpha coefficient of .79, the intimacy subscale had a Cronbach alpha coefficient of .86, and the generativity subscale had a Cronbach alpha coefficient of .85. Additionally, the researchers achieved acceptable reliability from a population of seniors (α = .68, .64, and .75, respectively). For the present study, after having removed the aforementioned six items, Cronbach alpha coefficients were .62, .78, and .72 for identity, intimacy, and generativity balance, respectively.

**Sociodemographic Items**

To further examine the effect of personal and contextual factors associated with grief, participants were asked to report a range of sociodemographic data. Items included questions regarding participant age, number and ages of dependent children, net worth and income, labor force participation, religious affiliation and participation, and sources and helpfulness of social support. Additionally, participants were asked for information
regarding the context of their loss such as length of marriage, length of relationship, quality of relationship, their current roles, and factors perceived to have helped or hindered their adjustment to widowhood.

**Age**

To determine age at the time of completing the survey, participants were asked in what month and year they were born. The responses were entered in an open-ended manner. Age was determined by subtracting the midpoint (15th day) of the month in the year they were born from April 1, 2015 (the final date surveys were accepted for use in the current analyses). Additionally, participants indicated both their age (in years) at the time of their husband’s death as well as how many years they had been widowed.

**Length of Widowhood**

To determine recency of loss and length of widowhood, participants were asked how long ago their spouse had passed away. Responses were categorized from 0-1 months, 2-5 months, 6-11 months, 12-23 months, 24 months-5 years, or more than 5 years ago.

**Length of Relationship**

To determine the length of relationship, participants were asked how long they had known their spouse, how long they had been a couple (close friends, dating, living together, engaged, etc.), and how long they had been married when their spouse passed away. Responses were categorized from 0-4 years, 5-9 years, 10-14 years, 15-19 years, and 20+ years.
**Raising Dependent Children**

Raising dependent children was assessed using a dummy variable “0,” has not raised dependent child(ren), and “1,” has raised dependent child(ren) at any point since the death of their husband. If participants indicated that they had raised dependent children during this period, they were asked to include the number and age(s) of their dependent(s). For the purposes of this study, dependent children were defined as any child under the age of 18, and any child at any age that requires ongoing parental (special needs) care who was under the care of the research participant in the period following the death of their spouse.

**Income**

To account for the amount of money each widow was generating or receiving to care for household needs, participants were asked to report their household annual pretax income. Income was reported categorically ($0-$24,999; $25,000-$49,999; $50,000-$74,999; $75,000-$99,999; $100,000 or more).

**Net Worth**

To account for other sources of financial support beyond current income, participants were asked to estimate their household net worth in terms of cash, investments, life insurance proceeds, and nonprimary residence real estate. Net worth was reported categorically ($0-$49,999, $50,000-$99,999; $100,000-$249,999; $250,000-$499,999; $500,000-$999,999; $1,000,000 or more).
**Financial Worry**

To examine the association between potential stressors caused by financial concerns and grief that may not be accounted for by levels of household income or net worth, participants were asked about their financial worries. To assess financial worry, a potentially more salient issue than actual financial resources, participants were asked, “*How often do you worry about having enough money for food, expenses, or bills?***” Responses were presented in a Likert-type scale from “Never” to “Almost all the time.”

**Labor Force Transition and Educational Attainment**

To account for the effects of changing labor force participation during the period of conjugal bereavement, labor force transition was assessed using a dummy variable “0” indicating that the individual had not changed their labor force participation due to the loss of their husband, and “1” indicating that the individual had changed their labor force participation due to the loss of their husband.

Additionally, to account for other factors commonly associated with finances and employment, participants were asked about their level of education. Educational attainment was measured at the time of their husband’s death and at the time participating in the study. Change in level of education was assessed using a dummy variable “0,” indicating that the individual had not changed their level of education, and “1” indicating that the individual had changed their level of education during the period of widowhood.

**Religiosity**

To assess the role of religion in the lives of young widows, participants were
asked to disclose their religious affiliations (if applicable), participation, and their feelings about the importance of religion and a Higher Power (e.g., God). To assess the religiosity of participants, the survey included the five-item Duke University Religion Index (DUREL; Koenig & Büsing, 2010; Koenig, Parkerson, & Meador, 1997). The DUREL assesses organized religious activity (ORA; frequency of attending religious services), nonorganized religious activity (NORA; frequency of prayer, religious text study), and intrinsic or subjective religiosity (internalization of one’s belief system). The two ORA and NORA items were scored on a 6 point Likert scale (1 = “Rarely or never,” and 6 = “More than once a day”), and the three intrinsic items including items referencing experiences with “the Divine,” religious behavior, and the importance of religion in the life of the participant were scored on a 5-point scale (1 = “Definitely not true,” and 5 = “Definitely true of me”). Composite intrinsic religiosity scores range from 3 to 15 and higher scores indicate higher levels of religiosity. The instrument’s psychometric properties have been confirmed in a variety of separate study samples by various independent researchers from a variety of different cultures (and languages; Cotton et al., 2006; Storch, Strawser, & Storch, 2004; Wilkum & MacGeorge, 2010). Additionally, past research using the DUREL has been published in over 100 studies, and the instrument has high internal consistency (Cronbach alpha = 0.78-0.91) and convergent validity ($r = .71-.86$) with other measures of religiosity (Koenig & Büsing, 2010). Additionally, Koenig & Büsing (2010) found that this measure has high test-retest reliability (0.91). For the present study, the Cronbach alpha coefficient for the multiitem intrinsic religiosity subscale of the DUREL was .91.
Social Support

Participants were asked to describe their perception of and experiences with social support following the death of their spouse. To account for the sources and helpfulness of social support, the survey instrument included two additional measures that were developed to assess support during a period of crisis. The Medical Outcomes Study Social Support Survey (MOS-SSS; Rand Health, 1992; Shearbourne & Stewart, 1991) is a 19-item measure of existing support which includes one additional item tapping specific sources of support. Subscales include: emotional or informational support (eight items), tangible support (four items), affectional support (three items), positive social interactions (three items), and a person to help you “get your mind off things” (one item). The nineteen subscale items are rated on a 5-point Likert scale ranging from 1 = “none of the time” to 5 = “all of the time.” The Cronbach alpha coefficient for the scale was .97, and the coefficients for each of the subscales were; emotional or informational support .96, tangible support .92, positive interaction .94, and affection .91 (Shearbourne & Stewart, 1991).

For the purposes of the present research, the social interaction and specific sources of support items were removed due to redundancy with other items tapping experiences with social support as well as the below described Duke instrument which assesses sources of support. The Cronbach alpha coefficient for the composite support score based on the subscales used in the present study (15 items) was .94.

The social support survey of the MOS-SSS references helpfulness of support, but is not as focused on the sources. Therefore, to account for the potential association between support and its sources, the present research also utilized the social support
subscale from the Duke Social Support and Stress Scale (DUSOCS; Duke University, 1986; Parkerson et al., 1989). These scales have been used together in past research on wellbeing during stress and transition in aging (e.g., Loke, Abdullah, Chai, Hamid, & Yahaya, 2011). The DUSOCS social support subscale consists of 12 items asking the participants to rate the amount of family support (seven items) and nonfamily support (five items) from each relationship (e.g., family members, friends, neighbors, colleagues). Additionally, the respondents are asked to nominate the individual that had been most supportive (if such a relationship exists). The raw scores for both family and nonfamily support (0 for “no support,” 1 “some support,” and 2 “a lot of support”) were summed and added to the score assigned for the nominated support person (2 for family member and 0 for nonfamily person), divided by 14, and multiplied by 100 to standardize the scale (ranging from 0-100). Among a variety of adult participants suffering from a variety of health issues, the family social support scale of the DUSOCS had a test/retest Pearson correlation of .76, and the nonfamily scale, .67 (Parkerson, Broadhead, & Tse 1991; Parkerson et al., 1989).

**Data Analysis**

Utilizing the G*Power statistical power analysis software program (v3.0.10), it was determined that a sample size of 82 was necessary to detect a medium effect size in a correlation coefficient, with statistical power of 0.80 where tests are conducted using an alpha significance level of 0.05, and two-sided tests. The present study generated access to an estimated 1,500-2,000 potential study candidates from organizations who provided letters of support as well as individuals who contacted the researchers with requests to
participate or invite others via posts in blogs and on social media sites. These organizations were, however, not exclusive to members fitting study criteria (length of widowhood, age, relationship status), though one group was for widowed women only (Hope for Widows). It was anticipated that only a small proportion of the total membership would be eligible and have access to the study invitation during the recruitment period, therefore, participants were urged to share the invitation and multiple reminders were sent during the study period. From those sources, a final sample of 232 eligible participants (in terms of age, gender, current marital status, and length of widowhood) was achieved.

**Quantitative Analysis**

Quantitative data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) v. 22. For each pertinent survey item, frequency reports were run to assess categorical and continuous distributions as well as to recognize common and unique responses from the respondents. Linear regressions (simple and multiple) were used to investigate the relationships between young widows’ quality of life (QoL), coping orientation (IDWL; loss-oriented and restoration-oriented coping), psychosocial balance (IPB; identity, intimacy, generativity), and grief (TRIG). Both $R^2$ and adjusted $R^2$ were used to quantify the strength of each regression model. Adjusted $R^2$ is a downwards adjustment for the number of IVs in the model, a more parsimonious assessment of the overall model. Because the aim of this study was to provide a general description of grief in young widowhood derived from the population of participants, adjusted $R^2$ was used to report the percentage of variation in grief predicted by each variable.
Scatterplots were created to determine whether the associations between predictor variables and grief (the dependent variable) had a more apparent linear or curvilinear relationship. In instances where a curvilinear relationship was apparent, models included both linear and quadratic terms to model this relationship.

In addition to regression analyses, a correlation matrix was used to investigate the relationships between the sociodemographic similarities and differences of young widows and grief. These correlation analyses were conducted to assess violations of the assumptions of normality, homoscedasticity, and to account for issues with multicollinearity (Tabachnick & Fidell, 2007). A final multiple regression model of grief in young widowhood was constructed including only those predictors that were statistically significant in simple regression analyses and which passed the tests of multicollinearity to identify the amount of unique variance in grief explained by each such predictor. In summary, when variables were correlated at the $r = .50$ level or greater (collinear), the variable that demonstrated a stronger relationship with grief was retained for further analysis.

**Research Question Analyses**

**Quality of Life, Coping Orientation, Psychosocial Balance, and Grief**

To examine the first research question (*What is the relationship between quality of life, coping orientation, psychosocial balance, and grief in young widowhood?*), three simple regression analyses were conducted to explicate the bivariate relationships between the independent variables quality of life (QoL), coping orientation (LO and RO
coping), psychosocial balance (IPB; identity, intimacy, generativity), and the dependent variable grief (both past and present subscales). Next, to ascertain the effects of controlling for each independent variable, grief was regressed on pairings of the three independent variables; QoL and coping orientation, QoL and IPB, and IPB and coping orientation. The results of this multiple regression were compared to the results of each of the simple regressions (grief on QoL, grief on coping, and grief on each IPB subscale) to analyze the overlap in variance accounted for by each. Following these analyses, grief was regressed on all three independent variables: QoL, coping, and IPB, to assess the unique prediction of grief that each independent variable carried. Only those relationships that were significant were included in the final models.

**Sociodemographic Characteristics and Grief**

To test the second research question (*What is the relationship between the sociodemographic characteristics of young widows and grief*?), a correlation matrix with age, length of relationship and widowhood, raising dependent children, financial worries, changes in labor force participation, religiosity, social support, and grief was computed. Selected to be included in the final analyses was each sociodemographic independent variable that was significantly related to grief at the bivariate level, and that did not also correlate above $r = .50$ with any other sociodemographic variable (to avoid problems with multicollinearity). Subsequently, regression analyses were conducted to assess the bivariate relationships between each significant noncollinear sociodemographic predictor variable (retained from the correlation analysis) and the outcome variable grief.
Unique Grief Variance Explained by Predictor Variables

To test the third research question (How much unique variance in grief experienced by young widows is explained by each of the following individual predictors - coping orientation, quality of life, psychosocial balance, the sociodemographic characteristics of age, length of relationship, marriage, and widowhood, raising dependent children, financial worries, changes in labor force participation, religiosity, and social support?), two sets of analyses were conducted to more parsimoniously describe the predictors and associated sociodemographic characteristics related to grief in young widowhood. In the first step, grief was regressed on all significant independent variables (coping orientation, quality of life, and psychosocial balance) from the first Research Question, and all significant sociodemographic independent variables (age, length of relationship and widowhood, raising dependent children, financial worries, changes in labor force participation, religiosity, social support) from the second research question. In the final model, when adjusting for all other independent variables in the model, grief was regressed on those independent and sociodemographic variables retained from the preceding analyses which explained a unique portion of the total variance of grief levels.
CHAPTER IV
RESULTS

The following sections review the outcomes derived from the analytic procedures described in the last chapter. These processes were used to generate a description of young widowhood as assessed by the research questions and hypotheses. Analyses include descriptive statistics (means, standard deviations, and frequencies of key study variables), inferential statistics to compare variables between individuals and between groups with common characteristics, and correlational analyses to describe the relative influence of specific study variables on grief in young widowhood. To help clarify the results of regression analyses, throughout this chapter and associated tables “B” will be listed representing unstandardized coefficients, and “β” will be used to represent the standardized coefficients. Results emphasize the standardized coefficients to facilitate interpretation of the relative strength of association with grief of the various predictors which have different scales of measurement. Additionally, due to missing data which varied from survey to survey, the sample numbers (N) and percentages reported in the sections below represent the number of completed items for which the associated analyses were completed.

Descriptive Statistics

Participants

The average age of participants at the time of loss was 41 years ($M = 40.99$, $SD = 7.62$, range 18-55), which places this sample at the higher end of past research done with
young widows (Parkes, 1975). When asked how long it had been since their spouse passed away, the largest proportion (44.3%; \( n = 230 \)) indicated that they had been widowed between 24 months and 5 years prior to participating in the study. Results from survey items tapping family dynamics reveal that the time frame identified by the largest percentage of participants was 20 or more years for both length of time as a couple and length of marriage (39.5% and 31.9% respectively). When asked to reflect upon their spouse and relationship prior to loss, the majority of young widows (82.7%; \( n = 179 \)) rated the relationship with their deceased husband as “closer than any relationship I’ve ever had before or since.”

Regarding parenting, more than two thirds (68%; \( n = 172 \)) indicated that they had raised dependent children since losing their husband. The average number of dependent children raised during the period of widowhood was slightly more than 2 (\( M = 2.26, \) range 1-6; \( n = 172 \)), and the average age of those children raised since time of loss was 10.7 years old. Most participants were White or Caucasian (91.5%), and the religious preference most often endorsed by responding participants was Latter-day Saint (Mormons; 37.6%; \( n = 174 \)). For additional detail regarding the make-up of the study sample, refer to Table 2.

Average TRIG scores for this sample represented a moderate level of grief (\( M = 49.83, SD = 14.91, \) range 21-105), with higher TRIG scores representing lower levels of grief. These grief scores are higher than findings in past research for groups who are, on average, greater than 2 years post loss (c.f. Caserta & Lund, 2007). For most (69%; \( n = 207 \)) the death of their husband was unexpected, and nearly two-thirds (63.3%; \( n = 229 \)) reported that their husband had died of natural causes. More than half of those who
### Table 2

**Sociodemographic Characteristics of Study Participants**

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at time of survey</td>
<td>141</td>
<td>43.67</td>
<td>8.24</td>
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</tr>
<tr>
<td>Age at time of loss</td>
<td>230</td>
<td>40.95</td>
<td>7.67</td>
<td></td>
</tr>
<tr>
<td>Spouse’s age at death</td>
<td>230</td>
<td>44.15</td>
<td>9.20</td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>176</td>
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<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>161</td>
<td>91.5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5</td>
<td>2.8</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3</td>
<td>1.7</td>
<td>1</td>
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<tr>
<td>Other</td>
<td>7</td>
<td>3.9</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Religious affiliation</td>
<td>174</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buddhist</td>
<td>3</td>
<td>1.7</td>
<td>1</td>
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</tr>
<tr>
<td>Catholic</td>
<td>23</td>
<td>13.2</td>
<td>1</td>
<td></td>
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<tr>
<td>Jewish</td>
<td>4</td>
<td>2.4</td>
<td>1</td>
<td></td>
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<tr>
<td>Latter-day Saint (Mormon)</td>
<td>64</td>
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<tr>
<td>Protestant</td>
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<tr>
<td>Non-denominational</td>
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<tr>
<td>No religion</td>
<td>26</td>
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<tr>
<td>Other</td>
<td>17</td>
<td>9.8</td>
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<tr>
<td>Intrinsic religiosity (range 3-15)</td>
<td>172</td>
<td>11.31</td>
<td>3.88</td>
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</tr>
<tr>
<td>Length of widowhood</td>
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<tr>
<td>0-1 months</td>
<td>4</td>
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<td>2-5 months</td>
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<td>6-11 months</td>
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<td>17.4</td>
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<td>12-23 months</td>
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<td>24 months-5 years</td>
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<tr>
<td>Length of relationship</td>
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<tr>
<td>0-4 years</td>
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<td>5-9 years</td>
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<td>15.4</td>
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<td>10-14 years</td>
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<tr>
<td>15-19 years</td>
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<td>20+ years</td>
<td>90</td>
<td>39.5</td>
<td>1</td>
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<tr>
<td>Length of marriage</td>
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<tr>
<td>0-4 years</td>
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<td>20.1</td>
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<tr>
<td>5-9 years</td>
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<td>19.2</td>
<td>1</td>
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<tr>
<td>10-14 years</td>
<td>41</td>
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<tr>
<td>15-19 years</td>
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<td>10.9</td>
<td>1</td>
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<tr>
<td>20+ years</td>
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<td>31.9</td>
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(Table continues)
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<th>n</th>
<th>%</th>
<th>Mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Level of education at time of loss</td>
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<td></td>
<td></td>
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<tr>
<td>Some high school</td>
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<td>1.7</td>
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<td>High school graduate or GED</td>
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<td>12.7</td>
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<td>Some college or associate’s degree</td>
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<td>39.3</td>
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<tr>
<td>College graduate (bachelor’s degree)</td>
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<td>32.9</td>
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<td></td>
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<tr>
<td>Post graduate or professional degree</td>
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<td>13.3</td>
<td></td>
<td></td>
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<td>Employment status at time of loss</td>
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<tr>
<td>Full-time employed</td>
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<td>Part-time employed</td>
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<td></td>
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<tr>
<td>Not employed, looking</td>
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<td>2.9</td>
<td></td>
<td></td>
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<tr>
<td>Not employed</td>
<td>61</td>
<td>35.3</td>
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<td></td>
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<tr>
<td>Household income (US$)</td>
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<td></td>
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<tr>
<td>0-24,999</td>
<td>43</td>
<td>25.3</td>
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<td>25,000-49,999</td>
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<td>38.8</td>
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<td>50,000-74,999</td>
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<td>22.9</td>
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<td>75,000-99,999</td>
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<td>100,000 or more</td>
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<td>6.5</td>
<td></td>
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<tr>
<td>Net worth (US$)</td>
<td>169</td>
<td></td>
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<tr>
<td>0-49,999</td>
<td>68</td>
<td>40.2</td>
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</tr>
<tr>
<td>50,000-99,999</td>
<td>23</td>
<td>13.6</td>
<td></td>
<td></td>
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<tr>
<td>100,000-249,999</td>
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<td>17.2</td>
<td></td>
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<tr>
<td>250,000-499,999</td>
<td>22</td>
<td>13.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500,000-1,000,000</td>
<td>14</td>
<td>8.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,000,000 or more</td>
<td>13</td>
<td>7.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worry about finances?</td>
<td>173</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>22</td>
<td>12.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hardly ever</td>
<td>24</td>
<td>13.9</td>
<td></td>
<td></td>
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<tr>
<td>Once in a while</td>
<td>38</td>
<td>22.0</td>
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<td></td>
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<tr>
<td>Often</td>
<td>45</td>
<td>26.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Almost all the time</td>
<td>44</td>
<td>25.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raised dependent child(ren) since loss</td>
<td>172</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>117</td>
<td>68.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>55</td>
<td>32.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cared for an ailing relative since loss</td>
<td>174</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>6.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>162</td>
<td>93.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: (N = 232).

responded (57.9%; n = 178) indicated that they felt some guilt following their husband’s death (“completely” or “mostly true”). However, when asked if participants felt as though they “could have prevented” their husband’s death, less than a third (30.9%, n = 178) considered that statement as either “completely” or “mostly true.”
When queried regarding socioeconomic factors, the majority (87%; n = 170) indicated that they had a pretax annual household income less than 75,000, 38.2% (n = 173) reported that they experienced a change in their employment since becoming a widow, and 6.9% (n = 173) of participants indicated that they had completed additional education following the death of their husband. Finally, more than half (51.4%; n = 173) of participants reported that they worried about finances “often” or “almost all the time.” For additional detail regarding the loss related characteristics of the study sample, refer to Table 3.

**Research Question 1**

*Research question 1: What is the relationship between quality of life, coping orientation, psychosocial balance, and grief in young widowhood?* When asked to describe their quality of life during the week preceding participation in the study (N = 232), 7.3% reported “excellent,” 42.7% “good,” 33.6% “fair,” and 3.4% “very bad.” At the point of involvement in the study, participants rated themselves as more loss-oriented (M = 28.27, SD = 6.44) than restoration-oriented (M = 25.97, SD = 5.70). There was a significant difference in LO and RO coping; paired t(176) = -3.36, p < .001. Additionally, mean oscillation balance (LO minus RO), or the degree to which widows engaged in both processes (Caserta & Lund, 2007), was -2.3 for the sample. Further, there was a significant difference in participants’ mean oscillation level and perfect balance (LO – RO = 0); p < .001. Regarding widows’ early to middle adulthood psychosocial development, participants’ average IPB subscale score for identity balance was just over 38 (M = 38.38, SD = 7.39, range 12-60), average intimacy balance score
Table 3

Loss-Related Characteristics of Study Participants

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship quality with late husband</td>
<td>179</td>
<td></td>
</tr>
<tr>
<td>Closer than any relationship before or since</td>
<td>148</td>
<td>82.7</td>
</tr>
<tr>
<td>Closer than most</td>
<td>25</td>
<td>14.0</td>
</tr>
<tr>
<td>About as close as most</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not as close as most</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>Not very close at all</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Was the death expected?</td>
<td>207</td>
<td></td>
</tr>
<tr>
<td>Expected</td>
<td>47</td>
<td>22.7</td>
</tr>
<tr>
<td>Unexpected</td>
<td>160</td>
<td>77.3</td>
</tr>
<tr>
<td>Was the death due to natural/unnatural causes?</td>
<td>229</td>
<td></td>
</tr>
<tr>
<td>Natural (illness, disease)</td>
<td>145</td>
<td>63.3</td>
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<tr>
<td>Unnatural (accident, suicide)</td>
<td>84</td>
<td>36.7</td>
</tr>
<tr>
<td>I feel as though I could have prevented the death</td>
<td>178</td>
<td></td>
</tr>
<tr>
<td>Completely True</td>
<td>15</td>
<td>8.4</td>
</tr>
<tr>
<td>Mostly true</td>
<td>40</td>
<td>22.5</td>
</tr>
<tr>
<td>Neither true nor false</td>
<td>32</td>
<td>18.0</td>
</tr>
<tr>
<td>Mostly false</td>
<td>30</td>
<td>16.9</td>
</tr>
<tr>
<td>Completely false</td>
<td>61</td>
<td>34.3</td>
</tr>
<tr>
<td>I feel guilty about things that could have been done/said</td>
<td>178</td>
<td></td>
</tr>
<tr>
<td>Completely True</td>
<td>58</td>
<td>32.6</td>
</tr>
<tr>
<td>Mostly true</td>
<td>45</td>
<td>25.3</td>
</tr>
<tr>
<td>Neither true nor false</td>
<td>20</td>
<td>11.2</td>
</tr>
<tr>
<td>Mostly false</td>
<td>34</td>
<td>19.1</td>
</tr>
<tr>
<td>Completely false</td>
<td>21</td>
<td>11.8</td>
</tr>
<tr>
<td>Did you participate in rituals? (list all that apply)</td>
<td>232</td>
<td></td>
</tr>
<tr>
<td>Funeral or memorial service</td>
<td>215</td>
<td>92.7</td>
</tr>
<tr>
<td>Burial or graveside service</td>
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<td>50.9</td>
</tr>
<tr>
<td>Wake</td>
<td>54</td>
<td>23.3</td>
</tr>
<tr>
<td>Scattering ashes</td>
<td>27</td>
<td>11.6</td>
</tr>
<tr>
<td>Other, not listed</td>
<td>14</td>
<td>6.0</td>
</tr>
<tr>
<td>I did not participate in rituals</td>
<td>3</td>
<td>1.3</td>
</tr>
<tr>
<td>Rituals helped me cope with grief</td>
<td>229</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>141</td>
<td>61.6</td>
</tr>
<tr>
<td>No</td>
<td>42</td>
<td>18.3</td>
</tr>
<tr>
<td>I don’t know</td>
<td>46</td>
<td>20.1</td>
</tr>
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</table>

*Note: (N = 232).*
was 44 ($M = 44.20$, $SD = 8.17$, range 12-60), and average generativity balance score was nearly 55 ($M = 54.98$, $SD = 10.97$, range 15-75). These averages were comparable, though slightly lower than similar age, nonwidowed participants from earlier IPB research (Domino & Affonso, 1990).

To answer the first research question, regression and correlation analyses were performed. First, three simple regression analyses were conducted to explicate the bivariate relationships between the independent variables quality of life (QoL), coping orientation (Loss-oriented, LO and restoration-oriented, RO coping), the early to middle adulthood stages of psychosocial development (IPB subscales; identity, intimacy, and generativity), and the outcome variable grief (higher TRIG scores represent lower levels of grief). Additionally, each bivariate relationship was assessed using scatterplots to visually identify the presence of linear and possible curvilinear relationships. For each visually quadratic predictor variable (e.g., intimacy), a linear term (intimacy) and quadratic term (intimacy$^2$) were added to the regression model. A significant positive regression coefficient for the linear term would mean that increases in the predictor variable are associated with increases in the dependent variable. Similarly, a statistically significant positive regression coefficient for the quadratic term would mean that increases in the predictor variable are associated with greater acceleration (faster increases) in the dependent variable, such that a one-point higher value on the predictor variable equates to an even higher increase on the dependent variable, for larger and larger values of the predictor variable. Based on scatterplot analyses, intimacy balance was found to have a curvilinear relationship with participant levels of grief. Therefore, both linear and quadratic intimacy terms were included in subsequent analyses. None of
the other predictors used in the analyses of the first research question displayed a nonlinear pattern of association with grief in scatterplots, so no quadratic terms were included in models for these predictors.

**Models 1-6.** In separate linear regression models, grief was regressed on (1) quality of life (QoL), coping orientations; (2) LO, (3) RO, and psychosocial development, (4) identity, (5) intimacy, and (6) generativity. Results of these analyses are displayed in Table 4.

Higher QoL scores were associated with lower levels of grief. QoL scores explained 24.4% of the variance in grief levels, $R^2 = .248$, Adjusted $R^2 = .244$, $F(1, 176) = 57.98$, $p < .001$. Higher levels of LO coping were associated with higher levels of grief,

<table>
<thead>
<tr>
<th>Variables</th>
<th>Models 1</th>
<th>Models 2</th>
<th>Models 3</th>
<th>Models 4</th>
<th>Models 5</th>
<th>Models 6</th>
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<tr>
<td>Quality of life (QoL)</td>
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<tr>
<td>Loss-oriented coping (LO)</td>
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<td>-0.68***</td>
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<td>Restoration-oriented coping (RO)</td>
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<td>Identity</td>
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<td></td>
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<td>0.31***</td>
<td>0.80, (0.19)</td>
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<tr>
<td>Intimacy</td>
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<td></td>
<td>-1.12</td>
<td>-2.92, (1.45)</td>
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<td>Intimacy$^2$</td>
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<td></td>
<td></td>
<td></td>
<td>1.45*</td>
<td>1.45*</td>
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<tr>
<td>Generativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.04, (0.20)</td>
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</tr>
<tr>
<td>$F$</td>
<td>57.98***</td>
<td>150.11***</td>
<td>18.22***</td>
<td>30.18***</td>
<td>13.25***</td>
<td>12.54***</td>
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<tr>
<td>Model Adjusted-$R^2$</td>
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<td>.46</td>
<td>.09</td>
<td>.14</td>
<td>.12</td>
<td>.06</td>
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</tbody>
</table>

*Note. Standard error of the coefficient is shown in parentheses. Positive parameter estimates are associated with lower levels of grief and negative parameter estimates with higher levels of grief.*

* $p < .05$. ** $p < .001$. 
and LO explained 46.2% of the variance in grief levels, $F(1, 175) = 150.11, p < .001$.

Higher levels of RO coping were associated with lower levels of grief, and RO explained 8.6% of the variance in levels of grief, $F(1, 175) = 18.22, p < .001$.

Higher scores on the identity balance subscale predicted lower levels of grief. Identity balance explained 14.2% of variance in levels of grief, $F(1, 176) = 30.18, p < .001$. There was a curvilinear relationship between intimacy and grief. Over the full range of intimacy balance scores, grief does not significantly vary with level of intimacy ($\beta = -1.12, p = .073$ for the linear term). However, at higher levels of intimacy, this changes such that each one-point increase in intimacy balance has an ever-stronger association with lower levels of grief ($\beta = 1.45, p = .020$ for the quadratic term). The combination of linear and quadratic intimacy also explained 12.2% of the variance in levels of grief, $F(2, 175) = 13.25, p < .001$.

Finally, higher levels of generativity predicted lower levels of grief. Generativity balance also explained 6.1% of the variance in levels of grief, $F(1, 176) = 12.54, p < .001$.

Next, models of multiple regressions were conducted with participant grief regressed on pairings of the independent variables. The combination of QofL and the other predictors from the first Research Question can be seen in Table 5.

**Models 7 & 8: Quality of life and coping orientation.** When accounting for levels of LO coping, higher QofL scores significantly predicted lower levels of grief ($\beta = 0.26, p < .001$), and when accounting for QofL scores, higher levels of LO coping significantly predicted higher levels of grief ($\beta = -0.58, p < .001$). The linear combination
Table 5

**Linear Multiple Regression Models of Level of Grief Regressed on Bio-Psychosocial Predictors**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Models 7</th>
<th>Models 8</th>
<th>Models 9</th>
<th>Models 10</th>
<th>Models 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of life (QofL)</td>
<td>0.26***</td>
<td>0.47***</td>
<td>0.41***</td>
<td>0.43***</td>
<td>0.48***</td>
</tr>
<tr>
<td></td>
<td>4.04, (0.88)</td>
<td>7.16, (1.22)</td>
<td>6.21, (1.12)</td>
<td>6.53, (1.10)</td>
<td>7.32, (1.12)</td>
</tr>
<tr>
<td>Loss-oriented coping (LO)</td>
<td>-0.57***</td>
<td>-1.33, (0.13)</td>
<td></td>
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</tr>
<tr>
<td>Restoration-oriented coping (RO)</td>
<td>0.05</td>
<td>0.12, (0.21)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity</td>
<td></td>
<td></td>
<td>0.18**</td>
<td>0.43, (0.17)</td>
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</tr>
<tr>
<td>Intimacy</td>
<td>-1.04</td>
<td>-2.43, (1.33)</td>
<td>1.18*</td>
<td>0.03, (0.02)</td>
<td></td>
</tr>
<tr>
<td>Intimacy2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.04</td>
</tr>
<tr>
<td>Generativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.07, (0.15)</td>
</tr>
<tr>
<td>F</td>
<td>94.38***</td>
<td>28.23***</td>
<td>32.90***</td>
<td>22.44***</td>
<td>28.99***</td>
</tr>
<tr>
<td>Model Adjusted-$R^2$</td>
<td>.52</td>
<td>.24</td>
<td>.27</td>
<td>.27</td>
<td>.24</td>
</tr>
</tbody>
</table>

*Note.* Standard error of the coefficient is shown in parentheses. Positive parameter estimates are associated with lower levels of grief and negative parameter estimates with higher levels of grief. Standardized $\beta$, unstandardized $B$ coefficients, and standard errors. *$p < .05$. **$p < .01$. ***$p < .001$.  

of QofL and LO accounted for 51.5% of the variance in levels of grief, $F(2, 174) = 94.38$, $p < .001$.

The combination of QofL and RO was significantly related to grief. When accounting for levels of RO coping, higher QofL scores significantly predicted lower levels of grief ($\beta = 0.47, p < .001$) and when accounting for QofL scores, RO coping did not significantly predict unique variance in levels of grief ($\beta = 0.05, p = .571$). Based on these analyses, 23.6% of the variance in levels of grief can be accounted for by the linear combination of QofL and RO coping orientation, $F(2, 174) = 28.23, p < .001$.

**Models 9-11: Quality of life and psychosocial balance.** The combination of QofL and identity balance was significantly related to grief. When accounting for levels of identity, higher QofL scores significantly predicted lower levels of grief ($\beta = 0.47, p < 0.001$).
and when accounting for QoL scores, higher levels of identity significantly predicted lower levels of grief ($\beta = 0.18, p = .016$). Based on these analyses, 26.5% of the variance in levels of grief can be accounted for by the linear combination of QoL and identity, $F(2, 175) = 32.90, p < .001$.

The combination of QoL and intimacy balance (including both linear and quadratic intimacy terms) was significantly related to grief. When accounting for both linear and quadratic intimacy, higher levels of QoL significantly predicted lower levels of grief ($\beta = 0.43, p < .001$). Over the full range of intimacy balance scores when accounting for QoL, grief does not significantly vary with level of intimacy ($\beta = -1.04, p = .068$ for the linear term). However, at higher levels of intimacy, this changes such that each one-point increase in intimacy balance has an ever-stronger association with lower levels of grief ($\beta = 1.18, p = .039$ for the quadratic term). Based on these analyses, 26.7% of the variance in grief levels can be accounted for by the combination of QoL and both linear and quadratic intimacy, $F(3, 174) = 22.44, p < .001$.

The combination of QoL and generativity balance was also significantly related to grief. When accounting for levels of generativity, higher QoL scores significantly predicted lower levels of grief ($\beta = 0.48, p < .001$), however when accounting for QoL scores, generativity did not predict unique statistically significant variance in levels of grief ($\beta = 0.04, p = .620$). Based on these analyses, 24% of the variance in levels of grief can be accounted for by the linear combination of QoL and generativity, $F(3, 174) = 22.44, p < .001$. 


Next, a multiple regression analysis was conducted to see if models using the combination of the individual coping orientations (LO and RO) and IPB subscale scores predicted levels of grief. Results of these models can be seen in Table 6.

**Models 12-14: Loss-oriented coping and psychosocial balance.** When accounting for levels of identity balance, higher LO scores significantly predicted higher levels of grief ($\beta = -0.62, p < .001$), and when accounting for LO coping, identity significantly predicted lower levels of grief ($\beta = 0.23, p < .001$). Based on these analyses, 50.5% of the variance in grief levels can be accounted for by the linear combination of LO coping orientation and identity, $F(2, 174) = 90.74, p < .001$.

The combination of LO and intimacy balance (linear and quadratic terms) was

### Table 6

*Linear Multiple Regression Models of Level of Grief Regressed on Bio-Psychosocial Predictors*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Models</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Loss-oriented</td>
<td>Restoration</td>
<td>Identity</td>
<td>Intimacy</td>
<td>Intimacy2</td>
<td>Generativity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>coping (LO)</td>
<td>oriented coping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-1.44, (0.13)</td>
<td>-1.48, (0.12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-0.62***</td>
<td>-0.64***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restoration</td>
<td>Identity</td>
<td>Intimacy</td>
<td>Intimacy2</td>
<td>Generativity</td>
<td>$F$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-1.52, (0.13)</td>
<td>0.23***</td>
<td>0.74, (0.17)</td>
<td>0.03, (0.01)</td>
<td></td>
<td>90.74***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-1.48, (0.12)</td>
<td>0.21**</td>
<td>0.55, (0.19)</td>
<td>0.18, (0.01)</td>
<td></td>
<td>63.76***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-0.64***</td>
<td>0.52, (0.20)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>-1.52, (0.13)</td>
<td>0.25**</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Restoration</td>
<td>Identity</td>
<td>Intimacy</td>
<td>Intimacy2</td>
<td>Generativity</td>
<td>$F$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-1.52, (0.13)</td>
<td>0.32***</td>
<td>0.74, (0.17)</td>
<td>0.03, (0.01)</td>
<td></td>
<td>90.74***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-1.48, (0.12)</td>
<td>0.52, (0.20)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-0.64***</td>
<td>0.64, (0.20)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Standard error of the coefficient is shown in parentheses. Positive parameter estimates are associated with lower levels of grief and negative parameter estimates with higher levels of grief. Standardized $\beta$, unstandardized $B$ coefficients and standard errors. *$p < .05$. **$p < .010$. ***$p < .001$.***
significantly related to grief. When accounting for intimacy balance, higher levels of LO coping significantly predicted higher levels of grief ($\beta = -0.64, p < .001$). Over the full range of linear intimacy balance scores when accounting for LO, grief significantly varies with level of intimacy ($\beta = -0.95, p = .040$ for the linear term). Further, at higher levels of intimacy, this accelerates such that each one-point increase in intimacy balance has an ever-stronger association with lower levels of grief ($\beta = 1.18, p = .011$ for the quadratic term). Based on these analyses, 51.7% of the variance in grief levels can be accounted for by the combination of LO coping orientation and both linear and quadratic intimacy, $F(3, 173) = 89.63, p < .001$.

The combination of LO and generativity balance was significantly related to grief. When accounting for levels of generativity, higher LO scores significantly predicted higher levels of grief ($\beta = -0.66, p < .001$), and when accounting for LO coping, generativity significantly predicted lower levels of grief ($\beta = 0.16, p = .005$). Based on these analyses, 47.9% of the variance in grief levels can be accounted for by the linear combination of LO coping and generativity, $F(2, 174) = 82.03, p < .001$.

**Models 15-17: Restoration-oriented coping and psychosocial balance.** The combination of RO and identity balance was significantly related to grief. When accounting for levels of identity, higher RO scores significantly predicted lower levels of grief ($\beta = 0.21, p = .004$), and when accounting for RO coping, identity scores significantly predicted lower levels of grief ($\beta = 0.32, p < .001$). Based on these analyses, 17.5% of the variance in grief levels can be accounted for by the linear combination of RO coping orientation and identity, $F(2, 174) = 19.66, p < .001$. 

The combination of RO and intimacy balance (linear and quadratic terms) was significantly related to grief. When accounting for both linear and quadratic intimacy, higher levels of RO coping significantly predicted lower levels of grief ($\beta = 0.20$, $p = .009$). Over the full range of intimacy balance scores when accounting for RO coping, grief does not significantly vary with level of intimacy ($\beta = -1.01$, $p = .103$ for the linear term). However, at higher levels of intimacy, this changes such that each one-point increase in intimacy balance has an ever-stronger association with lower levels of grief ($\beta = 1.26$, $p = .043$ for the quadratic term). Based on these analyses, 14.8% of the variance in grief levels can be accounted for by the combination of RO coping orientation and both linear and quadratic intimacy, $F(3, 173) = 11.15, p < .001$.

The combination of RO and generativity balance was significantly related to grief. When accounting for levels of generativity, higher RO scores significantly predicted lower levels of grief ($\beta = 0.25$, $p = .002$), and when accounting for RO coping, generativity significantly predicted lower levels of grief ($\beta = 0.16$, $p = .047$). Based on these analyses, 10.4% of the variance in grief levels can be accounted for by the combination of RO coping orientation and generativity, $F(2, 174) = 11.27, p < .001$.

**Quality of life, coping orientation, and psychosocial balance.** The final prediction model used to assess research question 1 including quality of life, coping orientation (both LO and RO), and psychosocial balance (identity, intimacy, and generativity) was statistically significant, $F(7, 169) = 31.16, p < .001$ and accounted for 54.5% of the variance in participant reported grief. In this model, grief was primarily predicted by intimacy balance and LO coping. Intimacy received the strongest weight in
the model, followed by LO coping. The regression coefficients of the predictors can be seen in Table 7.

Consistent with study hypotheses, quality of life, RO coping, identity, and intimacy balance (quadratic term) were positively correlated with grief, indicating that higher scores in these variables were associated with lower levels of grief. Additionally, LO coping was negatively correlated with grief levels, indicating that higher levels of loss-oriented coping was associated with higher levels of grief. Contrary to study hypotheses, when accounting for all the predictors in this model, generativity was negatively, though not significantly, associated with levels of grief. Further, when accounting for all of these predictors, only loss-oriented coping and intimacy balance (quadratic term) had statistically significant regression weights ($\beta = -0.58$, $p < .001$ and $\beta = 0.91$, $p = .049$, respectively). These results indicate that after controlling for the other

Table 7

*Linear Multiple Regression Model of Level of Grief Regressed on Bio-Psychosocial Predictors*

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE\ B$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>104.16</td>
<td>24.03</td>
<td></td>
</tr>
<tr>
<td>Quality of life</td>
<td>1.91</td>
<td>1.11</td>
<td>0.13</td>
</tr>
<tr>
<td>Loss-oriented coping (LO)</td>
<td>-1.34</td>
<td>0.13</td>
<td>-0.58***</td>
</tr>
<tr>
<td>Restoration-oriented coping (RO)</td>
<td>0.28</td>
<td>0.17</td>
<td>0.11</td>
</tr>
<tr>
<td>Identity</td>
<td>0.23</td>
<td>0.16</td>
<td>0.10</td>
</tr>
<tr>
<td>Intimacy</td>
<td>-1.85</td>
<td>1.06</td>
<td>-0.79</td>
</tr>
<tr>
<td>Intimacy$^2$</td>
<td>0.03</td>
<td>0.01</td>
<td>0.91*</td>
</tr>
<tr>
<td>Generativity</td>
<td>-0.13</td>
<td>0.14</td>
<td>-0.06</td>
</tr>
</tbody>
</table>

*Note: Model adjusted $R^2 = .545$. Positive parameter estimates are associated with lower levels of grief and negative parameter estimates with higher levels of grief.  
*$p < .05. ***p < .001.*
variables in this model, young widows reporting higher levels of LO coping were more likely to report higher levels of grief. Additionally, over the full range of intimacy levels, grief does not significantly vary with levels of linear intimacy. However, at higher levels of intimacy balance, this changes such that each one-point increase in intimacy scores has an ever-stronger association with lower levels of grief. Based on these outcomes, LO coping and intimacy balance were included in the final prediction models.

**Research Question 2**

Research question 2: *What is the relationship between the sociodemographic characteristics of young widows and grief?* To answer the second research question, two levels of analyses were conducted. As was carried out in the first research question, scatterplots (and subsequent regression analyses) for each predictor were assessed for quadratic relationships with grief. Based on these analyses, intrinsic religiosity (InRel) was found to have a curvilinear relationship with the outcome variable grief. Therefore, both a linear (InREL) and quadratic (InRel²) term were included in subsequent analyses. None of the other sociodemographic predictors used in the analyses of research question 2 displayed a nonlinear pattern of association with grief in scatterplots, so no quadratic terms were included in models for these predictors.

In the first step, a correlation matrix with age, length of relationship and length of widowhood, raising dependent children, financial worry, changes in labor force participation, religiosity (organized, nonorganized, and intrinsic), social support (sources and helpfulness), and grief was computed. Results from these analyses can be seen in Table 8
Upon review of the correlation matrix, there were collinearity issues between age and length of relationship, and among the three religiosity measures. Participant age and length of relationship were related at $r = .52, p < .001$. Length of relationship was retained for regression analysis because of its higher association with grief ($r = .28, p < .001$). Organized religious activity and non-organized religious activity were both related to intrinsic religiosity at $r = .60, p < .001$ and $r = .78, p < .001$ respectively. Intrinsic religiosity was retained for regression analysis because of its higher association with grief relative to both organized and nonorganized religiosity ($r = .34, p < .001$). Further, because they were not significantly related to grief in correlation analyses, length of widowhood, raising dependent children, and changes in employment were not retained for further regression analyses. Ultimately, how long participants and their late husbands had been a couple (length of relationship), financial worry, intrinsic religiosity (both linear and quadratic terms), sources of social support, and helpfulness of social support were retained for further analysis.

In the second step, five linear regression models were analyzed to assess the bivariate relationships between those sociodemographic predictor variables retained from the correlation matrix with levels of grief. In separate models, grief was regressed on (1) length of relationship, (2) financial worry, (3) intrinsic religiosity (both linear and quadratic terms), (4) sources of social support, and (5) helpfulness of social support. Results of these model analyses are displayed in Table 9.
Table 8

**Sociodemographic Variables and Grief Correlation Matrix**

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Age</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2 Length of relationship</td>
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</tr>
<tr>
<td>3 How long a widow</td>
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<td>.016</td>
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<tr>
<td>4 Dependent children</td>
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<td>.013</td>
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<td></td>
</tr>
<tr>
<td>5 Financial worry</td>
<td>-.053</td>
<td>-.129</td>
<td>-.049</td>
<td>-.133</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>6 Employment change</td>
<td>-.004</td>
<td>-.052</td>
<td>-.026</td>
<td>.046</td>
<td>-.118</td>
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<td></td>
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</tr>
<tr>
<td>7 Religion: Organized</td>
<td>.074</td>
<td>.115</td>
<td>.008</td>
<td>.150</td>
<td>-.061</td>
<td>.054</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8 Religion: Nonorganized</td>
<td>-.134</td>
<td>.103</td>
<td>-.038</td>
<td>.158*</td>
<td>-.020</td>
<td>.002</td>
<td>.485***</td>
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<tr>
<td>9 Religion: Intrinsic</td>
<td>.139</td>
<td>.111</td>
<td>.043</td>
<td>.200*</td>
<td>-.094</td>
<td>.035</td>
<td>.600***</td>
<td>.752***</td>
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<tr>
<td>10 Religion: Intrinsic²</td>
<td>.142</td>
<td>.129</td>
<td>.038</td>
<td>.198**</td>
<td>-.137</td>
<td>.054</td>
<td>.590***</td>
<td>.738***</td>
<td>.983***</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Social support: Sources</td>
<td>-.145</td>
<td>-.060</td>
<td>-.080</td>
<td>.021</td>
<td>-.113</td>
<td>.051</td>
<td>.144</td>
<td>.172*</td>
<td>.254***</td>
<td>.258***</td>
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<td></td>
<td></td>
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<tr>
<td>12 Social support: Helpful</td>
<td>-.076</td>
<td>.094</td>
<td>-.063</td>
<td>.070</td>
<td>-.321***</td>
<td>.143</td>
<td>.138</td>
<td>.183*</td>
<td>.292***</td>
<td>.328***</td>
<td>.468***</td>
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<td></td>
</tr>
<tr>
<td>13 Grief (TRIG scores)</td>
<td>.231**</td>
<td>.283***</td>
<td>.129</td>
<td>.140</td>
<td>-.263***</td>
<td>.090</td>
<td>.161*</td>
<td>.300***</td>
<td>.304***</td>
<td>.335***</td>
<td>.179***</td>
<td>.325***</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** Positive coefficients are associated with lower levels of grief and negative coefficients with higher levels of grief.  
* *p < .05. ** *p < .010. *** *p < .001.
Table 9

Linear Regression Models of Level of Grief Regressed on Sociodemographic Predictors

<table>
<thead>
<tr>
<th>Variables</th>
<th>Models 1</th>
<th>Models 2</th>
<th>Models 3</th>
<th>Models 4</th>
<th>Models 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of relationship</td>
<td>0.28***</td>
<td>-0.26***</td>
<td>-0.74</td>
<td>0.18*</td>
<td>0.33***</td>
</tr>
<tr>
<td></td>
<td>2.99, (0.77)</td>
<td>-2.92, (0.82)</td>
<td>-2.84, (1.51)</td>
<td>0.16, (0.07)</td>
<td>0.21, (0.08)</td>
</tr>
<tr>
<td>Financial worry</td>
<td></td>
<td></td>
<td>-0.74</td>
<td></td>
<td>0.16, (0.07)</td>
</tr>
<tr>
<td>Intrinsic religiosity</td>
<td></td>
<td></td>
<td>1.06**</td>
<td></td>
<td>0.81**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.21, (0.08)</td>
<td>0.16, (0.07)</td>
<td>1.06, (0.23)</td>
</tr>
<tr>
<td>Intrinsic religiosity2</td>
<td></td>
<td></td>
<td></td>
<td>0.33***</td>
<td></td>
</tr>
<tr>
<td>Social support: Availability</td>
<td></td>
<td></td>
<td></td>
<td>0.12</td>
<td>0.06</td>
</tr>
<tr>
<td>Social support: Helpfulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.03</td>
</tr>
<tr>
<td>Model Adjusted-$R^2$</td>
<td>.08</td>
<td>.06</td>
<td>.12</td>
<td>.03</td>
<td>.10</td>
</tr>
<tr>
<td>$F$</td>
<td>14.93***</td>
<td>12.75***</td>
<td>12.65***</td>
<td>5.81***</td>
<td>20.78***</td>
</tr>
</tbody>
</table>

Note. Standard error of the coefficient is shown in parentheses. Positive parameter estimates are associated with lower levels of grief and negative parameter estimates with higher levels of grief. Standardized $\beta$, unstandardized $B$ coefficients and standard errors $^*p < .05$, $^{**}p < .010$, $^{***}p < .001$.

Results of these analyses indicate that the longer participants had been in relationships with their late husbands (prior to loss), the lower their levels of grief. Length of relationship also explained a significant proportion (7.5%) of the variance in levels of grief, $F(1, 172) = 14.93, p < .001$. Lower levels of financial worry predicted lower levels of grief. Level of financial worry also explained 6.5% of the variance in participant grief levels, $F(1, 171) = 12.66, p < .001$.

There was a curvilinear relationship between intrinsic religiosity and grief. Over the full range of religiosity scores, grief does not significantly vary with level of religiosity ($\beta = -0.74, p = .062$ for the linear term). However, at higher levels of religiosity, this changes such that each one-point increase in religiosity scores has an ever-stronger association with higher levels of grief ($\beta = 1.06, p = .008$ for the quadratic
term). Additionally, religiosity (both linear and quadratic variables) explained a significant proportion (12%) of the variance in grief levels, $F(2, 169) = 12.65, p < .001$.

The final analyses were carried out to assess how sources and helpfulness of the sources of social support predicted levels of grief. Findings indicate that when participants received higher or perceived better levels of social support, they reported lower levels of grief. Sources explained a significant proportion of variance (2.6%) in levels of grief, $F(1, 176) = 5.81, p = .017$. Likewise, helpfulness scores explained a significant proportion of variance (10.1%) in levels of grief, $F(1, 176) = 20.78, p < .001$.

Only those sociodemographic variables that were retained from the correlation matrix and that significantly predicted grief at the bivariate level were retained to be included in the final models and analyses. Based on the results of these analyses, length of relationship, financial worry, intrinsic religiosity (both linear and quadratic terms), and both variables describing sources and helpfulness of social support (sources and helpfulness) were included in subsequent analyses.

**Research Question 3**

*Research question 3: How much unique variance in grief experienced by young widows is explained by each of the following individual predictors -- loss-oriented coping, intimacy balance, the sociodemographic characteristics of length of relationship, financial worry, intrinsic religiosity, and sources and helpfulness of social support?* To answer the third research question, two sets of analyses were conducted to achieve a more parsimonious model of bio psychosocial-spiritual predictors of grief in young widowhood. In the first step grief was regressed on all significant predictor variables
retained from analyses conducted in the first two research questions. In the first model used to assess research question 3, grief was regressed on loss-oriented coping and intimacy balance (both linear and quadratic terms), which were retained from the first research question. The results of these analyses can be seen in Table 10.

As was discussed earlier (research question 1), the combination of LO and intimacy (linear and quadratic terms) was significantly related to grief. Based on these analyses, 51.7% of the variance in grief levels can be accounted for by the combination of LO coping orientation and both linear and quadratic intimacy, $F(3, 173) = 89.63, p < .001$. When accounting for intimacy (both linear and quadratic terms), higher levels of LO coping significantly predicted higher levels of grief ($\beta = -0.64, p < .001$). Further, over the full range of intimacy balance scores when accounting for LO, grief significantly varies with level of intimacy ($\beta = -0.95, p = .040$ for the linear term).

Further, at higher levels of intimacy, this accelerates such that each one-point increase in intimacy balance has an ever-stronger association with lower levels of grief ($\beta = 1.18, p = .011$ for the quadratic term). Based on the results of this model, loss-oriented

### Table 10

*Linear Multiple Regression Analyses of Grief on Bio-Psychosocial Predictors Retained from Research Question 1*

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE_B$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>125.93</td>
<td>23.35</td>
<td></td>
</tr>
<tr>
<td>Loss-oriented coping (LO)</td>
<td>-1.48</td>
<td>0.12</td>
<td>-0.64***</td>
</tr>
<tr>
<td>Intimacy</td>
<td>-2.23</td>
<td>1.08</td>
<td>-0.95*</td>
</tr>
<tr>
<td>Intimacy$^2$</td>
<td>0.03</td>
<td>0.01</td>
<td>1.18*</td>
</tr>
</tbody>
</table>

*Note. Model adjusted $R^2 = .517$. Positive parameter estimates are associated with lower levels of grief and negative parameter estimates with higher levels of grief.*
* $p < .05$. $*** p < .001$. 
coping, and intimacy balance (both linear and quadratic terms) will be retained for analysis in the final model.

In the next model used to assess research question 3, grief was regressed on all significant sociodemographic variables (length of relationship, financial worry, intrinsic religiosity (linear and quadratic terms), sources of social support (DUSOCS), and helpfulness of social support (MOS) retained from the analyses used to address the second research question. Results of this regression analysis can be seen in Table 11.

The combination of predictors used in this model was significantly related to grief. Based on these analyses, 20% of the variance in grief levels can be accounted for by the combination of length of relationship, financial worry, intrinsic religiosity (both linear and quadratic terms), sources of social support, and helpfulness of social support sources, $F(6, 161) = 7.91, p < .001$. When accounting for the other predictors in this model, only the widow’s length of relationship with her late spouse was a statistically significant unique predictor of variance in levels of grief ($\beta = 0.21, p = .004$). Participants

Table 11

*Linear Multiple Regression Analyses of Grief on Sociodemographic Predictors Retained from Research Question 2*

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE\ B$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>36.39</td>
<td>8.91</td>
<td></td>
</tr>
<tr>
<td>Length of relationship</td>
<td>2.23</td>
<td>0.75</td>
<td>0.21**</td>
</tr>
<tr>
<td>Financial worry</td>
<td>-1.39</td>
<td>0.84</td>
<td>-0.12</td>
</tr>
<tr>
<td>Intrinsic religiosity: Linear term (InREL)</td>
<td>-1.19</td>
<td>1.55</td>
<td>-0.30</td>
</tr>
<tr>
<td>Intrinsic religiosity: Quadratic term (InREL$^2$)</td>
<td>0.11</td>
<td>0.08</td>
<td>0.53</td>
</tr>
<tr>
<td>Social support: Sources (DUSOC)</td>
<td>0.04</td>
<td>0.07</td>
<td>0.05</td>
</tr>
<tr>
<td>Social support: Helpfulness (MOS)</td>
<td>0.48</td>
<td>0.29</td>
<td>0.14</td>
</tr>
</tbody>
</table>

*Note. Adjusted $R^2 = .199$. Positive parameter estimates are associated with lower levels of grief and negative parameter estimates with higher levels of grief. **$p < .01$. 

**$p < .01$.**
who had been in a relationship with their late husband for longer periods of time reported lower levels of grief. Based on the results of this model, only widows’ length of relationship was retained for analysis in the final model.

In the final step, grief was regressed on those statistically significant predictors retained from the two preceding models using predictors retained from research questions 1 and 2. Based on the outcomes of those models, loss-oriented coping, intimacy balance (linear and quadratic terms), and length of relationship were retained for final analyses. Results from these analyses are reported in Table 12.

The combination of LO coping, intimacy balance (linear and quadratic terms), and length of relationship was significantly related to grief. Based on this final model, 55.4% of the variance in grief levels can be accounted for by the combination of LO coping orientation, intimacy balance (linear and quadratic terms), and length of relationship $F(4, 168) = 54.42, p < .001$. When accounting for the other predictors in this model, higher levels of LO coping significantly predicted higher levels of grief ($\beta = -0.60, p < .001$). Over the full range of intimacy balance scores when accounting for the

Table 12

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>SE $B$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>127.25</td>
<td>22.55</td>
<td></td>
</tr>
<tr>
<td>Loss-oriented coping (LO)</td>
<td>-1.40</td>
<td>0.12</td>
<td>-0.60***</td>
</tr>
<tr>
<td>Intimacy</td>
<td>-2.76</td>
<td>1.05</td>
<td>-1.18**</td>
</tr>
<tr>
<td>Intimacy$^2$</td>
<td>0.04</td>
<td>0.01</td>
<td>1.41**</td>
</tr>
<tr>
<td>Length of relationship</td>
<td>2.11</td>
<td>0.54</td>
<td>0.20***</td>
</tr>
</tbody>
</table>

Note. Model adjusted $R^2 = .554$. Positive parameter estimates are associated with lower levels of grief and negative parameter estimates with higher levels of grief.

**$p < .01$. ***$p < .001$. 
other predictors in the model, grief significantly varied with levels of intimacy balance ($\beta = -1.18$, $p = .009$ for the linear term). Further, at higher levels of intimacy, this accelerates such that each one-point increase in intimacy balance has an ever-stronger association with lower levels of grief ($\beta = 1.41$, $p = .002$ for the quadratic term). Finally, when accounting for the other predictors in the model, length of relationship significantly predicted lower levels of grief ($\beta = 0.20$, $p < .001$). Consistent with study hypotheses, higher levels of LO coping were associated with higher levels of grief, and higher levels of intimacy balance (the quadratic term) and widows’ longer length of relationship were associated with lower levels of grief.

**Summary of Findings**

Research question 1 addressed the relationships among the predictor variables quality of life (QofL), coping orientation (LO and RO), early to middle adulthood psychosocial development (identity, intimacy, and generativity), and the outcome variable grief. Overall, QofL, RO, identity, and generativity were all positively associated with grief scores indicating that higher levels of each variable predicted lower levels of participant grief. Intimacy balance demonstrated a positive and curvilinear relationship with grief levels such that each additional point higher on intimacy balance scores was associated with dramatically lower levels of grief compared to a one point change at lower levels of intimacy. Loss-oriented coping was significantly but negatively associated with grief levels such that higher levels of LO scores were associated with higher levels of grief.
Next, to assess the strength of the individual predictors, grief was regressed on pairings of the independent variables. Pairings of QofL and coping orientations (LO and RO), QofL and IPB subscale scores (identity, intimacy, and generativity), and coping orientation (LO and RO) and IPB subscale scores were all significantly and positively associated with grief scores or lower levels of grief.

Ultimately, to assess the unique prediction of participant grief, participant grief scores were regressed on all predictor variables; QofL, coping orientation, and IPB subscale scores. When accounting for these factors, intimacy and LO coping most strongly predicted participant levels of grief. Higher levels of loss-oriented coping were associated with higher levels of participant grief and each point higher on the intimacy subscale was associated with a dramatically higher levels of grief when compared with a one point change at lower levels of intimacy. Additionally, intimacy balance scores were one and one half times stronger predictors of participant levels of grief than LO scores.

To answer research question 2, first a correlation matrix was used to explore the associations between participant grief and sociodemographic characteristics of young widows. Review of those correlations indicated that how long participants had been a couple prior to loss (length of relationship), financial worry, intrinsic religiosity (InREL; both linear and quadratic terms), sources of social support (DUSOC), and helpfulness of social support sources (MOS) were retained for further analysis. In a second step, the outcome variable grief was regressed on each of these retained predictor variables. Results of these regression analyses indicate that each of these: length of relationship, financial worry, intrinsic religiosity (InREL), sources (DUSOC) and helpfulness (MOS) of social support significantly predicted young widows’ grief.
To answer research question 3, a more parsimonious final model describing young widow’s grief was created using two steps. In the first step, two regression analyses were conducted using the predictor variables retained from the analyses used in Research questions 1 and 2. Results from the first model indicate that both loss-oriented coping and intimacy balance significantly predicted participant grief. Greater levels of LO coping were associated with higher levels of grief and higher intimacy balance scores were associated with lower levels of widows’ grief. Results from the second model indicated that of the sociodemographic variables retained, only length of relationship was significantly associated with grief, and longer relationships were associated with lower levels of grief. In the second step, a final model of grief in young widowhood was analyzed. Grief was regressed on all retained significant predictors from the first two-part step. Results indicate that each of the three predictors: loss-oriented coping, intimacy balance, and length of relationship were significantly associated with grief. Higher levels of loss-oriented coping were linked to higher levels of grief. Higher levels of intimacy balance (quadratic term) as well as longer length of relationships were associated with lower levels of grief.
Throughout the literature on widowhood there is a nearly exclusive emphasis on bereavement and grief at older ages. This may stem largely from the fact, as one scholar emphasized, widowhood is “primarily a late-life experience” (Lee, 2014, p. 2). However according to a recent census (Elliott & Simmons, 2011), approximately one in six (15.9%) widows and widowers in the United States is younger than 55 years of age. The central focus of the current study is to build upon the limited research surrounding the grief experiences of the female portion of this younger widowed population.

Because of the extreme duress experienced by most who have lost a spouse (Holmes & Rahe, 1967), and the potentially and often socially compounded grief connected with loss that occurs outside the expectable lifecycle timetable (Ball, 1976; Carr & Utz, 2001; DiGiulio, 1992; Elder et al., 2003; Lowe & McClement, 2010; Mallan, 1975; Neugarten, 1968), this study described the interconnections among a variety of contextual, biological, psychosocial, and spiritual factors and young widows’ grief. Because of limited research on widowhood at younger ages, it is important to generate understanding toward a more supportive and solicitous “death system” (Kastenbaum, 2007). This knowledge may inform more helpful types of social support and targeted interventions toward adaptation and adjustment for younger widows in both intra- and interpersonal contexts (Thoits, 2011; Worden & Silverman, 1993).

When considered in isolation, all bio-psychosocial-spiritual constructs examined were significant predictors of grief, but the real benefit of this study is in ferreting out the
unique contribution of each of these constructs when they are examined for their net
prediction of grief, after controlling for the other constructs. Some findings from the
current study suggest that young widows’ grief is similar to (cf. Boelen & van Den Bout,
2002-2003), and in other ways different from conjugal grief at older ages (Ball, 1976;
DiGiulio, 1992). In the end, when accounting for all the predictors used in the current
study, young widows who were more loss-oriented in their coping process (focused on
the past, reflective upon their loss, and attuned to grief work), who lacked an empathic
confidant or had a weaker sense of connection with their deceased spouse and endorsed a
lesser balance between intimacy and isolation (Erikson, 1963, 1968), and those who had
been in relationships with their husbands for shorter periods of time (prior to loss)
reported higher levels of grief.

Grief may be associated with the extraordinary adjustment and struggles
experienced by younger widows (Ball, 1976; Lopata, 1975; Sanders, 1980; Stroebe &
Stroebe, 1993b). Study participants were, on average, just over 40 years old at the time of
loss, placing this study sample on the upper end of past young widowhood research (cf.
Haase & Johnston, 2012; Parkes, 1975). Though the largest subgroup of participants
(44.3%) reported widowhood of 2 or more years, a time frame commonly associated with
returning to preloss levels of depression and emotional wellbeing in samples of older
widows and widowers (Sasson & Umberson, 2014), average grief scores for this sample
were still at a moderate level. A discussion of each finding in this study is provided
below in the context of theory and published literature.
Quality of Life

Notwithstanding the reported levels of grief, more than three quarters of participants rated their recent quality of life as either “good” (42.7%) or “fair” (33.6%). As was hypothesized, when considered in isolation, higher ratings of quality of life were associated with lower levels of grief. Once quality of life was reexamined for its association with grief, the construct was robust to adjustment for loss-oriented and restoration-oriented coping, identity, intimacy, and generativity balance, examined individually. However, in the final model, after adjusting for coping orientation and psychosocial balance, quality of life was no longer associated with grief. Commensurate with Erikson’s psychosocial theory (1963, 1968), the balance of adult developmental crises must precede individual psychological and relational wellbeing. According to Erikson and Erikson (1998), balance in each of the early to middle-adulthood psychosocial stages provides for enhanced quality of life and reduced future psychological (e.g., complicated or prolonged grief) and social struggles. This implies that quality of life, coping, and psychosocial balance share a substantial amount of explanatory power in understanding grief, but the importance of quality of life is overshadowed by the importance of loss-oriented coping orientation and intimacy balance. These findings were also similar to what was found by Bennett and colleagues (2010), who reported that widows identifying with more loss-oriented behaviors were adjusting less well and experiencing greater levels of grief and depression. Further longitudinal research is needed to clarify the potential indirect effects between quality of life and grief.
Coping Orientation

On average, participants were “balanced” in both loss- and restoration-oriented processes. While both orientations are used throughout bereavement, researchers have theorized that widows tend to be more loss-oriented earlier in the process (i.e., the first year) and increasingly more restoration-oriented thereafter (Caserta & Lund, 2007; Stoebe & Schut, 1999, 2010). This finding has been substantiated through later studies with older populations (Bennett et al., 2010; Caserta & Lund, 2007; Utz et al., 2011). Somewhat contrary to those general assertions, average participant coping orientation in this study suggested slightly more loss- than restoration-oriented coping, even though 70.8% of participants had been widowed for more than one year. These results were in line with orientation levels found in past research samples reporting a similar level of grief, though widowed for a shorter period of time (12-15 months; Caserta & Lund, 2007).

Loss-Oriented Coping

When considered in isolation, higher levels of loss-oriented coping were associated with higher levels of grief. Loss-oriented coping was still an independent predictor of grief after individually controlling for quality of life, restoration-oriented coping, and psychosocial balance. In the final model, the combination of loss-oriented coping, intimacy balance, and length of relationship significantly predicted levels of grief. These findings were similar to what past clinicians such as Freud (1917) and Lindemann (1944, 1979) found in their own psychiatric patients’ patterns of mourning. Grief levels were elevated for those who were more loss-oriented, or expended more
efforts working through the pain associated with loss. These results are consistent with Bennett and associates’ (2010) findings that the nonnormative sequences of events (i.e., off-time loss) increases stress on the roles and responsibilities of widows as they cope. This result is also similar to Boelen and Prigerson’s (2007) finding that sadness, self-blame, worrying about the past, and difficulty (or avoidance of) moving forward with life were each associated with prolonged grief (pervasive levels extending beyond 2 years post loss).

The association between widowhood at younger ages and prolonged periods of grief work (distraction from moving forward) may highlight the challenges associated with off-time conjugal loss found by past researchers (Ball, 1976; Caserta & Lund, 2007; DiGiulio, 1992; Haase & Johnston, 2012). For instance, Haase and Johnston (2012) found that the young widows who were 6 months to 3 years post loss were largely fixated on the past (including connections with their deceased spouse), which maintained grief at the center of their experience and influenced their perspectives of identity, relationships, family, and life satisfaction. This outcome was also comparable to the findings of Carr and associates (2000), who reported that widows with strong connections to their deceased spouses, who reported substantial episodes of yearning (i.e., loss-oriented coping) had greater intensity of grief.

**Restoration-Oriented Coping**

Though participants in the present study were slightly more loss-oriented, restoration-oriented coping was found to significantly predict lower levels of grief when considered in isolation. It was still an independent predictor of grief after controlling for
quality of life, loss-oriented coping, and psychosocial balance one at a time. As was theorized by Stroebe and Schut (1999) regarding aggrieved individuals, and similar to what was found by Caserta and Lund (2007) with older widows, young widows who focused more on the new roles, responsibilities, and activities of widowhood were less likely (or at least less often likely) to report higher levels of grief. However, in the final model, once quality of life, loss-oriented coping, and identity, intimacy, and generativity balance had been adjusted for, restoration-oriented coping was no longer associated with grief. This finding implies that the importance of restoration-oriented coping is overshadowed by the influence of loss-oriented coping and intimacy balance. These findings may highlight the evolving restoration-oriented process of early widowhood coping which can include fitting into a “new normal” (life). This proceeds as young widows assess their relationships and continuing with unfamiliar roles and responsibilities in the more loss-centered contexts such as being a widowed single, bereaved parent, or sole provider (Bishop & Cain, 2003; Kilpatrick, 1975; Lopata, 1979; Moorman et al., 2006; Wu & Schimmele, 2005). Additionally, compared to restoration-oriented coping, loss-oriented coping represents more of the emotional aspects associated with adjusting to young widowhood including the intrusion of grief and maintaining a connection to the deceased spouse. This may highlight a potentially confounding association between grief and loss-oriented coping in that these two variables may be in part measuring the same construct.

**Psychosocial Balance**

Comparable to findings of past research highlighting psychosocial balance in the
early to middle-adulthood crises (Beaumont & Pratt, 2011; Domino & Affonso, 1990),
participants in this study were moderately balanced in all three Eriksonian stages (crises).
Identity, intimacy, and generativity balance were individually predictive of participant
levels of grief. These findings align with Erikson’s (1963) theory in that young widows’
psychosocial balance is subject to much agitation due to the extraordinary life event of
off-time conjugal loss. However, in the final model after simultaneously accounting for
quality of life and coping orientation, and identity and generativity balance, only intimacy
balance was predictive of grief levels. These findings are indicative of the importance of
relational dependence of young widows beyond both the sense of self (identity) and the
need for productivity and procreativity (generativity). Indeed, identity maintenance
occurs in “a continuity of significant others, a continuity with one’s past self, and a
continuity with one’s anticipated future self” (Kilpatrick, 1975, p. 30).

**Identity Balance**

Identity balance was found to be a significant predictor of grief when considered
in isolation *and* after individually controlling for quality of life, coping orientation, and
intimacy and generativity balance. Thus, participants who had higher levels of identity
balance and were less “role confused” (Erikson, 1968) also reported lower levels of grief.
This finding highlights the importance of a strong sense of self and ability to balance new
roles (e.g., single or widow) with the old ones (e.g., parent or employee) beyond just the
fact that one is moving on in their mourning and grief (Saunders, 1981). However, in the
final analysis, after quality of life, coping orientations, and intimacy and generativity
balance were taken into account simultaneously, identity balance was no longer
associated with grief. This finding implies that these constructs share a substantial amount of explanatory power in understanding grief, but the influence of identity balance was overshadowed by the importance of loss-oriented coping and intimacy balance. In terms of widowed identity, these results mirror what Thomas and colleagues (1988) suggested as the limited impact of widowhood on well-formed ego-identities. This is consistent with Erikson’s theorizing (1968) that when women feel out of place (i.e., in their new, unfamiliar circumstances) they often hearken back to what they consider “their place” (e.g., grief work, continuing bonds with the deceased). Based on these findings, it is plausible that young “widowed” identity is more representative of the fact that a partner was lost (i.e., being widowed) than the young woman (widow) who carries that moniker.

**Intimacy Balance**

As Ossefort (2000) found, off-time loss can complicate the present (i.e., am I widowed, single?) due to the loss of the future (i.e., I am no longer a partner). For many younger widows, the relationship (and foregone future) may remain at the forefront of their mourning, and, therefore, impact coping strategies, psychosocial balance, and grief. When considered on its own, widows who had higher levels of intimacy balance were associatively less “isolated” (Erikson, 1968), and also had lower levels of grief. Additionally, when individually accounting for quality of life, coping orientations, and identity and generativity balance, intimacy balance was still an independent predictor of grief. In the final model, when accounting for all these constructs, loss-oriented coping, intimacy balance, and length of relationship significantly predicted levels of grief. After
accounting for these other constructs simultaneously, widows who had higher levels of intimacy balance had lower levels of grief. This balance may come from a strong connection with the deceased spouse (Field et al., 2005), and be similar to what Parkes (2013) found where good past marital relationship quality served as a buffer against prolonged or problematic patterns of grief. Another parallel may stem from other current intimate confidants such as friends, coworkers, and family, as well as empathic connections with other widows and widowers (Ha, 2008; Lowenthal & Haven, 1968). Solicitous support from these sources can serve as a surrogate for the care received from the deceased spouse. These results may be facilitated, in part, in this sample due to the recruiting process used in this study. Participants learned about this research by way of online invitations shared through social media grief support groups. In other words, participants had ready access to close empathic friends and confidants by virtue of participating in these online networks.

Unlike early normative adulthood processes that would involve current romantic relationships (Domino & Affonso, 1990; Erikson, 1963), widows in this study may be more akin to older participants in past research conducted by Lowenthal and Haven (1968) who found that current friendships buffered against the grief associated with loss, or the work of Carr et al. (2000) and Parkes (2013), who reported that better past relationship quality predicted lower levels on components of grief.

These findings are in line with psychosocial theory. Erikson and Erikson (1998) who asserted that those who persist in isolating themselves will feel unrecognized by society in their solitary state (unmarried at a marriageable age), separate from the companionship that provided both coupled identity and intimacy. This collective
imbalance may lead an individual to grieve longer or at deeper levels while bereft of partnership and support. Past research has connected protracted grief with increased challenges to identity maintenance (Guiaux, 2010; Lopata, 1979) and generative activities (Bishop & Cain, 2003; DiGiulio, 1992; Kwok et al., 2005). Similar to the findings reported by Ha (2008), intimacy balance (fond reflection about the spouse or current support from a confidant) may act as a buffer for younger widows against the deleterious impacts of managing grief in isolation or surrounded by others who do not (or cannot) understand one’s loss (or response to loss).

**Generativity Balance**

Similar to the research findings of Worden and Silverman (1993), when considered in isolation, young widows who had higher levels of generative balance (creativity, productivity, and procreativity) had lower levels of grief. Generativity is central to a variety of domains fundamental to the period of adulthood carried out by those in intimate relationships; employment (Bishop & Cain, 2003; Pai & Barrett, 2007), parenting (Furstenberg & Nord, 1985; Kwok et al., 2005; Worden & Silverman, 1993), and social support provision (Dunn & Piercy, n.d.; Liang et al., 2001; Piliavin & Siegl, 2007).

Generativity balance remained an independent predictor of grief after individually controlling for quality of life, coping orientation, and identity and intimacy balance. However, in the final model, once simultaneously adjusting for quality of life, coping orientation, and identity and intimacy balance, generativity balance was no longer associated with grief. This finding implies that these constructs share a substantial
amount of explanatory power in understanding grief, but the importance of generativity is overshadowed by the importance of loss-oriented coping and intimacy balance. Though the psychosocial need to be productive or creative, care for children or positively impact future generations is germane to adult psychosocial development (Erikson & Erikson, 1998; McAdams et al., 1986; Thoits, 2011), this finding highlights the greater influence of loss-oriented coping as well as the greater buffering effect of intimate relationships (past and present) on young widows’ grief. As was described by Erikson (1963), disruption in earlier stages (i.e., intimacy) can create challenges in subsequent crises, such as was found in past research focused on widowed parents whose focus on the past and what was lost overshadowed essential daily functions, even parenting, which elicited further angst and guilt (DiGiulio, 1992; Kauffman, 1987). However, more research is needed to assess the unique association between psychosocial development and grieving outside the normative lifecycle timetable. For example, further examination of the interactions among psychosocial domains may more specifically elucidate some of the moderating effects such that having not overcome prior stage “crises” could make balance in subsequent stages more difficult and increase vulnerability to major life events such as widowhood.

**Sociodemographic Characteristics**

I hypothesized that grief would be associated with a number of personal and contextual differences within and among bereaved young women who lost spouses. Surprisingly, in the final model that examined predictors of grief, only one sociodemographic factor remained significant.
**Length of Relationship**

Younger widows may struggle with additional social issues when compared with their older counterparts. Those participants who had been in a relationship with their spouse for longer periods of time were more likely to report lower levels of grief. This association could, in part, be derived from the commonly (though not exclusively) corresponding older age of participants who had had longer relationships. This creates a potential for partial confounding in that age may be associated with further psychosocial development in older participants which in turn may enhance balance in each of the adult developmental crises which were all associated with lower levels of grief. Indeed, with a more complicated future due to loss of the present (spouse; Ossefort, 2000), younger widows may have a more problematic or even nonexistent outlook toward the future (e.g., DiGiulio, 1992).

The association between length of relationship and grief held when simultaneously adjusting for financial worry, intrinsic religiosity, and both availability and helpfulness of social support. This finding is in concert with lifecycle theorists who posit that spousal loss that occurs outside (earlier) the expectable timetable, may have more deleterious impacts on the psychological wellbeing of the individual (Elder et al., 2003; Neugarten, 1968).

In the final model, after accounting for all the retained variables, length of relationship remained among the significant predictors of levels of grief. Young widows who had a longer relationship with their spouse prior to his death also had lower levels of grief. This finding is consistent with Erikson’s (1963, 1968) psychosocial theory in that earlier disruption of developmental crises is an antecedent to affective challenges in later
stages (i.e., prolonged grief). These findings also mirror those of Ball (1976) who studied widows’ grief at various ages. She found that the youngest widows in her study struggled most in terms of mental and physical health outcomes when compared to their older adult and elderly counterparts. DiGiulio (1992) considered this issue of earlier loss more challenging to the psychological and social wellbeing of younger widows because of the lack of role models. In other words, younger widows may struggle more than older widows because they have less access to bereaved peers or empathic counterparts who can help them through the personal, physical, emotional, financial, and social transitions.

**Raising Dependent Children**

Raising dependent children post loss was not predictive of levels of grief when considered in isolation. Similar to what was found in past research on widowed parents, it may be that other factors confounded the role and impact of parenting dependent children during this period of widowhood. Social support received from children (Amato & Partridge, 1987; Worden & Silverman, 1993), and the personal fulfilment derived from caring for dependents (Dunn & Piercy, n.d.; Liang et al., 2001; Tedeschi & Calhoun, 1996, 2004) have been found to sustain widows’ wellbeing, and these factors may help to explain the nonsignificance of parenting to levels of grief. Further qualitative studies are needed to individually and more specifically assess these relationships.

**Economic Issues in Widowhood**

**Financial worry.** Past research on financial stress in widowhood suggests that younger age and longer time being widowed were both associated with increased money problems (Sevak et al., 2003). In the current study, widows who had higher levels of
financial worry had higher levels of grief, although in the final model, once length of relationship, intrinsic religiosity, and both availability and helpfulness of social support were examined, financial worry was no longer associated with grief. This finding implies that these constructs share a substantial amount of explanatory power in understanding grief, but the importance of financial worry may have been overshadowed by the importance of the widow’s length of relationship and, therefore, potentially is confounded with age, experience, and time. Widows in relationships for longer periods would be more likely to have had access to more extensive education and training, greater opportunities to build financial experience (e.g., bill paying, planning, overcoming reversals), as well as longer periods of work, income (perhaps even dual incomes), and the associated benefits (e.g., saving, insurance, credit ratings) to help circumvent or reduce debts and further save for the future (cf. Korb, 2010). Each of these items commonly associated with greater length of time as a couple could be associated with lower levels of financial worry.

**Labor force participation.** Changes in labor force participation post loss were not predictive of levels of grief. This finding may highlight the restoration-oriented nature of labor force participation. For this younger widowed sample, this finding may also demonstrate the relative importance of resources other than income garnered through employment. Indeed, Pai and Barrett (2007) found that many employed widows commonly derive a great deal of social and emotional support from their colleagues. Thus, support obtained at work may help buffer widows against grief (Dunn & Piercy, n.d.). It is also possible that those participants who worked to survive (e.g., pay the bills, financially support themselves or their family) experienced greater strains than those who
felt that work helped them to survive (e.g., job satisfaction, getting out of the house, getting their mind off of their grief). Further research is needed to assess these notions in terms of the specific factors associated with labor force participation and the associated stresses or benefits derived from paid employment.

**Religiosity**

As was found in nearly all of the religion and bereavement studies reviewed by Becker and associates (2007) as well as Wortmann and Park (2008), young widows in this study reported the positive effects from religiosity in their post loss lives. Similar to most of the reviewed studies, religiosity tended to act as a buffer against the distress associated with grief, however this study extended that understanding more specifically to younger widows. In this study, beyond religious affiliation (85.1% identified with a specific denomination) and attendance (56.2% reported attending meetings multiple times a month or more), intrinsic religious practices such as experiencing the Divine (i.e., God), placing beliefs at the center of life, and carrying over beliefs into everyday activities were strongly associated with lower levels of grief ($p = .008$). These outcomes mirror the findings reported in other widowhood research such as less pervasive grief in bereaved individuals who held dogmatic belief in an afterlife (Chapple et al., 2011) or reported influence from and experiences with departed loved ones (Dunn & Piercy, n.d.; Nowatzki & Kalischuk, 2009).

Intrinsic religiosity scale scores for this sample were high ($M = 11.31$, $SD = 3.9$, range 1-15), and when assessed in isolation, widows who reported higher levels of intrinsic religiosity had lower levels of grief. These findings may be commensurate with
past research on the greater positive impact of personal religiosity when compared to measures of affiliation or religious involvement (Momtaz, Ibrahim, Hamid, & Yahaya, 2010). However, in the final model, after simultaneously adjusting for length of relationship, financial worry, and both sources and helpfulness of social support, intrinsic religiosity was no longer a significant predictor of grief. This implies that these constructs share a considerable amount of explanatory power in understanding grief, but the importance of religiosity was overshadowed by the importance of the widow’s length of relationship with her spouse. These findings may likewise be confounded by the passage of time (e.g., age), as Argue, Johnson, and White (1999) found that religiosity increases with age. Additionally, longer relationships may beget closeness and hope for a continuing bond, similar to what was reported by Michael and associates (2003) who found that older widows and widowers use religiosity as a means to maintain a connection with the deceased.

This finding may also be explained by what Caserta and Lund (2007) reported, asserting that older widows and widowers utilized their religious beliefs to help “rebuild” after loss. It may be that widows with shorter relationships had cultivated less to rebuild, or more of a future that was lost (Ossefort, 2000) including religious pursuits as a couple (or family), and therefore, struggled more with grief. The results of this study do not separate the individual importance of religious feeling and religious living, and further research is needed to disentangle these domains as well as disentangle the relative importance of each to individual coping and experiences.
Social Support

Social support theory posits that individuals with stronger social networks are better able to cope with stressors such as death and grief (Cohen & McKay, 1984; Cohen & Willis, 1985). These researchers suggested that burdened individuals benefit temporally, emotionally, and psychologically from larger and more responsive social networks. Most participants from this study accessed the study instrument through invitations shared on social media sites. This may highlight a potentially confounding factor in that young widows in this sample, among their various sources of social support had ready access to support through nationally distributed online grief groups. This factor is certainly more common today than in past generations, however it is a potentially limiting factor in that widows who did not access such groups may not have had access to participate in the study. Additional studies which recruit through other media may highlight potential differences between and among groups of young widows not generated from these online communities.

Sources and availability of support. In line with the theoretical tenets of social support theory, widows in this study who reported larger support networks had lower levels of grief. This mirrors other studies including older widows reporting a positive association between social support and wellbeing (Field et al., 2005; Giaux et al., 2007). However, in the final model, once length of relationship, financial worry, intrinsic religiosity, and helpfulness of social support had been adjusted for, sources of social support were no longer associated with grief. This finding implies that the availability of social support and these other constructs share a substantial amount of explanatory power in understanding grief, but the importance of social support may have been
overshadowed by the length of relationship with the spouse.

Relative to past research using the Duke social support scale (e.g., Loke et al., 2011; Parkerson et al., 1989), participants in this study reported small to moderate sized support networks \((M = 37.2,\ \text{range} \ 1-100)\). The smaller network sizes may reflect participants’ longer average length of widowhood (2-5 years), as past research suggests that sources of social support tend to fade significantly in the first year of widowhood (Guiaux et al., 2007; Ha, 2008; Pinquart, 2003). Longitudinal research that examines social support received by young widows could be used to test this notion. Similar to what was found by past researchers (Field et al., 2005; Guiaux et al., 2007; Ha, 2008; Silverman, 2004), when support was lacking (even cut short) or perceived as unhelpful, it is understandable why young widows in the present study were found to have higher average levels of grief.

**Helpfulness of support.** Furthermore, participants who felt that their social support was more helpful also had lower levels of grief. This finding may highlight the benefit of widows’ varied support needs being met (Utz et al., 2014). However, in the final model, once length of relationship, financial worry, intrinsic religiosity, and sources of social support had been adjusted for, social support helpfulness was no longer associated with grief. This finding implies that the importance of social support may have been overshadowed by widows’ length of relationship.

As was discussed previously in terms of coping orientation and psychosocial development, both roles and responsibilities can change for younger widows with a much longer time horizon in which to manage those adjustments. Friends and social support networks may change dramatically in the short period following loss, as was found by
Parkes (1972) and supported in later research (Dunn & Piercy, n.d.; Field et al., 2005; Guiaux et al., 2007; Ha, 2008; Silverman, 2004) leaving the widow with what she perceives as a sense of rejection by both friends and family. Perhaps outside observers see a young woman, still of marriageable age, when young widows are not as likely as their single (never married or divorced) counterparts to pursue subsequent romantic relationships (Amato, 2010; Wu & Schimmele, 2005). At any rate, past researchers on widows’ social networks have found that following a short period post loss, young widows are expected to move on by family and friends (Silverman, 2004; Vachon, 1979).

To further examine these issues, future longitudinal research should include assessments of the characteristics of widows’ support groups including sources that continue to be close from before the loss, those that drop off, and relationships that emerge because of the loss (e.g., empathic and sympathetic response).

**Limitations**

Though the current study does contribute in meaningful ways to the sparse literature specifically focused on young widowhood, it was not without its limitations. Analyses were cross-sectional, so causation cannot be inferred; additionally, directionality cannot be ascribed.

The survey instrument itself was not without its limitations. The measures selected for use in this study were based on existing literature and theory; however they were not exhaustive in all areas that could be related to grief in young widowhood (e.g., qualities of relationship with deceased spouse). Additionally, many of these measures were not created specifically for the purposes of this study or the associated population
and may, therefore, under or over represent the measured outcomes as they pertained to young widowhood. Based on the outcomes of this and other research conducted including younger bereaved populations, future research pursuing these constructs should generate novel and potentially more precise methods for ascertaining grief and bio-psychosocial-spiritual development in younger populations. Further, as was mentioned previously, three items from the Inventory of Daily Widowed Living (Caserta & Lund, 2007) were missing. These omitted items may have added to or reduced the impact of coping orientations in the various models and analyses. When accounting for changes in labor force participation, options did not account for changing jobs in the same category or taking on additional jobs (multiple jobs at the same time). Additionally, items tapping religiosity did not allow for further explanation of what or how affiliation, beliefs, or practices were involved in adapting to widowhood. Future qualitative research might include more specific inquiry regarding what faith practices and religious or spiritual dogma help or hinder the processes of mourning and coping post loss.

Some of the differences between the findings in this dissertation and past research, and overall grief among young widows in general, may be exaggerated by the differences in populations examined. One constraint in the current study may be found in the method of recruitment and use of an online survey instrument. For the most part, only those widows who participated in the social media-based support groups that shared the invitations had access to participation in this study. Though this media provided for greater and more far reaching access to this unique population, only widows who had access to internet-ready technology (potentially indicative of greater socioeconomic status) and those who, for diversion, social interaction, support, and who were not “too
overwhelmed” with current grief and adjustment, may have been exposed to the invitation and willing to participate in the study.

Furthermore, the length of the instrument coupled with participant fatigue may have limited participation. There was a large number of incomplete surveys. Some of the analyses were thus based on a reduced sample because of missing data. This is not uncommon in studies of this nature. This attrition may, however, contribute to greater volunteer biases.

Generalizability to a broader population of young widows may be further limited due to the high percentage of White participants and larger than nationally representative percentage of widows who identified as Mormons (members of The Church of Jesus Christ of Latter-day Saints). In addition, all participants were women, previously married but not yet remarried, and heterosexual. Despite these limitations, the merit of this study lies in its contribution to the limited research on young widowhood as it compares and contrasts the experiences from the present sample to the existing literature on grief and bereavement for women at older ages.

**Implications for Intervention and Support**

This study advances scientific understanding of young widowhood and the effects on grief based on quality of life, coping orientation, psychosocial development, and a variety of sociodemographic factors. Findings from this study highlight the associations between early or off-time loss and some of the characteristics and contexts that pose a number of biological, psychosocial, and spiritual concerns. These associations can inform professional, group, and individual outreach to this unique population.
Participants in this study had coping patterns with greater orientation toward dealing with grief work and (or) distraction from their loss, as well as levels of psychosocial balance concerning intimacy and isolation that may be indicative of how to sustain younger widows postloss. These findings highlight a prolonged pattern of reflecting on or dealing with the past that was found to both increase (via loss-oriented coping) and decrease (via intimacy balance) levels of grief. Based on these findings, clergy and professionals who create interventions and programs for younger widows should emphasize the “support of support systems” that are both empathic and responsive to this unique population.

During the early stages post loss, and where resources are available, solicitous confidants (family, friends, coworkers) can be educated on how to sustain younger widows in ways and patterns that resemble and reinforce continuing bonds with the deceased, thus permitting a sustained period of adaptation. Family- and systems-based group counseling, workshops, and outreach can help those who are close to young widows better understand the unique patterns of coping and adaptation by incorporating training for who, how, when, where, and why to apply certain forms of care, dialogue, and support for the aggrieved. These features may hold greater weight for widows who lost their spouse in the first few years of their relationship, or in situations where the intrusion of grief is frequently overwhelming. In circumstances where resources to provide such support are inadequate, policies and programs might be generated to provide substitutions by facilitating online and face-to-face grief support communities. These programs and communities should emphasize young widows’ immediate as well as
long term needs, accentuating instrumental as well as emotional support which are (and will be) important to the individual, while responding to associated changes over time.

**Future Research Directions**

Parkes and Prigerson (2013) indicated that a complete understanding of widowhood may be nearly impossible, suggesting that better comprehension may come only from a combination of both quantitative and qualitative work with bereaved persons. They added,

Ideally, the two types of study should complement each other, for it is only by studying large numbers of people that we can generalize, and only by intensively studying a few that we can evaluate the significance of the mathematics of many. (Parkes & Prigerson, 2013, p. 138)

Future research should incorporate mixed-methodological designs that capture statistical data from large numbers of diverse bereaved samples as well as harness the deeper insights that come from individually derived open-ended qualitative inquiry. Quantitative methods might include psychosocial measures specifically designed to capture aggrieved development. Extensions of the current knowledge base might also include qualitative descriptions of what factors influence quality of life, coping orientation, and psychosocial crises at different points post loss. Further, interview and open-ended inquiry might shed additional light on the processes of grief as they pertain to past and present relationship quality (both with romantic partners as well as supportive confidants such as other young widows and widowers). Additionally, longitudinal research tracking adjustment to young widowhood may shed more light on the influence of inter and intrapersonal contexts as well as the evolution of grief processes and outcomes over time.
Future research that assesses other related factors, such as depression (cf., Sasson & Umberson, 2014; Worden & Silverman, 1993) and the dynamics that influence remarriage decisions, may also give greater insight into the bio-psychosocial-spiritual determinants of wellbeing in young widows. Additionally, greater depth within the major predictors of grief could be pursued. For example, future studies utilizing differences beyond psychosocial development subscale scores, such as ego-identity classifications like those put forth by Marcia (1976, 1994), might provide greater insight into the theoretical association between context, coping, and changes in psychosocial balance during bereavement.

Further study including the predictors used in this study should more completely assess the dual processes model of coping orientation using the complete IDWL scale as well as include more robust measures of life changes such as educational pursuit, labor force participation, and details surrounding religiosity and social support. Additionally, due to current changing demographics in the United States including increases in the number of cohabiting couples, LGBT couples, and the significant population of young widowed males, future studies should include representation from each of these subpopulations to derive both similarities and differences between and among groups during adjustment and adaptation to widowhood.

**Conclusion**

This study of the association between quality of life, coping orientation, psychosocial balance, and other sociodemographic predictors and grief builds upon previous findings linking widows’ loss-oriented coping, intimacy balance, and length of
A dissertation explores the relationship with grief in young widowhood. A variety of personal and contextual factors were identified as associated with grief. Two personal factors were found to have substantial explanatory power: loss-oriented coping and intimacy balance. Loss-oriented coping was linked to higher grief levels in young widows, similar to past research on pining, yearning, and grief work. Conversely, greater intimacy balance was associated with lower grief. A contextual factor was the length of the relationship with the deceased, showing a stronger association with grief in those with longer relationships compared to those with shorter ones. This contrasts with past research indicating that conjugal bereavement is similar at any age. The dissertation concludes that these findings may be population-specific, with younger samples showing differences in coping patterns compared to older widows.
younger widows may struggle more with grief due to limited social resources such as fewer peers and role models. Findings from this dissertation have the potential to aid in better understanding and supporting off-time spousal loss. These findings also may inform future intervention and additional research underscoring support for specific factors associated with deleterious coping and development in younger widows.


Brown, S. L., Nesse, R. M., Vinokur, A. D., & Smith, D. M. (2003). Providing social support may be more beneficial than receiving it results from a prospective study


Duke University. (1986). *DUSOCS Form A (self-administered).* Department of Community and Family Medicine, Duke University Medical Center, Durham, NC.

Dunn, C. R., & Piercy, K. (n.d.). *The experiences of giving and receiving comfort in a time of need: A qualitative study of young widows.* Unpublished manuscript, Department of Family, Consumer, & Human Development, Utah State University, Logan UT.


Futterman, A., Holland, J. M., Brown, P. J., Thompson, L. W., & Gallagher-Thompson, D. (2010). Factorial validity of the Texas Revised Inventory of Grief -- Present


doi:10.1017/cbo9780511984945.0090


APPENDICES
Appendix A
Utah State University IRB
Letter of Approval, FWA#00003308
Institutional Review Board
USU Assurance:
FWA#00003308

Exemption #2

Certificate of Exemption

FROM: Melanie Domenech Rodriguez, IRB Chair

True M. Rubal, IRB Administrator

To: Kathleen Piercy, Maria Norton, Michael King, Charles Dunn

Date: February 12, 2015

Protocol #: 6224

Title: A Descriptive Study Of Grief In Young Widowhood

The Institutional Review Board has determined that the above-referenced study is exempt from review under federal guidelines 45 CFR Part 46.101(b) category #2:

Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through the identifiers linked to the subjects: and (b) any disclosure of human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

This exemption is valid for three years from the date of this correspondence, after which the study will be closed. If the research will extend beyond three years, it is your responsibility as the Principal Investigator to notify the IRB before the study’s expiration date and submit a new application to continue the research. Research activities that
continue beyond the expiration date without new certification of exempt status will be in violation of those federal guidelines which permit the exempt status.

As part of the IRB’s quality assurance procedures, this research may be randomly selected for continuing review during the three year period of exemption. If so, you will receive a request for completion of a Protocol Status Report during the month of the anniversary date of this certification.

In all cases, it is your responsibility to notify the IRB prior to making any changes to the study by submitting an Amendment/Modification request. This will document whether or not the study still meets the requirements for exempt status under federal regulations.

Upon receipt of this memo, you may begin your research. If you have questions, please call the IRB office at (435) 797-1821 or email to irb@usu.edu.

The IRB wishes you success with your research.
Appendix B

Research Participation Flier
WE NEED YOUR INPUT!
(FOR DISSERTATION RESEARCH)

- WOMEN AGES 18-54 WHO BECAME WIDOWED IN THE PAST 5 YEARS
- DISCUSS YOUR EXPERIENCES WITH LOSING A SPOUSE AT AN AGE THAT IS YOUNGER THAN EXPECTED.

WE WOULD LIKE FOR YOU TO SHARE YOUR STORIES
(SURVEY PARTICIPATION WILL BE ANONYMOUS)

- The results of this research will benefit those who experience the grief of loss of a family member, as well as those who work with those who are managing the challenges associated with bereavement. Participation in the online survey will available through any web enabled device, and can be done privately and anonymously.

- If you are interested in participating in this study, right click and open the following hyperlink (or copy/paste the full address into your web browser):
  https://usu.co1.qualtrics.com/SE/?SID=SV_03tQYjo3KH9s5g1

Or, for more information, please call, text, or email:
RYAN DUNN, Utah State University
Department of Family, Consumer & Human Development
435-730-4368
crdunn@aggiemail.usu.edu

This project is being conducted by KATHLEEN PIERCY, PH.D. and MARIA NORTON, PH.D. of Utah State University in the DEPARTMENT OF FAMILY, CONSUMER, AND HUMAN DEVELOPMENT.
Appendix C

Letters of Support
December 17th, 2014

I am the National Program Director of the National Alliance for Grieving Children, whose mission is to promote awareness of the needs of children and teens grieving a death and provides education and resources for anyone who wants to support them. Charles Ryan Dunn is familiar with this organization’s purpose and operations, and his proposed study is appropriate for our membership. I (we) therefore are willing to allow Mr. Dunn and Drs. Piercy and Norton to recruit participants for his dissertation study from our membership.

Sincerely,

Megan Lopez, LMSW

National Program Director, NAGC
December 20, 2014

To whom it may concern,

I am the director of LDS Widows & Widowers, a group created to assist and support those who are widowed and members of the Church of Jesus Christ of Latter-day Saints. The group is not officially sponsored by or affiliated with the Church of Jesus Christ of Latter-day Saints, but we do strive to abide by LDS principles and standards. Friends of other faiths, who are widowed and willing to abide by LDS standards, are welcome. Here we can mourn with those who mourn, comfort those who stand in need of comfort, and share common interests and experiences. This is not a "singles" page. It is a place of support and friendship. We address the unique needs of "young" LDS widows and widowers (age 20ish to 50ish), but all are welcome.

Charles Ryan Dunn is familiar with this organization’s purpose and operations, and his proposed study is appropriate for our membership. I (we) therefore are willing to allow Mr. Dunn and Drs. Piercey & Norton to recruit participants for his dissertation study from our membership.

Sincerely,

Kimberly Kemp Montierth

Kimberly Kemp Montierth
February 12, 2015

To Whom it May Concern,

I am the President of Hope for widows foundation, whose purpose is to assist widows with peer to peer support, a closed group of 2,000 women on Facebook, and closed forums on our website. Charles Ryan Dunn is familiar with this organization's purpose and operations, and his proposed study is appropriate for our membership. Therefore, we are willing to allow Mr. Dunn and Drs Piercy & Norton to recruit participants for his dissertation study from our membership.

Sincerely,

Gwen Peterson, President
Hope for Widows Foundation 501c3
www.hopeforwidows.org
gwen@hopeforwidows.org
801-347-4444
I am the Army Installation Management Command (IMCOM) Survivor Outreach Services Program Director. Our mission is to embrace and reassure Survivors (Family members of Soldiers who have died on active duty) that they remain connected to the Army Family for as long as they desire. Mr. Ryan Dunn is familiar with this organization’s purpose and operations, and his proposed study is appropriate for our Survivor community. We are willing to provide information on Mr. Charles Ryan Dunn’s dissertation study to our Survivor community. Members of our Survivor community may then decide to participate in the study and/or reach out to Mr. Dunn, and Drs. Piercy and Norton, if they choose to.

DONNA R. ENGEMAN
Program Manager
Survivor Outreach Services
Appendix D

Letter of Information
Introduction/ Purpose  Drs. Kathy Piercy and Maria Norton in the Department of Family, Consumer and Human Development at Utah State University are conducting a research study to find out more about the grief, balance, and coping processes for young widows. You have been asked to take part since you have recently experienced the loss of a spouse. There will be approximately 250 total participants in this research. Ryan Dunn is a doctoral candidate who will be assisting in collecting and reviewing the responses.

Procedures  If you agree to be in this research study, you will be asked to participate in a survey that will last approximately 30-45 minutes. During the course of this survey you will be asked questions regarding your experience with the loss of your spouse and the impact of your personal and social resources on these experiences. This survey will be conducted on-line using encrypted software and your responses will be confidential. Following participation in the survey you may be asked if you would like to be considered to participate in an additional interview during which you will be able to share additional detail surrounding your loss and subsequent adjustment. If you agree, you will be asked to sign a separate informed consent form prior to or at the time of the interview to indicate your agreement to participate in the interview.

Risks  Participation in this research study may involve some added risks or discomforts. These include stress and emotional responses while revisiting the loss of your spouse. If participating in the survey causes distress that you feel warrants professional help, we encourage you to seek such assistance. A list of potential resources are provided in the survey. As with any personal information based research, there is a small risk of loss of confidentiality but we will take steps to reduce this risk. The survey will not ask you for any personally identifying material (e.g., name, address, or social security number), unless you would like to be contacted for further participation by way of interview. In that case you will be asked to provide contact information (e.g., preferred email and/or phone number only).

Benefits  There is no expectation of direct benefit to you for your participation in the study, however it is anticipated that your input will improve understanding of the grieving process for younger widows, thus adding to the body of existing knowledge in this area and potentially influencing research benefiting interventionists and scholars who specialize in grief and counseling.

Explanation & offer to answer questions  If you have other questions or research-related problems, you may reach (PI) Kathy Piercy at (435) 797-2387 kathy.piercy@usu.edu or (co-investigator) Maria Norton at (435) 797-1599 or maria.norton@usu.edu.

Voluntary nature of participation and right to withdraw without consequence  Participation in research is entirely voluntary. You may refuse to participate, refuse to answer any question or withdraw at any time without consequence.

Confidentiality  Research records will be kept confidential, consistent with federal and state regulations. Only the investigators, Kathy Piercy and Maria Norton, Doctoral
candidate Dunn, and two undergraduate research assistants will have access to the data which will be kept in a locked file cabinet, on an encrypted internet-based survey program, or on a password protected computer in a locked room. To protect your privacy, personal, identifiable information will not be requested as part of the survey. We will keep the survey response information for 12-months or until the study is completed, whichever comes first, at which time your information will be destroyed.

**IRB Approval Statement** The Institutional Review Board for the protection of human participants at Utah State University has approved this research study. If you have any questions or concerns about your rights or a research-related injury and would like to contact someone other than the research team, you may contact the IRB Administrator at (435) 797-0567 or email irb@usu.edu to obtain information or to offer input.

**Investigator Statement** “I certify that the research study has been explained to the individual, by me or my research staff, and that the individual understands the nature and purpose, the possible risks and benefits associated with taking part in this research study. Any questions that have been raised have been answered.”

**Signatures of Researchers**

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Co-Investigator</th>
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<tbody>
<tr>
<td><strong>Kathleen W. Piercy</strong></td>
<td><strong>Maria C. Norton</strong></td>
</tr>
<tr>
<td>435-797-2387</td>
<td>435-797-1599</td>
</tr>
<tr>
<td><strong><a href="mailto:kathy.piercy@usu.edu">kathy.piercy@usu.edu</a></strong></td>
<td><strong><a href="mailto:maria.norton@usu.edu">maria.norton@usu.edu</a></strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graduate Student Researcher</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Ryan Dunn</strong></td>
</tr>
<tr>
<td>435-730-4368</td>
</tr>
<tr>
<td><strong><a href="mailto:crdunn@aggiemail.usu.edu">crdunn@aggiemail.usu.edu</a></strong></td>
</tr>
</tbody>
</table>

If participating in the survey causes distress that you feel warrants professional help, we encourage you to seek such assistance.

Resources:  
- **AAMFT** – American Association for Marriage and Family Therapy – To locate a therapist in your area: Retrieved from http://www.therapistlocator.net
- **APA** – American Psychological Association – To help locate a psychologist in your area: Retrieved from http://locator.apa.org/

Additional resources tailored to young widows can be found on: Retrieved from http://youngwidow.org/
Appendix E

Experiences with and Details Surrounding Loss
Keep a copy of this 2 page Letter of Information for your records. To begin the survey, click on the arrow at the bottom of this page following the documents and weblinks. During your participation in the survey, DO NOT use the internet "back arrow" to go back pages, it can accidentally end your participation in the study, causing you to start over.

In this section, we are going to ask you about the general details surrounding the passing of your spouse. Please indicate the appropriate answer(s) or fill in the appropriate information for each question.

How long ago did your spouse pass away?
- 0-1 months
- 2-5 months
- 6-11 months
- 12-23 months
- 24 months - 5 years
- More than 5 years

For how long had you known your spouse when he passed away?
- 0-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- 20+ years

How long had you been a couple when he passed away (close friends, dating, living together, engaged, etc.)?
- 0-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- 20+ years

How long had you been married when your spouse passed away?
- 0-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- 20+ years
How old was your spouse when he passed away? (Years)

How old were you, when your spouse passed away? (Years)

Was the death of your spouse due to natural causes (e.g., illness, disease) or unnatural causes (e.g., in combat or in an accident)?
- Natural causes (please specify) ____________________
- Unnatural causes (please specify) ____________________

Was your spouse's death expected? (Mark all that apply)
- Expected
- Unexpected
- Slow
- Sudden
- Other not listed (please specify) ____________________

With reference to whether your spouse's death was expected or not, briefly explain your choices in the space provided below:

After your spouse died, did you participate in rituals such as a funeral or graveside service? (check all that apply)
- Funeral or memorial service
- Burial or graveside service
- Wake
- Scattered his ashes
- I did not participate in any rituals
- Other (please specify) ____________________

In your experience, were the rituals helpful in coping with your grief or distress?
- Yes
- No
- I don't know

With regard to participating in rituals or not, please write a sentence or two about what was or was not helpful in comforting you during the time following the passing of your spouse (or if you did not participate in an rituals, please describe why not).


Appendix F

Quality of Life Measure
Think about your overall quality of life during the past week. Think about the activities you do, your physical and emotional health, your relationships with other people and how you get along where you live. All things considered, how would you rate your overall quality of life in the past week?

Would you say:

- Excellent
- Good
- Fair
- Poor
- Very Bad
Appendix G
The Impact of Change Measures
Since the loss of your husband, how would you describe the impact of change(s) you have experienced (e.g., moving, work, finances, becoming single again)?

- No impact
- Little impact
- Some impact
- Quite a bit of impact
- Major impact

Since your spouse passed away, in what way(s) do you feel you have had to make changes?

Which change(s) would you say has/have been most challenging or difficult for you? And, why?
Appendix H

Social Support Measures I
Following your spouse's death, did you feel that the majority of those with whom you came in contact encouraged you to express your feelings regarding your loss?
- Yes, all the time.
- Yes, but not often enough
- I wasn't encouraged to, nor was I encouraged not to express my feelings
- No, it never came up
- No, I was discouraged from expressing my feelings, or people change the subject

In this section please tell us about the support you received following your loss. Please indicate the appropriate answer or fill in the appropriate information for each question.

Do you prefer mourning or expressing grief/mourning alone or in the company of others?
- I only mourn alone
- I somewhat prefer mourning alone, but have broken down in the company of others
- I have no preference with whom I mourn
- I somewhat prefer mourning in the company of others, but I am sometimes alone
- I only mourn in the company of others

How would you rate your level of reliance on other(s) for comfort or service?
- I always rely on others for comfort or support
- I sometimes rely on others for comfort or support
- I seldom rely on others for comfort or support
- I never rely on other for comfort or support

Following your spouse's death, did you feel that others encouraged you to share your feelings regarding your loss?
- Yes, all the time.
- Yes, but not often enough
- I wasn't encouraged to, nor was I encouraged not to share my feelings
- No, it never came up
- No, I was discouraged from expressing my feelings, or people change the subject

Currently, do you feel that others encourage you to share your feelings regarding your loss?
- Yes, all the time.
- Yes, but not often enough
- I am not encouraged to, nor am I encouraged not to share my feelings
- No, it never comes up
- No, I am discouraged from expressing my feelings, or people change the subject
Appendix I
Social Support Measures II
The Medical Outcome Scale – Social Support Scale (MOS-SSS)
- Emotional Informational Support Subscale
- Tangible Support Subscale
- Affectionate Support Subscale
Medical Outcome Scale – Social Support Scale (MOS-SSS)

Emotional/Informational Support

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? For each phrase, mark the best answer for you.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Someone you can count on to listen to you when you need to talk.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Someone to give you information to help you understand a situation.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Someone to give you good advice about a crisis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Someone to confide in or talk to about yourself or your problems.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Someone whose advice you really want.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Someone to share your most private worries and fears with.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Someone to turn to for suggestions about how to deal with a personal problem.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Someone who understands your problems.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical Outcome Scale – Social Support Scale (MOS-SSS)

Tangible Support

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Mark the number on each line.

<table>
<thead>
<tr>
<th>Support</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone to help you if you were confined to bed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to take you to the doctor if you needed it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to prepare your meals if you were unable to do it yourself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone help with daily chores if you were sick.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Outcome Scale – Social Support Scale (MOS-SSS)

Affectionate Support

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Mark the number on each line.

<table>
<thead>
<tr>
<th>Support</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone who shows you love and affection.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to love and make you feel wanted.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone who hugs you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix J

Social Support Measures III

The Duke Social Support and Stress Scale (DUSCOCs)
The Duke Social Support and Stress Scale (DUSOCS)

Since the death of your spouse, consider how supportive are these people?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Some</th>
<th>A Lot</th>
<th>The is no Such Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your significant other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your children or grandchildren</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your parents or grandparents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your brothers or sisters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your other blood relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your relatives by marriage (for example: in-laws, ex-husband)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your neighbors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your co-workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your church members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your other friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have one particular person whom you trust and to whom you can go with personal difficulties?

- [ ] Yes
- [x] No

If you answered "yes", which of the above types of person is he or she?

- [ ] For example: child, parent, neighbor, or professional counselor.
Appendix K
Social Support Measures IV
In the period shortly following the death of your spouse, did you seek support from a grief professional (e.g., grief counselor or therapist)?

- Yes
- No, please explain ________________

If Yes is selected, then skip to Did you/do you seek support from a formal support group? (face-to-face/in-person or online)

If you answered "yes", what made you decide to first seek professional grief support?

Do you still seek support from a grief professional?

- Yes, please explain ________________
- No, please explain ________________

Did you/do you seek support from a formal support group? (face-to-face/in-person or online)

- Yes
- No, please explain ________________

If No is selected, then skip to Thinking back, did you feel that the service and/or comfort you received from others was supportive in helping you cope (at the time)?

If you answered "yes", what made you decide to first seek support from a support group?

Do you still participate in a grief support group? (in person or online)

- Yes, please explain ________________
- No, please explain ________________

Thinking back, did you feel that the service and/or comfort you received from others was supportive in helping you cope (at the time)?

- Yes
- No
- I have not received much help or comfort
- I don't know

With your current way of thinking (hindsight), looking back on your experiences since losing your spouse do you now feel that the service and/or comfort you received was supportive in helping you cope?

- Yes
- No
- I have not received much help or comfort
- I don't know
Following the death of your spouse, what support or comfort did you receive that was significant to you and/or helped you cope, and why? (Choose the one that closest represents your feelings, and please write a couple of sentences describing your experience(s) or lack thereof)

- I received support/comfort that was helpful following the loss of my spouse (please explain) ____________________
- I received support/comfort, but I do not feel as though it helped me after I lost my spouse (please explain) ____________________
- I have not received much comfort since the death of my spouse (please explain) ____________________
Appendix L

Grief Measures

The Texas Revised Inventory of Grief (TRIG)
Looking back, I would guess that my relationship with my deceased husband was (Check only one):

- Closer than any relationship I've ever had before or since.
- Closer than most relationships I've had with other people.
- About as close as most of my relationships with others.
- Not as close as most of my relationships.
- Not very close at all.

Past Behavior:
Think back to the time your husband died and answer all of these items about your feelings and actions at that time by indicating whether each item is Completely True, Mostly True, Neutral (Both True and False), Mostly False, or Completely False as it applied to you after your husband died. Check the best answer for each item.

<table>
<thead>
<tr>
<th></th>
<th>Completely True</th>
<th>Mostly True</th>
<th>Neutral</th>
<th>Mostly False</th>
<th>Completely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>After my husband died I found it hard to get along with certain people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found it hard to work well after my husband died.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After my husband's death I lost interest in my family, friends, and outside activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt a need to do things that my husband had wanted to do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was unusually irritable after my husband died</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I couldn't keep up with my normal activities for the first 3 months after my husband died.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was angry that my husband left me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found it hard to sleep after my husband died.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Present Emotional Feelings:
Now answer all of the following items regarding how you presently feel about your spouse's death by indicating whether each item is Completely True, Mostly True, Neutral (Both True and False), Mostly False, or Completely False. Check the best answer for each item.

<table>
<thead>
<tr>
<th></th>
<th>Completely True</th>
<th>Mostly True</th>
<th>Neutral (Both True and False)</th>
<th>Mostly False</th>
<th>Completely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>I still cry when I think of my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I still get upset when I think about my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I cannot accept my husband's death.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes I very much miss my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Even now it's painful to recall memories of my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am preoccupied with thoughts (I often think) about my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I hide my tears when I think about my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No one will ever take the place in my life of my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can't avoid thinking about my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel it's unfair that my husband died.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Things and people around me still remind me of my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am unable to accept the death of my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At times I still feel the need to cry for my husband.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Related Facts:
Now please answer the following items by indicating True or False.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th>Not Applicable in my situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I attended my husband's funeral.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that I have really grieved for my husband.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that I am now functioning about as well as I was before his death.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I seem to get upset each year at about the same time as when my husband died.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes I feel that I have the same illness as my husband.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional factors commonly associated with grief, (not part of the TRIG):

How true or false are the following statements regarding your feelings since the death of your spouse:

<table>
<thead>
<tr>
<th></th>
<th>Completely True (1)</th>
<th>Mostly True (2)</th>
<th>Neither True nor False (3)</th>
<th>Mostly False (4)</th>
<th>Completely False (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that I could have prevented my husband's death. Since my husband passed away, I feel guilty (e.g., things that could have been done or said).</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Appendix M

Coping Measures

The Inventory of Daily Widowed Life (IDWL)
**Inventory of Daily Widowed Life (IDWL)**

**QUESTIONS ABOUT YOUR DAILY LIFE:** Below is a list of activities, tasks, or issues that those who have lost a spouse or partner sometimes need to confront or do in their daily lives. For each item, please indicate how frequently you have done it **during the past week.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Rarely or not at all</th>
<th>Once in a while</th>
<th>Fairly often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thinking about how much I miss my spouse/partner.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Thinking about the circumstances or events associated with my spouse/partner’s death.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Yearning for my spouse/partner.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Looking at old photographs and other reminders of my spouse/partner.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Imagining how my spouse/partner would react to the way I handled tasks or problems I faced.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Crying or feeling sad about the death of my spouse/partner.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Being preoccupied with my situation.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Engaging in fond or happy memories about my spouse/partner.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Feeling a bond with my spouse/partner.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Dealing with feeling lonely.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Visiting or doing things with others.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Finding ways to keep busy or occupied.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Dealing with financial matters.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Engaging in leisure activities (hobbies, recreation, physical activity etc.).</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Watching TV, listening to music, listening to the radio, reading.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Attending to legal, insurance or property matters.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. Attending to the maintenance of my household or automobile.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. Focusing on other things besides grieving</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. Learning new things</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Sometimes when people adjust to the loss of their spouse or partner they focus their attention on dealing with two different types of issues. One issue is dealing with their grief, emotions and feelings and the other issue is dealing with new responsibilities, activities and/or having time away from grieving. Please answer the following questions related to how you have focused your attention on these two issues during the past week.

1. During the past week, to what extent have you focused your attention on dealing with your grief, emotions and feelings? (Circle a number below)

   1                       2                       3                      4                       5
   Very little                                                                        A great deal

2. During the past week, to what extent have you focused your attention on dealing with new responsibilities and activities and/or having time away from grieving? (Circle a number below)

   1                       2                       3                      4                       5
   Very little                                                                        A great deal

3. During the past week, to what extent have you gone back and forth in focusing your attention on dealing with both of these issues? (Check the response below that is most accurate for you.)

   ____ (1) I have not gone back and forth because I have focused on only one issue.  
   (If you checked this answer, please skip the next two questions)
   ____ (2) Gone back and forth once or twice this past week.
   ____ (3) Gone back and forth several times this week
   ____ (4) Gone back and forth a few times each day.
   ____ (5) I have gone back and forth several times each day.

4. If you have given attention to dealing with both of these issues at least once this past week, were you able to go back and forth as you wanted to do so? (Circle a number below)

   1                       2                       3                      4                       5
   I have no control over this                                        Yes, I have full control over this

5. When I go back and forth between dealing with these two issues, I usually do it because I ____________________________________________
   ____________________________________________
Appendix N

Sociodemographic Measures I

Background Measures
To enable us to compare responses of widows with similar or different characteristics, in this section we ask you to provide us with some information about yourself and your household. Please indicate the appropriate answer or fill in the appropriate information for each question. As with all your answers, the information that you provide will remain strictly confidential.

What is your gender?

☐ Male
☐ Female

In what Month and Year were you born? (enter the month name and a 4-digit birth year; for example April 1992)

Which of the following describes your race/ethnicity? (please check all that apply)

☐ Hispanic/Latino
☐ African-American
☐ Asian/Pacific Islander
☐ Non-Hispanic, White/Caucasian
☐ Other (mixed, i.e., White and Latino)
How long have you lived at your current residence?

Have you moved your residence since your spouse passed away?

- Yes, we had to move. (if so, how many times?)
- Yes, we wanted to move. (if so, how many times?)
- No, but we wish we had/could have moved. (please explain)
- No, and we didn’t want to move.

Since the death of your spouse, have you raised any dependent children in your home (children under the age of 18, and those that have special cognitive or physical needs)?

- No
- Yes (how many, including their ages?)

Since the death of your spouse, have you cared for an ailing relative in your home (e.g., mother, father-in-law?)

- No
- Yes (how many? Please briefly explain)
Appendix O

Sociodemographic Measures II

Religiosity

The Duke University Religion Index (DUREL)
What is your religious affiliation, if any? (please mark all that apply)

- Buddhist
- Catholic
- Hindu
- Jewish
- Latter-day Saint
- Muslim
- Protestant (e.g., Baptist, Lutheran, Methodist, etc.)
- Non-denominational
- No religion
- Other not listed above (please specify) ____________________
The Duke University Religion Index (DUREL)

Items of the Duke University Religion Index (DUREL)

Organized Religious Activity (ORA)
(1) How often do you attend church or other religious meetings?
1 - Never; 2 - Once a year or less; 3 - A few times a year; 4 - A few times a month; 5 - Once a week; 6 - More than once/week

Non-Organized Religious Activity (NORA)
(2) How often do you spend time in private religious activities, such as prayer, meditation or Bible study?
1 - Rarely or never; 2 - A few times a month; 3 - Once a week; 4 - Two or more times/week; 5 - Daily; 6 - More than once a day

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

Intrinsic Religiosity (InREL)
(3) In my life, I experience the presence of the Divine (i.e., God) - (IR)
1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(4) My religious beliefs are what really lie behind my whole approach to life - (IR)
1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(5) I try hard to carry my religion over into all other dealings in life - (IR)
1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me
Appendix P

Sociodemographic Measures III

Education, Employment, Finances

Invitation to Participate in Interview
To help us to better understand the various impacts of finances on young widowhood, please answer the following:

What was your level of education at the time of your spouse's death?
- Some high school
- High school graduate or GED
- Some college or associate's degree
- College graduate (Bachelor's degree)
- Post graduate or professional degree (MS, MD, DDS, PhD, etc.)

What is the highest level of education you have completed to date?
- Some high school
- High school graduate or GED
- Some college or associate's degree
- College graduate (Bachelor's degree)
- Post graduate or professional degree (MS, MD, DDS, PhD, etc.)

What was your employment status at the time of your spouse’s passing?
- Full-time employed (36+ hours a week)
- Part-time employed
- Not employed, but searching for employment
- Not employed

What is your current employment status?
- Full-time employee (36+ hours a week)
- Part-time employee
- Not employed, but searching for employment
- Not employed
Which of the following best approximates your total pre-tax household annual income?

- $0-$24,999
- $25,000-$49,999
- $50,000-$74,999
- $75,000-$99,999
- $100,000 or more

If income sources are not in US dollars, please explain.

Which of the following best approximates your household net worth in US dollars (cash, investments, and real estate that is not your primary home)?

- $0-$49,999
- $50,000-$99,999
- $100,000-$249,999
- $250,000-$499,999
- $500,000-$1,000,000
- $1,000,000+

How often do you worry about having enough money for food, expenses, or bills?

- Never
- Hardly ever
- Once in a while
- Often
- Almost all the time
Please use this space to share further comments, thoughts, or feelings and to tell us any additional information you think we should know to better understand the experience of becoming a widow at your stage in life.

Thank you for your participation and input! The findings of this research will be used to inform those who seek to support individuals and families who are dealing with loss. If you know a young widow who has recently lost a husband and who might be willing to contribute their story to the present study, please invite them by sharing the link to the survey or invitation you received.

Additionally, if you would be willing to participate in a brief follow-up interview to share additional details regarding your experiences surrounding the loss of your spouse, please include your contact information in the space provided (name, email address, phone number):

Again, if participating in the survey caused distress that you feel warrants professional help, we encourage you to seek such assistance.

Resources:

AAMFT – American Association for Marriage and Family Therapy – To locate a therapist in your area: Retrieved from http://www.therapistlocator.net


Additional resources tailored to young widows can be found on: Retrieved from http://youngwidow.org/
CURRICULUM VITA

C. Ryan Dunn

BACKGROUND

CONTACT INFORMATION

C. Ryan Dunn, Ph.D. Candidate
Child and Family Studies
Weber State University
Ogden, UT 84408-1301
Mobile: (435) 730-4368
Email: charlesdunn@weber.edu

EDUCATIONAL HISTORY

2011-2015  Doctor of Philosophy (Successfully defended 9/9/2015)
Utah State University
Family and Human Development
Committee Co-Chairs: Kathleen W. Piercy, Ph.D., Maria C. Norton, Ph.D.
Dissertation: Young Widows’ Grief: A Descriptive Study of Personal and Contextual Factors Associated with Conjugal Loss

1997-2001  Bachelor of Science (May 2001)
Utah State University, cum laude
Major: Exercise Science, Minor: Psychology

PROFESSIONAL HISTORY

2015-2016  Instructor, Visiting Professor
Department of Child and Family Studies
Weber State University, Ogden, Utah.

2011-2015  Doctoral Candidate
Department of Family, Consumer, and Human Development
Utah State University, Logan, Utah.

Research Assistant
2012-2015  Responsibilities: Assist Dr. Travis Dorsch in developing, gathering, analyzing, writing and presenting on research in the following areas: Parent-child relationships in youth sport, Parent education programs in youth sport, and Parenting and family financial investment in youth sport. Other responsibilities include assisting doctor Dorsch in the USU Family
in Sport Lab with acquiring grant and funding opportunities, mentoring other graduate and undergraduate students in processing lab generated research, and developing programs used to support parents and children in the context of organized youth sport.

2011-2013 **Responsibilities:** Assist Dr. Yoon Lee in analyzing extant data and writing about research in the following areas: U.S. minority small business ownership issues, Couples and small business ownership issues, College students’ study drug abuse, Women, divorce, and personal finances.

**Teaching Assistant**

2015 Marriage and Family Relationships (FCHD 2400 - online)  
**Responsibilities:** Assist Dr. David Law providing guidance, grading, and feedback to undergraduate students online.

2011-2012 Parenting (FCHD 2610)  
**Responsibilities:** Assist Dr. Kay Bradford in lecture/PowerPoint preparation, teaching/lecturing, providing undergraduate TA mentoring, providing guidance, grading, and feedback to undergraduate students.

Family Finance (FCHD 3350)  
**Responsibilities:** Assist Alena Johnson in teaching/lecturing, providing guidance, grading, and feedback to undergraduate students.

Lifespan Human Development (FCHD 1500 – online)  
**Responsibilities:** Assisting Maegan Lokteff with teaching/lecturing (recorded lectures), class website upkeep, providing guidance, grading, and feedback to undergraduate students.

2012-present Lecturer, Graduate Instructor  
Department of Family, Consumer, and Human Development  
Utah State University, Logan, Utah.

2001-present Investment Advisor, Retirement Planner, Family Financial Consultant  
Park Avenue Securities, Guardian Life Insurance Company of America  
Brigham City, Syracuse, and Murray, Utah.

**RESEARCH**

**REFEREED PUBLICATIONS**


In Preparation


**Dunn, C. R.** (Dissertation defended 9/9/2015) *Young Widows’ Grief: A Descriptive Study of Personal and Contextual Factors Associated with Conjugal Loss*


Dunn, C. R. & Piercy, K. Factors associated with the transition to young widowhood, a mixed methods pilot study.


Published Conference Proceedings


Extension educational materials

REFereed Symposia


REFERENCES PRESENTATIONS


TEACHING

UNDERGRADUATE COURSES

Fall 2015 Weber State University – Visiting Professor/Instructor
Instructor, Human Lifespan Development (CHF 1500 – 3 sections)
Instructor, Family Diversity (CHF 3350)
Instructor, Families in Stress (CHF 4400)

Spring 2015 Instructor, Balancing Work and Family (FCHD 1010)
Instructor, Balancing Work and Family (FCHD 1010; online)
Instructor, Research Practicum (FCHD 4400)

Fall 2014 Instructor, Parenting and Child Guidance (FCHD 2660)
IDEA Summary Course Evaluations: Adj. 4.5/5

Spring 2014 Instructor, Parenting and Child Guidance (FCHD 2660)
IDEA Summary Course Evaluations: Adj. 4.6/5

Fall 2013 Instructor, Parenting and Child Guidance (FCHD 2660)
IDEA Summary Course Evaluations: Adj. 4.6/5

Spring 2013 Instructor, Human Lifespan Development (FCHD 1500)
IDEA Summary Course Evaluations: Adj. 4.7/5

Fall 2012 Instructor, Human Lifespan Development (FCHD 1500)
IDEA Summary Course Evaluations: Adj. 4.6/5

UNDERGRADUATE STUDENT MENTORSHIP

2014-Present Steffany Ward (FCHD)
 Projects: Grief in Young Widowhood, transcription and qualitative data analysis

2013-2015 Michael King, FCHD
 USU Fall Undergraduate Research Symposium (December 2013, 2014)
 Research on Capitol Hill (January 2014, 2015)
 Utah Conference on Undergraduate Research (February 2014, 2015)
 USU Student Research Symposium (April 2015)
 Emma Eccles Jones College of Education and Human Services Undergraduate Researcher of the Year (2014-2015)
 National Conference on Undergraduate Research (April 2015)
2013 Kevin Rothlisberger (FCHD)

- *Family investment in organized youth sport*
- *USU Fall Undergraduate Research Symposium* (December 2013)

INVITED PRESENTATIONS

**Dunn, C. R.** (2015, July). *Saying “Yes!” to Marriage.* Presentation to couples given at BYU-Idaho Education Week, Rexburg, ID.

**Dunn, C. R.** (2015, March). *Strategies for enhancing the family youth sport experience.* Presentation to parents, coaches, and administrators given at the 2015 Cache Valley Soccer Expo, USU Campus, Logan, UT.

**Dunn, C. R.** (2014, August). *In good times and in bad.* Presentation to couples given at BYU-Idaho Education Week, Rexburg, ID.

**Dunn, C. R.** (2014, July). *He said, she said: Communication for couples.* Presentation to couples given at BYU-Idaho Education Week, Rexburg, ID.


COMMUNITY PRESENTATIONS

**Dunn, C. R.** (2015, October). *Good Grief in Young Widowhood.* Two presentations given at Myers Mortuary’s “Good Grief” community outreach, Brigham City, UT.


Dunn, C. R. (2013). *There’s a rock in my marriage: Finding the silver linings in love*. Presentation given at the Governor’s Northern Utah Marriage Celebration, November 14, 2013, Weber State University, Ogden, UT

**INVITED LECTURES**

2015   
Marriage Synchrony for Families in Law Enforcement  
CJ 2300 - Policing  
Weber State University, Ogden, UT

2015   
*Securities/Equities for College Students*  
FCHD 3350 – Family Finance  
Utah State University, Logan, UT

2015   
*Adult Aging – Physical and Cognitive Changes in Adulthood*  
FCHD 1500 – Lifespan Development  
Weber State University, Ogden, UT

2015   
*How to Prepare and Deliver Large Group Presentations* (CFLE majors)  
FCHD 5540 - Family Life Education Methods  
Utah State University, Logan, UT

2014   
*What Are Stocks and Bonds, and How Can You Use Them?*  
FCHD 3350 – Family Finance  
Utah State University, Logan, UT

2014   
*How to: Presentations to Parents* (CFLE majors)  
FCHD 5540 - Family Life Education Methods  
Utah State University, Logan, UT

2013   
*How to: Presentations to Couples* (CFLE majors)  
FCHD 5540 - Family Life Education Methods  
Utah State University, Logan, UT

2012   
*Parenting Adolescents*  
FCHD 2610 – Parenting and Child Guidance
How to: Presentations to Large Groups (CFLE majors)
FCHD 5540 - Family Life Education Methods
Utah State University, Logan, UT

2011-2013 Stocks & Bonds
FCHD 3350 – Family Finance
(Fall 2011; Spring 2012; Fall 2012; Spring 2013; Fall 2013)
Utah State University, Logan, UT

VIDEO SEMINAR


SERVICE

UNIVERSITY

2014-2015 Member, organizing committee, USU Undergraduate Research Symposium
Emma Eccles Jones College of Education and Human Services
Utah State University, Logan, Utah

MEDIA


**CERTIFICATION/SKILLS**

**PREP 8.0** and **Within our Reach Certified** (Prevention and Relationship Enhancement Program) curriculum for couple relationship enhancement designed for economically disadvantaged couples.

**PROFESSIONAL AFFILIATIONS**

2014-present National Council on Family Relations (NCFR)

2014-present North American Society for the Psychology of Sport and Physical Activity (NASPSPA)

2014-2015 American Council on Consumer Interests (ACCI)
REFERENCES
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