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# Lived Experience of Young Widowed Individuals

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LIVED EXPERIENCE OF YOUNG WIDOWED INDIVIDUALS

by

Eunicia Jones

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

of

MASTER OF SCIENCE

in

Family, Consumer, and Human Development

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Logan, Utah

2016

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## ABSTRACT

## Lived Experience of Young Widowed Individuals

by

Eunicia Jones, Master of Science  
Utah State University, 2016

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Young widowhood is a unique experience that has received little in-depth attention in research and clinical settings. Their experiences may differ from other types of losses, particularly from losses that are typically expected to happen later in life. The present study treated the lived experiences of young men and women who have experienced the loss of a spouse. Eleven men and women between the ages of 18 and 49 were interviewed about their experiences post-loss using phenomenological methods. After coding for similarities and differences between the experiences, five themes emerged in all eleven interviews: (1) relationship, (2) first reactions, (3) resources, (4) concerns, and (5) age and gender. The results explored these themes in depth and provided insight into the grief process of young widows and widowers. Implications included the need for more accessible resources for young widowed individuals, such as therapeutic services, finances, and childcare. Implications are also provided for clinicians, individuals, couples, and families.

(100 pages)

## PUBLIC ABSTRACT

## Lived Experience of Young Widowed Individuals

Eunicia Jones

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# **CHAPTER I**

## **INTRODUCTION**

A traumatic event that occurs in the lives of many every day, losing a loved one is one of the most difficult experiences to live through (Shuchter & Zisook, 1993). Identities shift, systems are restructured, and lives remain forever changed for survivors (McGoldrick & Walsh, 2004). Research on the effects of death of a loved one in various populations has become more available in order to better understand how people respond to this inevitable life event (Dunne & Dunne-Maxim, 2004; Werner-Lin & Moro, 2004). Individuals and families are affected in different ways, but the elements of grief – denial, anger, bargaining, depression, and acceptance – still remain in full force (Hashim, Mei-Li, & Guan, 2013; Silva, 2015). As such, better understanding of the ways men and women experience and process death of a loved one, particularly a spouse, is necessary to increasingly view bereavement as more of a social and collaborative effort rather than an isolated event only to be had by the ones closest to the deceased.

### **Response to Death**

Loss of a loved one threatens the well-being of those left to process the event in various ways (Walsh & McGoldrick, 2004). There may detrimental mental health effects that come along with the grief process, such as depression, anxiety, and trauma (Ball, 1976). Concerning physical health, bereaved individuals tend to have higher mortality rates in the first year after death of a loved one (Bowling & Windsor, 1995; Manor & Eisenbach, 2003). As more information becomes available through careful study,

individuals and families become better equipped to manage the loss in healthy, adaptive ways that decrease their chances of experiencing these and other health concerns.

We understand that everyone responds to death in a personalized fashion. Families respond to death differently based on development of each individual and the life stage of the family (McGoldrick & Walsh, 2004). Social forces affect how families talk about and process deeply personal losses (Werner-Lin & Moro, 2004; Wright & Nagy, 1993). In American society, for example, it is expected that grief will have a beginning, middle, and end in order for people to go back to “real life” in a reasonable amount of time (Granek, 2015). The internalization of such ideas may lead to suppression and shame of these thoughts.

Social forces also can generate feelings of embarrassment and lead to secret-keeping and distortion among family members after a death (Wright & Nagy, 1993). Family members often collude to maintain their secrets during these losses at the cost of their physical and mental health (Imber-Black, 1993). Communication may be avoided completely, and people may avoid contact with each other, straining relationships and restricting support. Without acknowledging the loss, the paralysis from not talking openly and honestly about the loss continually perpetuates itself (Werner-Lin & Moro, 2004). In general, most bereaved individuals show moderate disruptions in functioning during the first year postloss (Bonanno & Katlman, 2001) but certainly different factors come into play based on the timing of the loss. As responses to loss become more open and collaborative, individuals and families, especially those of young widows and widowers,

may respond in more adaptive and liberating ways when they inevitably do experience the loss of a loved one.

### **Lesser-Acknowledged Types of Grief**

Grief after death of a loved one may go unacknowledged for many reasons. This is relevant for the purposes of this study, in which I highlight more of the grief that a lesser-acknowledged population, young widows and widowers, encounter. Some types of grief may not be recognized at all, such as in the case of pregnancy loss. It may not be considered as important as other types of losses, such as in the case of the death of a close friend, former spouse, or coworker. The relationship may be stigmatized, such as in the case of gay and lesbian couples or affairs (Werner-Lin & Moro, 2004). Stigmatized losses, in particular, produce anxiety and defensiveness, and mourners may become silent from the shame, blame, or guilt. For example, attitudes of survivors about the “rightness” of death affects how they grieve (Rando, 1993). Suicide is typically seen as an “unworthy” death in American society, and, therefore, brings a sense of shame to the surviving (Dunne & Dunne-Maxim, 2004).

Losses experienced during childhood are not fully appreciated (Silverman, 2000). From age 3, peer groups become increasingly important to children. Close to adolescence, gendered reactions to death appear to come into play. When girls lose a close friend, they may be most upset by the loss of emotional intimacy, while boys may be most upset by the loss of loyalty or solidarity (Werner-Lin & Moro, 2004). Death during the teenage years is difficult because it occurs at a time when friends typically are

more important than family (Skylar & Hartley, 1990). This period is also the time when teenagers realize that they, too, can die, which creates shock and disbelief.

Other types of lesser-acknowledged forms of grief after death exist. The aforementioned are only a few examples to show that what we typically view as grief may involve more elements to the loss, including the impact one loss has on different populations. The continued recognition of these lesser-known and underappreciated forms of grief, such as young widowed individuals, may provide more common ground for individuals as they seek to make sense of their own grief through acknowledgement of other types of grief experiences.

### **Families and Grief**

The death of a family member comes as a shock and creates chaos in the lives of surviving family members. Families have emotional reactions to events, creating a familial emotional system (Bowen, 1978). This system, based on repeated family interactions, creates an emotional homeostasis. Unprecedented events, such as death of a loved one, require adjustment to either get back to the previously established emotional balance or establish a new one (Bowen, 1978). When families experience death, there is what Bowen calls an “emotional shock wave,” a network of events that occur up to years after the death (Bowen, 1978). Examples include physical, mental, and emotional symptoms that can result in illness. Such a shock may result in emotional dependence on family members that is denied but is still present and affects the family's overall emotional balance (Bowen, 1978).

Because death is an inescapable, negative reality in American culture, it must be dealt with or unresolved grief will carry on in future generations (McGoldrick, 2004c). Loss can inspire creativity in survivors but can also lead to destructive coping habits that present themselves in progeny and its families (McGoldrick, 2000c). Meaning-making at the time of loss is crucial for healing. Looking at the meaning of loss across family members and generations can situate mourning and help clients integrate the loss to move forward. Clinicians can validate the experiences of young widowed individuals, especially, by fostering understanding of marginalized losses (Werner-Lin & Moro, 2004). Both the family context and the larger cultural context must be considered (Werner-Lin & Moro, 2004).

### **Unexpected Loss**

While death is inevitable, when and how death occurs may not be expected and, therefore, traumatic for surviving friends and family. Such is the case for several young widows and widowers. There is not enough time to prepare for the death or a support network postloss, even when the death is expected (Sanguesa, 1995; Valentine, 2007). In particular, there is an added loss when survivors do not have the chance to properly say goodbye and find closure with the relationship (Valentine, 2007). The grief experienced after an unexpected death is often described as a lonely trek because friends and families are ill-prepared to console the surviving spouse (Anderson, 2000).

Finding the balance between grieving alone and having others around is likely a balance that is hard to achieve. Survivors of sudden death may avoid discussing the pain

and heartache associated with the loss. Navigating the world after death proves to be a difficult task for these individuals (Clements, DeRanieri, Vigil, & Benasutti, 2004). Many survivors express that there needs to be time and space set aside to grieve. Oftentimes, a true return to normalcy takes several years (Rodger, Sherwood, O'Connor & Leslie, 2007).

Adapting to loss also depends largely on the circumstances. Survivors of unexpected death experience more bereavement than those who expect death (Carr, Sonnega, Nesse, & House, 2014; Shah, Carey, Harris, DeWilde, Victor, & Cook, 2013). Additionally, lack of perceived social support may add to the emotional distress of an unexpected loss (Guiaux, Van Tilburg, & Broese, 2007; Ha, 2008; Hahn, Cichy, Small, & Almeida, 2014; Lund & Caserta, 2002; Pinguart, 2003). This leads to feelings of loneliness and exclusion, along with the grief they experience from losing their partners (Leichtentritt, Leichtentritt, Barzilai, & Pedatsur-Sukenik, 2013). Looking at the precursors and outcomes of unexpected death help to understand how to better serve young widows and widowers for whom such a death is typically unexpected.

### **Theories of Grief**

As with any death, there is a need for a period of readjustment. The Kubler-Ross model of grief explains some of this readjustment through the terms of denial, anger, bargaining, depression, and acceptance. While this model is viewed as occurring in stages, this model allows for any of the components to happen out of order or simultaneously (Kubler-Ross, 1997). In stage one, there is *denial*, which is a defense

mechanism. Stage two brings *anger*, typically when one realizes that denial cannot continue. During this time, the anger can result from feelings of unfairness. Stage three is the *bargaining* stage, in which one attempts to offer something in place of the person or thing that has been lost. The fourth stage is the *depressive* stage, in which the reality that the loss sets in more concretely. This brings feelings of sadness and pain and can lead to some social isolation. The last stage is *acceptance*, when one accepts the way things happened and how things are now. During this stage, one is able to start a new chapter of life without what has been lost (Kubler-Ross, 1997). Wortman and Silver (1989) show evidence that there may be a broader range of normative grief reactions, which could possibly discredit the popular Kubler-Ross model. This model describes specific grief tasks as: (1) accepting the reality of the loss, (2) processing the pain of grief, (3) adjusting to life without the deceased, and (4) redefining the relationship with the deceased and moving on with life (Worden, 1992).

Hogan, Morse, and Tason (1996) identify several stages in the process of surviving death, whether it is anticipated or not. The first is finding out and then responding to the news. Realities must then be faced, usually signified by going through the motions. Then, one becomes consumed with the suffering associated with the loss. Longing and hopelessness are indicators of this stage. From here, one starts to make sense of the loss through aching with physical pain and getting through the day. Emerging from the suffering comes next, seen by embracing hope and getting on with life. After, personal growth is experienced, which, then, creates the stage of becoming, which involves a newly-constructed identity of the surviving person.

In addition to these stages of grief from different theoretical lenses, different types of death may have substages or added stages that add to the healing process. For example, with suicide there are additional tasks to take into consideration. First, there must be an understanding of suicide's complex nature. Second, the link between mental illness and suicide must be understood. Finally, the well-being of the survivors must be ensured (Dunne & Dunne-Maxim, 2004). Working knowledge of the grief processes, including the different models and types of grief, serves to provide a framework for understanding and helping young men and women who are grieving the loss of their spouse.

### **Grief and Therapy**

Addressing the pain of losing a loved one is difficult for friends and family members. Dysfunctional adaptation to loss includes time stopping, relationships rigidifying, and families using denial or escape. Healthy adaptation, on the other hand, includes ritualizing loss and maintaining a sense of control (McGoldrick, 2004a). Sometimes, survivors opt to utilize mental health services from marriage and family therapists to help process the grief in healthy, adaptive ways.

Drawing on Bowen's construct of the "emotional shock wave" once more (1978), it is helpful for the therapist to expose the family's emotional balance or lack thereof. Once this has been done, establishing a new emotional equilibrium becomes one of the main focuses of treatment. In addition, using definitive words, such as "death," "die," and "bury," facilitate the acceptance of the reality of death as well as the grieving process. In

contrast, being indirect communicates discomfort on the part of the therapist (Bowen, 1978). In this way, therapists are able to do their part to “help families recognize the embeddedness of their losses in historical and cultural contexts, we empower them to choose their future, strengthened by their shared experience of their losses” (McGoldrick, 2004c). As therapists hone their skills by utilizing the lived experiences of young widows and widowers, they are better prepared to understand and validate their grief as they grow during the therapeutic process.

### **Death of a Spouse**

The death of a spouse has the potential to have an even deeper impact than other deaths (Hardy, Concato, & Gill, 2004; Holmes & Rahe, 1967). This is because marital partners are typically seen as the first and best resource for support in life, through the good times as well as the bad (Straub & Roberts, 2001). Together, spouses create a shared income, shared identity, shared intimacy, and may share children. They also expect to share a future together. Without one partner, the lost element of sharing can be devastating (DiGiulio, 1992; Haase & Johnston, 2012; Lopata, 1975; Ossefort, 2000). To better understand how to help those who have lost marital partners, research has been done to highlight the experience of widows and widowers soon after loss and also later in life (Field & Bonanno, 2001; Reisman, 2001; Safer, Bonanno, & Field, 2001).

Missing from much of the widowhood literature is the experience of young widows and widowers as they navigate death, especially when it is unexpected. For this study, I aim to narrow the gap in the current literature by offering insight into the

experiences of those who lose a spouse earlier in life rather than later. For this population, coping and overall adjustment may be different, as the loss is unexpected due to death at a younger age than typically expected.

Understanding the positive adjustment factors of young widows and widowers is imperative to understand and integrate into the ever-thickening web of societal fabric. To understand these positive predictors of adjustment, I will explore young widowhood experiences, unexpected loss, and protective factors for widowed individuals, and then frame the study itself through life course theory using phenomenological methods to get to the essence of the young widowhood experience (Giele & Elder, 1998). A summary of the study's results and discussion of their implications will follow thereafter.

## **CHAPTER II**

### **REVIEW OF LITERATURE**

When speaking of the death of a spouse, it is important to first understand the context that shapes the grief experience. Life course theory (LCT) will be used as a theoretical framework in order to make some sense of the lived experiences of widows and widowers as they process the death of their spouse (Giele & Elder, 1998). Using the four components of LCT, specifically, will shape the ways in which lived experience is understood by both researchers and clinicians.

With LCT in mind, I will utilize the current research base to look at different factors already shown to have an impact on widows and widowers after their spouse has died. These factors include age, gender, and protective factors. In addition, I will include current research on grief in therapy, provide explanations for how healthy adaptations may develop, and, therefore, may be helpful for those going through the grief process.

#### **Life Course Theory**

Because there is a gap in developmental research for young widowed individuals, the current study uses life course theory (LCT) to make some sense of the ways these individuals adapt in the face of death at a young age. LCT is the result of decades of research connecting social change, social structure, and individual action (Giele & Elder, 1998). The earliest longitudinal studies that laid its foundation tracked individuals who experienced events such as the Great Depression, World War I, World War II, the Cold

War, the Vietnam War, the Civil Rights movement, and the Women's movement (Elder, Johnson, & Crosnoe, 2003).

Separate from life cycle and life span theories, LCT refers to a sequence of socially defined events and roles that people take on over the course of their lifetime (Elder et al., 2003). LCT finds its strength in its ability to account for various cultural, social, and individual variations (Giele & Elder, 1998). This makes it ideal as a theoretical framework to use for a path as unpaved as the young widowhood experience. Undoubtedly, there are variations in experience among individuals and groups of people who have this experience in their lives.

LCT purports that human development and aging are lifelong processes. Elder, Johnson, and Crosnoe (2003) identify four principles generally associated with LCT – location of time and place, linked lives, human agency, and timing of lives. The experience of young widowed individuals may be further understood looking through these principles.

### **Location of Time and Place**

Where an individual is located in history contributes to individual and collective experiences. Location of time and place may also be referred to as the cultural background of an individual. The time period in which someone loses a spouse has cultural and historical implications (Giele & Elder, 1998). For example, a young military wife whose husband died during the Great Depression would have had less financial and social resources in comparison to another young military wife who lost her spouse in

Afghanistan in 2010. This is no different for widows and widowers, who are affected by time and place like all others.

### **Linked Lives**

Individual lives are connected interdependently, and social and cultural influences are seen through this intricate web of shared relationships (Elder et al., 2003). Also called social integration, the principle of linked lives suggests that cultural, institutional, social, psychological, and sociobiological levels of social action interact as a whole and, also, because of contact with other persons who share similar experiences. The integration of these expectations, norms, or social institutions varies (Giele & Elder, 1998). Examining the experiences of young widows and widowers in this day and age serves to help understand how the events of individual lives affect other people and society at large.

### **Human Agency**

Individuals adapt their behavior to the environment to meet their needs. To meet them, goals are created, and individuals make choices that orient and guide them towards these goals (Elder et al., 2003). Agency is constricted by the opportunities and constraints of history and social circumstance (Giele & Elder, 1998). To illustrate, consider the two military wives mentioned earlier to explain the principle of location of time and place. The opportunities and historical constraints of the young wife that lived during the Great Depression would naturally lead to different choices she could have made in comparison to the plethora of opportunities afforded to the millennial military wife. The way agency is used shapes and directs the life course that people take.

### **Timing of Lives**

The events that occur before and after “life transitions, events, and behavioral patterns” will differ depending on the timing in a person’s life (Elder et al., 2003, p. 12). Timing, also known as strategic adaptation, is related to agency and individuals reaching goals. To reach these goals, individuals and groups have no choice but to react to the timing of external events and behave in a manner that uses the resources available for successful adaptation (Giele & Elder, 1998). Social and cultural norms heavily influence this principle, as larger society subtly inform what is considered normal and abnormal as far as development in the life course goes. Typically, death is seen as an event that occurs in later life. The expectation of death is not usually present early in life and is considered an off-time event. Therefore, the response to early death by young surviving spouses may be unorganized and initially maladaptive rather than organized and normal.

### **Age**

Age seems to be related to knowledge and resources available that contribute to the type of adaptation for those who lose a spouse. Older women may not have the same concerns because they have already lived full, satisfactory lives. Older age seems to predict more positive adaptation and adjustment because death is more expected as people age (Cupit, Radosevich, & Trimmerger, 2013; Elwert & Christakis, 2008). Conversely, for older individuals, the death of a spouse increases mortality for almost all causes of deaths, though to varying degrees. For elderly couples, death of a spouse due to

a medical condition is linked to death of the surviving spouse up to nine years' postloss (Elwert & Christakis, 2008).

While the majority of men and women experience widowhood when they are older, 15.9% of the US population under 55 lose a spouse (Elliott & Simmons, 2011), which highlights the need for exploration of what young widows and widowers experience in relation to their age. Because of their stage of life developmentally, younger widows may experience difficulties that older widows do not. For example, age, including cognitive and emotional maturity, is related to recovery from a traumatic event, such as death (Moos & Shaeffer, 1984).

Younger women have more fear of the self and others dying than older women after the death of a spouse, whether it was expected or unexpected. As such, these women may fear losing out on certain life experiences, such as raising a family and/or reaching personal and professional goals (Straub & Roberts, 2001). As these women are younger, they may be preoccupied with dying because they still have so much they want to do with their lives.

The expectations of younger widowed individuals are likely different from those of older widowed individuals. This falls under the category of timing of lives in LCT terms. Because losing a spouse is typically seen as something that happens when one is older and has experienced many stages of life, losing a spouse at a young age is considered an "off-time event" (Elwert & Christakis, 2008). As such, there may be a greater sense of loss than older individuals. It is possible that there is a period of confusion and uncertainty after such a loss, since social discourse surrounding typical life

stages do not take early or unexpected death into account. Therefore, it is imperative to discover the thoughts and feelings of widows and widowers concerning their young age. Once their cognitions and emotions are understood, their reactions to these events make more sense.

### **Gender**

Men and women have different experiences with grief. Men tend to be more vulnerable to depression in widowhood than women (Stroebe, Stroebe, & Schut, 2001), though there is arguably a lack of depth in research of the male response to grief (Bibby, 2001). Young widowed men aged 20-35 have been shown to be exponentially more likely to commit suicide following the death of a spouse than young widowed women (Luoma & Pearson, 2002). McGoldrick (2004b) finds that men and women typically experience loss differently. For example, fathers who lose their wives do not always make the needed changes in their coping styles that will best meet their children's needs (Boerner & Silverman, 2001).

Women are typically the ones handling the emotional and caregiving aspects of mourning, while men still focus on the practical aspects of survival, such as working to provide food and shelter. Speaking specifically of widows, these women typically become more child-centered after losing a spouse, as opposed to widowers (Boerner & Silverman, 2001). More information about the differences in grief experience between men and women must be gathered in order to help these populations heal in the ways that best suit them.

The LCT concept of human agency is fitting when speaking of gender differences between men and women. Based on the literature, it would appear that gender roles would provide some constraints on the choices that men and women are expected to make when it comes to processing their grief and continuing to live their lives. Men may be more expected to choose to suppress their emotional pain concerning spousal loss, while women are expected to choose to speak more openly and often of their grief. Looking into what young widows and widowers say and do about their choices post-loss would shed more light on how gender influences the choices they are expected to make versus the ones they actually do make.

### **Protective Factors for Widowed Individuals**

There are certain factors that have been linked to positive adjustment for widows and widowers. Having these factors may deflect the adverse experiences and harmful mechanisms some turn to in the face of tribulations, such as drinking and drug use. Successful adjustment using protective factors, in turn, assists in the re-identification process. LCT is a flexible perspective through which to consider these factors. Many LCT concepts overlap and can be applied to several of these factors, but only a few are highlighted to provide examples of the ways in which LCT could be used to explain some of the trends seen among young widows and widowers.

### **Sense-making**

Creating meaning from the loss is an important coping mechanism. Finding a way to process the loss in a positive light allows people to move from discontinuity to

continuity (Bauer & Bonanno, 2001). Resources and reframing, known as dispositional resilience, predicts higher life satisfaction for widows and widowers (Rossi, Bisconti, & Bergeman, 2007). Gehart and McCollum (2007) report that using mindfulness as an approach to loss helps to embrace suffering rather than eliminate it. According to them, it is the attachment to ideas, not the construction of them, which creates suffering for people when things do not happen according to plan.

Human agency, according to LCT, could be helpful when considering the ways young widows and widowers make sense of and process their loss. Developmental factors may limit their cognitive and emotional processes, which, in turn, may then limit the perceived choices men and women have to react. Missing from the sense-making literature are more studies focused on young widows and widowers. Most of the research focuses on older widowed individuals, currently, and the expected losses that they encounter due to the complications that come with aging (Janke, Nimrod, & Kleiber, 2008; Kaunonen, Paunonen, & Laippala, 1999; Utz, Carr, Nesse, & Wortman, 2002). How young widowed individuals are able to construct functional ideas about their loss is essential to move forward with purpose.

## **Resources**

Resources are necessary for healthy adaptation to loss. According to Hill's ABC-X model of family stress, when an event is interpreted through the beliefs and resources available, this produces coping that turns into positive or negative adaptation (Hill, 1949). For widowed individuals, oftentimes, these resources come in the form of social and financial support. Higher social support is linked to higher life satisfaction (Hershberger

& Walsh, 1990). The two social support systems that offer the most support are friends and family (Kalmijn, 2007; Kaunonen et al., 1999).

For older widowed individuals, there is an increased level of social participation postloss that is considered to be an indicator of healthy adaptation (Utz et al., 2002). For example, communication with friends and family, as well as participation in organizations in clubs is linked to overall better health (Utz et al., 2002). Close relationships with others, especially, can curb the trauma effects that come with becoming a widow or widower (Lowenthal & Haven, 1968). Having adequate social support lends itself to overall wellbeing in widows and widowers.

Aside from social support, financial support is important to consider when attempting to live life after the death of a spouse. It is commonly seen that individuals who have undergone a loss of a partner have fewer financial resources and experience hardship when it comes to money (Bishop & Cain, 2003; Gass-Sternas, 1995; Sevak, Weir & Willis, 2003; Weaver, 2010). More research to understand widowed individuals who are also parents is needed to understand the experiences of the young widowed population.

From an LCT perspective, resources are an indicator of the location time and place of widows and widowers experiencing grief (Giele & Elder, 1998). In 2016, there has been a cultural shift with the use of technology. Widows and widowers can be much more connected through social media and other forms of technology. These digital resources may provide access to others grieving or even professional counselors and therapists, alleviating the pain of isolation and prolonged suffering. More research into if

and how these emerging digital platforms benefit widows and widowers is important in order to better utilize them presently and for the future.

### **Connection**

Having a strong connection to the deceased creates a healthy continuing bond after death. The type of loss, culture, and religion affect the way the continuing bond is expressed (Bokek-Cohen, 2014; Field, Gao, & Paderna, 2005). Abstract, symbolic bonds are considered adaptive continuing bonds to the departed (Reisman, 2001). For example, positive memories of the relationship with the deceased may decrease any worry or anxiety surrounding an untimely death (Field, Nichols, Holen, & Horowitz, 1999). This type of secure attachment may also predict better adjustment because of the healthy relationships with others that are presumably sought after and maintained. As widows and widowers benefit greatly from personal relationships postloss, this is a positive protective factor (Utz et al., 2002).

On the other hand, self-blame and grief are created when there is a continued bond that involves keeping the deceased spouse's possessions (Field & Bonanno, 2001). An example of this would be a family that keeps the room of their dead son exactly how it was the day he died. This, a concrete attachment bond, is considered maladaptive (Reisman, 2001). As some of the research has included younger widows and widowers, more could be done to focus on this population specifically. With younger age comes a developmental immaturity that may result in more maladaptive patterns and behaviors.

LCT purports that our lives are linked, meaning that no one functions as an independent individual (Giele & Elder, 1998). As such, the connection that widows and

widowers have with their spouses must be taken into account to better contextualize their views of their loss and how they are reacting to it. Expanding this idea to the macrosystemic level, the ways that young widowed individuals react to loss based on their connection to their spouse affects their connection with other social systems, such as family and community, and vice versa. In essence, when we study the microsystem of the marital dyad, we are actually also studying larger systems, which increases the scope of our potential clinical impact (Fishman, 1993).

### **Timing**

The amount of time postloss has an effect on how widowed individuals view the death of a spouse. In one study, widowed people said their grief was not as bad 4.5 years' postloss as they said it was when they were asked 6 months after the loss (Safer et al., 2001). In addition, men and women have higher rates of mortality following the death of a spouse (50% among women and 40% among men) six months' postloss (Manor & Eisenbach, 2003).

LCT's concept of location of time and place may be applied here when talking about cultural norms (Giele & Elder, 1998). Since it is culturally more acceptable to mourn for a certain amount of time and then "move on," this may affect how widows and widowers express their grief over time and reflect on it. The developmental aspect in relation to younger and older widowed individuals is largely ignored because of the lack of research on younger widowed individuals and their experiences with grief.

## Grief in Therapy

Accessing the tools towards healthy adaptation is difficult for many, especially when experiencing death for the first time (McGoldrick & Walsh, 2004). Anxious relatives, while working through their own discomfort, may use indirect language that does not help the healing process to move along. Their anxiety may actually be hurtful (Bowen, 1978). Also, a common mistake of nonprofessionals dealing with death comes in the form of giving all deaths the same treatment (Bowen, 1978). This approach does not account for individual circumstances and can invalidate the experiences of those surviving (Bowen, 1978).

Martin and Doka (2000) identify a continuum of grief styles, with “intuitive” on one end and “instrumental” on the other. Intuitive grievers tend to express themselves with more emotion, while instrumental grievers express themselves with cognitions and behaviors. When therapists are able to detect how their client is expressing grief, they are hopefully then in a position to better serve them. Perhaps the most important skill therapists utilize when working with the bereaved, wherever they are on the grief style continuum, is the therapeutic relationship. The ability of the therapist to simply be present with clients is crucial for clients to be able to feel comfortable sharing their pain and then make sense of it during the therapeutic process (Fishman, 2014). Therapists currently may not recognize how to be attuned to young widows and widowers in order to do so.

One way familial patterns of care are understood is by creating a caretaking genogram (McGoldrick, 2004a). Another helpful tool is the use of metaphors. Therapists

have found that using the client's language, specifically, the metaphors they use, and expanding on them to facilitate the sense-making process, helps clients to increase their awareness and strengthen connection with loved ones (Goldberg & Stephenson, 2016). While some therapists may use metaphors in their therapy, using the metaphors that young widows and widowers come to session with may help them to better navigate and process their loss.

Addressing the spirituality component is revealing for clinicians when treating one who is grieving a death. Spirituality has historically helped families to cope with death and loss and is considered a crucial source of religious beliefs (Tillich, 1952). Deaths that are untimely, sudden, or violent can either reaffirm one's faith or push one away from it (Walsh, 2004). The questioning of the meaning of life and spiritual beliefs is typically transient and, therefore, must be normalized, as it is a common one. Specifically asking questions about beliefs of spirituality and practices is helpful as an intervention for those grieving a loss (Walsh, 2004). For young widows and widowers, who may still be formulating their ideas of spirituality, clinicians may do better to approach this topic more frequently and openly.

Another helpful tool is the use of group therapy (Yalom & Leszcz, 2005). Typically, group therapy is seen as being helpful for multiple people coming together for a common purpose. By talking openly together, they are able to lean on each other for support rather than the therapist, which is helpful for successful adaptation to life posttherapy. Two types of group therapy have been proven to be helpful specifically for grief – interpretive group therapy and supportive group therapy (Piper, Ogrodniczuk, &

Hernandez, 2014). Interpretive group therapy utilizes insight into conflict and trauma, while supportive group therapy emphasizes present-day adaptation and problem-solving (Piper et al., 2014). Group therapy exists for widows and widowers on several levels, yet group therapy for young widowed individuals is lacking.

Gender must also be taken into consideration when helping survivors of loss. Widows appear to have better outcomes with problem-focused therapy interventions (Schut, Stroebe, & van den Bout, 1997). Men, on the other hand, fare better with emotion-focused interventions (Schut et al., 1997). One specialized intervention that may be helpful, Experiential Dynamic Therapy, may be helpful with men, especially, because it explores the anxiety that topics, such as death, provoke in people and its associated defense mechanisms (Clayton, 2015). Using these gender-specific interventions helps to balance out the needs that each gender needs met in times of grief (Schut et al., 1997).

### **Current Study**

As evidenced by the review of literature, there is a gap in research on the experience of young widowed individuals. Why are the young and widowed different from the old and widowed, specifically? Are there developmental issues that older widows do not face? These and others are questions that have not been answered adequately in current literature. Individual stories of the bereaved must be heard and understood in their rich detail, rather than simply turned into statistics for analysis. By having these stories and interpreting them for research and clinical studies, scripts can then be developed for all who come in contact with spousal death.

Through this study, I hope to better understand young widowhood, as it is influenced by other factors such as age, gender, timing, and resources. By using qualitative methods, discovering answers to these questions will help several populations. Young widowed individuals will be able to better understand how others in their situation have dealt with the loss of a spouse. This will help them to feel that their experience is normal and nothing to be ashamed about. They will also understand what to be prepared for and what may help them move forward in the grief process. Also, by understanding what young widowed individuals experience, therapists and other clinicians can develop interventions centered on helping these individuals process their thoughts and feelings in creative ways they may not experience outside of the clinical setting. It is evident that giving attention to young widows and widowers in research will benefit several populations.

## **CHAPTER III**

### **METHODS**

#### **Phenomenology**

In order to understand the experience of young widows and widowers in richer detail, qualitative data appears to be the most fitting method to understand the positive predictors of adjustment for this population. Specifically, a phenomenological approach is appealing for a variety of reasons. In order to understand the rationale for using this methodology to conduct this research, its origins and purposes must first be explained.

#### **Origins**

Phenomenological research originated roughly 60 years ago in Europe (Creswell, 2007; Daly, 2007). Its roots can be found in other fields that study the human experience in a variety of ways – namely, the sociology of knowledge, dramaturgical research, labeling theory, existential sociology, sociology of the absurd, symbolic interactionism, and ethnomethodology. Phenomenology concerns itself with the shared lived experiences of individuals as the individuals express them (Creswell, 2007; Daly, 2007). As a newer methodology, it represents the antithesis of positivism and empiricism by challenging the assumption that the scientific method is the only way to accumulate truth and knowledge (Dahl & Boss, 2005). The basic premise is that the phenomenon of interest is best understood when it is studied where it naturally occurs and through the experience of who or what is participating in the phenomenon. Its philosophical assumptions explain

how we know, what we need to know, and where researchers locate themselves in the research process.

### **How We Know**

Because knowledge is socially constructed, it is incomplete and always subject to change (White, 1995). Since phenomenologists are focused on the perspectives of individuals, these individual experiences create knowledge, as the researcher is assumed to have no prior knowledge of that individual's experience. In fact, the researcher is assumed to have no knowledge of the phenomenon being studied until the individuals experiencing the phenomenon in one form or another explain the phenomenon to the researcher. As such, the central research question in a phenomenological study focuses on the essence or meaning of a certain phenomenon, relying on the answers given by the participants (Creswell, 2007).

In addition to knowledge being socially constructed and subjective, objects, events, and situations may mean different things to several members in a family. All of these unique perspectives come together to create various perspectives or "truths" for these individuals. Finally, it is possible to know through both art and science. This means that not only do words and, specifically, the scientific method, communicate truth to us. Art, spoken, sung, drawn, painted, or otherwise expressed may communicate ideas and truths associated with the artist (Dahl & Boss, 2005). Searching for the flow and changes in knowledge construction becomes an art form for the phenomenologist.

### **What We Need to Know**

It is imperative to understand the common, everyday habits and patterns of family worlds. The language and meaning of everyday life, both objectively and subjectively, are also significant (Daly, 2007). By seeking to deconstruct habits, patterns, language, and meaning, we understand better core beliefs and values that shape family life. We are able to see how problems develop and are managed. When everyday things are observed, the context for problem-solving and coping are understood instead of only focusing on family patterns during traumatic events, which is typically done (Dahl & Boss, 2005).

### **Role of the Researcher**

Phenomenology asserts that researchers are not separate from the phenomena that they study. As such, all research is biased, though not necessarily negative. It is important for researchers to state their beliefs and values when publishing results in order to orient the reader with the values that guided the research and subsequent interpretation of the results.

For myself, I recognized that I valued stability and balance as a researcher. As I was collecting data and analyzing it, I noticed my tendency to look for both positive and negative forms of adaptation from the participants, though that seemed to contradict the phenomenological value of nonjudgment. I have been careful to make sure that in my report of the analysis and results that any such designation of positive or negative adaptation has been designated by either the participants or is in the context of existing literature.

Additionally, phenomenology assumes that common knowledge is shared and held by both researchers and the participants (Dahl & Boss, 2005). In essence, while not all habits and patterns are explained by participants to researchers, they may be implied and understood while the phenomenon is being studied by the researcher. As I interviewed participants, I paid attention not only to what the participants said, but also their body language and how they said certain phrases. I took those into consideration while coding my interviews, and I believe that the insight provided by the other coders helped me to decipher the intent behind the statements made by the participants. In addition, if I was unclear about what a participant meant during the interview process, I asked clarifying questions to understand both the message and the intent of their statements.

### **Sample/Data**

To understand the young widowhood experience, the sample for this study consisted of widows and widowers under the age of 50, regardless of age when the spouse died. This age range was selected because this younger age bracket typically does not see death as a predictable event, therefore to be young and to experience the death of a spouse would be considered an off-time life event, according to LCT. This sample was collected in two ways: (1) widowed individuals that participate in online support groups, and (2) information about the study was passed through word-of-mouth in order to increase the number of participants who could participate but may not be a part of an online support group. These two methods were necessary in order to generate a variety of

responses, especially since the first method would only produce minimal participants based on the desires of each organization to maintain the privacy and confidentiality of their members.

Sampling in this manner also provided a range of experiences from, presumably, men and women who live in different areas and, therefore, come from different backgrounds. Participants were recruited directly through message boards from these online support groups after approval from the respective owners of each online organization. Rather than asking for email addresses or phone numbers, potential participants were given the author's email address in order to contact her, should they decide they were interested in participating. Appendix B provides a list of organizations that were invited to participate in the study.

In the tradition of phenomenological research, a small sample size was used to gather more detail from each participant about individual experiences. In order to achieve saturation in the data, many individuals were invited to participate in the study. It was expected that a sufficient amount of saturation would be found with a sample size of eleven, which was the final sample size. Eight of the participants were women, and three were men. The final eleven was selected on the basis of diversity in demographic factors in order to produce richer, more generalizable data. Data is determined to be words about experiences and meanings, according to each participant (Dahl & Boss, 2005).

Of the final eleven participants chosen, 73% were female, and 73% identified as White (non-Hispanic). The mean age of the participants was 34.64 years, and 15.17 was the average number of months since the participants' spouses passed away. Most of the

sample had children (64%), and, of those who had children, 57% reported having two children. In regards to location, most of the participants (64%) reported living in the Western United States. Most of the participants (55%) reported having a Bachelor's degree. Over a third (36%) of the sample reported an income level of \$25,000-50,000, while another portion (36%) of the sample reported making \$50,000-100,000 a year.

Table 1

*Demographic Information for Sample*

Variables	<i>n</i>	%	Mean	<i>SD</i>
Age	11		34.64	9.74
Gender	11			
Female	8	72.7		
Male	3	27.3		
Race				
Black/African-American	1	9.1		
Hispanic	1	9.1		
White (non-Hispanic)	8	72.7		
Two or more ethnicities	1	9.1		
Months since spouse died			15.17	14.06
0-6 months	3	27.3		
6-12 months	4	36.4		
1-2 years	2	18.2		
2-4 years	2	18.2		
Number of children			1.18	1.08
0	4	36.4		
1	2	18.2		
2	4	36.4		

(Table continues)

Variables	<i>n</i>	%	Mean	<i>SD</i>
<b>Location</b>				
West	7	63.6		
South	1	9.1		
Midwest	2	18.2		
International	1	9.1		
<b>Education level</b>				
High school diploma/GED		18.2		
Some college		18.2		
Bachelor's degree or equivalent		54.5		
Master's degree or equivalent		9.1		
<b>Income level</b>				
\$0-25,000		2		
\$25,000-50,000		4		
\$50,000-100,000		4		
\$100,000-200,000		1		

*Note:* (*N* = 11).

### Procedure

Phenomenologists are interested in stories (Dahl & Boss, 2005). As such, the procedures used avoid questions that include set categories such as “normal,” “dysfunctional,” or “pathological.” My goal was to have the participants define the phenomena of young widowhood rather than have it defined for them. The stories presented by participants often included discrepancies and contradiction; my job as a researcher was to find the meaning within these stories rather than to smooth out the inconsistencies (Dahl & Boss, 2005). Therefore, crafting questions that allow the sample

to adequately define and explain their experiences was paramount to gathering data for analysis.

The questions I asked consisted of basic demographic questions and open questions. The open questions were based on existing literature to see if their experiences of being young widows and widowers matched up with what research has shown, using largely older participant samples, to be the experience of widows and widowers. As the results will show, these questions allowed participants to share many aspects of their experience, including several topics that were unanticipated, yet welcomed to the conversation about young widowhood.

To gather the current study's data in a personalized fashion, Skype interviews were conducted with each participant. Since the death of a spouse is a deeply personal subject, video interviews were, therefore, the best way to get the richest information directly from the source. Video interviews provided the opportunity for the participants and me to connect in a more intimate fashion, therefore creating an environment in which the participants were able to express themselves freely.

Each interview was audio-recorded for transcription purposes. After all of the interviews were conducted, the audio data was available until the completion of transcription by coders. The online storage website, Box, was used to keep the audio data secure until transcription was determined to be complete. Afterwards, all of the audio data were destroyed. The transcription data has been kept for future research, with all identifying information removed. Demographic questions asked for the following information from each participant in the sample: age, gender, length of time since death

of spouse, number of children (if any) and ages, state of residence, education level, and income. While names were used during the recruiting process and for the interview, no names were transcribed in order to preserve confidentiality.

### **Data Analysis**

Before describing the steps of data analysis for this study, three concepts must be understood to establish the scholarly nature of this study – credibility, dependability, and confirmability (Lincoln & Guba, 1985). Credibility is known as the veracity of the participants' responses and the interpretation by the researcher(s). Dependability is concerned with the constancy of the results over similar conditions. Lastly, confirmability refers to the researcher's ability to show the participants' responses truly reflect their opinions and not the opinions of the researcher (Lincoln & Guba, 1985).

Both auditory and written data were used during the data collection process. One person, myself, conducted the audio-recorded Skype video interview. No video data was recorded. While I was conducting interviews, I was also meeting with and training three undergraduate students how to transcribe and code the interviews. My supervisor, Megan Oka, and other resources focused on qualitative coding were utilized to explain the coding process and provide examples. The students were encouraged to ask questions and raise their concerns throughout the process in order to establish clarity about their purpose and effective coding.

Four students divided the audio recordings of the interviews and transcribed them. I, along with three students, then read through each interview individually and

looked for common themes and made codes for relevant segments in each interview using the Track Changes feature in Word to highlight text and create memos. This analyst triangulation helped to establish credibility (Lincoln & Guba, 1985).

After we all created our individual codes for each transcribed interview, we met together six times over four days (eleven hours total) to discuss the themes we found in each interview and determined how each participant's words should be interpreted in order to preserve the participant's original intent. This was done by examining the content of each interview page by page and talking through the themes each person coded during the individual coding process in order to reach consensus about finalized codes. When there were differences about how a section was coded, each person was encouraged to provide their point of view. When everyone agreed on one perspective, that perspective became the finalized code for that section.

Themes were found that ran between these responses by organizing and analyzing the frequency of themes. This was done by listing all of the codes with their subcodes and, then, noting which participants mentioned each code or subcode. For each interview, we created a finalized, collaborative coded interview for each participant in the study. In this way, trustworthiness (or confirmability) of the data collection, analysis, and interpretation was established through an audit trail (Lincoln & Guba, 1985).

Dependability was established when I, along with my coders, found several of the same themes and experiences appearing in multiple interviews. We found saturation in the eleven experiences based on both the demographic differences and differences in individual experiences with widowhood. I believe that we could have found many more

different experiences even after the eleven interviews, but this sample size provided an excellent starting point to delve deeper and extract the marrow of each experience.

To ensure that the interpretations reached after analysis were dependable, a member check was conducted by sending a summary of the participant's interview, along with a copy of the participant's transcribed interview, to three randomly selected members of the sample and asking if the interpretation of their information was congruent with the data transcribed from their Skype interviews (Dahl & Boss, 2005). If there was a member check and something was misinterpreted, an email was sent to the selected participants asking for clarification of their position. Once this information was analyzed, another member check was conducted to confirm that the interpretations were valid. All of the participants agreed that the information was correct from the second member check.

From there, I looked at the ten themes that emerged and merged them into five general themes. I was able to merge the codes by looking at repeated subcodes to see where there was overlap in responses. I then looked for the most frequent and least frequent components of each theme. I found excerpts from the interviews to illustrate the most salient findings, and those are presented in the results section.

The purpose of the analysis, in the tradition of phenomenological research, was not to tie all of the loose ends in the data collection together, but rather to describe and understand the experience of the participants. As such, my role as a researcher was to look for meanings that connect as well as meanings that differentiate (Giorgi, 1985). I have detailed my findings in the results section, which provides a detailed description of

the lived experience of widowed individuals. These findings include some excerpts from participant interviews highlighting the range of experiences these men and women encounter. This thick description aims to secure transferability of the data.

## **CHAPTER IV**

### **RESULTS**

#### **Introduction**

For young widows and widowers in this study, tackling the future postloss has been a difficult journey. For many, all of the pieces have not come together yet. As I conducted these interviews and analyzed the data, the depth of the grief, pain, and uncertainty that was part of everyday life was apparent in each and every interview. Looking at any of these interviews in isolation provides the reader with a magnified view of the struggles that young widows and widowers face. Looking at these interviews together provokes the reader to act now in order to better assist these interviewees as they adjust to life and reconstruct their identities. The results presented here are the true, lived experiences of eleven widows and widowers. The trustworthiness of my methodological process precedes the exploration of the data and the themes therein.

#### **Trustworthiness**

A couple of measures were taken to ensure trustworthiness, the assurance that the interpretations made by the researchers align with the perspective of the participants (Lincoln & Guba, 1985). First, four people, including myself, were involved in the coding process to finalize the codes and themes used in the following results. While discussing each transcribed interview page by page; a verbal confirmation was elicited from at least two of the coders in order to accept and finalize each code. In addition, a

member check was conducted. Three participants received a summary of their interview, about a half-page in length, along with their transcribed interview. One participant added to her previous words for clarity, one had no changes to make, and another chose not to reply. I am confident that the following results reflect the intentions of each interviewee to the best of my knowledge.

### **Open-Ended Analyses**

Of the eleven interviews that were conducted, several themes emerged. Of these several themes, my researchers and I were able to identify threads woven throughout the interviews as well as the themes that overlapped with other themes. After much discussion of these interviews and the themes found within, five concrete themes remained: (1) relationship, (2) first reactions, (3) resources, (4) concerns, and (5) age and gender. The results of each theme are presented, prefaced with a description of the theme as it was discussed during the interviews.

#### **Relationship**

This theme refers to the quality of the marital relationship between the participant and his/her spouse prior to the death of the spouse. While several participants mentioned aspects of their relationship throughout the interview, the prompt, “Think about your relationship with your spouse before his/her death” was used, along with its subquestions: How satisfied were you with your relationship with your partner? How would you describe your communication patterns? How did you make decisions? How would you

describe your level of intimacy, emotionally and physically? Most of the responses suggested satisfaction, dissatisfaction, or fluctuation in the relationship.

**Satisfaction.** The majority of the participants reported satisfaction with their relationship with their spouse. Throughout the interviews, participants mentioned mutual respect, support, compromise, and agreed-upon expectations as signs of healthy and happy relationships. In particular, several participants mentioned humor as being a positive part of the relationship. Humor was used to connect similar interests and also buffer potentially distancing topics. Also, generosity shown through acts of service was mentioned as an element that brought happiness to participants.

Another important aspect of satisfied relationships was companionship. Many members of the sample talked about the importance of physical proximity, even if the couple was not engaged in the same activity. One widow recalled, “He would go to one side of the bar and go shoot pool, and I would sit at the bar and talk with people. We could do that for 4 hours, and it would be great.” In addition, frequent and open communication was cited as a component that contributed to their sense of overall companionship and support.

Satisfied participants reported high levels of emotional and physical intimacy. Emotionally, they felt they were compatible and connected with their partners. One woman recalled, “From the moment we met, we just fit.” They felt trust in their relationships, as well. Physically, they reported high levels of affection through frequent physical touch.

Virtually all of the satisfied participants acknowledged that there were imperfections in their relationships. One widower recalled:

We were a married couple, I mean, all married couples have issues. I didn't expect it to be perfect. No, I sure wasn't perfect. I think I was very happy with the relationship overall. She'd been pretty stable for quite a few years before last year hit.

Another widow reported, "We were okay. We had a lot of issues but I loved him with everything I had so it was okay."

**Dissatisfaction.** A few participants described dissatisfaction with their spouses in their relationship. Some felt their spouses were controlling or manipulative in areas such as decision-making and finances. Some felt they were not compatible with their spouses. A couple of participants mentioned suspected or actual infidelity on their part or the part of their spouse, which led to diminished trust in the relationship. One man reported the following:

She also had had apparently a ... indiscretion on a road trip she had taken on a road trip a few months prior. And I distinctly remember a few instances where I'm pretty sure she was attempting to confess and apologize, but the way she went about it I wound up accidentally guilt tripping her for it. ... It was really hard.

Communication in dissatisfied relationships was seen as somewhat closed, meaning the participants did not feel that they had permission to talk about certain topics without negative consequences. One widow said, "Emotionally, I feel like we both knew how the other felt about stuff. We just...certain things...we weren't allowed to talk about them." Additionally, some mentioned the lack of communication, which led to feelings of neglect and isolation.

Participants who reported relationship dissatisfaction generally talked about low levels of emotional and physical intimacy. Emotionally, some mentioned a lack of verbal expression of affection. Physically, there was some dissatisfaction with the frequency and quality of sexual intercourse that stemmed from other physical and emotional issues within the individuals and the relationship.

**Fluctuation.** In various interviews, participants mentioned both high and low levels of relationship satisfaction and explained how the quality of the marriage varied. Some participants described the relationship moving in a positive direction. For one young widow, she felt the relationship would have gotten better had her husband continued living.

...We had our ups and downs. But we were really learning, I guess. We had only been together... I mean, married for about a year and half, so we were still just learning how to do that. We did pretty good for how young we were.

Other participants described the relationship as moving in a negative direction. One widower described his relationship experience with his house with a short anecdote.

...Up until she died, we still loved each other...but we didn't necessarily have a great relationship. When [Son] was born, it brought a lot of stress. It was something we did not prepare for. There was a lot more fighting between us. A little less – not intimate – but just loving each other, I guess you would say. It just wasn't the same...She got a job over here...and she hated it over here. She just didn't like it. Her principal...treated everyone pretty crappy. That was just not a good experience, so that put more friction on us...We more or less just fell apart in a way...I think she was already having cancer in her brain. There were behaviors that we'd never seen before. Then intimacy became pretty much non-existent. Probably the last year of our marriage, we were together twice because it was painful for her. You know, physically painful, and that's offshoot from the chemo, from what I'm understanding.

## **First Reactions**

This theme refers to the participant's first reactions after learning of his/her spouse's death. Most of the information gathered for this theme came from the prompt, "Think back to the first moments of the loss of your spouse," with its subquestions: What were your initial feelings? What did you fear? What was your body's reaction to the news? (e.g. nauseous feelings, headaches, numbness). Most of the responses mentioned the moments leading up to the death, along with physical and emotional responses to the death itself.

**Prior to death.** Some participants reported having some prior knowledge of their spouses dying before it actually happened. They told the story of what they did and how they felt prior to their spouse's death. Emotions they mention through that process included anxiety, fear, confusion, disbelief, and concern. One widow talked about her process of coaching herself through her partner dying as a means of regaining control. She recalled her coaching process:

...I was kind of like making a mental list: I have to call my mother, his best friend, his mother. And I started making a list of this is what I have to do: I have to call into work, and I have to make sure this is taken care of.

**Physical.** When the participants' spouses actually died, there were many responses to the news. Some men and women were the first to find out. Some did not know until hours later. Some expected the death, but many did not expect the death. Physically, several participants reported crying. Many mentioned collapsing or losing physical control. One widow mentioned that while she was attempting to run to her computer for updates on her partner's status, she collapsed to the floor before she made

it. Another widow said, “I was standing next to [a] chair, and my knees literally went out from under me, and I had to grab the chair to keep my support.”

Other responses included numbness, nausea, knots in the stomach, and hearts racing. Some participants mentioned loss of appetite, thirst, and changes in diet. One woman specifically mentioned that she no longer wanted sugar after her husband died from cancer. A few participants mentioned that they learned later from other people that they made involuntary verbal expressions. One man recalled that his neighbors heard him yelling, “You’re so good! You’re so good!” in response to him discovering that his wife had hung herself in their backyard. Several others reported saying, “No, no, no, no, no!” when they found out their spouses died.

**Emotional.** Emotional reactions to the death of the participants’ spouses varied. Various men and women mentioned feeling upset and sad. Many expressed shock and disbelief, mostly because the deaths were unexpected. “It’s just...I couldn’t believe it,” one widow remembered. A widower recalled not being able to register what he was seeing when he saw that his wife had committed suicide in their backyard. Several expressed guilt because they felt like they could have done something to prevent the death. One widow mentioned her struggle with guilty feelings in the following way: “I think I...had fear that I was somehow responsible. I could have saved him. I still go through that. I feel like I could have saved him.”

Others talked about how they felt relief that their spouses died, and this usually was the case when the death was somewhat expected. One widow spoke of her husband’s battle with cancer by saying that she felt relief for her husband because his suffering was

ending and, also, relief for herself because she no longer had to worry about putting the rest of her family's life on hold while tending to her husband in hospice care.

Some men and women reported anger as a first reaction. For some people, this had to do with losing companionship and support. One widow spoke of her anger at God for taking her husband away and leaving her with all of the parenting responsibilities. A small portion of the sample reported regressing emotionally during those first moments. One woman described herself as becoming "like an infant" in that moment. Because of this, she was unable to return to normal cognitive, physical, and emotional functioning for several days. Other men and women said that they mentally checked out or had delayed reactions to the news. One woman described her experience like this:

I just like sat there...I wasn't even present in the room...I had to leave for the coroners to come in and the sheriffs to come in and question me...It was just like I wasn't present...The world was going, but my world had stopped the second he died...so I stayed in that state.

## **Resources**

The majority of the information from the interviews refers to resources men and women have used to cope with their new circumstances as widows and widowers. Several prompts and subquestions were used to get information about the financial, social, professional, and personal resources participants have used to return to normal functioning. The specific prompts and subquestions used to gather information for each section are mentioned before the answers participants gave.

**Financial.** For this section, the prompt, "Think about the impact the death of your spouse has had on your financial situation," was used with the subquestions: Has your employment status changed? Has your work performance been affected? How has

childcare been impacted by the death of your spouse? Several widows reported struggles with money, while a smaller portion of widowers considered finances to be an issue for them. To look more closely at their finances, participants' experiences with employment, benefits and investments, and childcare will be examined more closely.

**Employment.** The majority of participants reported that their employment status remained unchanged. For those whose employment status did change, they mentioned that they quit, were laid off, changed employment places, stopped working, or got a promotion. One interesting finding was that a couple of participants felt forced into unemployment while dealing with the practicalities of death. One widow said:

...When he passed away, [my place of employment] told me that I could have three bereavement days. So, I could only have three days off, and it took us a week just to plan his funeral, let alone mourn my husband...Now, I don't work.

While some widows and widowers had negative experiences with their overall employment status during and after the time that their spouses died, other widows and widowers reported feeling supported by their place of employment. A few participants mentioned that they received time off for a period of time to allow them to grieve and readjust. In addition, one widow reported that she was allowed eight sessions of free therapy through her place of employment.

Most participants noted that their work performance was negatively impacted as the result of the death of their spouses. Many specifically mentioned a lack of concentration while working. One widow mentioned:

...My attention span is gone. There's still a stack of papers on my desk that have been sitting there for ten months that I haven't looked at. My

attention span is nowhere near what it used to be. So, I'll be working on stuff and get distracted.

Some talked about decreased patience and increased worry while on the job. Several people mentioned that their grief impaired their work performance right after the death and that this has decreased in severity over time. One widow said the following about her work experience:

For the first month, it was pretty rough. I made it about 5 minutes of the first day before I started crying...I had been gone for a week, so some people were like, "Hey, you're back! Where were you?" I've gotten better about...jumping on the opportunity to say exactly what happened. So it wasn't super helpful for the first month or so, but, overall...I just let the emotions happen when they happen, and I face the emotions, and I don't bottle it up...Definitely not my best work the first year, and, then, the second year was better.

***Benefits and investments.*** For some men and women, government benefits were helpful in the readjustment to life after death. A couple of women spoke of the social security benefits they now receive for their children as a result of their husbands' deaths. One man mentioned that the Medicaid he has received for his son with special needs has helped him provide care for his son. For other men and women, insurance policies proved to be helpful. One widow reported that her husband's life insurance money was put to use to help ends meet after her husband's death. Also, one widower spoke of how his retirement fund was helpful after his spouse died.

I took a long time before I could really rejoin the workforce. I was on short-term disability for a while from the employer I was with at the time of her death. I wound up cashing out my 401k and just ended up living off that for about 6 months.

***Childcare.*** For widows and widowers with children, the practicalities of childcare proved to be difficult for some. Many mentioned having help from friends and family.

Some felt that there were people who could help with childcare, however the coordination of schedules was difficult, making childcare inconvenient. In addition, the cost of childcare was too high for some women. Another barrier to helpful childcare was transportation. One widow explained her new childcare routine.

The biggest thing that changed is transportation, because now [my daughter] goes to therapy, if that makes sense. And her dad if something happening... "Pick up your daughter." Actually, more of a text, "Pick up your kid." So, now I have to get one of the kids to do it. You do have to find alternatives.

**Social.** For this section, the information was primarily gathered from the question, "What kinds of resources (family, friends, programs, groups, etc.) have helped you since the death of your spouse?" Several types of resources were mentioned in this category, and they have been split into social resources deemed supportive and unsupportive.

**Supportive.** All of the participants mentioned some social resources that have been helpful during their grief process. The most oft-mentioned were friends and family. One widow said, "The main people I surround myself with are the ones that I know will let me talk about [my boyfriend] nonstop for 8 hours, or let me not talk about him at all." Specifically, the family of the deceased was cited as one of the most helpful resources for both widows and widowers. One widow did not expect the support she received from her in-laws.

...My husband's family has completely taken me in. I'm, like, the replacement for their dead son, nephew, whatever. So, that's been really cool because my family's never been that great to begin with. So, I have awesome family now. But it's, like, I never thought that would happen.

Participants also mentioned members of their community as being helpful.

Neighbors, coworkers, church members, and strangers were mentioned in this category.

A couple of widows spoke of church members connecting them to professional resources, such as counseling and group therapy. Another widow talked about how the community provided a lot of financial support for her and her kids. She reported, “I was really shocked at how generous people are. After [my husband] died, I had a GoFundMe[.com] account, and I got about \$40,000 from people I'd never met, which was easy.”

Online resources were mentioned as social resources, as well. Men and women mentioned the help they have received from support groups and message boards online. One woman reported, “I did join something online...It's only for veterans' wives and stuff...That's been pretty helpful seeing what other people have been going through and how they handle it.” Other helpful online resources included blogs and other online literature. One widow said, “The thing that has helped get through each moment is Googling ‘grief,’ reading all the articles I can about grief, reading all the books I can about grief, reading all the blogs other widows have made....” These online resources provided a way for the participants to connect with others in similar circumstances, which they believe saves them from social isolation they encounter at times in their own families and communities.

*Unsupportive.* Some of the same social resources that were helpful for some participants were not helpful for other participants. For example, some men and women mentioned that they did not find their friends or family to be very helpful. One widow mentioned that she felt like her friends were not comfortable talking to her because they did not know how to talk about her widowed status. Others talked about the temporary help they received from people, only to find that these same people seemed to forget

about the continued grief these men and women experienced. For a newly single mother, this was the case.

Everybody's there at first. They bring plates of food and you get cards and flowers. Then real life kicks in and everybody else moves on with their life. A month later people aren't showing up to help you and they aren't bringing food. It's just right [at] the initial time.

In addition, some participants did not believe online groups or message boards provided help. Some felt judged by others in similar circumstances. One widower spoke of his attempt to share his new dating adventures in an online forum, only to hear in response that he was selfish for moving on from his wife so quickly.

**Professional.** The information for this section was also primarily gathered from answers to the question, “What kinds of resources (family, friends, programs, groups, etc.) have helped you since the death of your spouse?” Several participants mentioned receiving some form of professional help. Some found it to be helpful, and some did not. Both perspectives are mentioned here.

**Helpful.** Several widows and widowers reported utilizing professional help for themselves and their families. Some mentioned the usefulness of grief counseling. Helpful characteristics of therapists included warmth, calm energy, and willingness to listen. Some widowed parents spoke of the therapy they used for their children, in addition to themselves. For one widow, therapy was essential to help her and her children cope.

I had my girls go [to therapy] because I knew I wasn't in a position to help them like they needed help. Like, I can be there as a mom, and we can sit there and cry, and we can snuggle. I figured out how to cope, but I can't tell them how to cope, so I needed somebody who could, who was removed enough from it to help them. And that helped me because I knew

they had...a replacement in a way. Granted, it wasn't a replacement in the sense of a dad, but a replacement as a person who you could go to and try to figure this out.

Support groups were also mentioned as helpful sources of professional help. A couple of widows spoke of their powerful experiences being around others who were also experiencing grief. One mentioned the format of her group therapy.

It was, like, Monday through Thursday. The first hour and a half was just...group discussion... whatever you needed to talk about. We would just talk about whatever and...get feedback from other people. So, that really helped me, and, then, after that we would have, like, an hour of where [the professionals] were teaching you how to deal with depression or...different life skills...

Another mentioned an epiphany she had during one support group for the bereaved. She said, "...Sitting in that room and seeing the pain in their eyes was helpful...Just realizing that anyone who lives long enough will be going through this. That was helpful that it wasn't just me."

Psychoeducation proved to be helpful for a few widows and widowers. Some of them received it through literature, through friends and family, and some received it through professionals. Another source of helpful professional help was prescribed medication. For some, medication was helpful for their anxiety, and for others, it was helpful for their depression.

***Unhelpful.*** For some, professional help did not prove to be too helpful. Some who went to counseling after their spouse's death felt that their counseling sessions were confusing or lacking in substance. One widower spoke of his counseling experience and reported, "I went to counseling for a little while then stopped because I didn't...feel it was doing me much good. Same thing I was telling the counselor and the counselor was

telling me was something friends and I would discuss.” Another widow mentioned that she had a couple of different experiences with therapy, and one therapist’s focus and style fit with hers better than the other.

I tried to go to another therapist and she was like not helpful. I was feeling really hurt and didn't know what to do, and she was like, “Yep, that's normal,” and I was like, “I'm not asking you if this was normal! I was asking you to help me process this and do something.”

Others felt that accessing therapeutic services was inconvenient. One woman mentioned that prices for going to therapy were too high. Another woman expressed her desire to go to a group for widows, but it was during the day while she was at work.

**Personal.** Much of the information for this section came from the prompt, “Think about how you have been able to make sense of your spouse’s death,” along with its subquestions: What has helped you to be able to cope? What has been the most difficult to accept? What has happened during the process that you did not expect, if anything? Many forms of personal resources were mentioned, and they have been described here in five general categories: exercise, literature and writing, maintaining connection with the deceased, cognitive processes, and spirituality.

**Exercise.** A few participants mentioned the ways in which exercise has helped them to deal with the stresses of the grief process. One widow said, “I love exercising. Like I was telling you earlier, the anxiety feelings, like, the not eating and anxiety go together. But when I'm exercising the anxiety pain, I don't feel it. So I've really gotten into exercising.” Additionally, a widower reported, “I exercise a lot. I probably run a lot more this year than I have in the past 20 years.”

***Literature and writing.*** Some members of the sample spoke of the importance of literature during their grief process. They reported reading several books on grief in an effort to understand the process. One widow had the following to say about the role of literature and writing in her grief process:

...I have this book...and it has...journal questions. I did the questions at two weeks out, I did them again at six months out, without reading them from two weeks. I compared, and my answers were, like, identical, except they were a lot more optimistic at two weeks out than at six months out.

***Maintaining connection with the deceased.*** Some participants reported rituals or experiences they used in order to maintain connection with their deceased spouses. One widow talked about writing letters to her dead husband. She also sends him texts and emails. Another widow spoke of the comfort she finds from having the company of a pet that she and her dead boyfriend shared. She said, "It's saddening and comforting at the same time, the fact that our joint animal is still so in tuned with what happened." A widower shared experiences in which he felt like his wife was communicating with him after her death.

...After it happened, I feel like there were still times where we still communicated. I could feel her, and, even now, I can feel her presence when she's around... Once in a while, I feel like she's kind of guiding me, but we don't have the conversations like we used to. I don't know if that was just, like, a coping mechanism, but I don't want to think it was because I feel like she was there.

***Cognitive processes.*** All of the participants either implicitly or explicitly alluded to cognitive processes they engaged in as coping mechanisms. One of the tools participants mentioned several times was comparison of their expectations of what life should be like versus the reality of what has happened. When asked what she felt was the

most difficult thing to accept, one widow answered, “I don't know, only because I don't know what should be accepted and what shouldn't, I guess.” Another widow spoke of an unexpected emotional breakdown she had six months after her husband's death. She recalled, “...It wasn't even immediate. It was, like, after six months I should be doing better because I read the books, and I'm going through this grief process and I'm doing well...”

Blame was another tool that some participants used to cope with their loss. At times, they were blaming their partner directly. One widow said of her dying husband, “[My husband] kept thinking he was going to get better, and he was really, like, controlling of finances and stuff. So, he wouldn't let me pay bills, even when he was in the ICU.” At other times, the participants were blaming their partner's health conditions or addictions. Speaking of hard times in his relationship with his wife before she died, one widower reported, “...While in school, she was bartending to make it easier to work with her schedule, and that was when she lost control of her drinking again – which she had had under control the entire time since she moved out.” Self-blame emerged as a tool that people used often, as well. One widower blamed himself for his wife's emotional state before she committed suicide.

As crazy as it might sound, I do believe that if I hadn't been working that schedule, she wouldn't have felt so alienated. I wouldn't have been so sleep deprived and crazy. She would've had more sleep, 'cause she always slept better when I was there with her...

Other coping mechanisms were reported as well. Some talked about the justifications they made in order to feel better. One woman spoke of her tendency to focus on the negative parts of her marriage to her spouse in order to not feel guilty over

his death. Denial was mentioned as another mechanism. A widow recalled, “He used to work out of town, so he would, like, be gone all week, and be here on the weekends, so, I found myself...just acting like he was just gone at work.” Bargaining was also mentioned as a third coping mechanism. One widow talked about feeling jealous of people who had died and wanting to switch places with them because she did not feel excited about life anymore. Another widow reported, “I've totally had [bargaining] thoughts. I would think, ‘Okay, actually, I admit, things weren't as bad as I thought with [my husband]. He can come back now. I'll appreciate him more.’ Then I'm like, ‘No, he's dead.’”

Several participants reported feeling like their identity was altered when their spouse died. The reconstruction of their identity being newly single was a process many spoke of during their interviews. An important part of their coping process has been managing the present moment. They spoke of having to take things day by day and moment by moment. An important aspect of reconstructing their identity was regaining control. One widow said:

...If you have a job, you have to step back into that. On one hand, that was good because I worked before so it was comfortable aspect of my life that my husband wasn't in. I didn't see him in those eight hours. I mean, we'd email or we'd text. Sometimes we'd go have lunch. But, for a large part, I went to work and I wasn't...the mom or...the wife. I was...the employee. I could slip into that for a little while and be normal, I guess, if that makes sense.

***Spirituality.*** For a couple of widows and widowers, connecting their loss to their overall view of the world and life was important as a resource they could call upon. One widow mentioned that her faith in God is what helps her to cope with the sudden loss of her husband. Even though she didn't understand everything that happened, she said,

“[God] just told me to trust Him, so I think my faith really helped me a lot in the first couple of months.” Another widower spoke of his faith in God, as well. He went on to talk about how this loss has helped him to strengthen his relationship with God for the better and has improved his quality of life.

I guess I feel like I had a good understanding that this was possibly going to happen. So, it was kind of a slow transition which gave them the time to process it and understand it and prepare for everything. I think God, you know, kind of gave us a blessing there. She didn't have to go through hospice. She really didn't have any pain. She had some suffering. You know, it was like she was really sick. So, you know, I feel like God gave us that blessing, and, in return, that is what has made it – I don't remember exactly how you asked it – but I feel like God's gift in that aspect made it easier for me to cope with it as well as just kind of accept things and get on with life.

### **Concerns**

Throughout the interviews, the participants mentioned things they feared, things that worried them, and things that provided barriers to normal functioning. All of these fall under the general theme of concern and are presented here. Of particular interest were the concerns of isolation, children, loss of emotional support, responsibilities, and depression.

**Isolation.** A recurring idea that showed up during many interviews was the sense of isolation, along with the fear of it, that many widows and widowers feel. Some felt like they did not have outlets for their thoughts and feelings regarding their loss. When speaking of his efforts to reach out to friends, one widower reported, “I almost feel like they're uncomfortable with it because they don't know how to deal with it, what to say or what to do, or anything like that. So, I honestly don't have many resources.” Another widow said, “People are just really uncomfortable with it because it doesn't happen very

often and it makes them think about the fact that it could happen to them. It's a very isolating experience." Others felt like they had outlets but that they were not necessarily safe. When speaking of her depression to her family, one widow said, "...It's a big thing, like, depression. It's just like, 'Are you praying?' You know, 'Get over it.'"

**Children.** The participants who were parents mentioned concerns they had for their children. For some, their concerns for their children were more important than concerns they had for their own well-being. When asked what her first fear was when she learned about her husband's death, one widow replied, "If I was going to be a good mother to [my son] without having [my husband]." Other participants worried about their children's overall development. One widow spoke of her concern for her son, who was yet unborn when her husband died. She wanted to be able to be a good mother and support his development in every way that she can, especially now that she does not have a husband to raise him with.

**Loss of emotional support.** Several men and women talked about the importance of having their partner for emotional support. When they lost their partner, they expressed their sadness that they did not have their partner to talk to about their feelings. One widow described the supportive relationship she had with her husband.

We'd been married twenty-two years. We just had our twenty-second wedding anniversary. We'd been together for twenty-three. That's a long enough time where your identity is part of them. So, I didn't know how to do that. That's the guy I've turned to for strength when we found out his dad died. We were a team when we found out my grandma had died. We were a team. How do you do that without him because that's your team.

**Responsibilities.** One of the biggest concerns that widows and widowers reported was the sense of increased responsibilities they now had going from having a partnership

to being single. Some spoke of the unfinished business they had to take care of on behalf of their partner. One widow talked about all of the accounts she had to close on behalf of her husband after he died. She reported, “Transferring everything over to just being yourself – it’s like a full time job. Like, you have to call all...every company you have an account with. You have to tell them the person’s dead, and they don’t believe you.”

Others spoke of the burdens of single parenting. One widow said, “I didn’t know how hard it was going to be raising a child on [my] own...until [I was] actually doing it, and [I didn’t] have [my] spouse. [It’s] hard...trying to make ends meet.” Another widow mentioned the following:

...Being a parent by myself is horrible. It’s really hard never getting breaks from [my children], unless I pay someone. And I feel bad for my son especially that he doesn’t have his dad anymore. [He] used to be a really good, loving kid, and, ever since [my husband] died, he’s aggressive and defiant. It’s just sad.

A few participants spoke of their anxiety over having these increased responsibilities. One woman said, “...It’s just this point in time where everything looked [okay]. And now, after [my husband’s death], it’s all so catastrophic. All this is exploding, if that makes sense. You’re trying to figure out that how to weave through these obstacles.”

**Depression.** As a result of the loss of their spouse, many participants entered some level of depression. Some had clinical depression that required professional help.

[The] six-month anniversary of his death caught me so off guard. I was experiencing so many thoughts and emotions like I had never, never felt, and it got back to where finally I just had to reach out and get professional help because I just couldn’t get past my depression. I started to just, like, hate life and...you know, I still had kids.

Others had depression that was not as severe but still impacted their overall functioning. One widower said, “The biggest thing is that I don’t give a damn about a lot of stuff I used to care about...I’ll sometimes just break down crying at work and need to go to the restroom or something. It’s very difficult.” A few experienced a loss in their normal interest and lost motivation for things they used to care about. Speaking of her views of life, one widow said, “It doesn’t feel like a gift anymore. It feels like an obligation.”

### **Age and Gender**

This theme refers to the ways participants feel their experience as a widow(er) has been impacted by both their age and gender. The questions used to provide information for these topics were, “How do you believe your age has/had an effect on how your loss is/was experienced?” and “Based on your gender, do you believe your loss experience is different than a member of the opposite sex who has also lost a spouse? Why or why not?”

**Age.** Because of their young age, many participants acknowledged that becoming a widow or widower was unanticipated. They mentioned several ways in which their experience has been affected due to their age. Several participants expressed their unmet expectations as a result of their spouses’ deaths. One widow reported, “...Our future is completely gone. There’s nothing. All the dreams and aspirations that we had for our lives together is never going to happen. He’s never going to have all the things he wanted out of life.”

Many were discussing anniversaries. One widow was preparing to celebrate his 25<sup>th</sup> anniversary with his wife. “It’s like this wasn’t the way it was supposed to be,” he

expressed. “We were supposed to get old together. We’d just gotten back from a trip to Colorado, during Spring Break. It was like as normal up until this happened.” Some participants fully expected to raise their children with their partner and no longer will be able to. The uncertain future was mentioned by several participants, as well. Many spoke of not knowing what to plan for and feeling frustration and confusion because of that.

Dating was also mentioned as part of the widow(er) experience. Because the culture we live in values marriage and having children, several widows and widowers talked about the expectations they had to date. Some felt that expectation implicitly. One widow stated:

...It’s a little overwhelming...knowing that there’s going to be the expectation to start dating again and seeing other people...I have a lot of time ahead of me, and I’m not sure how to find a partner again, or if I even want one because I can’t... I’m not the person I used to be.

Others felt explicit pressure to date. One woman described how people respond when she tells them that her husband died. She frequently gets the response, “You’re too young. Don’t worry, you’ll find somebody else.” According to her, “...That’s the last thing that any widow wants to hear is that you’ll find someone else. Like, you don’t want to find someone else. You want the person that you lost. So, that’s definitely been really hard.” Along with the expectation to date was the lack of dating options. One man spoke of his tough time finding women to date both in his area and online. He felt that he could not find the right match. Another woman talked about her hardship in finding a man who had a specific income in order to keep her social security benefits or safely lose them, knowing that there is enough income to support her family.

Because of their age, several men and women talked about their expectation of prolonged grief. One woman spoke of this as a yearning that would last for a long time.

...Barring any unforeseen illness or accident, I have, like, probably a good thirty or forty years of my life...I feel like I would if I were in my sixties or seventies, as opposed to getting ready to turn forty, I would feel like I can make it through another ten years, you know what I mean? But, now, I'm like, how do I go thirty or forty years without this person who was my soulmate, my best friend and confidant, everything? How do I go so long, statistically, so long without him?

**Gender.** The participants had some similar and differing views on how men and women experience the loss of a spouse. There were some who maintained that there was no difference between what widows and widowers experienced. A few participants felt that societal expectations prescribed how men and women dealt with their grief both internally and externally. For example, some believed that women had more permission to express their emotions while men did not. One woman said, "I think that women are more vulnerable in general. I do think that when people do find out that you're a widow, and as a woman, it does open you up to things that men wouldn't be opened up to." Also, some felt that women had more social support than men did.

On the other hand, a few participants believed that women were at risk for physical safety due to their single status as widows. One widow stated, "I think widowers have to deal with the predatory behavior through gold-diggers, but it's a little bit less than the predatory behavior you have to fend off as a woman." In addition, one participant felt that, because of her husband's military status, more people assumed they understood the nature of his death without allowing her the opportunity to express her feelings about it.

## **CHAPTER V**

### **DISCUSSION**

#### **Introduction**

Men and women who have lost a spouse experience deep pain that may be different from other types of death (Hardy et al., 2004). Spouses share lives together, which may include children, income, intimacy, and identity (Haase & Johnston, 2012; Ossefort, 2000). The experience of widows and widowers has received some attention in the grief and death literature (Bonanno & Field, 2001). However, much of the widowhood research is on older widowed individuals and does not focus much on the unique struggles and issues that young widowed individuals encounter (Cupit et al., 2013; Elwert & Christakis, 2008).

My purpose in conducting this study was to put the focus specifically on younger widows and widowers to gain a richer understanding of their lived experiences. I used the experiences of men and women between eighteen and fifty years of age, which is a younger age range than several studies on widows and widowers (Bishop & Cain, 2003; Kalmijn, 2007; Kaunonen et al., 1999). This age range helps to shed light on the life stage and developmental challenges that widows under the age of 50 encounter, as losing a spouse during the generative years is generally considered to be an unexpected loss (DiGiulio, 1992).

Another feature of several articles focused on widows and widowers is the quantitative methodology (Luoma & Pearson, 2002; Straub & Roberts, 2001; Utz et al.,

2002). Theoretical articles have also been published on the grief experience to better explain the behavior of widows and widowers (Reisman, 2001). Qualitative studies about the experience of widows and widowers, particularly young ones, are emerging, yet remain small in number (Leichtentritt et al., 2013). My study employs the use of phenomenology, a lesser-used research method in the area of young widowhood. The benefit of conducting a phenomenological study in this area lies in the depth and complexity of the information I gathered on the issues that young widows and widowers face after their spouses died. The results I have gathered show a range of responses, rather than attempting to put all of their experiences in general categories with no hope for exploration or explanation. The use of phenomenology for this study also allows for others to interpret them as they will, using only the results themselves to make sense of them. My goal is not to create assumptions or theories, but rather, to present the results as the interviewees view their experience.

The results of this study expose the marginalization of young widows and widowers in society in terms of social, financial, and professional resources. I found that widows and widowers experience a range of emotions when processing their loss, which was usually associated with the quality of their romantic relationship to the deceased. They also present the difficulties of losing a spouse at a young age in greater detail than previous studies have found. I will discuss the results generally in comparison to existing literature and then talk about the results in relation to LCT. From there, I will touch on the limitations of this study, its clinical implications, and, finally, future directions for research of young widowhood.

## **Discussion of Results**

My findings highlight more vividly the experiences of young widows and widowers. Because my study does this in a way that has not been done often by researchers, there is some support for the previous literature, yet much that differs from what the existing literature has found. I will discuss both the similarities and the differences found among the themes mentioned in the results section, with a short summary afterward.

### **Relationship**

There was support for research purporting that the type of loss, culture, and religion affect the way the continuing bond is expressed (Field et al., 2005). For example, some of the participants spoke of how their connection to God helps them to maintain their connection to their dead spouse. For those participants whose spouse died by suicide, their grief process seemed to have more layers to it than those who lost a spouse due to cancer or another health-related concern. Some research suggests that positive memories of the relationship decreases anxiety surrounding an unexpected death (Field et al., 1999), but the results of my study did not necessarily show a decrease in anxious symptoms among those who had positive memories of their marriage. For some, anxiety increased, and, for others, depressive symptoms were shown more than anxious symptoms.

## **First Reactions**

The emotional reactions of many in the sample included shock and disbelief due to lack of preparation. Prior literature has explored the unexpected nature of loss and what that entails. Sanguesa (1995), for example, finds that those who experience an unexpected loss do not have enough time to prepare for loss. In my study, participants also experienced a lack of closure when their spouses died, which supports the research of Valentine (2007), which finds that another issue of unexpected loss is the lack of closure within the relationship. In addition to previous studies, my study was able to show some of the aspects of regaining control through moment-by-moment self-management that widows and widowers exhibited.

## **Resources**

The resources that my sample used for their grief process were both supported and unsupported by previous research. This is likely due to the diversity of the sample as far as age, occupation, location, and time since their spouse's death. The most salient findings will be discussed, along with the prior research associated with them.

**Financial.** My sample often spoke of the need and desire to take time off from work to properly grieve the loss of their spouse. This supports the research of Rodger and colleagues (2007). Though this has been shown through research, my findings show that some participants were not given adequate time to grieve and become mentally stable, forcing them to return to work prematurely or not at all. For women, the lack of financial resources proved to be more of a concern than for men, which supports prior research

(Gass-Sternas, 1995; Weaver, 2010). Most of the men in the sample did not mention problems with finances.

**Social and professional.** The sample provided a great amount of support for social resources when grieving their loss. As with older widows, young widows and widowers reported participation in social activities as being a positive indicator of their readjustment postloss (Utz et al., 2002). Friends and family were reported to be the most helpful social resources, if they were considered to be helpful, as with older widows (Kalmijn, 2007). For those who mentioned that counseling and therapy were helpful, one of the skills employed by the therapist was validation of the loss, which Werner-Lin and Moro (2004) speak of when clinically working with the bereaved.

**Personal.** In agreement with existing literature, my sample spoke of the difficulties of navigating the world after death (Clements et al., 2004). Specifically, my sample spoke of the cognitive processes they utilized to reconstruct their identities after losing a spouse. Support was shown for what are deemed healthy and unhealthy forms of adaptation (McGoldrick, 2004a). Participants mentioned time stopping and using denial or escape, which are considered unhealthy ways to cope with loss. Participants also mentioned rituals and regaining control, which McGoldrick considers healthy forms of coping.

My results show support for all of the components of the Kubler-Ross model of grief (1997). In addition, my results did not necessarily show that the components happened in stages or that every participant experienced all of the stages. Because my participants mentioned some or none of the components individually, no definitive

conclusion can be drawn about the ability of the Kubler-Ross model to wholly explain the grief experience of young widows and widowers.

Support was found for Worden's grief tasks, as well (1992). My sample mentioned (1) accepting the reality of the loss, (2) processing the pain of grief, and (3) adjusting to life without the deceased, specifically. It is possible that my participants had experiences with the fourth step in the model, redefining the relationship with the deceased and moving on with life, but there was little explicit mention of this.

Perhaps the most fitting model of grief for this sample comes from Hogan and colleagues (2006). Support was found for four of their stages of grief, along with the complex and variable nature of each stage. The last stage, the stage of becoming, involves personal growth and a newly-constructed identity of the survivor of death. This may be due to the timing of the loss being less than two years, on average, but there is the possibility that the age and life stage of the widows and widowers in my sample affected their ability to exit the fourth stage, emerging from the suffering, in order to successfully enter the fifth stage.

## **Concerns**

Some of the participants in this study spoke of their isolation from others due to perceived lack of understanding from others. This finding corresponds with the work of Werner-Lin and Moro (2004), who found that people may limit communication after a death, which restrains support. In addition, my findings correspond with Anderson's findings (2000) that unexpected death is lonely for the surviving because friends and families are ill-equipped to console the bereaved. My study goes further to show that

there is still an element of isolation for those who expected the death, usually due to cancer or some other health-related concern.

The results of this study support previous literature on the mental health effects of losing a loved one (Walsh & McGoldrick, 2004). Depression at many levels was mentioned by most participants, which falls in line with Ball's research on mental health and grief (Ball, 1976). Some participants mentioned feeling like the depth of their pain was more than others due to the unexpected nature of the loss, supporting previous research (Guiaux et al., 2007; Ha, 2008).

### **Age**

The participants in this study noted some marked differences between their suffering and suffering of those who are older than them when losing spouses. Some mentioned the element of prolonged grief they experience. They also mentioned the hopes and dreams for the future that they lost when their spouses died. While there is not a lot of research studying the prolonged grief and loss of dreams for young widows and widowers, research shows that older age seems to predict more positive adaptation and adjustment (Cupit et al., 2013), and the results of this study may support that idea. Also, this study supports Moos and Shaeffer's research (1984) by showing how cognitive and emotional maturity may be linked to recovery from a traumatic event. Some women in my sample spoke of their worries for the future – about their family or their own physical safety, for example – which supports findings that young widows fear losing out on certain life experiences (Straub & Roberts, 2001).

## **Gender**

The results of my study were supported and unsupported by the research that has already been done. First, there was support for the notion that men are more likely to commit suicide after a spouse dies (Luoma & Pearson, 2002), though there was only one widower in the sample who explicitly expressed a suicide attempt. In addition, most of the men and women in the sample agreed with McGoldrick that men and women experience loss differently (2004b). Many of the men and women in the sample expressed the desire to connect with others, though the men did not tend to use social resources as often as the women did. While some research points to different styles of providing, based on gender role (Boerner & Silverman, 2001), many in my sample spoke of providing both the emotional aspects of mourning while tending to the practicalities of living.

## **Life Course Theory**

The results of this study can appropriately be understood in terms of LCT. Some of the general themes were able to be explained by several components of LCT, especially when considering the complexity of the resources that widows and widowers used postdeath. I will discuss the links between LCT and the results and then talk about some of the overall implications of the framework as it results to the findings.

## **Location of Time and Place**

The ways in which members of the sample were affected by location of time and place are certainly apparent for this study. For example, the physical location of the

participants was associated with the kinds of resources they had available to them (Giele & Elder, 1998). Some participants felt that in areas where the cost of living was higher, the cost of professional help was also higher and inaccessible to them. In addition, the era in which these losses occurred is associated with the number of participants who turned to online resources for help. Most, if not all, participants mentioned some type of online source that has helped them to process their grief and find support from others who understand. Also, because, in 2016, the “Baby Boomer” generation is now over the age of 65, the death of a spouse is now more expected than in the past, meaning there may be more widow and widower resources now than there were in the past.

### **Linked Lives**

The connection that the participants had with their spouses and the other systems around them supported the concept of linked lives (Elder, Johnson, & Crosnoe, 2003). Some participants mentioned satisfaction in their relationships with their deceased spouse, some spoke of dissatisfaction, and many others talked about highs and lows in their relationships. The ways in which participants spoke of their spouses – for example, talking about their spouses as good people, though their marriage was not thriving – were associated with their feelings postloss. Some widows and widowers spoke lovingly of their spouses and their marriage, and their subsequent grief process showed more adaptive behaviors in relation to the death (McGoldrick, 2004a). Other widows and widowers spoke of issues they had with their spouses and their marriage, and their coping behaviors generally showed more maladaptive behaviors, according to McGoldrick (2004a).

On a larger scale, the ways in which the participants connected with the larger community is worth noting. All of the participants spoke of the impact that dependence on others for support had on them. Those who felt they had several support systems generally reported healthier coping strategies. Those who felt they did not have many support systems typically said they had a harder time adjusting to life after the death of their spouse.

### **Human Agency**

For young widows and widowers, their coping strategies after death may be limited by their developmental maturity. Because they likely do not have the emotional or mental maturity of other widows, the choices they make as they move on after a loss may be impacted as a result (Giele & Elder, 1998). For example, some widows and widowers talked about how they regressed emotionally or remained “stuck” in a stagnated mental state for some time after the loss of their spouses. However, several others had already developed skills, likely out of occupational or parental necessity, to regain control of their lives while going through the grief process.

### **Timing of Lives**

The unexpected nature of losing a spouse at a young age versus an older age impacts how both the surviving spouse and the surrounding community react to it (Elder et al., 2003). In my study, several participants noted the ways in which friends, families, and their communities reacted to their losses. Some found that only temporary support was offered to them, which reminded them of the discomfort many feel with the idea and

inevitability of grief. The widows and widowers who were the beneficiaries of this temporary support mentioned that they felt others were uncomfortable being around them because death is an uncomfortable subject. This supports the idea that in American society, death is a forbidden topic to discuss on a long-term basis because it is seen as something that is expected later in life.

### **Summary**

Because LCT has components that relate to each other, the results of my study were seen in each component. LCT, overall, was a fitting framework, due to its treatment of social and cultural factors, factors that absolutely impact young widows and widowers. Looking at location of time and place, linked lives, human agency, and timing of lives in more detail for future studies could possibly provide more detail for researchers when attempting to understand young widowed individuals.

### **Limitations**

Though my study has several strengths in comparison to the existing literature on young widowhood, there are some notable limitations that hinder its ability to be generalized to the public. One of the more obvious limitations is the sample size. While a sample size of eleven is appropriate for phenomenological study, having a larger sample size would still allow for the results to represent the larger population. Another limitation is the ratio of women to men. I had eight women in my sample, while there were only three men. My intent was to recruit five men and five women, but men did not respond at

the volume that women did, and I was not able to find even five who qualified and were willing to participate in the few weeks that I had open for recruitment.

Other sociocultural variables had leanings toward the dominant culture. For example, 72.7% of the sample identified themselves as white. While this is a lower percentage than some studies studying the same population, having more racial diversity would allow for a better understanding of this experience from different cultures that we may not currently understand. Additionally, all of the sample had opposite-sex partners. This study was not designed to be specifically for heterosexual couples, yet those were the only kind that responded when recruitment occurred. I believe that tending to same-sex couples for this population would have been helpful, as marriage has only recently been legalized in all fifty states, which allows access to resources that same-sex couples did not previously have.

### **Implications for Individuals, Couples, and Families**

Now that this study has provided insight into the lives of young widows and widowers, there are some notable implications for individuals, couples, and families who find themselves in this situation or have a relationship with someone who is a young widow or widower. For individuals who find themselves widowed at a young age, their experiences show several similarities, such as the general grief itself, as well as differences such as the way the grief is experienced and for how long.

These individuals should not feel pressure from themselves or others to move forward quickly with life's expectations just because society is more comfortable with

them going at a quicker pace. Also, the context in which the loss happens influences the way the loss is experienced, so elements that some young widows and widowers mention as a crucial part of their loss may not be there for others. The important thing to remember is that each young widow or widower will have parts of the loss that matter particularly to him/her, and those should not be diminished or ignored.

As dating was mentioned by several participants, entering and maintaining relationships postloss is a reality for many young widows and widowers. It is imperative that partners in these relationships know that the spousal loss the widowed partner experienced will always be a part of their lived experience. While the widowed partner may show growth and express much love and adoration for the new romantic partner, there may always be a sense of loyalty to the deceased spouse. This has more to do with the type of connection the widowed partner has to the deceased spouse and less to do with attractiveness of the new partner. Also, new partners can show support through the grief process through listening, asking questions, and participating in rituals, should the widowed partner indicate interest in involving the new partner in their grief process.

For families, the take-home message centers on love and patience. Because so many widows and widowers feel isolation because of their widowed status, it is necessary to show support through physical, emotional, and mental presence whenever possible. Showing openness to talking about the deceased spouse communicates interest and investment in the familial relationship and may help the grieving spouse to feel more secure in family relationships while a key relationship has ended due to death. In addition, showing the grieving spouse that they may go at their own pace in their grief

process communicates patience. Without this, families are at risk of not hearing from the grieving spouse as much or at all. For individuals, couples, and families, the concept of presence serves to preserve relationships.

### **Clinical Implications**

Based on the results of this study, there are several implications for how clinicians can use this information in a therapeutic setting. The first implication is the importance of metaphors, which previous literature supports. Because many participants in the sample used metaphors to explain their grief, therapists must take care to notice the metaphors widowed clients use in session. In addition, the importance of validation when creating a therapeutic alliance cannot be stressed enough. Some in my study did not feel validation from their community, and some still did not receive the type of validation they needed when they sought out therapeutic services. For those who did receive the validation they needed, their overall well-being improved.

Another important implication for clinicians is the need for teaching skills for the grief process during therapy. More important than the basic need to teach these skills is the need to adapt which skills are taught to young widowed clients because their needs may be different than others who are grieving losses. They may need skills that will help to decrease their anxiety, depression, or trauma, specifically. Some may require tools for sense-making, as well, especially because so many young widows and widowers did not expect their spouse to die when they did. Based on how each gender spoke of their grief and processing it, the skills taught during therapy may be different for men and women.

Men may need more skills for emotional processing of their pain, while women may need more skills for cognitive processes. Of course, depending on the client, it is possible that the reverse set of skills is needed for the widow or widower in therapy.

Widows and widowers need to know what resources are available to them. Clinicians have a responsibility to provide financial, social, mental, emotional, and spiritual resources to their clients. Therapists may adequately fill some of these needs through the therapeutic process, but the other resources they are not able to provide require research on the other types of assistance that young widows and widowers need, both in their community and online. Clinicians would also do well to consider adjusting their fees for young widowed men and women who need therapy, especially in the long-term. Because of their age, they may not have the financial resources necessary for normal therapy rates because of their responsibilities with children, as well as paying off the debts of their deceased spouse.

Finally, based on the results of this study, it is crucial to encourage young widows and widowers to participate in family therapy. Many participants spoke of unsupportive or unhelpful family members during the grieving process. Family therapy would be helpful to help young widowed individuals and their families to heal together. When this healing occurs as a family unit, it may decrease the level of isolation these widows and widowers feel as a result of their loss. Families would then be able to come together to use the newly-acquired skills from therapy to talk about the grief process long-term and support each other. When families are able to do this, the trauma from the experience will

hopefully not pass to future generations and allow for more open communication surrounding death and other socially uncomfortable topics.

### **Future Directions**

There is much to be done to address the unique issues that young widows and widowers have. These include different topics and different methods of study. Looking at my study and other studies, there is still a lack of racial diversity when it comes to this experience. It is possible that there are similarities between races in how they deal with grief, but we are missing the differences that exist, and understanding those differences would allow clinicians and others to provide more complete care to young widows and widowers. In addition, there is a lack of research concerning same-sex couples. Living in an era in which there is still stigma attached to being partnered and even married to a person of the same sex may increase the likelihood of isolation and suppression of emotions for young widows and widowers whose spouses have passed away.

There is a need for more qualitative research on young widows and widowers. An overwhelming amount of research still uses quantitative methods to describe the experiences of men and women who have lost their spouses, but it lacks the detail that exposes the complexity of such a death on spouses and their families. Longitudinal studies are also in short supply and need to be done. To see how young widows and widowers process their grief over time may be helpful in developing a grief model specifically for that population because the challenges young widows and widowers face are unique and could result in processes that are deviating from currently accepted

models of grief. Studies comparing the experiences of young widowed individuals versus older widowed individuals are needed, as well. When we know more about the similarities and differences in experience between these two age groups, clinicians may better attend to the needs of these groups and provide them with the resources they require.

Finally, more studies are needed to explore the experiences of young men who have lost their spouses. The research on men and losing a loved one is scarce, as is, which makes it difficult to really hone in on what men need for the best mental, physical, emotional, social, and spiritual outcomes. When we choose to study men and grief, we are able to better understand the family system, rather than just focusing on women or couples, in general.

### **Conclusion**

In general, widows and widowers find themselves marginalized in a society that values independence and vitality for the living. Young widows and widowers may experience more challenges at their age than the older, widowed population. This study goes beyond what previous research has done to explore the gravity of the challenges that young widowed individuals encounter as they attempt to navigate life postdeath.

This study produced five general themes that eleven widows and widowers discussed in detail: (1) relationship, (2) first reactions, (3) resources, (4) concerns, and (5) age and gender. While there were definite issues raised concerned with each theme, some issues fit into two or more categories, showing that the challenges these men and women

face permeate their everyday lives. The length of the grieving period, the scarcity of resources, and the uncertainty of the future, for instance, affect young widowed individuals in ways that may not be fully accounted for in either research or clinical practice.

Clinicians and researchers have the responsibility to provide young widows and widowers with the information necessary for healthy coping and adjustment. Clinicians may apply the results of this study specifically to their practice by using metaphors, validation, and psychoeducation to help clients learn how to deal with the loss of their spouses. Researchers must conduct further studies in order to gain a richer understanding of the unique issues that young widows and widowers face. So many avenues are open for discovery, including using more qualitative and longitudinal analyses.

In a concerted effort to include all populations in our social fabric, it is imperative to focus on those on the outskirts of mainstream society. For this reason, young widows and widowers' experiences are imperative for us to truly be inclusive as researchers. This study has opened doors for further understanding and, hopefully, more careful examination for this deserving population.

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APPENDICES

## **Appendix A: Questions for Interview Participants**

### Demographic Questions

1. What is your age?
2. What is your gender?
3. What is your ethnic background?
4. How long ago did your spouse die?
5. Do you have children?
  - a. How many children do you have?
  - b. How old are your children?
6. What is your state of residence?
7. What is your education level?
8. What is your current income?

### Open Questions

1. Think back to the first moments of the loss of your spouse.
  - a. What were your initial feelings?
  - b. What did you fear?
  - c. What was your body's reaction to the news? (Ex. nauseous feelings, headaches, numbness)
2. Think about how you been able to make sense of your spouse's death.
  - a. What has helped you to be able to cope?

- b. What has been the most difficult to accept?
    - c. What has happened during the process that you did not expect, if anything?
  3. Think about your relationship with your spouse before his/her death.
    - a. How satisfied were you with your relationship with your partner?
    - b. How would you describe your communication patterns?
    - c. How did you make decisions?
    - d. How would you describe your level of intimacy, emotionally and physically?
  4. What kinds of resources (family, friends, programs, groups, etc.) have helped you since the death of your spouse?
  5. Think about the impact the death of your spouse has had on your financial situation.
    - a. Has your employment status changed? (Ex. part-time to full-time employee)
    - b. Has your work performance been affected?
    - c. How has childcare been impacted by the death of your spouse?
  6. How do you believe your age has/had an effect on how your loss is/was experienced?
  7. Based on your gender, do you believe your loss experience is different than a member of the opposite sex who has also lost a spouse? Why or why not?

## Appendix B: Organizations Contacted

1. Life After Death support group (specifically for widows) – This is a Facebook group that targets widows all over the world that was created in 2011. My contact person is Kathy Calhn, who I can email directly about my desire to attract participants to my study.
2. W Connection (specifically for widows) – This is a support group that has chapters in several cities. They have virtual meetings often. I can contact the organization through a form on the “Contact Us” section of their website at <http://wconnection.org>.
3. Hope for Widows (specifically for widows) - This is a support group that has chapters in several locations, and their main chapter is in Utah. They offer resources, conferences, and other forms of support for widowed women. I can contact the organization by phone or email about finding potential participants for this study.
4. National Widowers’ Organization (specifically for widowers) – This is an organization that provides peer support, support groups, and other resources for men who are widowers. I can use a form on their “Contact Us” section of their website to express my desire to find potential participants.
5. Single Fathers Due to Cancer (specifically for widowers) – This is an organization that is specifically geared towards providing support for men whose spouses or partners have died from cancer. My contact person is Justin

Yopp, who I can email directly about my desire to attract participants to my study.

6. National Fallen Firefighters Organization – This is an organization that provides support for the survivors of fallen firefighters. Jenny Woodall is my contact person, and I can email her directly.
7. Tragedy Assistance Program for Survivors – This organization provides support for survivors of men and women who died providing military service. Zaneta Gilano is my contact person for this organization, and I can email her directly.
8. Grief Recovery after a Substance Passing – This organization focuses on those who have had someone die from abusing substances such as drugs and alcohol. Denise Cullen is my contact person, and I can email her directly.
9. Concerns of Police Survivors – This organization focuses on men and women who have lost someone to police service. There is a general email address I can use through their website to contact the organization directly.
10. AirCraft Casualty Emotional Support Services – This organization helps those who have lost a loved one due to aircraft accidents. There is a form on their website that I can use to make contact with the organization.
11. Gold Star Legacy – This organization provides support for survivors of men and women who died providing military service. There is a general email address I can use through their website to contact the organization directly.