

DISSERTATION

WHAT PATH SHOULD I TAKE?
A QUALITATIVE STUDY EXPLORING THE PROCESS
OF WIDOWHOOD FOR OLDER WOMEN

Submitted by

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ABSTRACT

WHAT PATH SHOULD I TAKE?

A QUALITATIVE STUDY EXPLORING THE PROCESS OF WIDOWHOOD FOR OLDER WOMEN

The present qualitative study explored the process older adult women experience as they navigate their course through widowhood. Interviews were conducted with 10 women over the age of 55 to investigate what factors went in to their decisions regarding coping with the loss of their spouse. Findings suggest that women looked to others for guidance and advice in navigating multiple aspects of their experience. They turned to peers with experience of a similar loss, listened to their internal voice of what was a good fit, and focused on taking one day at a time. Messages from others, the perceived expectations of others, and their own internal expectations also shaped their widowhood experience. Ultimately, they had to determine what coping strategies were a good match and provided some relief from their distress. The findings suggest that widowed women may benefit from exploring the input received from others, increasing awareness around the messages received from family regarding loss and encouragement to utilize their internal voice as a guide for creating their own unique experience of grief.

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INTRODUCTION

The loss of a spouse in later life is a challenging reality that many women will encounter. It is estimated that nearly one-half of all women aged 65 or older are widowed (Zhang, El-Jawahri, & Prigerson, 2006), with women being three times more likely to be widowed compared to their male counterparts (Michael, Crowther, Schmid, & Allen, 2003). Approximately 80% of widowed individuals living in the United States are women (Rossi, Biconti, & Bergeman, 2007). This is due to the sex differences in life expectancy favoring women and the tendency for men to marry women younger than themselves (Hansson, Remonet, & Galusha, 1993). As a result, a large part of the bereavement literature has labeled widowhood primarily a female phenomenon focusing research on what women experience in the aftermath of spousal loss (Michael et al., 2003; Davis, Nolen-Hoeksema & Larson, 1998).

The death of a spouse has been described as one of the most stressful life experiences a woman will encounter (Eells, Fridhandler, & Horowitz, 1995; Zhang et al., 2006). She is often faced with the daunting task of coping and adapting to drastic changes to her world and making many choices that can have repercussions in all areas of her life (Lopata, 1986). The research has demonstrated that spousal loss impacts emotional well-being, self-concept, physical health, social relationships, religious participation, and involvement in leisure activities (Michael et al., 2003). Initially, widowed women are faced with choices related to funeral planning, questions around financial issues, potential changes in living arrangements, and facing the reality of reconstructing a new life or identity (Lopata, 1986). The immediate task of planning and preparing for the funeral of their spouse can be extremely difficult to do while attempting to manage emotional pain and coping with the initial shock of the situation (Lieberman, 1996).

In addition, widowed women often experience a drop in income which can lead to financial difficulties (Lopata, 1973a; Michael et al., 2003). These situations present many choices that have the potential for long-term effects and often leave women feeling vulnerable and fearful regarding their future (Michael et al., 2003). One example of how this may arise is when there is a need to move from the shared home or having to sell other assets as a means of generating income. Making these types of decisions may be unfamiliar territory as she may have relied on, or shared the decision making process with her partner. Confronting these difficult decisions can lead to feelings of doubt or uncertainty regarding how to handle the new role (Lopata, 1986). All of this can be overwhelming and lead older widowed women to feel as though they are “in limbo” regarding how to proceed and cope, along with challenging their sense of identity (Lopata, 1986). Facing these challenges can make it difficult to navigate the grief process and may elongate one’s healing as the focus must also include rebuilding a new life sans their partner.

A significant number of the studies examining widowed women in later life has focused on presenting symptoms (Bennett, Hughes, & Smith, 2005; Onrust, Cuijpers, Smit, & Bohlmeijer, 2007), effective coping strategies (Golsworthy & Coyle, 1999; Lopata, 1986; Stroebe, Zech, Stroebe, & Abakoumkin, 2005); and establishing a time course of the widowhood process (Lund, Caserta, & Dimond, 1993; Shuchter & Zisook, 1993). The aim for many of these studies is to help identify effective ways of reacting to a loss and creating a guide for a “normal” progression through widowhood. But what appears to be missing from the literature is an in-depth exploration of the initial processes an older adult widow goes through when determining what her path will be and what expectations will influence her choices. Common questions that arise for some widows revolve around what to do next, how to act, what the mourning process

should consist of, and how long the grieving *is supposed* to last (Lieberman, 1996). It is during this initial decision making that women may seek out grief models for guidance and begin to formulate personal expectations. These expectations can be based on information gathered from multiple sources, such as a mental health practitioner, religious or cultural beliefs, the media, seeing others cope with loss, or from input offered by friends and family.

As stated earlier, the majority of findings seem to fall short of offering insight specifically into the experience a woman goes through when she is determining what influences will be incorporated into developing her grief process. The following pages will discuss typical models for describing what the grief process “looks like,” common issues experienced by widowed women, some typical symptoms, and treatment options that are available to widowed clients seeking services. Due to the prevalence of this information in the mainstream culture, it is information that is likely encountered by women as they face their new role of widow.

Throughout the literature there have been multiple models describing the “normal” course of grief related to spousal loss (Shuchter & Zisook, 1993). Grief models often describe a succession of stages ranging from the initial shock, followed by experiences of numbness, despair, and yearning, leading to a gradual acceptance or adjustment to the loss (Shuchter & Zisook, 1993; Stroebe, Hansson, Stroebe, & Schut, 2001). Some even attempt to attribute a time frame for a “typical” grief process, but there has been no consensus regarding an actual time frame a person takes in the course of “normal” grief (Shuchter & Zisook, 1993). These models are a helpful way of offering a template, but findings are not consistent, begging the question: how do women pick which model or path fits for them?

Many researchers have concluded that the reason for the inconsistencies demonstrates the uniqueness of each person’s experience and highlight the diverse, multidimensional nature of

grief. This individuality makes it difficult to definitively identify one “normal” course of grief (Lund et al., 1993; Shuchter & Zisook, 1993). But as a result, women are faced with the dilemma of determining which “course” is best for them or what model is “right.” It is this process that warrants further exploration in order to offer a more complete picture of widowhood. But first, it is important to give an overview of the existing findings.

The Process of Widowhood According to Traditional Models

As previously mentioned, early research focused mostly on identifying a universal grief process. In the late 1960’s, Kübler-Ross (1969) established a model for dealing with death that took hold in American mainstream culture and shaped how the grief process was viewed (Kübler-Ross & Kessler, 2005; Shuchter & Zisook, 1993; Zhang et al., 2006). The model suggested that grief occurs in stages—denial, anger, bargaining, depression, and acceptance—with the individual coming out on the other side experiencing decreased symptoms and having “recovered” from their loss (Lindstrom, 2002). Recovery was initially confused with “being all right or okay with what happened” (Kübler-Ross & Kessler, 2005, p. 24).

Other models have focused on an individual’s process of adjusting to the death and eventually “returning” to a former way of life (Lieberman, 1996). Typically they highlight the necessity for individuals to “work through the grief process” which consists of expressing painful emotions, experiencing depression, and terminating ones relationship with the deceased (Lindstrom, 2002; Wortman & Silver, 2001). These models suggested that a person cannot recover from their loss until the death is accepted and the relationship with the deceased has ended (Freud, 1957; Klass & Walter, 2001).

However, these traditional models have undergone considerable scrutiny. Researchers began to challenge the idea that all people grieved in the same way and ultimately found that

widowhood can, and does, look different depending on the person experiencing it (Corr, 1993; Neimeyer, 1998). In a review by Bennett and Bennett (2001), results suggested widowed women did not experience their grief as a steady progression through stages. The process for many was complex, fluid and varied in duration (Neimeyer, 1998; Schucter & Zisook, 1993). Participants likened the grief process to a roller-coaster with many ups and downs, gradually improving over time (Hogan, Morse, & Tasón, 1996; Lund et al., 1993). Stroebe (1992) asserted that individuals experienced unique courses of grieving that are dependent on many personal factors. Other studies have found that symptoms can vary, support seeking styles differ, duration fluctuates, yet reported that in general, a person's grief "followed a consistent pattern" of grieving that included some combination of facing emotional pain, yearning, meaning making, embracing hope, personal growth and trying to recreate a new life (Hogan et al., 1996, p. 55). Given these mixed results it is apparent that no predictable process has been found leaving widowed women feeling overwhelmed and questioning what is the "right way to grieve?"

Common Issues Impacting the Widowhood Process

Despite varying results it is important to acknowledge there are some commonalities found within the research regarding the impact on widowed women. In the following paragraphs I have highlighted a few that I believe to be central to some of the questions and decisions women face as they react to the loss of a spouse.

Identity issues in widowhood. The impact spousal loss has on ones' worldview is significant and can challenge our beliefs regarding how the world works (Parkes, 1993). Identity issues can arise when the individual is forced into this new role of "widow" and faced with making decisions that were once the responsibility of, or shared by, the deceased. If an individual is able to reconcile the death within their current worldview the loss may not trigger a paradigm

shift or require the development of a whole new sense of life's reality (Davis, Wortman, Lehman, & Silver, 2000). However, if they believe spousal loss is something that only happens to "other people," then the death can shatter these engrained assumptions causing a person to question multiple aspects of their worldview or existence (Archer, 1999; Davis et al., 2000). These questions or changes in basic assumptions regarding life can generate feelings of powerlessness, fear, anxiety, and a lack of control (Stroebe & Stroebe, 1992). Adding this type of disruption, on top of the stress of grieving, could make it difficult for women to determine the best way to respond to widowhood or trust their decision making abilities. They can face issues related to identity, as they have instantly gone from identifying as a wife, to now being identified as a widow (Lopata, 1974; Lopata, 1986; Stroebe, Stroebe, & Hansson, 1993). This can happen without warning if the death is sudden. In the aftermath of the loss of a spouse women typically go through an initial phase of asking "why" and searching for meaning behind the loss (Davis et al., 2000; Shuchter & Zisook, 1993). This confusion can fuel questions regarding identity and worldview causing additional distress.

Issues related to determining a grief timeline. Multiple writers have attempted to outline common characteristics for "normal" grief (Hogan et al., 1996; Lopata, 1973a; Malkinson, 2007; Zhang et al., 2006). And from this, some researchers have sought to identify a general timeline for grieving during widowhood, ranging anywhere from six months (Zhang, et al., 2006), to nine or twelve months (Ott & Leuger, 2002), and even as long as multiple years (Lund et al, 1993). When grief persists longer than these periods it is generally believed the individual is unable to accept the loss and is not "recovering" in a normal fashion (Zhang et al., 2006).

However, more recent studies have emerged arguing that there is uniqueness to the grief process and as a result, each individual works from their own time-frame (Herkert, 2000; Stroebe

et al., 1993). Factors that can impact the grief timeline may be the relationship with deceased, the type of loss, religious or cultural beliefs, and the type of support available to the widow (Lieberman, 1996). This variation is also supported in a review by Shuchter and Zisook (1993), where they found “little agreement regarding the time course of normal grief” due to similar individual variations (p. 24). Their review also found that the course of grief increased when multiple factors were taken into account including a person’s affective and cognitive states, use of coping strategies, health issues, and beliefs regarding a continuing relationship with the deceased (Shuchter & Zisook, 1993). Another review found the long-term impact of widowhood lasted much longer than previously expected with some women continuing to be experiencing symptoms of grief and decreased life satisfaction 10 to 20 years later (Wortman, Silver, & Kessler, 1993). These results run counter to some of the early findings suggesting the process of grief typically lasted anywhere from weeks to months to beyond one year (Shuchter & Zisook, 1993). These differences regarding duration of the grief process suggest that a timeline for the grief process is dependent on multiple factors internal to the widow and externally based (i.e. type of loss, socioeconomic status, and support system available).

Changes in interpersonal relationships. Another area where issues arise is the changing or decreasing of interpersonal relationships once a woman loses her spouse (Herkert, 2000). Research suggests this is due to others not knowing how to respond to the bereaved which decreases the likelihood they will reach out and offer support. This may lead to women feeling isolated and believing others won’t be able to understand her experience. Social support systems can also deteriorate because of expectations from others regarding how a woman is adjusting. These expectations are oftentimes not consistent with the experience of the widow creating a disconnect within the relationship (Stylianios & Vachon, 1993). The pressure from others to

“recover” can cause tension in relationships ultimately resulting in a change to the dynamic or loss of that relationship. Suggestions from family or friends may also feel more like criticisms to the newly bereaved, which can negatively impact the strength of the relationship and cause the widow to feel judged (Stylianios & Vachon, 1993).

Another reason interpersonal relationship can diminish is linked to the energy one must expend in social situations. According to a review by Rosenblatt (1993) individuals who were grieving withdrew from interpersonal interactions due to being reminded of their loss or the interaction required a certain level of energy the bereaved individual did not possess. This could lead to decreasing interactions with others and feeling even more alone. Rosenblatt also suggested that interpersonal connections may pull away from the bereaved in order to be respectful or because they do not know how to respond to the griever. Regardless of the reasoning, it seems that during the months following the loss of a spouse, widows can experience significant changes in their interpersonal connections which can be problematic and lead to the bereaved feeling lonely and isolated which can be seen as a type of secondary loss (Rosenblatt, 1993).

Revisiting these common issues faced by widowed woman provides us with a good foundation and helps us begin to understand the complexity of the grief process. The inconsistencies found within the literature highlight a need for widows to ultimately find a way of reacting to their loss that fits best for them and their situation. However, most existing research does not describe how this navigation process looks and what factors are included as a woman chooses which model of grief, which coping strategies, or which support outlets will help them express and manage their feelings of loss.

Approaches to the Treatment of Grief

Beyond focusing on the development of a “normal” model of grief or highlighting common issues widowed women face, past literature has also centered around the treatment of bereavement with a goal of identifying useful clinical techniques (Hogan et al., 1996). For instance, if a client is presenting with anxiety or depression as a result of their loss the treatment is more likely to initially focus on minimizing these symptoms (Parkes, 1993). Findings suggest treatments related to reducing symptomatology of grief and alleviating stress responses have been successful, but alone, are not sufficient for all individuals (Malkinson, 2007). By emphasizing coping strategies and symptom reduction clinicians have been successful at reducing emotional distress (Ott & Leuger, 2001), but it may still leave an individual struggling with broader concerns. As noted earlier, for many individuals the loss of a spouse presents multiple issues related to identity, challenging to one’s world view, questions of faith, changing family dynamics, and the need for meaning making. It is important for mental health professionals to be comfortable talking about the impacts of loss with bereaved clients, in order to provide better support (Herkert, 2000).

Bereavement treatment has traditionally been based on the work of Kübler-Ross (1969) encouraging a person to move through the stages of denial, anger, bargaining, depression and acceptance. However, using traditional stage models when structuring treatment for grief had limited effectiveness with some widows (Lindstrom, 2002). Researchers found that when individuals who were encouraged to go through a treatment focused on moving through stages, only some found it helpful, while others reported no benefit from adhering to that treatment model. These findings suggested the universal application of a stage model treatment intervention may not be a good fit for some widows during the grief process.

Other reviews have had similar findings. Malkinson (2007) suggested that treatments should also include addressing issues related to identity development, increasing social outlets, and examining the loss of hopes and expectations for the future. Bennett and Bennett (2001) found that some widowed women reported feeling uncomfortable with stage theories as they did not feel they were an adequate reflection of their experience as widows. In some instances utilizing treatments based on stage models led to an increase in anxiety and self-doubt, due to women struggling to fit themselves into the “normal” model of grief (Lopata, 1974). This can lead to additional distress for a widow who is already vulnerable to getting overwhelmed.

Gauging the effectiveness of stage models has been difficult in the past due to the fact that participants often fluctuate between stages and may not be moving through the stages in a linear fashion, making it difficult to track their progress (Zhang et al., 2006). Based on this information it is likely that having a model offering some sense of what to expect may be helpful for some women but that the simplicity of the grief stages may leave others feeling unsettled when their experience doesn't follow that linear progression. It has also been suggested that stage models do not take into account cultural considerations where there are differing prescriptions and rituals expected when going through the grief process (Raphael, Middleton, Matinek, & Misso, 1993). This could lead some women to feel pressure to grieve in a way that is not consistent with their cultural norms. Given the different reactions to stage-based treatment interventions, women may claim that the treatment suggestions do not fit with their experience, potentially creating a dilemma for the widow who is attempting to define her grief process.

Bringing It All Together

As a result of the conflicting views regarding effective ways to cope, widowed women potentially face a confusing process when determining what their path through grief will include.

The question is, how do they decide what is best for them? Lindstrom (2002) alluded to the fact that this process is impacted by multiple factors (e.g. type of death, religious affiliation, societal/cultural norms, etc.) but his review of the literature did not offer any insight regarding how this process begins. Many of the studies reviewed here, have focused on what has been shown to work with research participants, but has not sufficiently explored which of those factors or perceived expectations she will utilize when she decides her path. For instance, Klass and Walter (2001) indicated the decision to maintain a continued bond with the deceased is often dictated by cultural norms. There has been a tendency in western societies to “banish” the deceased, but this is undergoing some change as the bereaved attempt to keep the memory of their loved one alive. Others asserted that if a person has strong religious ties they may look to norms established by their faith for a model of how to cope with widowhood (Davis et al., 2000). Similarly, widowed women may look to cultural norms when deciding what their mourning behaviors will look like (Klass & Walter, 2001). But what is the cognitive and emotional process that occurs within each widowed woman that leads her to embrace some coping strategies over another? This question is what has fueled the purpose of this study.

Seeking social support has long been thought to have a positive impact on widows, as it allows them an outlet to process emotional responses and decrease feelings of isolation. However, some social support has been found to have a negative impact (Bennett & Bennett, 2001; Stylianos & Vachon, 1993). When the support comes in the form of judgments regarding how one is handling the grief process, giving unsolicited advice, encouraging a quick recovery or having others trying to help them get over the grief, widows reported feeling worse. In a study by Lehman and colleagues (1986), participants reported support was effective when it came from others experiencing the same loss, as they felt an increased freedom to express their mourning

which led to better adjustment. Ha and Ingersoll-Dayton (2011) found that support was only helpful in reducing symptoms of depression when it was delivered in a manner that “fit” with the individual receiving the support. For instance, the frequency with which people offer support is only helpful if it matches the needs of the widowed individual. Other findings suggested individuals who received support from a variety of sources (e.g. groups, clergy, and other professionals) demonstrated better adjustment to the loss (Onrust et al., 2007; Ott & Leuger, 2002). In contrast Stroebe et al. (2005) found that higher levels of perceived social support had no significant impact on the grief process for widows, when compared with those that did not have strong support. The differences found when looking at effective coping strategies and treatments emphasizes the complexity of determining an effective grief process and highlights the multiple choices widowed women encounter as they navigate this experience.

With the mixed findings regarding the course of grief and the experience of widowhood, it seems that each woman’s experience is unique (Danforth & Glass, 2000). By gathering insights from older widows regarding why they choose one course of action over another, we can begin to understand the cognitive process that happens and how that impacts their decision making regarding their path. This will also add to the knowledge base of the widowhood experience that goes beyond focusing on managing the symptoms of sadness and loss.

Purpose and Reasons for the Current Study

The goal of the present study was to explore the process older widowed women experience when deciding how they are going to cope with this life altering event with the goal of gaining a better understanding of the phenomena of widowhood in late life.

A professional understanding. The underlying purpose for the current study was to gain a deeper understanding of widowhood in older women. Despite the amount of accumulated

knowledge around the topic of widowhood a gap exists, which leads to the question, “How do women determine what their experience of widowhood will look like?” As indicated in the previous section, a majority of widowhood researchers have focused on what happens after the decision of which coping strategies to use is made and the process of transitioning from the role of a wife to that of a widow has begun (van den Hoonaard, 1994). All widowed women know they should feel, respond and express their grief, but how that looks varies depending on the woman (Lopata, 1974). Thus, the existing findings do not offer sufficient insight into the process that occurs for a woman as she determines which coping strategies or what expectations she will adhere to now that she has been thrust into this new role. Therefore, exploring this phenomenon appears to be an important step in truly understanding the experience of widowhood.

A personal understanding. In addition to wondering about issues not addressed in the widowhood literature, I have other interests in the current study that will be present throughout all aspects of the research process. A primary motivation for this study comes from two sources; my experience of talking with women who have lost their spouse and witnessing them struggle with the questions of “am I doing this right?” or “how am I supposed to grieve?” and my own experience of struggling with these questions, trying to find my own path through widowhood. In personal conversations with older widowed woman, a common theme that has emerged is the concern that their grief process is not “right” or that they should be doing “something different.” A similar type of uncertainty was prevalent in a study by van den Hoonaard (2005) while conducting interviews with older widows. Van den Hoonaard (2005) found that women experienced doubt and uncertainty related to how they were relaying their stories and frequently “checked in” with their interviewer for input and validation that they were answering things “correctly” or giving the interviewer what was expected. The uncertainty that arose when sharing

their account of widowhood could be connected to experiencing a general sense of doubt or uncertainty in the choices they have made or the manner in which they have approached making sense of the loss.

In my own experience as a widow, I have faced a similar struggle with uncertainty and not having a clear understanding of which external models or expectations I “should” adhere to. Within my process I sought a multitude of sources for guidance for “how to be a widow.” My perceptions of widowhood were based on media portrayals, models of grief present in the psychology literature, and by observing others who had lost their spouse. However, it became evident that there were different ways a person could respond. Given these different choices, it was important for me to further explore how other women developed their widowhood experience and how they chose sources to rely on throughout their process. My hope was to gain a greater understanding regarding this early process. It was important for me to make these personal reasons explicit in order to acknowledge the biases and values present throughout this study, as they have undoubtedly impacted the entire research process.

AN INTERPRETIVE PHENOMENOLOGICAL STUDY OF THE PROCESS FOR DETERMINING A COURSE THROUGH WIDOWHOOD

Principles of Qualitative Research

For this topic I chose to utilize a qualitative approach, which has been shown to address the general nature of the grief process in an effective manner (Marcu, 2007). Qualitative research has typically been used when the goal was to gather in-depth information (Elliot, Fischer, & Rennie, 1999; Marcu, 2007), when the goal is to explore how human beings understand and gain knowledge of their world and experiences (Willig, 2001), and for studying issues related to bereavement and death (Neimeyer & Hogan, 2001). Qualitative research is better at gaining an in-depth understanding of a behavior or experiences and uncovering the meaning people ascribe to those experiences (Danforth & Glass, 2001). In order to highlight the reasons for utilizing qualitative methodology it is important to acknowledge the philosophical assumptions present in the research process. Good qualitative research calls for demonstrating an awareness of assumptions regarding one's methodology and include that information in the writing of the study (Cresswell, 2007). Researchers who choose qualitative methods take a particular philosophical stance regarding ontological, epistemological, axiological and rhetorical components of the research process (Creswell, 2007). The philosophical views endorsed in these areas lay the groundwork for how a researcher approaches the entire project, from research questions, data collection, to the interpretations that are drawn.

Ontology is concerned with the nature of reality and qualitative researchers recognize that reality is subjective and there cannot be one "true" reality (Willis, 2007). Qualitative researchers believe that realities are constructed by individuals, and may not be shared by all (Creswell,

2007; Willis, 2007). For this reason, the goal of exploring the meaning individuals assign to experiences is consistent with the philosophical assumptions of qualitative methodology. In comparison, the quantitative tradition of research assumes there is one, objective reality that is possible to capture with objective data collection.

Adhering to a qualitative tradition, this researcher focused on the relationship between myself and the participants, and attempted to lessen the distance between me and the person being interviewed (Creswell, 2007). In collaboration with the participants I constructed my own understanding of the experience. This epistemological stance is different than the quantitative researcher, who tends to remain separate from what is being studied in order to remain an objective outsider (Creswell, 2007; Willis, 2007).

Axiology addresses the role values play in the research process (Creswell, 2007). A qualitative researcher acknowledges that it is impossible to set aside her own perspective (Elliot et. al., 1999). Her work is seen through her own lens, and thus is value-laden and biased because she cannot ever completely remove herself and her experiences from her work (Creswell, 2007). As a result, the qualitative researcher must openly acknowledge her values and biases to create a complete picture for the reader. By recognizing the presence of values and biases in the reports and interpretations generated by the research study, it is reinforcing the belief that the researcher can never completely be removed from the research experience. In contrast, the quantitative methodology strives for research to be value-free and unbiased.

Finally, addressing the rhetorical aspect of research focuses on the language of research. A qualitative researcher writes in an informal style using a “personal voice” for the purpose of engaging the reader in the study (Creswell, 2007; Willis, 2007). The aim for research is to use easily comprehensible language that is highly accessible to all (Brocki & Wearden, 2006).

Quantitative studies often utilize more formal language in an attempt to eliminate personal bias and promote objectivity.

In the preceding paragraphs, I have outlined the underlying assumptions that will be present in the current qualitative study. The purpose for the comparison with quantitative methodology was to clarify the style in which the following study is written in an attempt to be transparent regarding this researcher's intent for communicating the phenomenon being examined. The following section describes my chosen methodology of Interpretive Phenomenological Analysis (IPA), a qualitative research modality.

Interpretive Phenomenology

Phenomenology is a qualitative research method originally developed from a philosophical perspective (Wertz, 2005). Edmund Husserl aimed to create a method that would allow investigators to examine human experience and behavior (Wertz, 2005). As described by Willig (2001), phenomenologists are concerned with learning about the world through the experiences of individuals within particular contexts and times. They then attempt to distill the "essence" of these experiences (Creswell, 2007; Wertz, 2005) which is described as a universal component of a phenomenon from several individuals' accounts of their lived experiences. Phenomenology assumes that human experience makes sense to those who live it and that experience can be consciously expressed (Creswell, 2007). It is concerned with understanding and describing this essence, rather than explaining it.

From this framework, psychologists have taken one more step and have developed IPA to better address the research questions they ask and acknowledge the impossibility of "gaining direct access to research participants' life worlds" (Willig, 2001, p. 53) IPA is designed to explore the participants' experience through the perspective of the researcher, which incorporates

her values and world view (Willig, 2001). IPA is concerned with hearing individual's subjective reports and recognizes that research is dynamic in nature (Brocki & Wearden, 2006). The aim of IPA is to portray the quality of the individual experience and explore existential matters that are often transformative to the person living through it (Brocki & Wearden, 2006; Eatough, & Smith, 2008; Smith & Eatough, 2006). Because the researcher and her values will always be present, the final essence that is reported will always be the researcher's interpretation of the study participant's experience (Willig, 2001).

Rationale for the Present Interpretive Phenomenological Study

The course of widowhood in older women has been widely researched in the psychological literature (e.g., Bennett et al., 2005; Lindstrom, 2002; Stroebe et al., 1993); however, little is known about the process behind how widowed women determine *how* they will cope and respond to their experience. Given this gap in the literature base, I have utilized an interpretive phenomenological model to acquire a greater understanding of the phenomenon of *how* older widowed women shape the course of their grieving process.

Because the aim of this study was to capture and understand the participants' own lived experiences, in contrast with trying to explain or predict them, the use of an interpretive phenomenological methodology was best suited for this study. Also, this project aimed to explore the research participant's experience from her perspective through the use of semi-structured interview questions. However, using this model I still acknowledge that the phenomenological analysis produced by this researcher is only my interpretation of the participant's experience of widowhood (Willis, 2007).

Research Questions

How do older widowed women determine what their widowhood experience will look like? This was the central research question for the current study. This question was purposefully broad and open-ended. The following sub-questions helped me to narrow the focus.

- 1) How did the participants determine what coping strategies they utilized?
- 2) From what external sources of influence, if any, did the women interviewed look to for guidance regarding “how to be a widow?”
- 3) What was their reaction if the experience did not match their external schemas of widowhood?

METHODS

Participants

The participants consisted of 10 women (see Table 1), ranging in age from 60 to 82 ($M=65$ years; $SD = 6.6$ years), who were widowed from 22 months to 3 years ($M=2.3$ years; $SD = .6$ years) after being married an average of 35 years ($SD = 9.81$ years). All of the women self-identified as Caucasian with no strong ethnic identification. Participants needed to meet the criteria of having been widowed for at least one year, out of respect for immediate grief responses which are often emotionally stressful and intensely overwhelming (e.g., Herkert, 2000; Kübler-Ross, 1969; Lieberman, 1996). However, it was important for the study that the participants had recent memories of their experiences, in order to discuss in detail accurate and complete information during the interview session. For this purpose participants were selected based on having experienced their loss in the past 4 years. The death of spouse was from natural causes and varied between a sudden or unexpected loss to a prolonged terminal illness.

A predetermined sample size for this study was not established in an attempt to stay true to principles of IPA qualitative method (Smith & Eatough, 2006). A sample size ranging from 1 to 15 was kept in mind, as is typical for IPA studies (Brocki & Wearden, 2006; Smith & Eatough, 2006). Interviews were conducted until the data collected offered enough information to examine similarities and differences and no new themes emerged (i.e. saturation). However, given that some researchers have challenged the idea of saturation in IPA research due to the possibility that each interview could produce confounding evidence, the pursuit of ‘understanding’ the participant’s experience, was a primary goal (Brocki & Wearden, 2006; Elliot et al., 1999). By utilizing rich descriptions provided by participants and highlighting the

details of their process, IPA's primary focus is to increase one's knowledge of the phenomena being examined.

Procedure and Data Collection

Participants were recruited from local hospice organizations, senior living establishments, and by word of mouth referrals from other mental health professionals and colleagues all in the greater Boston area. Individuals working within these facilities were contacted and given a detailed description of the study as well as provided flyers and other materials to pass on to potential participants (See Appendices A thru D). Correspondence was sent via email as well as thru face to face meetings with facility staff. Participants were recruited through word of mouth methods by contacting colleagues in the field of psychology practicing in the New England area.

Data was collected through 90 minute semi-structured individual interviews with a list of open-ended questions (Appendix E). In accordance with IPA, this researcher aimed to get close to what the respondent thought and felt about their experience (Smith & Osborne, 2003) and capture their experience through their own lens (Smith & Eatough, 2006). After asking where they preferred to meet, all 10 women suggested meeting at their home. The interviews were audio-recorded and verbatim transcripts were created. Participants received an informed consent letter (Appendix F) and completed a one-page demographic questionnaire (Appendix G). Once transcriptions were completed, each participant was contacted and given the opportunity to review her own transcript for accuracy. Three participants responded and reviewed their transcripts and returned them with minor edits which were incorporated into the final transcript.

Data Analysis

All of the interviews were transcribed and analyzed in accordance with the principles of Interpretive Phenomenological Analysis. Transcripts were reviewed individually and then read multiple times to begin the process of identifying themes. Themes were organized and examined in relation to other themes to identify clusters for each transcript. Finally, themes were integrated across transcripts in order to identify shared themes which captured the essence of the participant's experience on widowhood and addressed the research questions.

I utilized a model of analysis proposed by Willig (2001) to examine the information provided by the participants. Data analysis was consistent with an inductive approach meaning there were no "pre-set" codes in which the data needed to "fit." Instead, themes were identified after reading the transcripts multiple times. These themes were examined in relation to each other identifying connections and creating meaningful clusters of themes across all participants. The following paragraphs outline my analysis process.

Step 1: Reading the Data

After conducting the semi-structured interviews, the transcriptions of the interviews were typed verbatim from the audio recording. Participants were contacted and given the opportunity to read their transcript and make any changes to information they deemed inaccurate. In accordance with IPA methodology, several detailed readings of the data were completed in order to gain a "holistic" perspective consistent with the participants' account (Smith & Eatough, 2006). The entire contents of the transcripts, including the revisions made by the participants, were analyzed.

Step 2: Identifying Themes

According to Willig (2001), the second step focused on identifying themes. The goal was to find thematic labels that captured what was represented in the transcripts (p. 57). The themes were conceptual at first and aimed at highlighting some of the essential quality of the women's experience. During this step it was important the themes maintained a connection between the researcher's interpretation and the participant's own words (Smith & Eatough, 2006).

Step 3: Grouping Themes Into Clusters

In the next step, I evaluated the relationships among the various themes. I listed out themes and began thinking about them in relation to each other and identified those that clustered together due to shared meanings or references. Some themes were discarded, as a result of not "fitting" well with the emerging structure (Smith & Eatough, 2006).

Step 4: Analyses of Themes Across All Transcripts

The final phase of the analysis consisted of creating summaries to create clear and systematic overviews of the themes that emerged in each transcript (Willig, 2001). This summary included keywords or relevant quotations. The summaries were compared across all transcripts including all clusters and themes. Clusters were narrowed down and master themes were identified. These themes aimed to capture meanings consistent with the participants' account rather than the researcher's views on what "should" be included (Marcu, 2007). This final step targeted categories that described the "essence" of the phenomenon (Creswell, 2007).

Establishing Trustworthiness

In traditional quantitative research it is important to establish reliability and validity of research studies in order to generalize findings with greater confidence. Qualitative research does not utilize the same types of measures of validity and reliability. Qualitative researchers strive to

establish trustworthiness, which offers some confidence that a reader can trust the results and conclusions of a particular study. This form of “validation” is an attempt to assess the “accuracy” of the findings proposed (Creswell, 2007). Within the current study multiple strategies were utilized to strengthen this studies’ trustworthiness. Creswell (2007) suggested relying on multiple strategies (at least two) for maximum trustworthiness. I employed three strategies for the current study.

Peer review. In an attempt to build trustworthiness for the current study I utilized peer review. This process involved two colleagues, bound by the same ethical guidelines and trained in the field of psychology, reviewing my data and my conclusions. I sought out their input regarding emerging conclusions of the data, and reviewed the emerging themes and clusters identified in the final stages of the data analysis process. Transcripts were read separately and emerging themes were compared. When differences emerged, an open discussion regarding each person’s rationale and word choices took place until both parties were in agreement with the emerging themes. Variations that emerged typically were connected to reviewers’ word choice or use of synonyms and were resolved by agreeing on the synonym that reviewers felt best captured the essence of the theme.

Member-checks. The second method utilized was, member-check, which is a technique where the researcher checks with the participants of the study (Willis, 2007). Member-checking the research involves bringing transcripts, findings, or interpretations back to the participants and requesting their impression and confirming the study’s authenticity and accuracy (Creswell, 2007). With the current study, participants were contacted and requested to review their interview transcripts, making revisions in order to increase the credibility of the data. Three individuals responded to initial request to review transcripts. Only one participant made changes

to her transcript, which consisted of adding an additional point of clarification to one of her responses. The other two participants indicated the transcripts were accurate.

Clarifying member bias. The third method I used to increase trustworthiness was offering rich descriptions of the participants and incorporating words they used to describe their experience. According to Creswell (2007), including rich descriptions “allows the reader to make decisions regarding transferability” (p. 209). This was achieved by including direct quotes from the participants, allowing the participants to tell the story in their own words and to provide the reader an opportunity to view the experience through the perspective of the participant.

RESULTS

This researcher was interested in how older adult women experience widowhood, what external influences they faced and what expectations they had of widowhood. Three research questions were explored; four themes emerged to address the first question, three themes emerged when exploring the second research question and one for the third question. I also included two additional noteworthy concepts that did not meet the criteria for a theme, but I felt were important to highlight (Table 2). Participants sought out coping strategies to help them face the reality of their loss and assist them in making decisions regarding what comes next. They experienced external influences that impacted their decisions and understanding of widowhood. Given the small sample size, criteria for being labeled a theme was determined that a minimum of 7 out of the 10 participants had to endorse or discuss a concept. In conjunction with IPA methodology, this paper does not claim to produce definitive or “true” account of widowhood; instead, the results aim to capture and describe the essence of the participants’ experience through the lens of the analyst (Willig, 2001).

Research Question 1

For the first research question regarding how coping strategies were determined four themes emerged from the analysis: ‘Seeking outside guidance’, ‘learning from peers’, ‘living one day at a time’, and ‘listening to their internal voice’. ‘Seeking outside guidance’ refers to participants actively reaching out to other individuals with the intention of receiving advice or suggestions on how to cope with the various aspects of their loss. ‘Learning from peers’ refers specifically to the guidance received from other individuals who had experienced the loss of a spouse. ‘Living one day at a time’ which refers to participants’ strategy of taking each day as it

comes and problem solving as issues arise while trying to “keep going” with their lives. Nine out of the 10 women interviewed acknowledged that their grief process was guided by this mindset. And finally, ‘listening to their internal voice’ captures the participants’ ability to identify coping strategies that were a good fit for them or felt “right” to them as they navigated their experience.

Seeking outside guidance. All 10 women in this study actively sought out some guidance and advice regarding how to cope with the loss of their spouse. The most common sources reported were friends, family and professionals (mental health and financial). They all described consulting with at least one of these sources while navigating their grief process. Based on their responses the experiences were generally positive and the participants received helpful suggestions which were useful in coping with multiple aspects of their loss.

Mrs. G, a 64 year old woman who lost her husband to an aggressive form of brain cancer 2 years prior to the interview, sought out counseling services from the local hospice. She reported getting “tremendous help going there, I don’t know what I would’ve done without the support.” She also sought individual counseling with a local psychologist to gain additional ideas for how to cope with her loss:

I remember saying to the psychologist, “are you going to tell me what to do?” I just wanted someone to tell me what to do. I wasn’t eating, I certainly wasn’t sleeping and I needed someone to tell me what to do.

She reported finding a clinician who suggested attending a therapeutic support group, which turned out to be a “tremendous help” as it was very beneficial “knowing other people who have gone thru this.”

Mrs. E, a 61 year old female whose husband died from a form of dementia, did not feel like she needed to attend therapy regularly, but also described wanting to meet with someone who could offer some specific guidance regarding coping strategies.

I really liked this guy [a previous therapist] because he would give me concrete things to do rather than just listen. I wanted somebody that was gonna say, “this is what you need to do.” He would give me good ways of coping. I would definitely go again.

Unfortunately she found it difficult to find a therapist who had availability consistent with her schedule and became frustrated with “the system,” stating that she would have kept going but it “was a matter of finding somebody.”

Mrs. B, whose husband died a little over 2 and a half years prior to the interview from a sudden heart attack, talked about the benefit of getting advice from financial advisors or other professionals to help her navigate some of the issues that came up after her husband’s death:

I hired a financial advisor. And truly, if you want to tell people, that’s so important. And it was wonderful because he took care of transferring all the finances, all the stock, everything that I had, putting them in my name, how I wanted to handle it, we were able to figure it out.

This assistance decreased her stress related to financial concerns and also provided her the opportunity to talk over financial decisions. Prior to the death, her husband had primarily been responsible for these types of decisions, and an advisor temporarily filled that role, giving her more time to focus on other aspects of her grief process.

Friends and family were also important resources for the participants interviewed. Mrs. F, a 68 year old female whose husband had died from septic shock almost 2 years prior to the interview, talked about getting encouragement from a friend to go to a bereavement group, “she just kept saying, you gotta try it.” Eventually, Mrs. F took her friend’s advice and found a group, which turned out to be a positive experience and offered her some comfort.

All 10 women reported having family members and friends who encouraged them to go out, to engage in activities and keep busy in the aftermath of the loss. Mrs. H also spoke of turning to her family; “Fortunately, I have my family. If I did not have my family it would really be tough.” She then went on to describe multiple instances where she turned to her adult-aged

son and daughter when making decisions about finances, burial arrangements, and sorting through her husband's possessions. She remarked on how helpful it was for her to have their input regarding the decisions she faced.

Advice from family and friends was helpful in most situations. However, in some instances it was described as a negative experience. Mrs. A, a 61 year old female who had been a widow for almost 2 years at the time of the interview, had a different reaction when she received advice regarding her grief process,

Everybody wants to tell you what to do. "You should," "you have to,"... people don't know how awful that sounds when you're told you have to do something and you *should* do something.

Mrs. I also expressed getting pressure from others, "there would be people who say, just go, just go, just go," to which she felt she had to say yes. "And I didn't really always want to say yes." This led Mrs. I to feel anxiety and discomfort beyond that associated with her feelings of loss.

Another example of advice from family and friends not being helpful came from Mrs. J, when she had friends suggest that she try dating, "I can't believe the amount of people that say 'you should find somebody, you're still young.'" She goes on to describe her reaction, "and I didn't like people saying it to me." These examples highlight that advice and guidance needed to be consistent with where a person was at in their grief process and should be offered in a supportive manner that avoids pushing people too fast.

Learning from peers. During the interviews, 9 out of 10 women described finding some benefit from talking with other individuals who had lost a spouse. They were able to learn different coping strategies through hearing the stories and what others had tried. Of all the participants seven women attended a widow support group. Mrs. G found that peer support groups were helpful to her as the "stories [gave] me a lot of information to help me cope and to

see how others get through this, to see how other people have done it. I think that's a good way to learn." Mrs. H., a 63 year old widow, reported feeling "comfortable, because you could talk and you could listen to other people and see the tragedies they've gone through." And Mrs. G echoed a similar experience, "It's been so good to know other people who have gone through this," adding that learning about other widow's experiences, "has given me a lot of information to help me cope and to see how others get through this, to see how other people have done it." These statements indicate that participants received valuable guidance from their peers, which ultimately helped them navigate their own process of widowhood.

Two other participants that did not attend a widow support group also talked about the benefit of talking to a peer or friend who had gone through a similar loss. Mrs. D, who had been widowed for almost 3 years, recalled the words of an older woman from her church who had lost a spouse:

This one woman said to me after church one day, and she said "it is a thin veneer between this life and the next." And I now know,... I mean I was looking at her going "what is she talking about?" And now I feel his presence so much and in so many different situations that I know what she was talking about.

Mrs. D went on to explain how these words offered her comfort but also offered encouragement to continue the bond with her deceased spouse. She indicated that throughout her process she had worked to keep her husband "a part of her" and continued to feel his presence and the words of encouragement she received validated her decision to continue "talking" to her deceased spouse. "Maybe it's my faith, but you just learn to listen in a different way."

Mrs. J, a 60 year old female who lost her husband from brain and lung cancer, reported reaching out to an old acquaintance that had also recently lost a spouse. She recalled asking,

Can we get together and you can help me do this? Now I hadn't seen her in 40 years and we've been friends ever since. And that helped a lot. She didn't mind me asking and I didn't mind asking, 'does this happen to you?' or 'do you feel that way?'

In these situations Mrs. D and Mrs. J chose not to attend an organized peer support group but found that they learned and received insights or encouragement when they could speak with other women who had experienced a similar loss.

Taking one day at a time. The concept of “living one day at a time” and “keep going” appeared in 9 out of 10 interviews. This mentality was seen as a primary coping strategy and was influential in the decisions they made in the aftermath of the loss. Mrs. G captured the essence of this theme as she equated her grief process to a moving sidewalk.

I like to think now about this grief, it's sort of like when you go to the airport and you go down one of those moving sidewalks. It's kind of like you step on that thing and that [darn] thing is gonna move you along whether you wanna go or not. And that's what this grief is, there's no other way to do it, you have to go.

Believing that she had to keep going, pushed her to find ways of coping that helped her move through her grief and seek out strategies that brought her some comfort and helped her to grow.

Mrs. F revealed a similar view regarding the importance of continuing to participate and “do things,” she added,

I take one day at a time. ... you gotta keep doing something. You gotta keep your mind going. If you don't, you're done.... If you stay home and feel sorry for yourself, it's gonna take a long time and it's gonna take you longer to realize, 'hey, I gotta do something.'

She believed this mentality led her to make efforts to stay active, which ultimately helped her deal with her loss in a more positive way.

A comparable statement came from Mrs. H, “You know life goes on, whether you want it to or not. And some days you just don't know what you want. You don't know what would make it better. The sadness does get a little better.” She then adds, “and that old saying about time heals,...it does.” This sentiment supports the idea that each day may be different, and taking each day as it comes can be an effective way of coping as a person heals from their loss.

Mrs. E also expressed the importance of taking each day as it came because in her experience her reactions changed from day to day.

I do grieve but it's at odd times, like I'll go out in the woods and I'll run and I'll have a good cry. But sitting here now, looking at his stuff, I think about him, but it's another life. I think I've done my grieving for him, but lately I've been grieving for the life that we had together and how it will never be the same.

The women who adopted this mentality reported feeling it helped them to continue engaging in the activities and relationships in their life, which ultimately helped them to cope and navigate their grief process, as summarized by Mrs. D, "my philosophy is to live in today, this is all we have is today, and to find the good pieces of today and work with that."

Listening to their internal voice. A fourth and final theme that emerged when analyzing the interviews for the first research question revolved around the concept of listening to an internal voice. Seven women articulated how this helped them choose coping strategies that "felt right" and were a good fit. This internal voice was developed through past experience with loss and recalling existing coping strategies that had been effective over the course of their life when faced with other stressors. Mrs. H described this concept well in her response to the question of who or what helped her make decisions regarding how she coped with her husband's death,

Truthfully, I made them myself. I talked about them with people but I knew what I had to do for myself. In my head, there's only one person who can help you, which is yourself. I really truly believe that. You just have to mix all those thoughts around in your head and come out with the best thing that will suit you.

Mrs. B described listening to her internal voice when it came to deciding when to go through her husband's things.

I think you need some time, and if somebody comes and helps clean everything out, and you don't go through things at the right time. Go through it really when you are ready to go through it. ... I think give it some time, cuz you may just want to hold on to a couple things for some reason. So my process was like that. It was a slow process.

She went on to emphasize the importance of doing what was a good fit and what felt good for her. And in doing this she believed she was better able to cope with the loss and the changes in her life.

Mrs. D stated, “I think for me, I had to muddle through it in my own way” which allowed her to find strength, grow, and find ways of navigating her loss. Mrs. I talked at length about the ways her inner voice appeared. When it came to planning the funeral:

I did it the way I wanted to do it. Which was, it was small, it was private. I invited the people I wanted to be there. I didn’t just have it open to anybody to come. That’s the way I had to handle it, it’s the way that was comfortable to me.

Later in the interview she described other ways in which she had followed an internal sense of what felt “right.” While talking about the decision to wear, or not wear, her wedding ring 2 years after her husband’s death, she held up her hand, “here’s my ring that I still wear, umm maybe that’s a bad sign, but I just wear it.” By following her internal voice, she reported feeling more confident in her decisions and the way she had navigated the process.

Research Question 2

The second research question examined which external sources influenced the participants during their grief process and shaped their understanding of how they were “supposed” to be reacting. Three main themes emerged including the influence of family, peers and friends, and feeling a ‘perceived expectation’ from those around them. The term “influence” was defined by this researcher as having some bearing or having an effect on shaping the experience of widowhood, but was not actively sought out by the participant.

Family influence. The first theme of ‘family influence’ was expressed in 7 out of 10 interviews. Mrs. E talked about how she was raised to deal with loss. Throughout the years prior to her husband’s death she faced multiple losses and family members struggling with debilitating

illnesses. The coping strategy of using humor she learned in her family came into play as she approached her experience of widowhood.

Our family has always had a good sense of humor, that's what's got us through all this. This is what's helped us. We've always been weird (laughs), I don't consider us a normal family from day one. I have another daughter with a genetic disorder and you know you just gotta laugh at everything and this is how my family deals with it.

Mrs. B also spoke about the influence her family had on her reaction,

My parents brought us up to be very independent... But I think, you gotta get up and you gotta realize that, that part of your life is gone. And now a new door is opening, and you have to, somehow, as hard as it is, open it, and find your path.

The value of independence instilled by her family was a key factor in how Mrs. B had chosen to cope with the loss of her husband and accept her new life.

Mrs. A described how past and present interactions with family influenced her grieving process. First, she talked about the experience of watching her own mother losing a spouse. "I used to think it was weird that she didn't cry. I wondered [at the time] if she really loved him." This was significant, as Mrs. A talked about her struggles with expressing sadness and the tendency toward stoicism after her husband's death.

I'm the type of person that when something happens I tend to go into control mode. I'm afraid of everybody around me being upset. So I really spent a lot of time making sure my kids were okay.

Mrs. A had witnessed this type of stoicism in her mother and believed it had an impact on her own reaction to losing a spouse. Later in the interview Mrs. A talked about feedback she received from her adult-aged daughter regarding her stoic reaction, "You never say you miss Dad around me." To which she responded, "I don't know, as far as my daughter's comment, should I be saying, oh I miss him, I miss him. You think you should be sitting there crying like everybody else is. It's not me." In fact, she went on to state that this feedback did impact the

timing in her decision to take off her wedding ring and changed how often she talked about her deceased husband around family.

Peer influence. Seven participants discussed the influence of peers and friends also playing a key role in shaping the way they approached their grief process. Mrs. C, an 82 year old woman who lost her spouse a little over 2 years prior to the interview talked about the role her friends played on her ability to cope and navigate her grief process,

Well, I think a lot of it has to do with my friends. Because they didn't want me sitting at home, they were after me, "come, don't stay home and just mourn." And I think people today are different than they used to be. I could remember years ago widows wore black forever, you didn't do anything, you didn't go out. But my friends let me talk about [my spouse] it's like he's still a part of my life because we talk about him.

The acceptance and unsolicited encouragement received from her friends to stay active impacted how Mrs. C chose to spend her time after the death of her husband.

Mrs. E spoke about her friends in a knitting group and how talking with them not only provided a coping mechanism, but also influenced the way she dealt with different aspects of her experience,

I have this knitting group on Monday nights that I go to. ... They were such a weird group of people they are all so different. ... I kept going, and it's been the best thing in the world. You know every week someone has a problem and we all sit and hash it out.

These "hashing out" conversations not only provided comfort, but offered her new insights and differing perspectives regarding how to address life's challenges.

Mrs. J echoed having a similar influence from friends, especially in the first year after the death of her spouse,

I have a lot of friends, a lot of single friends and cousins, and they have surrounded me, which has made it a lot easier for me than for most people. ... My friends let me talk. And they all [knew] my husband very well, so [it was helpful] just to tell funny stories.

This openness from her friends to talk about her deceased spouse encouraged Mrs. J to talk about her experience and feelings, while also getting to share some happy memories. That peer reaction had a positive influence and provided a sense of validation.

Perceived expectations. A final external influence came from perceived expectations of others. This was described by seven participants during their interview. Mrs. H captured this in her response to the question regarding if she felt there were things she was supposed to be doing in this way;

Mainly I'm thinking, am I grieving to much? And what do people expect? They don't want you crying, they don't want you feeling sad. I feel sometimes, not as much right now but in the beginning, it was a burden to try and keep it together because [I] was trying to protect other people. Not protect, but like I said, you didn't want to walk around sobbing and crying.

Mrs. C and Mrs. F both described holding back their emotional reactions in consideration of other people's needs. The notion that other people would not want to be around them if they expressed their sadness was articulated in both interviews.

Mrs. I also talked about considering her perception of what others might be thinking and how that influenced her reaction to her loss;

You act like you're doing good. You know, you can't, ... you're not going to be running around crying all over the place, cuz people are gonna get really sick and tired of that. So it is an act of trying to act normal, trying to act like you're not sad. But it's an act.

This sentiment highlights how our perceptions regarding how others may view us, can impact how we respond to a loss and influences our grief process. In these participants, it led to them hiding or masking their emotional reactions when they were around certain people or in certain environments.

Another way that perceived expectations influenced the reaction to loss focused on the perceived expectations of the deceased spouse. Mrs. G, whose husband had died 2 years prior to

the interview, talked about how she tried to adhere to what she believed her husband would have wanted in the first year after his death. When it came to deciding how to take care of their house, “and taking care of the house... he liked to do everything just right, and I’m doing the best that I can.” Later she articulated how after the first year her perspective shifted to feeling like she no longer had to live up to what she perceived her late husband would expect,

Whether I’m doing it the way he would do it or not... I’ve learned that you know what, it’s not his concern anymore, it’s me, it’s what I need to do, what I need to do is what’s best for me in the best way I know how to do it. I’m kind of letting him rest in peace.

Mrs. G reported feeling better once she stopped trying to do things the way she believed her husband would expect or would have wanted. This shift allowed her to make decisions that were a better fit with her current needs.

Research Question 3

The third research question explored how the participants reacted if their experience did not match their initial expectations. Seven participants reported they were unaware of any expectations when they were first thrust into their new role, with many stating “I didn’t know what to expect.” Mrs. D, whose husband was diagnosed with terminal cancer a year prior to his death stated, “See I didn’t [have expectations], I’m not that one that says ‘you’re gonna be a widow, how’s that gonna play out?’ on no, I’m gonna find out when I get there.” With participants reporting no awareness of initial expectations, this researcher was unable to determine themes for how a widowed woman might respond to when her experience does not match existing beliefs about the process of losing a spouse.

Of the three women that reported having some expectations, two indicated they had general beliefs that the process would be “quicker” and “easier” than it was in reality. Mrs. C

talked about having some general expectations when her husband died. She attributed these expectations to have a previous experience with widowhood.

You know, I figured I could cope with it...I thought it would be easier. But it really wasn't. You figure you're doing it for the second time around, you've done it before, it should be easier. But it wasn't any easier.

Mrs. C's statement highlights the uniqueness of widowhood and that even expectations formed from a previous encounter with losing a spouse, the experience can vary when going through it for a second time. Mrs. I attributes her initial beliefs to her own impatience and a general desire to be "over" the pain,

I remember going to the [group] and one of the first things I said is "I want to feel better, why isn't this over?" And it had been four months. It's just kind of an impatience I have with everything, you know? Well I just want to get this done. So, like let me put this in its place and I'll move on. And it just wasn't like that at all.

Later in the interview Mrs. I recalled recognizing the impact of her impatience, "you know it's kind of silly when I think back on it,... I realize now I was foolish to be trying to push but I thought I could plow on past it." She noted that once she understood this concept, her grief did become "easier" to manage.

The remaining participant reported having an expectation that she would feel relief. Mrs. E lost her husband to a form of dementia, which he battled for almost 10 years. She talked about her experiences as a caregiver and the emotional and financial toll this took on her and her family. In the year prior to his death, her husband was in a nursing home, which she and her daughters visited on an almost daily basis. The relief she anticipated was related to changes coming from a decrease in financial stressors and being able to spend more time with her children. During the first year after her husband's death she reported having the ability to re-engage in friendships that had been put on hold while she cared for her husband and the opportunity for "getting to know [her] daughters."

However, Mrs. E described experiencing an increase in grief symptoms once she was in her second year of widowhood. “I thought I’d done all my grieving because it seemed like we would grieve every single time we’d go to the nursing home.” But she was surprised that after a year had passed, she found herself experiencing emotional and physical symptoms of grief. And after talking with a friend who had also lost a spouse, Mrs. E recalled that it was as if she was “grieving finally,” and “grieving for the life that [they] had together, and [accepting] it will never be the same.”

Regardless of whether they had initial schemas regarding the process of widowhood, all participants reported having some feelings of uncertainty about their future and experiencing some doubts regarding decisions they faced. No one recalled having a clear, pre-conceived idea of what widowhood would entail.

Other Noteworthy Responses

Two additional concepts emerged during the interview process that this researcher thought were worth noting. These did not meet the criteria for being a theme, which required that they appear in at least seven interviews, but seemed to present interesting insights. The first topic centered on how the women struggled to perceive their identity as a “single person” since the death of their spouse. Two participants specifically stated they did not view themselves as a “widow.” For Mrs. E, being two and half years since her loss, she stated “I still don’t think of myself as a widow, I’m just, [pauses] a widow is just a *part* of who I am, just one component. It’s just one thing that defines me.” She went on to explain that she knew her husband was gone, but since she had maintained a life independent from her husband for many years, before his death, in some ways her sense of identity did not change when he died.

Mrs. I also spoke about her reaction to taking on the label of widow. “I don’t like the word. I don’t think of myself as a widow. Yet I do, because I wonder what do people think when they look at me? “Oh poor her, she’s a widow.” She added, “It’s still a process of accepting that [he] is gone forever...” Mrs. I’s insight is a good example of the struggle some women experience with regards to accepting their new reality and how that changes their sense of self. She referenced the fact that she continues to wear her wedding ring, and that even after 2 years of grieving, she still feels married.

Four other participants spoke about struggling to “learn how to live life as a single person.” Mrs. B talked about the decision to take off her wedding ring, feeling she had to, in order to start her “new life” as a single person. Mrs. A, Mrs. F and Mrs. G all talked about realizing they needed to become more independent, which had been difficult because they had spent so many years of their life being married. They had to start thinking of themselves as an “I” as opposed to a “we.” Mrs. A’s words highlighted this process;

I got married when I was 22, went from my mother’s house into this,... my marriage. I’ve never been, really a single woman, independent. So it’s learning to be independent. I didn’t think it would be that hard. ... It’s a new world. Nothing is the same.

Her words articulated her struggle with adjusting to a new world where she was no long part of a couple.

The second noteworthy concept that emerged during the interviews were related to participants expressing doubts regarding the way they chose to grieve, specifically questioning whether they were grieving correctly. An example of this came when Mrs. E stated, “I don’t think I’m grieving like normal people do;” and when Mrs. J recounted “I think I didn’t grieve the way I should have, the way you’re supposed to.” She went on to say, “I think it was supposed to be harder or sadder for me. I mean I had my moments, but I kept busy and just ran from it.” She

stated that throughout the first year, she did not express her grief in the “right” way. At the time of her interview it was just short of 3 years since her loss, and she indicated that in the past year she had spent less time “running” from her grief.

Mrs. H, described expressing to her counselor, “is there something wrong with me?” when she would think about how she had not given her husband’s things away or cleaned out his closet. And Mrs. I talked about her decision not to go to the cemetery on a regular basis, but she initially expressed doubt regarding her decision not to engage in traditional mourning rituals. In the end, half of the participants spoke about experiencing some doubts regarding how they were navigating their loss. They seemed to believe that there was a “right” way to grieve, however as each interview continued, the participants acknowledged that ultimately they ended up doing what felt “right” to them which led to a decrease in doubts.

DISCUSSION

The loss of a spouse is a difficult experience and the way a person reacts and copes varies depending on the individual (Lunde et al., 1993; Stroebe et al., 1993). Few articles have specifically examined what influences directly go into the decision-making process women utilize when they start navigating widowhood. The primary goal for the present qualitative study was to increase the understanding of the phenomena of losing a spouse and explore what guides widows in the aftermath of their loss. How did these women determine what their path would look like? To answer this question it was important to hear their stories and uncover what types of strategies and external influences shaped their experience of widowhood.

Research question 1

The results of the current study supported the premise that women apply specific tools or methods when figuring out how to create their own path in the aftermath of their loss. Four primary themes were described as they maneuvered their new role. First, all study participants actively sought guidance from other people. They turned to mental health counselors, professional advisors, family members and friends for advice, information and coping strategies. For those who sought mental health services, they reported that receiving information regarding the grief process and having a place to talk about their experience was helpful for surviving their grief. This was consistent with previous findings asserting that people coping with the loss of a loved one benefited when they had access to support and guidance about the grief process (Ott & Leuger, 2002). Newly widowed women reported feeling ill-equipped to manage their new role and often needed to develop a better understanding of the grief process (Lindstrom, 2002). Consistent with previous findings, having a supportive place to get information and explore

options was beneficial for individuals in the current study (Davis et al., 2000). Mental health and bereavement counselors are trained to provide that type of supportive space, and can offer education around the grief process which may be helpful in the early stages of the widowhood.

The results also showed that widowed women benefitted from seeking guidance from professionals around financial matters, property decisions, and personal possessions. In the current group, multiple women reported it was useful to talk with financial professionals, or family and friends regarding these types of decisions. Similar results were demonstrated by Hansson et al. (1993), when they found widowed women tended to establish relationships with professional financial advisors for assistance with planning and decision making regarding their future. Family and friends also served as guides around these types of issues. As one participant described, talking over decisions with a close friends who had a background in managing finances, was very useful. Mrs. D spent the first few months after her loss talking with a close friend and was able to explore her concerns regarding finances in a safe environment before making any major decisions. Adult children were also described as a positive source of guidance when participants faced decisions about possessions or property. Participants in the current study who reported consulting with their children also reported having close and positive relationships with their kids prior to the loss. The benefit of turning to this source would likely be dependent on the nature of the parent-child relationship.

After the loss of a spouse there are often many financial and practical decisions that have to be made and for most women they are used to turning to their husbands for assistance in making these types of decisions. Having other people available who can offer perspectives and ideas can help mitigate the pressure that comes with making these decisions alone, especially in the immediate aftermath of the loss. Consulting with other individuals whom the women trusted,

led to an increased feeling of confidence regarding their decisions. Participants in the current study ultimately felt better about their decisions when they were able to talk through the options with a trusted individual.

Overall, these results echoed previous findings which demonstrated the benefit of having positive support and help when going through the grieving process (Guiaux, Van Tilburg & Van Groenou, 2007; Herkert, 2000; Stroebe et al., 2005; Stroebe et al., 1993). Women who do not seek out support from others typically struggle more than those who actively seek support (Bennett et al., 2005). So asking for guidance from others appeared to be a beneficial strategy as women began to chart their course through widowhood.

However, it is important to note that not all interactions were positive. If participants felt they were getting told *how* to react or the advice was unsolicited the impact was not seen as beneficial. And when the advice focused on a time-line for their process or pressure to move on to new relationships the women in this study reported having negative reactions. A similar finding emerged in a 2004 study, as widows reported that unsupportive statements, which often came from family and friends, led to increased distress (Wortman, Wolff, & Bonanno, 2004). Findings by Stylianos and Vachon (1993) suggested that social support had a negative impact if the advice did not match where the bereaved was at in her grief process. Widowed individuals want support but do not want to feel criticized or pushed to do things they are not ready for (Herkert, 2000). Results indicated that guidance is most effective when it comes in the form of suggestions and people are given the opportunity to decide which of the suggestions best fits with their needs and experience (Bonanno & Kaltman, 1999). It is important to remember that each person has their own timeline (Schucter & Zisook, 1993) and widowed women need to be given the space to determine their own pace through their grief.

When it came to learning what to do in the face of widowhood, almost all participants sought guidance from other widowed women. They found that talking with other women who had gone through a similar situation, or women who had already been down the road of widowhood proved to be a powerful method for learning how to cope with their own loss. Previous studies have shown that women who talked with others who had “come before” them, not only felt validated and supported, but also learned what had worked for others and were potentially exposed to new coping strategies (Cheek, 2010; Hogan et al., 1996). The women in the current study found peer support by signing up and attending widows groups, and by talking to peers within their own circle. A majority described the usefulness of hearing other people’s stories, learning different ways of coping and hearing how they addressed similar questions and dilemmas.

Peers are in a unique position to offer effective support and often provide a sense of comfort allowing women to speak more openly and express their honest reactions to their loss (Wortman et al., 2004). Widows who are further along in their grief process can also serve as guides to the newly widowed helping them navigate unfamiliar territory (DiGuilio, 1992). In the current study, this guidance was well received and knowing the advice was coming from someone who had faced a similar experience increased the sense of confidence in following that advice. Others reported feeling less judgment from their peers and found it useful to hear what other people had done to cope with their emotional pain and manage their new role. And as Moules and colleagues found in their work examining grief, in general “we prefer it when others have gone before us, posted signs, and perhaps even left vague footprints that guide the way and tell us we are not alone” (Moules, Simonson, Fleiszer, Prins, & Glasgow, 2007, pg. 133).

The “journey” of widowhood has often been described like a roller coaster full of unpredictable twists and turns (Lund et al., 1993; Moules et al., 2007). These twists and turns led the women of this study to employ the third method of navigating their experience: taking one day at a time. They talked about feeling like each day was different and often presented the need to learn new tasks or develop a new routine. Widows manage best when they are able to take things as they come (Lindstrom, 2002). And, multiple participants talked about the importance of living day to day. Experience, and the research indicates, that life doesn’t stop for us as we grieve and adopting the mentality of taking every day as it comes can help in surviving the ups and downs of each day (Lopata, 1986).

Hogan et al. (1996) found that other research participants described “just existing” from day to day (p. 54). This approach seemed to help them decrease the likelihood of getting overwhelmed by the many changes and emotional distress a new widow faces. As the women in the current study utilized this strategy, they described slowly accepting their new reality and finding useful ways of coping with their loss. The concept of life continuing regardless of the loss was echoed in multiple stories. Time does not stop when a significant loss happens and being able to survive the intense grief by focusing a day at a time can help keep from getting overwhelmed (Bennett & Bennett, 2000).

The final strategy described by the participants revolved around the idea of finding things that “fit” and trusting their internal voice to guide them toward effective ways of coping. This concept emerged as Mrs. B was deciding when to go through the personal belongings of her husband. She found that doing it on her own time and when she was ready was the best strategy for her. This was echoed by the other participants as well, when they listened to their internal

voice regarding when and how to respond to their grief, they ultimately felt decreased distress and doubts regarding how they were navigating their loss.

Moules and colleagues (2007) found that people seemed to listen to an “inner wisdom” when deciding how to cope with loss (pg. 102). Coping strategies are effective when they fit with an individual and as women learn to pay more attention to what feels right for them, they are able to increase effective coping (Bonanno & Katman, 1999). With the current participants, whether it was making the decision not to attend a group or deciding to take someone up on an offer for dinner or coffee, these women found that when they listened to their internal voice it led them in a certain direction. Following an internal voice has been shown to be a helpful way of navigating the unfamiliarity of widowhood (Danforth & Glass, 2000). This concept can be summed up by a quote stating, “you have to go with your gut feeling and use a few people that you really value their opinion,” which came up while one woman was describing the process of navigating decisions after the loss of her spouse (Danforth & Glass, 2000, p. 523). Determining when to go through personal belongings, making funeral arrangements, or developing mourning rituals, need to be faced when each individual is ready. The results of the current study support the importance of learning to hear (and trust) your internal voice as a guide and finding things that are a good fit for each individual.

In summary, these findings suggest that participants did use conscious strategies to help them navigate their experience of loss. They sought out others for advice and guidance, many looking for people who had specific training to offer advice about the grief process and financial matters. It was also valuable to talk with peers. Individuals who were currently, or had already been down the path of widowhood, proved to be good resources for the newly widowed individual. Learning from other’s experiences and stories really helped participants find effective

coping strategies. In addition, taking one day at a time helped the women manage the emotional and practical stressors they faced in the uncharted and unpredictable role of widow. And finally, trusting gut reactions and listening to an internal voice as a guide for coping proved to be a valuable tool.

Research Question 2

The second research question explored the presence of external influences that widowed women face. According to a study by Williams, Saywer, and Allman (2012), widowed women face engrained cultural expectations with regards to their roles and reactions to the loss of their spouse. Participants in the current study talked about feeling some impact or pressure as they reacted to becoming a widow. All women described their experience being shaped by at least one of three types of external forces or views of others. The influence of family was prevalent in most of the participant's experiences of widowhood and affected the manner in which they grieved their spouse. Participants described how messages received from friends and peers also factored in to some of their decisions around how they chose to express their grief and whether they chose to talk about their deceased spouse. And finally, results highlighted the influence of perceived expectations of others held a key role in shaping reactions and often led to experiencing doubts and questions regarding how one was navigating their new role.

Family had previously been shown to be a primary influence when it comes to understanding loss (Black & Santinello, 2012). Prior experiences with loss within the family, and in some cases, seeing how one's own mother dealt with this type of loss, was an important influence on how participants decided to respond to the death of their husband. Witnessing other family members react to significant loss also seemed to have an impact on many of the participants as they reflected on their own reaction to the death of their spouse. Reflecting back,

they acknowledged how their own expressions of grief were consistent, on some level, with the way other family members had reacted to losses. Mrs. E highlighted this as she was able to see how her families' use of humor in difficult time had been a primary way of coping with her husband's illness and death. Our families often teach us how to react to loss, and many of the women interviewed found they used the prior knowledge to determine their own reactions to losing their spouse (Black & Santinello, 2012).

The feedback received from friends also seemed to act as a strong influence on how participants grieved. According to Martin-Mathews (2011), people's sense of self is impacted by the response they receive from others around them. Those that had friends who encouraged getting out and being active reported seeing their friends more and feeling better about the way they were coping. Mrs. J reported getting encouraging feedback from a friend regarding being strong in her ability to keep going. This feedback resulted in Mrs. J feeling better about how she was coping and reinforced her desire to continue engaging in activities with family and friends. Another way participants describe the influence of friends was around the openness to talking about their deceased spouse. If friends were willing to talk about the deceased spouse, the widow was better able to keep their memory alive and felt safe to express feelings associated with the loss. There is support in the literature demonstrating that family and friends have implicit and explicit rules for grieving which are communicated to griever (Rosenblatt, 1993). These rules can dictate what is seen as appropriate ways to grieve within a family or circle of friends, ultimately shaping the reactions of the bereaved (Rosenblatt, 1993). The assumptions that people hold regarding how others should react to grief does have an impact on the griever and can ultimately shape the manner in which they cope (Wortman et al., 2004).

And finally, a majority of the women interviewed found their actions were impacted by the perceived expectations of others. In most cases this came in the form of what *they believed* their family, friends or coworkers expected of them. And in one case it was the perceived expectations of the deceased spouse. The results demonstrate how these perceived expectations can shape how the women respond, and in some cases, lead to questioning whether they are grieving the “right way.” Moules and colleagues found that grievors are sensitive to how other people view or see their reactions to a loss, which can lead to questioning legitimacy of their reactions (2007). Lund and colleagues reported a similar finding and described the increased distress that comes with trying to live up to what we think others expect, stating it is “difficult to make bereavement adjustments while trying to live according to the expectations of others, including the expectations of the deceased” (Lund et al., 1993, p. 246).

The current results are consistent with these findings as the participants described modeling their actions to fit with what they thought others would expect from them. Believing that other people would not want to see them cry, led to some participants holding back their tears or acting “as if” they were feeling better. These perceived expectations can even come from the deceased spouse. As Mrs. G highlighted when talking about the distress she experienced worrying that her coping decisions were not in line with what her husband would have wanted. This led her to feel guilt and question whether she was reacting in the right way. Once she stopped trying to fulfill what she believed to be his wishes she found that her guilt subsided and freed her up to listen to her inner voice and develop a grief process that was a better fit for her. The impact of the perceived expectations has on how we grieve can cause significant distress if widows have to “choose between what they want to do and what they believe others would want them to do” (Lund et al., 1993, pg. 246).

Research Question 3

Finally, I wanted to explore how women reacted if their experience of widowhood did not match existing expectations they had at the time of death. I was unable to draw any strong conclusions from the results given that seven of the women reported they did not know what to expect. Of the remaining participants, two respondents expressed surprise they had not “moved through” their grief at a faster rate, stating they anticipated being done with the grief process by the time of their interviews. These two participants were uncertain where the internal timeline had come from but suspected it was related to feeling impatient and the desire to get past the intense sadness and longing. When things moved at a slower rate than expected the women reported feeling initially frustrated and having some self-doubts, but ultimately accepted they were going at their own pace. They talked about shifting to taking one day at a time which helped in the acceptance and adaptation to their grief process.

The other participant who expressed surprise around her reaction had been widowed 30 years prior with her first husband dying from a prolonged illness. She anticipated that her process would be “easier” given she had already been a widow. However, she found that her current encounter with widowhood was not easier. She indicated it felt different than her previous experience and she still suffered significant distress. Her story highlights the uniqueness of widowhood with each loss coming with a new set of reactions and characteristics (Stroebe et al., 1993). Regardless of whether they had anticipated expectations or not, all participants reported feeling uncertain about their future and expressed doubts regarding their life ahead.

Other Noteworthy Topics

In addition to the themes that developed from the research questions two other concepts emerged while reviewing the transcripts that I felt were important to highlight. First, half of the participants described struggling with their sense of identity in the aftermath of the loss. For those individuals it was the adjustment of moving from thinking as a “we” to thinking as an “I” that caused significant distress. They reported the unfamiliarity of focusing on themselves and now having to determine what they wanted, independent of another person. This shift in focus brought up questions around identity. They had to adjust to seeing themselves as a “single person,” a difficult task given they had been married for so many years. This concept is important as it is consistent with previous research (Holm & Severinsson, 2012). Cheek (2010) found that with the death of a spouse, women have to face the task of redefining themselves. Other studies have also addressed the difficulty women can face shifting their focus and adopting a new identity as a widow or a single person (Bennett, 2010; Lopata, 1973b; Wilson & Supiano, 2011). This task of developing a new identity, in addition to coping with the emotional toll of losing a spouse, can make the navigation of widowhood extremely difficult.

Tied to this shift on a women’s identity, two women talked about their resistance to viewing themselves as “widows.” Both indicated they did not want to be seen as a widow and that it was only one part of who they were and in many ways they continued to feel married. Coming to terms with this new label can be difficult as it is “a harsh word that is not voluntarily chosen” (DiGiullo, 1992, pg. 101). Regardless of if they accepted the label of widow each woman had to embark on a life without their spouse which was filled with making decisions and finding emotional support from people other than their husbands. Those who are able to adapt to

their new identity and circumstances eventually feel a decrease in their level of distress (Wilson & Supiano, 2011).

The second point worth noting was the significant presence of self-doubt that was described in 5 out of 10 interviews. For some, doubt was present in the immediate aftermath of the death. This came in relation to end of life decisions and during the funeral planning process. For others it came later and focused on the ways in which they were coping. These doubts are likely related to the overall uncertainty and unfamiliarity with the experience and may also be fueled by external and perceived expectations of others. Early work by Lopata (1974) found that widows do experience a significant amount of anxiety and self-questioning in reaction to their coping. This makes sense given that so many aspects of their lives have changed and paired with the expectations of others, perceived or real, a person can begin to question their experience and feel uncertain about the manner in which they choose to cope. Despite the doubts and questions that occurred, the participants of the current study reported that with time they were able to navigate their process in a way that reflected what they needed.

LIMITATIONS

This study explored the experience of mostly White, middle class women residing the metropolitan area of a major New England city. This makes it difficult to generalize to other race and cultural backgrounds or people living in other geographical areas. In addition, the current study's small sample size limits the generalizability of these results to a broader group. A small sample size is consistent with IPA, and other qualitative methods that are narrative in nature. These methods are designed with the purpose of sharing the participant's stories and capturing their experience, not necessarily to prove universal truths. As a result, making broad conclusions based on the current findings would prove difficult. Results are better utilized as information to contribute to our in-depth understanding of widowhood in older adult women.

A majority of the participants were recruited through a local hospice where multiple groups had been offered over the past 6 to 12 months. It is likely the participants were self-selecting with those who chose to be interviewed likely being higher functioning and experiencing less distress than some of the other group members who chose not to participate (Onrust et al., 2007). It should be noted that this study focused only on heterosexual relationship. Themes may be similar for same-sex partners who lose a spouse/partner, however there may be additional factors influencing their grief process.

IMPLICATIONS

Clinical Implications

The goal of the present study was to begin exploring what impacts and shapes the experience of widowhood for older adult women. This researcher wanted to gain a better understanding of what factors inform the choices women make as they move through their experience of widowhood. Based on these results, widowed women often seek out advice and guidance from people who are able to provide information about the grief process and can suggest effective coping strategies. It is important for any guidance or advice to be delivered in a way that does not feel critical or judgmental and leaves room for each woman to create her own unique grief experience. Clinicians may benefit from assessing what advice widowed women have received from others and explore the impact of that advice and what it felt like to receive that advice. Treatment should focus on acknowledging the unfamiliarity and balancing that with practical and supportive suggestions regarding how they might navigate this new and unfamiliar process. It may also be helpful to talk with clients about the option for talking with professional advisors or trusted friends/family around making financial or practical decisions.

The findings suggest that external influences can shape how women react to the loss of a spouse. Therefore, it will be important for clinicians to assess what messages or schemas are present for individuals and explore the existence of beliefs regarding what is an “appropriate” way to react. Identifying these messages can help widows better understand what influences their decisions and reactions as well as allow them the opportunity to determine which reactions are a good fit and which ones they are responding to because they believe it is expected of them.

Having increased awareness about their grief process can lead to a decrease in confusion and self-doubts.

The results also indicated that listening to an inner voice was helpful in decreasing overall distress. Based on these findings, treatment for spousal loss may benefit from working with widows to identify and strengthen that inner voice. In doing so, they are more likely to find coping strategies that are a good fit which has been demonstrated to be a key factor in creating an effective treatment plan (Bonanno & Kaltman, 1999 & Stylianos & Vachon, 1993). On a similar point, it would be helpful for clinicians to keep in mind the trend found in the current study, regarding the doubts that may be present for some widows regarding their ability to grieve the “right” way (Lopata, 1974). Emphasizing the diversity in how bereaved spouses react can reinforce there is not a “right” way to navigate widowhood (Lund et al., 1993).

The positive impact of talking with other widowed individuals and having peer support has been found to effectively help decrease distress (Moules et al., 2007). The current results offer a consistent conclusion. It may be beneficial to encourage widowed women to seek out other individuals who are (or have) experiencing spousal loss. This could be done by connecting them with a widow support group, but may also be achieved through exploring the people in their lives who have been through a similar loss and encouraging them to reach out. It will be important to remember the purpose for this support is to potentially offer new insights, suggestions and gain support for the griever.

And finally, the results seem to support the strategy of taking things one day at a time. Interventions may want to focus on helping the newly bereaved embrace this mentality as a way of managing emotions and decreasing the likelihood of becoming overwhelmed. By focusing on

making incremental adjustments to their new role they may have a smoother adjustment to their new identity that incorporates their loss along with their new reality.

Implications for Future Research

Given lack of research exploring the early process women go through in determining their experience of widowhood, future research needs to continue working toward reaching a deeper understanding of what widows go through during in the immediate aftermath of the loss once they are thrust into this new role. More research exploring the initial reactions after losing a spouse may help uncover additional information or factors contributing to the decision making process widows go through when they choose coping strategies. There is a challenge to gathering information regarding the early phase of widowhood as it may be difficult for women to participate in an interview when they are in the midst of what is typically the most acute part of the grief process. Special precautions would need to be taken to respect their emotional vulnerability.

Research projects examining the widowhood experience from a more diverse population would also be helpful in increasing the knowledge within the field. The current study participants were primarily Caucasian, and studies examining women from other ethnic and cultural backgrounds may highlight additional themes or reactions to the loss of a spouse. In addition, examining the process individuals go through after the death of their same-sex partner would also be valuable to the literature base of spousal/partner loss.

Another aspect of study that has had little coverage is exploring what leads widowed women to seek professional services (i.e. therapy, support groups, financial planning, etc.) versus those that do not utilize these resources. Investigating this question may offer some insights into ways of appealing to widowed women who may not naturally be inclined to seek support. And lastly, the

impact of identity was not a primary focus for this researcher, however, the discussion around a women's choice to embrace or reject the term "widow" as a part of identity emerged for a few of the participants. The limited information specifically addressing how women feel about the label and what leads some to take it on would be helpful to explore in future research.

CONCLUSION

The study of bereavement requires that a story be told to gain a greater understanding of the process (Danforth & Glass, 2000). Given the uniqueness of the griever's experience compiling stories told through the lens of the bereaved offers this in-depth understanding regarding the process a person goes through when they suffer a significant loss. The present study aimed to increase the understanding of the process widowed women go through as they navigate the loss of their spouse. Increased awareness can help foster a smoother adaptation for women as they move into a new role and new circumstances (DiGiullo, 1992).

The current study found that women looked to others for guidance and advice in navigating their experience of widowhood. They talked with peers who had faced a similar loss, listened to their internal voice of what was a good fit, and focused on taking one day at a time. Their experience was shaped by external influences and messages received from family and friends. And they battled with perceived expectations of others. Ultimately they had to figure out what was a good fit for them, and find coping strategies that provided some relief from their distress. Their stories provided information regarding how they went about shaping their own experience of widowhood which may help to inform and guide women in the future. This information adds to the existing literature and begins to fill a gap of our understanding of the process widowed women go through. It's important to acknowledge that many people are resourceful and figure out effective ways of managing their grief (Lund et al., 1993; Martin-Mathews, 2011). But if we can capture the process they go through we can offer it as a guide to others who are struggling to navigate their own experience of widowhood.

Table 1*Participants*

<i>Participant</i>	<i>Age</i>	<i>Years Married</i>	<i>Time since loss</i>	<i>Reported Cause of Death of Spouse</i>
Mrs. A	61	38 yrs	1y 10m	Sudden heart attack
Mrs. B	64	43 yrs	2y 6m	Sudden heart attack
Mrs. C	82	14 yrs	2y 3m	Stroke, 6 mos in nursing home
Mrs. D	63	29 yrs	2y 7m	Cancer, 1 yr of illness
Mrs. E	61	34 yrs	2y 9m	Dementia, long-term illness with last year in nursing home
Mrs. F	68	44 yrs	1y 11m	Septic shock, 3 weeks in hospital
Mrs. G	64	42 yrs	2y 0m	Brain cancer, 5 mos of illness
Mrs. H	63	43 yrs	2y 4m	Multiple Myeloma, 3 yrs of illness
Mrs. I	60	24 yrs	2y 1m	Complication related to Parkinson's
Mrs. J	60	33 yrs	2y 9m	Cancer, 9 mos of illness

Table 2

Influences experienced during the widowhood process
Common Themes and Subthemes in Participants' Experiences of Widowhood

Themes/subthemes

Approaches for developing coping strategies

- Participants actively sought outside guidance or advice from others
- Learning from other individuals who had lost a spouse
- Focusing on living one day at a time and deciding how to react as situations arose
- Listening to their internal voice

External sources of influence that impacted reaction to spousal loss

- The influence of family
- Their experience was influenced by peers and friends
- Reactions to loss were influenced by the 'perceived expectations' of others

Existing Expectations

- Very few women indicated having any preconceived expectations
- Limited expectations regarding duration of grieving and believing it would be an "easier" process

Additional Noteworthy Responses

- Challenges with identifying as a "widow" or a "single person"
 - Experiencing doubts regarding their chose path or reactions to loss
-

Note. $N = 10$. All themes and subthemes listed above were present in over 70% or more of participants' narratives.

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APPENDIX A

RECRUITMENT ANNOUNCEMENTS AND E-MAILS FOR INTERVIEWS **Sample E-mail to Community Contacts or Organization Leaders**

Dear _____,

My name is Jodi Coochise, and I am a doctoral candidate in the Counseling Psychology Program at the Colorado State University. I am working on a research study exploring the process of widowed women and how they cope with this life altering event. I was hoping you might be interested in helping me expand my understanding of the experience of widowhood in late life. I am currently conducting interviews with widowed women over the age of 55 who have lost their husband in the past four years.

I would greatly appreciate your help in recruiting participants for my research study. Would you please forward or post the attached recruitment announcement (see Recruitment Announcement below) to individuals that you know/in your organization? If you have any questions or concerns, please feel free to contact me. Thank you for your help.

Sincerely,

Jodi Coochise, M.S.
jcoochise@gmail.com
303-807-1147

APPENDIX B

Sample E-mail/Letter to Referred Individual—Interview (from previous study participant or personal contact)

Dear _____,

My name is Jodi Coochise, and I am a doctoral candidate in the Counseling Psychology Program at the Colorado State University. I was referred to you by _____, who thought you might be interested in participating in a research study examining the process women go through after the loss of their spouse.

I am interested in interviewing women at least once, and possibly twice about their understanding of themselves and their experience of widowhood. The first interview will be in person and should take about 60-90 minutes. To participate in the interview you must be a woman, age 55 or older and have experienced the loss of your husband within the last 4 years. With the intention of respecting the emotional stress that can come with the death of a spouse, I am seeking women who have been widowed for at least one year.

Your voice and experiences could contribute greatly to an understanding of the process women go through when determining their response to the death of a spouse and how they find ways to cope and get support. In addition, you will have the opportunity to share your personal experiences and may even learn something new about yourself in the process. If you are interested in participating in an interview or would like more information, please feel free to contact me. I look forward to hearing from you.

Sincerely,

Jodi Coochise, M.S.
jcoochise@gmail.com
303-807-1147

APPENDIX C

**Sample Recruitment Announcement for Interview
(to be forwarded or posted by community contacts and organization leaders
or posted to websites)
SEEKING OLDER ADULT WOMAN EXPERIENCING WIDOWHOOD**

Dear _____,

My name is Jodi Coochise, and I am a doctoral candidate in the Counseling Psychology Program at Colorado State University and currently residing in the Boston area.

I am working on a research study exploring the process of widowed women and how they cope with this life altering event. I am interested in interviewing women at least once, and possibly twice about their understanding of themselves and their experience of widowhood. The first interview will be in person and should take about 60-90 minutes. To participate in the interview you must be a woman, age 55 or older and have experienced the loss of your husband within the last 4 years. With the intention of respecting the emotional stress that can come with the death of a spouse, I am seeking women who have been widowed for at least one year.

I am hoping to find women who are interested in helping me expand my understanding of the experience of widowhood in late life along with helping to ultimately offer insights to the greater population regarding the struggle women go through after this type of distressing loss.

Your voice and experiences could contribute greatly to an understanding of the process women go through when determining their response to the death of a spouse and how they find ways to cope and gain support. In addition, you will have the opportunity to share your personal experiences and may even learn something new about yourself in the process. If you are interested in participating in an interview or would like more information, please feel free to contact me. I look forward to hearing from you.

Thank you,

Jodi Coochise, M.S.

jcoochise@gmail.com

303-807-1147

APPENDIX D

Sample Interview Flyer

ARE YOU
Going through
The experience of
Widowhood?

- Age 55 or older
- The death occurred within the last 4 years
- It has been at least one year since the loss
- Currently not married

If you are interested in participating in a research study interview about your experiences of the grief/mourning process, please contact Jodi Coochise, M.S. (jcoochise@gmail.com) for more information.

Widowhood Study
jcoochise@gmail.com
303-807-1147

Widowhood Study
jcoochise@gmail.com
303-807-1147

Widowhood Study
jcoochise@gmail.com
303-807-1147

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303-807-1147

Widowhood Study
jcoochise@gmail.com
303-807-1147

APPENDIX E

Interview Protocol

- 1) What I'd like for you to do is begin by telling me about how you became a widow. You can begin wherever you like and include or leave out any information you like.
- 2) Since the event how has the experience affected you? How have you coped with your loss?
- 3) Thinking back, what did you anticipate the grief process would be like for you when you were first thrust into this new role? Where do you think those ideas came from?
- 4) Were there things you felt you were "supposed" to do or ways you "should" respond to this life-changing experience?
- 5) How, if at all, did your perception of widowhood change over time (specifically related to how you were coping)? What do you think motivated that shift?
- 6) I imagine that after your loss, you were faced with many decisions regarding what to do and how to cope? What, or who, helped you with making those decisions?
- 7) Were there times when others offered their advice/opinions/suggestions regarding how you were facing this experience of loss?
- 8) Is there anything I haven't asked you that I should have?

APPENDIX F

INFORMED CONSENT—Interview

Colorado State University
Department of Psychology
1876 Campus Delivery
Fort Collins, CO 80523

Introduction

Thank you for considering participating in my study! This research study hopes to better understand the process women go through after losing a spouse. The interviewer will explain the project to you, and you can ask any questions that you may have. If you have additional questions later, you can contact Jodi Coochise, M.S. (jcoochise@gmail.com 303-807-1147) or Tammi Vacha-Haase, Ph.D. (faculty advisor, Tammi.Vacha-Haase@colostate.edu, 970-491-5729). If you decide to take part in this study, you will participate in at least one interview that will take about 60-90 minutes and, with your consent, will be digitally recorded. You may be asked to participate in a second interview after your first interview is reviewed. Participation in a second interview is voluntary, and signing this consent form does not obligate you to participate in any further interviews. You will be given the opportunity to review a transcript of your interview and make any changes to avoid inaccuracies. Those changes will be incorporated into the transcripts before the interviews are compiled and reviewed. The reviewing of these transcripts is voluntary and signing this consent does not obligate you to review or correct your transcript.

Risks or Discomforts/Benefits

You understand that there is minimal risk involved with participating. While you may not experience any direct personal benefit from participating, the researcher may learn more about the process women go through after losing a spouse and how women navigate the process of grieving.

Confidentiality

Your participation in this research is confidential. None of the information will identify you by name. You will be assigned a pseudonym, and your name will not be associated with the interview. Your consent form will be kept locked separate from your interview and transcript. As transcripts are transcribed, any identifying information will be changed (i.e., names of people or places) so that you cannot be identified. Typed transcripts of your interview will be kept as password protected files, and access to the information will be limited to the researcher and her research team members.

Recording

With your consent, the interview will be digitally recorded. Only the researcher and faculty advisor will have access to the recordings. The recordings will be transcribed (typed word for

word) and deleted once the typed transcripts are checked for accuracy. Neither your name nor any other identifying information will be associated with the recording or the transcript. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products related to the study. Neither your name nor any other identifying information (such as your voice) will be used in presentations or in written products resulting from the study.

Immediately following the interview you will be given the opportunity to have the recording deleted if you wish to withdraw your consent to participate in this study. By consenting to record you are agreeing to have your interview recorded, to having the recording transcribed, and to the use of the written transcript in presentations and written products.

Voluntary Participation

The decision whether or not to participate in this research is voluntary. You do not have to participate, and you may choose to stop participation at any time by not completing the interview.

Rights and Complaints

If you are unhappy with the way this research study is conducted or if you believe that you have been hurt in any way by participating, you may express your concerns to Jodi Coochise, M.S. (jcoochise@gmail.com, 303-807-1147) or Tammi Vacha-Haase, Ph.D. (faculty advisor, Tammi.Vacha-Haase@colostate.edu, 970-491-5729). You understand that you can express your concerns without giving your name or identifying yourself.

You may also call or write a representative of the Institutional Review Board (IRB), at Colorado State University, which oversees research involving human participants. The Institutional Review Board may be reached at: Research Integrity & Compliance Review Office, Institutional Review Board (IRB), 321 General Services Building, CSU Campus Delivery 2011, Fort Collins, CO 80523-2011 or by phone (970-491-1553).

YOU HAVE READ THE CONSENT FORM. YOUR QUESTIONS HAVE BEEN ANSWERED. YOUR SIGNATURE ON THIS FORM MEANS THAT YOU UNDERSTAND THE INFORMATION AND YOU CONSENT TO PARTICIPATE IN THIS STUDY. YOU ALSO CERTIFY THAT YOU ARE 18 YEARS OF AGE OR OLDER.

(check those boxes that apply)

- I consent to participate in the individual interview as explained to me.
- I consent to having my interview recorded and transcribed and to the use of the written transcript in presentations and written products as explained to me.

Signature of Participant

Signature of Researcher

APPENDIX G

Demographic Paperwork

Demographic Questionnaire

Name: _____

Address _____

Phone: _____

Preferred Method of Contact: Mail? _____ Phone? _____

Date and place of birth: _____ / _____ / _____; _____

Ethnicity: _____

Number of marriages: _____

Widowed before? Y / N; Divorced before? Y / N

Number of years in most recent marriage: _____

Date of spouse's death: _____ / _____ / _____

Cause of spouse's death: _____

Number of children, if any: _____

Current/ Previous Employment: (self) _____

(former spouse) _____

Number of years of education: (self) _____; (former spouse) _____

APPENDIX H

Manuscript guidelines from Death Studies Journal, taken from website:

http://www.informaworld.com/smpp/title~db=all~content=t713657620~tab=submit~mode=paper_submission_instructions

Instructions for Authors

*****Note to Authors:** please make sure your contact address information is clearly visible on the **outside** of all packages you are sending to Editors.***

Submission of Manuscripts

Original and four copies of the manuscript should be submitted to the Editor, Robert A. Neimeyer, Department of Psychology, University of Memphis, Memphis, TN 38152.

In addition to these four paper copies, authors are strongly encouraged to submit manuscripts on disk. The disk should be prepared using MS Word or WordPerfect and should be clearly labeled with the authors' names, file name, and software program. Each manuscript must be accompanied by a statement that it has not been published elsewhere and that it has not been submitted simultaneously for publication elsewhere. Authors are responsible for obtaining permission to reproduce copyrighted material from other sources and are required to sign an agreement for the transfer of copyright to the publisher. All accepted manuscripts, artwork, and photographs become the property of the publisher.

All parts of the manuscript should be typewritten, double-spaced, with margins of at least one inch on all sides. Number manuscript pages consecutively throughout the paper. Authors should also supply a shortened version of the title suitable for the running head, not exceeding 50 character spaces. Each article should be summarized in an abstract of no more than 100 words. Avoid abbreviations, diagrams, and reference to the text.

Manuscripts, including tables, figures, and references, should be prepared in accordance with the Publication Manual of the American Psychological Association (Fourth Edition, 1994). Copies of the manual can be obtained from the Publication Department, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242; phone (202) 336-5500.

Illustrations

Illustrations submitted (line drawings, halftones, photos, photo-micrographs, etc.) should be clean originals or digital files. Digital files are recommended for highest quality reproduction and should follow these guidelines:

- 300 dpi or higher
- sized to fit on journal page

- EPS, TIFF, or PSD format only
- submitted as separate files, not embedded in text files

Color illustrations will be considered for publication; however, the author will be required to bear the full cost involved in their printing and publication. The charge for the first page with color is \$900.00. The next three pages with color are \$450.00 each. A custom quote will be provided for color art totaling more than 4 journal pages. Good-quality color prints or files should be provided in their final size. The publisher has the right to refuse publication of color prints deemed unacceptable.

Tables and Figures

Tables and figures should not be embedded in the text, but should be included as separate sheets or files. A short descriptive title should appear above each table with a clear legend and any footnotes suitably identified below. All units must be included. Figures should be completely labeled, taking into account necessary size reduction. Captions should be typed, double-spaced, on separate sheet. All original figures should be clearly marked in pencil on the reverse side with the number, author's name, and top edge indicated.

Proofs

One set of page proofs is sent to the designated author. Proofs should be checked and returned within 48 hours

APPENDIX J

Guidelines for submitting dissertation manuscript to Journal of Women & Aging

INSTRUCTIONS FOR AUTHORS:

[^ BACK TO TOP](#)

[Click here](#) for Article Templates and Instructions.

Journal Editor

J. Dianne Garner, DSW

Senior Editor

1348 Cottonwood Trail

Sarasota, FL 34232

Email: diannegarner@verizon.net

SPECIAL NOTES

Manuscripts should be submitted in triplicate to the Editor, J. Dianne Garner, 1348 Cottonwood Trail, Sarasota, FL 34232 USA. All editorial inquiries should be directed to the Editor.

Authors must complete a Manuscript Submission & Limited Copyright Transfer Form (See "2. Copyright").

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Submission of a manuscript to this journal represents a certification on the part of the author(s) that it is an original work, and that neither this manuscript nor a version of it has been published elsewhere nor is being considered for publication elsewhere.

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