

DISSERTATION

IT'S A WHOLE NEW WORLD: SELF-ESTEEM AND WIDOWHOOD IN OLDER  
WOMEN IN A RETIREMENT COMMUNITY

Submitted by

Krystle Balhan Archibald

Department of Psychology

In partial fulfillment of the requirements

For the Degree of Doctor of Philosophy

Colorado State University

Fort Collins, Colorado

Summer 2010

COLORADO STATE UNIVERSITY

January 22, 2010

WE HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER OUR SUPERVISION BY KRYSTLE BALHAN ARCHIBALD ENTITLED IT'S A WHOLE NEW WORLD: SELF-ESTEEM AND WIDOWHOOD IN OLDER WOMEN IN A RETIREMENT COMMUNITY BE ACCEPTED AS FULFILLING IN PART REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY.

Committee on Graduate work

---

Christine Fruhauf

---

Lorann Stallones

---

Kathryn Rickard

---

Advisor: Tammi Vacha-Haase

---

Department Chair: Ernest Chavez

## ABSTRACT OF DISSERTATION

### IT'S A WHOLE NEW WORLD: SELF-ESTEEM AND WIDOWHOOD IN OLDER WOMEN IN A RETIREMENT COMMUNITY

With estimates of nearly 50% of all women over age 65 becoming widows, the transition into widowhood is an expected life event for older women (Bradsher, 2001; Hanson & Hayslip, 2000). Nonetheless, widowhood is often an extremely disruptive life event for women, involving loss in many life domains including status, social connections, psychological well-being, and self-esteem (Carr, 2004; Carr, Nesse, & Wortman, 2006; Chamber, 2005). The current interpretive phenomenological study explored widows' lived experiences in relation to their self-esteem after the loss of their spouses. Thirteen women from a retirement community in Arizona were interviewed. A core theme of *multiple identity construction* emerged from their narratives. Other important subthemes arose from the data including "the widowhood experience," "relationships," "self-esteem definitions and sources," and "independence."

Krystle Balhan Archibald  
Psychology Department  
Colorado State University  
Fort Collins, CO 80523  
Summer 2010

## It's a Whole New World: Self-Esteem and Widowhood in Older Women in a Retirement Community

Women face numerous events and role transitions throughout the life course including entering the workforce, partnering, mothering, and grandmothering. However, the most potentially pervasive and disruptive of these is the loss of a spouse or partner (Bradsher, 2001; Holmes & Rahe, 1967; Lopata, 1996). The transition into widowhood involves various losses and changes for women. Widowed women typically experience a loss of status, which they achieved through association with their spouses (Bradsher, 2001). They may also encounter losses or changes in their economic stability, social networks, identity, roles, and physical and mental health (Carr, 2004; Carr, Nesse, & Wortman, 2006; Chamber, 2005).

It is estimated that almost one-half of all women aged 65 or older are widows, with the proportions of widowed women varying by age group (Bradsher, 2001; Hanson & Hayslip, 2000). In 1990, 79.8 percent of women over age 85 were widowed, which translates into a four-out-of-five chance of widowhood (Bradsher, 2001). With the “graying of America” projections that suggest that older adults will soon make up 20% of the population, it is important that researchers address the growing numbers of widows given that widowhood is likely to affect the majority of women from all different ethnic and socioeconomic backgrounds (albeit in different proportions).

### *Widows and Widowers*

Some researchers have examined gender differentials in old age and noted that Western women of all races have higher life expectancies than their male counterparts (Arias, 2002). This gender differential has led to the feminization of aging in general, and

more specifically of spousal bereavement (Williams, Baker, Allman, & Roseman, 2006) with nearly half of women over 65 years old widowed, compared to 12% of men (Arbuckle & de Vries, 1995).

The question of who fares best in widowhood has been posed and answered with mixed findings. Some have suggested that women are better prepared for widowhood because they tend to maintain large social networks outside their spouses that are in place to help them as widows, whereas men tend to rely almost solely on their female spouses for social support (Goldman, Korenman, & Weinstein, 1995). Additionally, marriage appears to have a stronger positive influence on health for men than it does for women, so becoming a widowed man might mean moving into a riskier social group in terms of mortality than for women (Johnson, Backlund, Sorlie, & Loveless, 2000).

Other research highlights the increased challenges for widowed women than for widowed men. Thompson et al. (1991) found that older widowed women reported more distress than older widowed men. In a study of the predictors of psychological adjustment after spousal bereavement, Onrust, Cuijpers, Smit, and Bohlmeijer (2007) reported a correlation between gender and psychological adjustment whereby widows endorsed more distress than widowers. Women's disadvantaged economic status has been cited as a reason that women fare poorer in widowhood than men (Goldman, Korenman, & Weinstein, 1995).

#### *Areas of Loss in Widowhood*

*Loss of spouse.* In its most simplistic definition, widowhood is the loss of a spouse; the person to whom one was married has died, rendering the surviving partner a

widow(er). Researchers such as Fry (2001) have extended this definition of loss, stating that widowhood is the loss of a significant personal relationship.

*Loss of status.* Status can be derived through a variety of means and often connotes some amount of power, to be used over others or for one's own gain. Historically, one way in which women gained status in society was through their association with men, especially through marriage (Haber, 2001). This close association allowed women to vicariously access their husbands' power and privilege. Upon the advent of their spouses' deaths, women lose this status because they no longer have a link to this privilege (Bradsher, 2001; Osterweis, Solomon, & Green, 1984). In general, the death of a spouse is likely to change a woman's social standing and role within the community (Hanson & Hayslip, 2000; Lund, Caserta, Dimond, & Gray, 1986; van den Hoonaard, 2005).

Decreases in income account for some of the loss of status that widows experience (Hanson & Hayslip, 2000). US society does not sanction the role of widow, thus keeping the widowhood identity marginalized; widowed women learn that others do not want to hear or are uncomfortable hearing about their experiences with spousal loss (van den Hoonaard, 2001). This role deprivation and loss of voice may threaten widowed women's self-esteem. (Brock & O'Sullivan, 1985).

*Loss of social networks.* Researchers studying widowhood have often turned their focus to widows' social networks and engagement with these networks. Bennett (2005) found that widowed women reported less social engagement and lower morale than their married counterparts. Additionally, it was found that age was a significant interaction variable. Older widowed participants reported less social engagement and the lower

morale than younger widows. In another study, Lund et al. (1986) found that once widows' social connections were impacted after bereavement, there was no significant change over time; social engagement decreased and did not recover to pre-bereavement levels. However, in a qualitative study of widows in a Florida retirement community, van den Hoonaard (1994) found that widows' social connections tended to change, rather than just decrease. For example, they may be left out of their married friends' plans, or they may not have an established a group of widowed friends.

### *Losses and Well-Being*

The losses and changes associated with the loss of a spouse have implications for widowed women's well-being (DiGiulio, 1989; van den Hoonaard, 1994), and researchers have examined the connection between well-being and mental and physical health (e.g., Ruini et al., 2003; Ryff, 1995). Cotten (1999) suggested that a widowed status is in fact risky in contemporary United States society because it is linked to mental health issues such as depression and poor psychological well-being. Social isolation that can accompany widowhood was found to be a risk factor for health problems (Rowe & Kahn, 1997).

Studies have shown that social support during widowhood, such as that from family and friends, exercised a positive effect on well-being (Portero & Oliva, 2007).

### *Self-Esteem and Widowhood*

Several researchers focused on the changing roles and statuses of widowed women and the impact this has on self-esteem (e.g., Walters & Charles, 1997; van den Hoonaard, 1999). Walters and Charles (1997) found that widowhood and its changing roles related to feelings of unpredictability in their participants' lives. This

unpredictability and accompanying powerlessness to control their lives was associated with decreases in women's self-esteem.

Fry (2001) suggested that loss of self-esteem during widowhood may occur through a variety of pathways. Loss of a meaningful spouse role, loss of significant relationships with the deceased's associates, and increased physical and social isolation have all been implicated as pathways by which self-esteem may be eroded during widowhood (Arens, 1982; Ferraro, 1984). Widows may be further vulnerable to lowered self-esteem as a result of diminished economic resources and dependency (Fry, 2001). Other studies in the gerontological literature have suggested that self-esteem drops during widowhood as a result of lowered emotional efficacy (e.g., Carr et al., 2000; Lund, Caserta, & Dimond, 1993).

Johnson, Lund, and Dimond (1986) examined self-esteem in the context of the stress of spousal bereavement in older adults and found that its effects are far-reaching and long-lasting. Even respondents who reported high levels of self-esteem and seemed to be coping well with the loss of their spouses experienced mediating effects of the stressfulness of the loss on their self-esteem. In other words, the stress of loss permeated the participants' lives even six months post-bereavement and was reported to be related to decreases in their self-esteem (Johnson, Lund, & Dimond, 1986). For widows seeking therapy, low self-esteem is often a presenting problem (Schwartz & Kaslow, 1985).

*Chronic grief and self-esteem.* Research has explored the various forms that grief and bereavement may take, as well as common, resilient, and chronic grief categories (Ott et al., 2007). Ott and colleagues (2007) found that widows who suffered from chronic grief reported the highest levels of depression, more sudden deaths, and the

lowest self-esteem as compared with common and resilient grievers. Prigerson et al. (1995) also noted the self-esteem component present in what she termed as “complicated grief”, which distinguished it from bereavement-related depression. Blackburn, Greenberg, and Boss (1987) found that a moderate drop in self-esteem after loss may be normal, whereas a precipitous drop may indicate complicated or chronic grief.

*Depression and self-esteem.* Various risk factors for depression have been cited in the literature including marital status, gender, age, socioeconomic status, and ethnicity, among others (Turner & Marino, 1994). Widowed individuals tend to report higher levels of depression than their married counterparts (Cotten, 1999; Ott & Lueger, 2002). Research has also examined the association between low self-esteem and increased vulnerability to depression (Andrews & Brown, 1993), as well as suicide (Bornstein & O’Neill, 2000). Johnson, Zhang, and Prigerson (2008) investigated the risk of depression and suicidality following spousal bereavement and found a significant association between low self-esteem and risk of depressive symptoms and suicidality in older widows.

Although depression has been implicated in both common and resilient grief, it tends to be relatively short-lived. Therefore, it is important that researchers focus on resources for widows that promote well-being and resilience (Carr, 2004; Wortman & Silver, 1989). Self-esteem has been implicated as a resource for widows because it is related to the selection of helpful coping strategies (Ben-Zur, 2002).

#### *Benefit of Self-Esteem During Widowhood*

Montpetit, Bergeman, Bisconti, and Rausch, (2006) suggested that many older adults adjust well to loss and report high levels of well-being. Other researchers have

highlighted the fact that decreases in self-esteem are not a universal experience of widows (Fry, 2001; Blackburn, Greenberg, & Joss, 1987; Thomas, DiGiulio, & Sheehan, 1988). Fry (2001) found that self-efficacy beliefs had an impact on self-esteem whereby strong self-efficacy beliefs related to higher levels of self-esteem. This indicates that there are other factors that may impact self-esteem in widows beyond their experiences of spousal loss. Blackburn et al. (1987) concluded that drops in self-esteem were not a part of the typical grieving process, and therefore, may certainly not be experienced by all widows.

*Maintenance of self-esteem.* Researchers have suggested that self-esteem is important to maintain throughout the widowhood process as it serves as a buffer against depression and the stressors associated with spousal loss (Aneshensel, Botticello, & Yamamoto-Mitani, 2004; Lopata, 1979; Ott et al., 2007). Furthermore, it has also been proposed that maintenance of self-esteem is protective for widows because they are moving into a stigmatized and unwanted social status. Self-esteem has been found to help widowed women cope with the effects of this life transition as well as maintain a sense of personal identity (Montpetit et al., 2006; van den Hoonaard, 1999).

Carr (2004) found that widowed women may actually experience increases in their self-esteem after the death of their spouses; this increase is conditional upon the amount of marital dependence. Married women with high emotional dependence upon their spouses reported the lowest self-esteem scores while married, and subsequently reported the highest levels of self-esteem following the loss of their husbands. One explanation for this finding is that widowed women gain self-esteem by discovering their

abilities to survive a seemingly insurmountable stressor (i.e., the loss of their spouses) (Carr, 2004).

*Wanting to Understand: Reasons for the Current Study*

*An academic understanding.* Self-esteem has been the focus of many research studies, arguably to the point of exhaustion. The field of psychology touts theoretical models and frameworks for the purpose of self-esteem (e.g., Greenberg et al., 1992; Leary & Baumeister, 2000; Pearlin & Schooler, 1978; Rosenberg, 1965), the consequences of self-esteem (e.g., Crocker, Lee, & Park, 2003), and the contingencies of self-esteem (e.g., Crocker & Wolfe, 2001).

Even in the midst of this accumulated knowledge on the topic, a sizeable gap exists, which leads to the question, “What about self-esteem in older adulthood?” The majority of self-esteem researchers have studied college student samples and developed theories and frameworks based on this limited group (e.g., Crocker, Luhtanen, Cooper, & Bouvrette, 2003; Greenberg et al., 1992). Thus, the theories do not take into consideration the continuation of development throughout the life span and how life circumstances of later adulthood may not be explored within the theory. Therefore, studying self-esteem in older adults appears to be an important next step to truly understanding the phenomenon of self-esteem.

A second gap also exists in the literature on self-esteem as reports in both the field of academic and “pop” psychology have emerged that show the benefits of self-esteem for young girls (Galliano, 2003; Yoder, 2007). Self-esteem building and maintenance programs have been developed, and the mantra that adolescent girls must have high self-esteem to protect them from the “traumas” of growing up has been circulated (Yoder,

2007). The thinking is that high self-esteem will help girls successfully navigate the many transitions (e.g., puberty) they will face.

Following this logic—that self-esteem is an important asset for life’s transitions—there should be a similar pattern in the literature regarding other transitions that women face such as that from wife to widow. However, only a few studies have been published about widowed women’s self-esteem (e.g., Fry, 2001; Hanson & Hayslip, 2000; Johnson, Lund, & Dimond, 1986), affirming Brock and O’Sullivan’s (1985) assertion that our body of research has been remiss in studying the problems of older women. Most comprehensive studies of widowhood have focused on “the psychological processes of coping; the process of role transition from being a member of a couple to being widowed; and the role and nature of social support in the lives of widows,” (van den Hoonaard, 1994, p. 121). Studying self-esteem in widowhood, in conjunction with older adulthood, is an essential component of understanding the widowhood experience. Further examination into self-esteem may lead to information to mitigate the negative consequences of chronic grief including potentially life-threatening behavior. Given each of these conceptual gaps in the literature on self-esteem, it is imperative that more examination into the self-esteem of older widowed women occur.

*A personal understanding.* Beyond wondering about self-esteem questions that are unanswered in the literature, I hold several other reasons for the current study that have been undeniably be present throughout the whole process, from research design, to interviews, to interpretation, to defense presentation. The greatest and most personal impetus for this study came from my relationships with three women who recently

became widows. I hoped to understand, even in a fragmented way, a piece of their experiences with the loss of their husbands and the ensuing transitions.

Why I have chosen self-esteem as the fragment to understand comes from my clinical interest in self-esteem. As my experience as a therapist has grown, I have found that the theme of self-esteem has emerged during my work with clients, both women and men, young and old. This has helped me understand the pervasiveness of self-esteem into, at least these clients', lived experiences.

A final consideration that has led me to study older widowed women, as opposed to widowed men, is my commitment to feminist values. One value that I strive to uphold is emphasizing and recognizing the importance of women and their experiences. Therefore, I wanted this study to help me hear women's voices and better understand a piece of their lives. As a counseling psychologist-in-training, I hold a value of social justice that leads me to strive to create more inclusive and less oppressive research, theories, and practices. To that end, it was important to me to study older women because psychological literature has traditionally overlooked the needs and experience of older adults. As such, older women are an underrepresented group that deserves research attention. Furthermore, Bleiszner (1993) has encouraged researchers to consider widowhood from alternative perspectives, specifically a socialist-feminist perspective. Each of these three personal reasons for conducting the current study influenced me throughout the entire research process, and it is important for me to make these reasons explicit, in an attempt to acknowledge the biases and values inherent in them, as these have undoubtedly been present in the study.

## An Interpretive Phenomenological Study of Self-Esteem in Widowhood

### *What is qualitative research?*

Before delving into the philosophical tenets of phenomenology specifically, it is important to explicitly address the paradigm assumptions of qualitative research generally. Research in both the qualitative and quantitative paradigms answers questions such as “What is the nature of reality?,” “How do we gain knowledge?,” “What is the role of values in research?,” and “What is the language of research?” (Creswell, 2007). What follows are the answers, and therefore paradigm assumptions, from a qualitative perspective.

When answering the first question (“What is the nature of reality?”), we engage in ontological work. Qualitative researchers, including myself, understand that reality is subjective, which means that there is not one, true reality for all humans. Instead, multiple realities are constructed by individuals, each equally real, though not always shared (Creswell, 2007; Willis, 2007). This differs from the quantitative tradition of research that asserts that there is a singular, objective reality that is possible to discover.

The second question can be paraphrased as “How do we know what we know?” This is an exercise in epistemology—the study of knowledge and what is known. In the qualitative tradition, the researcher is an active agent in acquiring knowledge and will construct her own understanding of the research study. In contrast, quantitative researchers tend to separate themselves from what is being studied, insofar as that is capable (Creswell, 2007; Willis, 2007).

“What is the role of values in research?” is the third question, deriving from axiology. A qualitative researcher assumes that her work is value-laden and biased

because she cannot ever completely remove herself and her experiences from her work (Creswell, 2007; Willis, 2007). Stemming from this assumption, qualitative researchers often explicitly address their values and biases in their reports, thereby acknowledging that the research study is embedded in a social and historical context. Continuing the compare and contrast exercise between qualitative and quantitative research, quantitative researchers generally assume that their work is value-free and unbiased.

Finally, researchers answer the rhetorical question about the language of research. As I previously alluded, qualitative researchers inject themselves into their writing for various reasons including addressing values and biases and establishing trustworthiness (Creswell, 2007; Willis, 2007). Qualitative reports typically have more informal language than quantitative reports and also have a personal voice throughout.

In the preceding paragraphs, I have highlighted the paradigm assumptions inherent in qualitative research. In doing so, I have shown how qualitative and quantitative researchers address their research projects from different perspectives, with vastly different assumptions. The following sections include descriptions of phenomenological qualitative research specifically.

#### *What is Interpretive Phenomenology?*

Phenomenology can be described as a philosophical approach, as well as a variety of research methods. Entire volumes have been dedicated to describing phenomenology (e.g., Moustakas, 1994); for the purposes of this paper, a basic description and rationalization for phenomenology will be provided. 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) which is described as a universal component of a phenomenon from several individuals’ accounts of their lived experiences. Phenomenology is concerned with understanding and describing this essence, rather than explaining it (Eatough & Smith, 2008).

Though established as a philosophical system of thought by Husserl in the 1800s (Creswell, 2008; Willig, 2001), phenomenology’s methodologies have since been used extensively by psychologists. Psychologists have developed interpretive phenomenology to better address the research questions they ask and address the inevitability of the researcher’s values being a part of their studies (LeVasseur, 2003). 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 participants’ stories (Willig, 2001).

#### *Purpose of the Present Interpretive Phenomenological Study*

Self-esteem has been extensively researched and theorized about in the psychological literature (e.g., Leary & Baumeister, 2000; Crocker & Wolfe, 2001; Greenberg et al., 1992). Early self-esteem theorists, like Rosenberg, focused on adolescents and young adults. This trend has continued through psychology in general (e.g., Sears, 1986) and specifically through more recent self-esteem theories like Terror Management (Greenberg et al., 1992) and Contingencies of Self-Worth (Crocker & Wolfe, 2001). These theories do not capture the self-esteem experiences of older adults, let alone older widowed women. Given this paucity of research on widowed women and their self-esteem and the increasing population of older adults and widowed women (Williams et al., 2006), data and theories are needed to understand this population. I developed this interpretive phenomenological study to understand the lived experiences

of widowed women with their self-esteem. It is important to note that for the purpose of the current study only widowhood in the context of a heterosexual marriage was explored.

Because the goal of this study was to understand the participants' own experiences, rather than explain or predict them, an interpretive phenomenological study best suited this purpose. A second reason for conducting this interpretive phenomenological study stemmed from my feminist values. I emphasize the importance of helping traditionally "silent" members of society use their own voices. This study allowed me to learn about widowed women's self-esteem from their own perspectives, without prefabricated variables to study or options for answers. As van den Hoonaard (2005) suggested, "there is much to be learned from interviewing members of stigmatized groups whose voices are often silent or ignored," (p. 393).

### *Research Questions*

How do older widowed women experience their self-esteem since becoming widows? This was the central research question for the current study. This question was purposefully broad and open-ended. The following subquestions helped to narrow the focus from the broad central question.

- 1) How, if at all, is women's self-esteem experience in the context of widowhood different from the context of "wife?" "Single?"
- 2) From where do older women derive their self-esteem in widowhood?
- 3) What meaning does self-esteem hold for older women in widowhood?

## Methods

### *Participants*

Thirteen women, ages 63 to 82 ( $M = 72$ ,  $SD = 6.24$ ) participated in the study (Table 1). Eleven women resided full-time in Green Valley, a retirement community of approximately 25,000 residents, and two were “snowbirds” who only spent the winter months in Green Valley. Other research has highlighted the importance of studying retirement communities because it is assumed that these communities should be best suited for helping widows maintain their well-being (van den Hoonaard, 1994).

I had originally elected to interview women who had been widowed for one to four years to simultaneously be respectful of their immediate grief experiences (the one year limit) and capture fresh experiences (the four year limit). The women who participated in the study had been widows for an average of 3.13 years ( $SD=3.22$ ), with a range of two months to 12 years. During the recruitment process, I made the decision to expand this inclusion criteria in order to provide these willing and invested widows with a space to share their stories.

The participants identified as predominately European-American, with some specificities in ethnicity including Russian, German, and Irish. Two women were foreign-born in China and Belgium. The majority reported being married once; two reported previous marriages. On average, the women were married 41.49 years ( $SD=13.72$ ). All participants reported educational attainment beyond high school ( $M=16.54$  years,  $SD=1.76$ ).

### *Procedure and Data Collection*

I first piloted my interview questions with a woman who had been widowed for eight years. The purpose of piloting the interview was to obtain feedback about the interview prompts and questions, follow-up questions, and overall flow of the interview protocol. The pilot participant suggested using more probes in order to facilitate further disclosure. The pilot interview was not included in the final analyses.

The women were recruited through word-of-mouth that began at a bridge club in Green Valley (n=4). They then contributed to further recruitment by initiating a spontaneous “snowball” method, contacting widowed women they knew for their involvement (n=9). In exchange for their participation, all the women received the paper written from the study.

I conducted semi-structured interviews with the women who volunteered for participation. The interviews were conducted face-to-face in either their homes or my grandmother’s home, who resides in the community. Only one interview was conducted with each participant. I audio-recorded the interviews for transcription. Prior to the interview, the participants received an informed consent letter and completed a one-page demographic questionnaire (Appendix A). After the transcriptions were completed, I contacted each participant to review her own transcript for accuracy.

### *Establishing Trustworthiness*

Trustworthiness is the extent to which we can trust the results and conclusions of a particular study. There are numerous strategies that qualitative researchers can use to establish trustworthiness; Creswell (2007) suggested employing at least two strategies for maximum trustworthiness. I utilized the following three strategies for the current study.

*Researcher's journal.* I used the reflexivity technique, the first strategy, to assess the influence of my background, perceptions, and interests on the research topic. I used reflection by keeping three separate journals. The first journal, a field journal, kept records of daily schedules and logistics. This included dates and times for the interviews as well as interview locations. A methods log was the second journal, in which I recorded decisions about methods and their rationale. The most notable change to methods was my eventual omission of the question "How have these sources of self-esteem changed since you were single?" After three interviews, I received feedback from the participants that it had been far too long to accurately recall their singlehood self-esteem. The other 10 women did not answer that question.

The third journal was a personal diary reflecting my thoughts, ideas, hypotheses, questions, problems, and frustrations. This method is intended to minimize the effects of biases by being open and aware of my personal feelings in order to address them, and ultimately to minimize their influence on the subjective experiences reported by the participants. I utilized this journal throughout all aspects of the research process including interviewing, transcribing, analyzing, and writing. The content changed depending on the process I was engaging in, yet the focus tended to remain on my experience with the women and their stories. During the analysis, my researcher's journal was a place to record my insights, questions for further exploration, and preliminary ideas about major themes.

As I vaguely understood at the onset of this research project, widowhood is a topic riddled with intense pain in the forms of grief, loss, regret, and loneliness, among others, as well as great successes: relational, spiritual, personal. This proved to be

challenging at times during my immersion in these women's stories. My researcher's journal became the medium through which I could deeply connect with the women's emotion during the interviews, while also allowing me to derive codes and themes predominantly from the interviews themselves, rather than from my own emotional or cognitive experience.

*Peer examination.* The second method that I employed to increase trustworthiness was peer examination. I discussed the research process and findings with another researcher who is trained in qualitative research methods (Sandelowski & Barroso, 2003). She is a researcher in the field of aging studies and operates from a feminist lens. Specific coding results and strategies as well as saturation were discussed throughout the process with this peer reviewer. When discrepancies in codes occurred, the reviewer and I discussed our rationale and continued talking until a consensual label was achieved.

*Member-checking.* The third method, member-checking, was described as "the most critical technique for establishing credibility," (Lincoln & Guba, 1985, p. 314). In member-checking the researcher brings the transcripts, findings, and interpretations back to the participants to solicit their views of the study's credibility (Creswell, 2007). For the current study, I asked the participants to review the transcripts of their interviews. I received revisions, via email or hard copy, from nine of the 13 participants. These included deletions and additions to the transcripts, usually phrases or words, as well as four letters about the participants experience with the research and their continuing thoughts on the topic. I incorporated the revisions, feedback, and other written communication into the final analyses. The participants did not review the codes and themes.

## Analyses

I utilized a modified constant comparative analysis (CCA) (Strauss & Corbin, 1990) to analyze the information provided by the participants. CCA is an inductive approach to data analysis which means that I did not “pre-set” any codes and then fit the data into these codes. Instead, I developed codes directly from the interview transcripts, starting first with more literal codes, and then abstracting them into themes that captured the essence of the phenomenon. Codes are words or phrases that “assigns a summative, salient, essence-capturing and/or evocative attribute for a portion of language-based or visual data” (Saldaña, 2009, p. 3), whereas a theme is an “outcome of coding, categorization, and analytic reflection” (Saldaña, 2009, p. 13). The CCA model was modified because I did not simultaneously collect and analyze data due to time constraints involved in data collection. Once I began level I coding, I engaged in constantly comparing newly coded transcripts to previous codes. The following paragraphs outline the steps to my analysis of the current study.

### *Step 1: Interviews and Transcription*

I conducted the semi-structured interviews in a one time, individual, face-to-face meeting with each participant. The transcriptions of the interviews were all completed by me shortly after the interview was conducted. Each participant was then contacted to review her transcript for accuracy. The entire contents of the transcripts, including any revisions made by the participants, were analyzed.

### *Step 2: Open Coding*

The first step of CCA was open coding, which produced a large set of codes for each transcript (Glaser, 1987; Strauss, 1987; Strauss & Corbin, 1990). The open coding

process, also known as level I coding, yielded concepts/codes that fit the data being analyzed (Hutchinson, 1988; Strauss, 1987). Strauss (1987) suggested paying particular attention to data that could generate concepts that relate to “conditions, interactions among actors, strategies and tactics, and consequences” of interest to this particular research question (pp. 27-28). The peer review process occurred during open coding, and level I codes were consensually agreed upon. Approximately 200 distinct codes were derived at this stage.

#### *Step 3: Finding Categories among Codes*

In the next phase of analysis, I looked at the relationships among the various codes created and moved the open codes up to a more abstract level, through categorization of concepts. I took the level I codes from each individual transcript and put them together in categories that address the codes for all transcripts. These new codes are known as the level II codes (Hutchinson, 1988), and were again deliberated in the peer review process. Eighty categories were created.

#### *Step 4: Analyses of Themes and Other Variables*

The final phase of the analysis consisted of analyzing the level II codes across all participants and important classification variables, including age, length of time as widows, and other variables. This facilitated the process of finding the major themes that fit the data, producing level III codes (Hutchinson, 1988). No significant differences in codes or categories emerged after incorporating the demographic information. An important part of level III coding is establishing a core category that can relate to all the other categories and describes the “essence” of the phenomenon. The level III themes and the core category were subjected to the peer reviewer and mutually supported.

### *Saturation*

Saturation is an important component in qualitative research, yet some have noted that little literature exists that clarifies, operationalizes, or guides researchers in achieving and documenting saturation (Bowen, 2008; Caelli, Ray, & Mill, 2003). For the current study, saturation was determined when no new information was provided by additional interviews or data sets. In other words, when the data became redundant, data saturation was achieved.

In order to reach saturation, I used purposive sampling, as opposed to random sampling. Purposive sampling selects participants rich in information pertaining to the phenomenon being studied (Patton, 1990). So saturation is less a result of sample size, and more a result of sample adequacy (Bowen, 2008; Ponterotto & Grieger, 2007). Another way for me to keep tabs on saturation was through my researcher's journal, which as previously mentioned, allowed me to track emerging themes from the transcripts. Finally, I engaged my peer examiner in the determination of saturation. When we each agreed that no new information was produced by the final transcripts, we concluded that saturation had been adequately achieved.

### Results

There are four major themes to the stories that the participants in the study told about self-esteem and widowhood (Table 2). Each of these themes is robust on its own, and they are each interrelated with the others. Additionally, multiple sub-themes combine to fully describe each of the four major parts. The first theme involved describing the experience of becoming and being a widow. Second, the participants defined self-esteem and the sources from which they obtain self-esteem. The third part highlighted the

participants' relationships: their importance and changes. And fourth, the theme of independence emerged from the women's stories. The following paragraphs provide an in-depth analysis of these themes.

In order to present a visual and aesthetic picture of the results of the interviews, a graphic computer program ([www.wordle.net](http://www.wordle.net)) was utilized. All of the Level II codes from each of the 13 transcripts were entered, and the program counted the frequency of each word's use and generated a word cloud that presented more frequently used words in larger fonts. This can provide readers with a quick understanding of the most frequently used words in the codes (Appendix C). This also served as a check during my analysis to assess whether the ideas that I found salient were in fact also frequently occurring across the 13 transcripts.

### *The Widowhood Experience*

*It's a whole new world.* Many women reflected on their whole process of becoming and living as widows. The widows' statements addressed the magnitude of this life event, as echoed in the literature on widowhood (e.g., Bradsher, 2001). Sarah (all participants' names have been changed to maintain confidentiality) shared the following about her experience in this "new world:"

*As I said, it's a whole new world. Nothing is the same. But I started through that I think a lot when he was really ill. Just like, we always went to the grocery store together, and he would always bag, not bag, but put them in the cart, in the car, bring them in. Lot of times he'd put them away. And that was so difficult when he got sick and could no longer go with me. That was a big turning point. Such a little thing, but it was like cold water in my face. Things will never be the same. Not that they can't be good, but they'll never be the same.*

As Sarah mentioned, the new world of widowhood does not necessarily begin upon the spouse's physical death. For women who were caregivers during their husbands'

illnesses, the realizations and changes associated with widowhood presented themselves as the marriage relationships changed. Many caregivers chronicled the deteriorations in their husbands' health and the effects they experienced, as June did:

*And he just couldn't carry on a conversation anymore because he couldn't get enough breath in order to complete a whole sentence. So that was difficult. And uh, so all those things that were part of his own self-respect, he'd lost. He wasn't the husband I knew, that I married.*

June's and other women's experiences in the new world without the husband they had known for years began before end of life.

This new landscape of widowhood is created, in part, by the loss of a husband. Changes in widows' finances, activities, and psychological functioning also contribute to this new world (Fry, 2001). Blythe noted that:

*You have to change your things you did with your husband, you're going to be doing alone, so you have to find new interests. Uh, it it's like a whole new landscape. And then you deal with the grief and the loss at the same time, so it's a very difficult thing.*

New activities, new interests, new feelings, new identity as "single" or "widow" all carve out the peaks and valleys of the new world and landscape of widowhood.

*Fog.* Many of the women commented on their own psychological and cognitive functioning during their process of widowhood. A sense of cognitive foginess seemed to describe several women's experiences, as seen in the following statements:

*So it was like [deep breath in], you know you're kind of, well, like in a fog, not really accepting it. (Janet)*

*I um had a brain of mush the time he was sick and after. Um, I've heard after that's quite normal, but like I just couldn't concentrate on things. Um, it it's just a slow process having your brain come back [laugh]. When you're done with that first year, you just realize that you probably, you were slowing coming out of it, but you were pretty much in a fog. (Jen)*

Perhaps a metaphoric way to understand the connection between fogginess and the widows' new world, is that that fog impacts, usually temporarily, some widows' ability to negotiate their new world in the ways they would have in the past. Some women addressed memory and decision-making problems as part of their experience in the new world of widowhood. Joy remarked:

*I think they [people in widows' lives] should realize that when you do lose a spouse or someone very close to you that you're involved with on a regular basis, it is very difficult to function alone. Because, and especially, I don't know why, how it works but you just don't think the same way anymore and you can't function the same way. I mean the loss creates um debilities in you. Like things that I did every day before, I had trouble remembering.*

Semantically related to cognitive fogginess is some widows' description of emotional numbness. The fog seemed to describe a blunted cognitive acuity, and the numbness describes blunted emotional expression and experience. Doris had this to say about her numbness:

*And I said 'numb'. I think I kind of just sailed through everything kind of in a fog, and thanked everybody. I would say it's nothing. I mean I mean you're all alone and what do I do now. And I didn't want to do anything. I'm active in things in Green Valley here, and I didn't want to go out and do anything. I did not enjoy going down and get groceries when it was time for me to get groceries and supplies that I needed.*

Blythe commented that the numbness may actually be a coping strategy for grief:

*Um, I think I was numb. I think that when you live through that much trauma, fortunately your body shuts down, you know. You can't experience joy or grief because you're numb. You just, the day, you get out of your bed, you go through the day, you go to bed. I don't think you really know what's happening.*

*Being alone.* Many widows in the study addressed being alone. With some, being alone carried with it emotional connotations such as feelings of loneliness and missing the deceased spouse. Sarah shared that “*loneliness is very prevalent*” and Marie noted

that “*I’m alone and it’s so sad, and all that. I have moments that you know, I feel alone.*”

Jen became tearful while discussing being alone:

*I still couldn’t get my head around the idea that he really was gone and that my life was going to be without him for the rest of my life. I just couldn’t quite look beyond.*

June addressed the evolution of her loneliness during her three years as a widow:

*And now it’s been over three years for me, and sometimes, you know, you miss them, but then you start wondering, or do I just miss somebody? You know, cuz it’s uh, the first year, for me was not so bad. I mean, I think because you’re in the grieving process and there’s things you have to take care of, so you’re, it’s pretty much just boom, boom, boom, boom. Um, but the second year was worse. It seemed like, but I missed him more then. Now the third year was like OK, you start adjusting a little bit more, but then you miss the companionship.*

With others, the functional changes and effects of being alone were highlighted. Some women described their marriages as partnerships with shared responsibilities that after their husbands’ deaths, all the responsibilities fell on them. Joy commented:

*I felt overwhelmed a lot with you know because I’m doing the things that two people did before. I mean that’s that’s overwhelming sometimes.*

Marie noted that being alone required her to make difficult decisions on her own. Again, being alone can occur even before the husband’s actual death, as in Marie’s case:

*I had to make tough decisions when my husband had Alzheimer’s. I had to make a decision, and that was my own decision all alone. I had to make a decision whether I wanted to live in Illinois or Green Valley.*

*Life goes on.* The idea that the widows’ lives were continuing even though their husbands’ had ended was a topic touched on by a majority of the participants. Melissa commented on the ubiquitousness of “life going on” for widows:

*You can do it. Because every widow says immediately what am I going to do. And I said it. And when I said it to a widow or someone who had been widowed, they said you can do it. And I’d think they’re just words, but they aren’t. We all live through it, get past it.*

Some, like Jen, simply stated, “*It’s [widowhood] not good, uh, but life goes on [laugh]. That’s all I can say.*” Recalling her grief, Blythe recounted the difficulty of going on:

*For the first year I believed, you know, I’d been told when people are that close the other person would just die, and I believed that. I thought I would just die, so I waited for that to happen. And when it didn’t happen, I realized I had to pick up the pieces.*

Other participants addressed life’s continuance when responding to the question about what other people in their lives should know about self-esteem and widowhood. In these remarks, the participants focused not only on the fact that physical life continues during widowhood, but that widows’ identities continue as well. Marie urged other widows not to lose themselves: *But you cannot just mourn your husband and forget about yourself because you have to go on, and life has to go on.* Joy shared similar thoughts, stressing the importance of maintaining identity, even as a caregiver:

*There was one lady, she really didn’t have any friends because her husband had been sick for quite some time, so she was kind of like stuck at home with him all the time. Which I think was a mistake [laugh]. If it would have been me, if my husband would have come home and been sick for a long period of time, I think I still would have gone out and done things with the girls [laugh]. You know, get somebody to come in and help, that kind of thing. But not everybody knows to do that, so and I think that’s where part of our society falls down.*

Although widows’ identities as wives might change, the other components of their selves remains, as June noted: “*And that you’re still you’re still the same person. Just because you don’t have a husband anymore, it doesn’t make you less any worth, worth any less.*”

Loretta claimed the most important thing for others to know about widowhood was “*It is not the end of your life. It’s the beginning, sort of, of a new life, I guess.*” And to begin this new life, this whole new world, and to let life go on, widows need, as Doris said, “*hope.*”

*Self-Esteem: Confidence and Positivity*

In an effort to understand what self-esteem meant to the participants in the study, I asked them to define it for themselves, highlighting that there is no right or wrong answer. The women's responses tended to relate to the idea of high or good self-esteem. A predominant way that the participants defined self-esteem was as confidence; and one woman, Sarah, left it at that, "*confidence.*" Others defined self-esteem as having confidence in their abilities. June shared, "*Ok, best way to describe it I guess to self-esteem is knowing you can do things. And I guess more confident.*" Other women echoed this, saying:

*I think self-esteem is confidence in your ability to um do things adequately and appropriately. (Melissa)*

*I think self-esteem is liking yourself and having faith in your own abilities. (Samantha)*

A second theme emerging from the self-esteem definitions was positivity. Many participants defined self-esteem as a positive self-appraisal. Loretta said, "*Self-esteem means feeling good about myself and I'm OK who I am.*" The ideas of feeling good arose in Sarah's comment, "*Feeling good about yourself, feeling you're OK.*" June elaborated on feeling good about herself:

*You feel good about yourself and are happy with yourself I guess. You know, and it doesn't have to be something fabulous, or or great that you're doing, but it's just that you have great self-esteem. You're you're happy. You're content. You're OK with yourself.*

June's statement suggests that self-esteem does not have to be connected to an accomplishment or an extraordinary achievement; it can be inferred from her statement that self-esteem might relate to an inherent sense of self-worth. Similarly, Jen commented that self-esteem was:

*Just feeling good about yourself. Mean, it doesn't mean you have to be great at anything or whatever just that you feel comfortable with yourself and what you do.*

Given the changing landscape of widowhood and the new encounters with grief and loneliness, it is easy to presume that widows' confidence and positivity would decrease. Some participants mentioned the difficulty of being a widow, but none stated that their perceived self-esteem (confidence and positivity) decreased. To the contrary, some women expressed an enhancement of the self-esteem as widows. Janet stated that there were aspects of her marriage and relationship with her husband that prevented her from building self-esteem and concluded, *"So I would say that I have a much higher self-esteem today than I did when I was married."* Similarly, Melissa said:

*You know, I think I almost feel like it's been enhanced some. I almost feel like I have more self-esteem than I did married. And it's kind of odd because he really appreciated me, as I told you. But yet, he would get irritated. Well, you know how it is when you live with somebody. Things annoy you. And um, I guess I wanted to be perfect, and I could never be perfect. And he would get annoyed. So how strange. But I do feel more confident without him.*

Sarah also noted *"So my self-esteem has gone way up"* as she spoke about her new romantic relationship.

*Self-esteem sources.* Although some participants described self-esteem as being unrelated to external factors, all the women identified things in their life that helped them to obtain or maintain self-esteem. One broad source of self-esteem identified was relationships, including relationships with other women and other widows, with friends, and with family. Faith and various activities were also cited as sources of self-esteem.

Some of the participants highlighted the importance of their relationships with other women for helping them maintain their self-esteem through widowhood. June addressed her history of relying on women friends for support and self-esteem:

*I've always had girlfriends, always, through my married life. And down here, you know, I met more people. I'm in a women's group. They were great. But I'll tell ya, girlfriends are really, really important. They're they're, yeah, very important.*

To better understand what makes these relationships with other women so helpful and important, Blythe offered:

*And then there's an OLLI [Osher Lifelong Learning Institute] group of women that met from a class that we had, and we share each other, we share feelings. And it's amazing. I mean the people the way people have opened up and uh they sort of all root for me, and I for them. And it's uh, very important.*

Other participants made mention of the new importance that women friends hold in their lives as widows. This acknowledgement of the emergence as women as a source of self-esteem in widowhood was one of the few stated changes in sources that the participants reported. Sarah explicated this change in her response about self-esteem sources in widowhood:

*Well, women. Women are marvelous. And I never really had the connection that I had before this happened, because it's different. When you're married for a length of time, your connection is there, and but, women have just been marvelous. But I've learned to really appreciate women friends, which is really nice.*

For other participants, widowed women, specifically, have become important sources of self-esteem as well as sources for normalization of experiences. Jen shared the following about her new community of widows:

*The people I've met down here, and quite a few have been widows. It's just kind of a common as you're talking and you find that out. Um, I mean, they've helped a lot. You know, we talk; we're our own support group*

*sometimes. Sometimes if you've had a not so good day and you just you know you just hear somebody else say well, you know, that's the way I felt yesterday, or I can understand. That's sometimes all you need to know that you're OK, and that it you know, it will be OK. It's you're not crazy.*

Sarah also mentioned the importance of widows to normalize her experience and provide support:

*And other widows. You know to let you know that you're not crazy. Because a lot of things that go through your mind, a lot of feelings, it's just like I'm losing my mind. But you know it's normal, and this craziness is normal, and you'll get so you can think and concentrate again.*

The remaining sources of self-esteem highlighted in this section emerged from the participants' discussions of their self-esteem before and during widowhood. I have chosen to collapse these sources across the participants' lives because they predominantly denied any changes in where they derive their self-esteem in widowhood. They stated that where they learned to draw self-esteem throughout their lives held true for them during widowhood. Patty reflected, "*You know, I'm doing about the same thing that I did before,*" demonstrating the stability in sources of self-esteem between marriage and widowhood. Further evidence of this stability was provided by Svenja: "*I don't think they're that different.*"

One such source of self-esteem that 11 of the 13 participants identified was friendships. Patty spoke of her friendships, both older friendships and newer ones made after she retired to Green Valley:

*I have lots of friends down here that we've made. And I still have lots of friends in Wisconsin, where I came from, and um, I've had lots of company. They've come to visit me, which I just thoroughly love.*

The importance of friends for the participants' self-esteem is evident in their discussions about friends they had before retiring, and then their newly made friendships in Green

Valley. Jen provided another example of relying on old and new friends for self-esteem and support:

*The friends that I originally had up there are wonderful. I I didn't even realize how great they are, and they make me feel great every day, and they support me. Um, the other thing is after coming down here [Green Valley] and when I did come down, I'd met some people through her [sister's] newcomers' thing, but it really, and it probably was a great thing, it put the pressure on me to meet my own people. I didn't want to sit in the house every day for sure.*

Marie directly identified friends as sources of self-esteem for her in widowhood, “Well, you know, first of all, you know surrounding myself with friends that I have esteem for myself.” Samantha also highlighted friends as her main source of self-esteem in widowhood:

*Well, my friends have been just wonderful. My friends have wined and dined me, taken me places, done all kinds of things with me, come and stayed with me. Um, I had a memorial gathering for my husband, and uh 22 people spoke about him. People came from all over the country, even the children and my children that grew up in our house came. That was very, well I just wished my husband could have been there to hear it all. So that that was very helpful to me. I guess I'd probably say mainly friends.*

Some participants talked in more specific detail about how friends helped them during their process of becoming widows. These stories highlighted friends as sources of self-esteem as well as sources of support and encouragement. Sarah shared about the end of her husband's life:

*But I had been, you know, been staying at the hospital for 10 days, and this good friend of mine from Indiana that I've known for 45 years called me, uh I was there about four days. And she said I'm going to come out. And I said, No that's alright I can handle this and I think I'll be better by myself. And she said OK, I'm coming anyway; what's the name of the hospital. So she came, bless her heart, and I couldn't have done it without her.*

Doris remarked about how her friends were instrumental in helping her to progress in her grieving process:

*And uh what kind of saved me from everything, two months later after [B.] died, a very good friend I play bridge with knocked on the door bridge day, which I had not been going. She said OK you're going; we're all waiting for you. I said, no I'm not going; I can't even remember how to play bridge. She actually [laugh] pulled me out of the house and drove me down to play bridge, and then that helped a lot.*

Another source of self-esteem the participants identified was family. All the women who identified family as a source of self-esteem reported having children. In fact, only one participant reported not having any children. Patty shared that familial relationships help her maintain self-esteem as a widow:

*And uh, um, my my family is very important, even though they're not here. Just to keep in touch with phone calls or emails and they all come down and visit at a certain time. They don't have to stay long. Just a short time, and and um, that helps. It really does.*

Family was important to Blythe, too: “*And family. Oh family's very, very important.*”

Some participants specifically talked about their grandchildren as sources of self-esteem. Loretta talked about her three grandchildren, and Jen shared about how her grandchildren contribute to her self-esteem:

*And then my grandkids. I I mean, I've got four of them. Um, they're 8, 7, 6, and 3 and a half. And um the hugs that kind of stops because you know, that's something you miss otherwise. The touch the the thing you know with friends you can give them a quick hug, but you're not going to exactly, um, my daughter's still a pretty good hugger though. But with the grandkids you get that, and uh, they think you're wonderful no matter what. So, they're also a big help. I'm glad I have them, and that they're as close you know live as close.*

A few participants talk about their faith and involvement with church as a source of self-esteem. For Patty, religion was a source of self-esteem during her marriage as well as during widowhood:

*Well, uh, religion plays a real big part in my life. Really, yes, and [D.] too. It uh, it means a whole lot. I think that's what helps too. And I do get a lot of support from the people in the parish. So and um, I go to church a couple times a week plus on the weekend, and um, I do a lot of reading at home too. Spiritual books. That is a big big help, that having the uh, having a positive spiritual thing in my heart and my mind.*

Joy talked about her renewed reliance on church as a widow:

*After I took the grief support group at the church, I got to know some of the people there and I decided it was time for me to go back to church and be closer to God. And now I feel really good about being there, and being involved in the activities at the church, so that's been a real big help for me. Just to be closer to people that believe the same way that I do.*

Other participants mentioned working with a chaplain at the hospital during their husbands' illnesses and deaths, yet fewer identified their faith as sources of self-esteem.

In a retirement community like Green Valley, where planned social activities and interest groups are abundant, it is not surprising that many of the participants listed their leisure activities as sources of self-esteem. Two activities that were mentioned by many participants were bridge games and involvement in Osher Lifelong Learning Institute (OLLI) classes. Bridge came up so frequently that it seems like Green Valley residents who do not play the game might miss out on a large social opportunity. Participants talked about OLLI as a place to learn about new interests and to gain a sense of accomplishment.

### *Relationships*

In the course of talking about their sources of self-esteem, the participants stressed the importance of relationships. This was explicated in the previous section in terms of friendships, family, and other widowed women as key sources of self-esteem. For the most part, the participants noted the stability in their relationships between marriage and widowhood and reported that they continued to rely on these relationships

for self-esteem in widowhood. At the same time, several participants discussed the changes they experienced in relationships as widows.

*Need to extend yourself.* As stated in the previous section, many of the participants described the importance of a community of widows for maintaining their self-esteem. Patty shared her experiences with seeking social support as a widow:

*But you have to do, to extend yourself, too. People don't just come to you, you have to extend yourself. And it's worthwhile. There's lots of people out there who would love to have you spend time with them, give you love, and you have to open up your arms and your heart to them too, so that they feel comfortable.*

From this, it appeared that plugging in to a community of widows was not a passive endeavor, but one that required new widows to actively seek out these relationships. Several other participants talked about the importance of new friends and seeking out new friendships as a widow.

*Exclusion from couples.* Nearly half of the participants in the current study specifically addressed their experiences with exclusion from relationships and activities with couples. Jen's experience with exclusion from other couples was understandable to her:

*I've lost some [friends], though, up there. Some that were more couple friends things, and I can understand why. I mean the guy didn't have you know my husband now, and so it just has pulled away. So I've lost some of those.*

Doris noted that some activities, like bridge, require a partner, so she has felt left out as a widow:

*Oh, well you know, there is a big difference being a widow and having a husband. Uh some of the groups that I belong to like bridge groups with my husband, they uh needed a spouse [laugh].*

Other participants shared the difficulty in being excluded from associating with couple friends. For instance, June said:

*You do not get invited out to say couples' things, so much. Um, and and yet then you will get invited by people you don't expect. You know, so it's uh it's very interesting. Uh somebody had told me about that, uh once you're divorced or widowed you don't get invited out as much. And I was like, no. Uh, but it is kind of true. You, there are certain couples that it it doesn't matter, they'll invite you no matter what. But there are certain, certain groups that you do not, you aren't invited as much anymore. So it's, that was like, ugh.*

Doris also spoke about exclusion: “*But as far as couples go, there's definitely couples couples in Green Valley. And I'm learning to live with that. Yeah, I mean you have to because that's life now.*” Svenja noted how she has to sometimes change her plans in order to accommodate a couple:

*If I'm having people in to dinner, and I'm having couples, uh, I have to make sure that I have more than one couple. Uh, I can't have uh, six women and one couple sort of thing. I have to have uh, one or two or three couples and the single women.*

All of these statements suggest that couples and being coupled carries significant power and privilege in Green Valley. Not only do couples have the power to exclude others from their plans, couples' comfort is highly considered when widowed women arrange the social plans.

Blythe commented on the societal value placed on couples, thus excluding widowed women:

*Well, I think they [other people] have to know that in our society, widowhood means you cannot associate with, you will be rejected by married couples. Maybe it won't happen that day, but it happens to everybody. And it happens to widowers, too. Uh, you just have to understand that our society does not accept widows or divorcees with married couples. It just doesn't happen, and, so that's the first thing you have to understand.*

Svejna considered differential treatment for widowed women and widowed men: “*I guess single women are not assimilated as much into a community as uh, maybe single men.*”

Samantha noted how widowhood is a “forbidden” topic, even among friends:

*I guess, it's [widowhood] sort of a forbidden subject. And I do talk about [R.] a lot, and I need to talk about him a lot. It's part of my being. And I I don't know if I talk about him any more than I would if he were still alive. At first, I felt some of my friends would get, you know, what's she going to say now?*

Samantha referred to the discomfort she believed others felt around widows, especially concerning any mention of the deceased spouse. Her experience might provide one reason for widows' exclusion from couples: discomfort.

Although many participants shared their experiences with exclusion from couples, it is important to note that not everyone shared this. Joy said:

*I've heard a lot of people say that once they become a widow or divorcee or whatever, their groups kind of alienate them because they're different because most of them are couples. Well, I didn't have that experience fortunately.*

Patty also commented on how her experience has been different from the “norm:”

*I'm invited out, and with couples, which which a lot of times doesn't happen. You go to the movies, or you go to into Tucson for theater or out for dinner, so it really has my life hasn't changed too much.*

As seen in both women's reports, they acknowledge the possibility that widowed women might experience exclusion from married couples' plans and social networks. Still other participants did not make any mention of either their inclusion or exclusion with couples or other social groups as widows.

## *Independence*

Nine of the thirteen participants specifically addressed the importance of practicing independence. Some talked about independence as a cautionary tale for future widows; others used their history of independence prior to and during their marriages as reasons why they were faring well in widowhood.

*Preparation for widowhood.* Given the statistics that one out of every two women over the age 65 are widowed (Bradsher, 2001), it makes sense that women should prepare themselves for transition into widowhood. Sarah said: “*Every woman should prepare for widowhood. I mean the statistics are definitely there, that we’re going to be alone.*” She also spoke about the difficulties women may encounter if they are not prepared for widowhood:

*And thinking of the example of my neighbor across the street who had never written a check in her life. Yeah, she was 84, something like that. But I do know a lot of women also, that don’t know mechanics of uh you know how to take care of the car. They need to be very involved in the nuts and bolts of what it takes to live. But I think that’s the preparation that all women of our age need to do. We need to be, and there again, that helps your self-esteem to be more assured that you can take care of yourself um because it is a little, it’s frightening to know that you’re in the house by yourself.*

This preparation for widowhood is linked to self-esteem in that it might help maintain self-esteem levels as a widow when women know they are capable of independently living. Svenja also mentioned the problems faced by widows unprepared to be alone:

*Well, I don’t think they [women] should ever lose their dependency as individuals. I, uh, have come across an awful lot of women, not an awful lot, but quite a few whose husbands die and they suddenly find that they, uh, have no idea how to balance a ch checking account or a savings account. They don’t, they uh, they cannot deal with uh, the things that come up that need to be done around the house, and um, it’s I guess part of it, they can’t make decisions on their own. I suppose if you find yourself not being able to deal with the world around you, uh, it’s a bit depressing.*

Again, a link is drawn between preparation for widowhood and well-being during widowhood.

*Independence during marriage.* The participants described a continuity between where they obtained self-esteem before and during widowhood. If this continuity holds true for independence, it makes sense that women should practice independence prior to widowhood in order to best manage the transition. Loretta shared her experience of independence in her marriage:

*I think we're all defined a little bit by who we're with at different times in our lives, but and maybe everybody doesn't shine through, their real self because it gets, they're secondary. I never felt that way, and [J.] allowed me to grow and not be that way. So I that's one thing I appreciate that he allowed me to do. Because I saw other people that couldn't do, I mean they'd have to ask permission to do certain things, and that sort of bothered me. I would always ask if we had plans, but I didn't ever feel that I had to ask permission to go out to lunch with the girls or do something like that.*

Other participants also spoke about maintaining their independence as wives. Marie shared, “*You know, even when I was married, I was never completely dependent on my husband. I've never been a person who was dependent on anybody else.*” Patty and June talked about how they were accustomed to doing various things on their own even during their marriages. Patty shared about her household responsibilities, “*When he worked he was gone a lot, and I uh, took care of the kids and and after they left, I was, he was gone sometimes four nights a week at at his job.*” She mentioned this time apart during her marriage while reflecting on the continuity between her self-esteem prior to and during widowhood. June noted how she feels comfortable being alone as a widow because she used to do things alone as a wife:

*And I don't mind going by myself, so it was no problem. And down here, I guess it's easier, I guess, because you know, there are more single people or women especially. Um, so you, but it didn't bother me because I've always done that, even through my married life. I went to a lot of things by myself, so I was kind of primed for it.*

All but one participant reported previous employment outside the home, and some of them remarked on how their careers helped them develop a sense of independence during their marriage. Samantha linked her independence before and during marriage and her career to her positive transition into widowhood:

*I have been an independent person who supervised a large number of employees. Have lived alone before and traveled a lot by myself, so most of the things I'm dealing with now aren't the first time I've ever dealt with them. But I I definitely think that the fact that I have done a lot of things on my own in life and had a responsible job and did uh uh, have traveled and done a lot of things on my own helps me to know that I can get along. I would rather be married now, but I am capable of doing whatever I need to do to get along in life by myself.*

Svenja and Janet each recounted some of their challenges in their careers, particularly pertaining to the lack of acceptance of women in their respective fields of work. Svenja shared that she negotiated a “hostile work environment.” Janet described a similar hostile work environment saying,

*“I was a computer programmer there. But I was one of very few women. So you always lived with sneers and sarcasm and that's not very diffi, that's not easy to take if you're trying to build your self-esteem.”*

They tied their success in managing challenging work environments to their success in managing their independence and transitions into widowhood. At the same time, Svenja stated that outside employment is not the only way for women to prepare for widowhood:

*And it doesn't necessarily have to, uh, you have to have a career outside the home. But on the other hand, you've got to have something you can call your own. And that you uh, take an interest in and responsibilities.*

A final theme within the idea of independent living was establishing credit and having a personal bank account. Several participants noted the importance for women to have credit in their own names. Sarah said women have to be involved in the business of living because of an obstacle she came across:

*And get your own credit card. That's something I didn't know. Yeah, uh well I thought I had my own credit card because I had a card with my name on it. Uh uh. I was not co-owner, I was authorized user. So they froze that credit card. So everybody I tell, or everybody I see, is get a credit card in your name. It makes life so much simpler.*

Loretta talked about her decision to have her own separate finances, “*But then when I went back to work even though it was sort of a paltry paycheck, I started my own bank account. And um, through all the years I always kept one separate bank account,*” which she noted gave her some financial decision-making power during her marriage as well as prepared her for having sole financial control as a widow.

### Discussion

A qualitative research project was completed to answer three research questions concerning self-esteem and widowhood:

- 1) How, if at all, is women’s self-esteem experience in the context of widowhood different from the context of “wife?” “Single?”
- 2) From where do older women derive their self-esteem in widowhood?
- 3) What meaning does self-esteem hold for older women in widowhood?

An additional purpose of interpretive phenomenological research is not to answer specific questions, but to distill the essence of the phenomenon from participants’ narratives. The current study provided some answers to some of the research questions, and as is often the case with emergent qualitative methods, answered some unasked questions. As well,

an essence of self-esteem in widowhood emerged from the participants' stories, that of constructing identity.

### *Research Questions*

*Self-esteem in marriage and widowhood.* Overall, the participants described a stability in their self-esteem across marriage and widowhood. This contrasts with other researchers' reports of decreasing levels of self-esteem in widowhood (Carr et al., 2000; Fry, 2001; Lund, Caserta, & Dimond, 1993). The predominant differences that were highlighted in the current study were of the changing nature of the widows' relationships with married couples and their reliance on female friends for support and self-esteem. They reported exclusion from couples' activities, even from couples they were friends with during their marriages. A similar finding was reported by van den Hoonaard (1994), providing evidence that the experience of exclusion upon widowhood may be a more ubiquitous phenomenon.

The importance of female friends for the widows in this study might reflect the gender asymmetry in older adulthood as reported in 2000, whereby women outnumber men 7:3 by age 85 and over (United States Census Bureau, n.d.). This suggests that women may be in each other's lives in new ways as older adults as compared to young and middle-aged adults because there will be fewer men available. The participants in the current study did not only mention the greater increase in numbers of their women friends; they also discussed the support and strength they garnered from other women, widowed or otherwise. The provision of relational support is a predominant feature of traditional feminine gender roles, especially for this cohort of older women (Rose, 2007).

*Sources of self-esteem.* As with their descriptions of self-esteem in general, the participants also endorsed stability in their sources of self-esteem across marriage and widowhood. Many of the women identified their relationships and leisure activities as their predominant sources of self-esteem. Sanchez and Crocker (2005) have studied college women's contingencies of self-worth in an quest to determine where women derive their self-esteem. Their findings also showed that college-aged women find support in the outside world, including relationships, accomplishments, and recognition. The current study extends these findings and suggests that some women may continue to gain self-esteem from external sources as they age, as well as transition into widowhood.

At the same time, the participants in the current study defined self-esteem in non-contingent terms. In other words, they indicated self-esteem was feeling positive about themselves, without noting that this positivity was linked to an external relationship or achievement. In this way, the current study diverges from Sanchez and Crocker's (2005) findings. Speculation can be made that this difference may relate to age as that is one of the major distinctions between samples. Additionally, experience with the sometimes traumatic adjustment into widowhood might play a role in possibly shifting focus from external definitions of self-esteem to more internally derived descriptions.

Previous research also supports other identified sources of self-esteem. Portero and Oliva (2007) found that familial and friendship support had positive effects on widows' well-being. Connection with friends, and specifically other women, was repeatedly identified as a great help for the widows in the present study. Leisure activities like bridge, OLLI, and other social groups also seemed to contribute to the participants' self-esteem in widowhood. A study by Parent and Whall (1984) yielded results

suggesting that active leisure activities are more strongly related to self-esteem than passive activities. In another study, participation in activities like bingo and bridge were also correlated with higher self-esteem scores (Bensink, Godbey, Marshall, & Yarandi, 1992). Furthermore, Janke, Nimrod, and Kleiber (2008) found that increased participation for elderly widowed women was more beneficial than leisure activities for married women. When participation in leisure activities is available, it seems that it would be advantageous for widowed women to engage as a way to increase self-esteem and reduce depressive symptoms.

A few women in the current study discussed their previous work experience as instrumental in preparing them for the tasks of widowhood. Although the current participants did not directly link their work experiences to their self-esteem in widowhood, there may be a connection between the two. Pai and Barrett (2007) examined women's past involvement with paid employment. They found that widowed women with work histories reported fewer symptoms of depression and higher self-esteem than widowed women without paid work experience. These authors suggested that work experience helped to develop social and psychological resources, such as self-esteem, that aid women during widowhood. The participants in the current study spoke strongly about the need for women to prepare for widowhood, and perhaps work is one such way to prepare.

### *The Essence: Constructing Multiple Identities*

In each of the interviews, the sense of ongoing development and future possibility emerged from the women's stories. Themes like "*It's a whole new world*" and "*Life goes on*" directly capture the continued growth and life that can be present in widowhood. A

core essence of “identity” began to emerge, but this seemed too stagnant a description for what the participants shared. Applying a feminist identity and research lens to the task of labeling the essence of this study, the active notion of “identity construction” fit the women’s stories. Again, the term “identity” seemed monolithic and impenetrable, whereas the participants talked about various aspects of their identities that were highlighted, challenged, and rejoiced in different parts of their widowhood experiences. Thus, perhaps *constructing multiple identities* best captures the essence of these widows’ experiences.

The multiple identities encompass relationships, loneliness, preparation, and participation. The participants described the renegotiation of their roles in relationships with family, friends, other widows, and couples as a part of the new landscape of their identities as widows. Being alone was highlighted as a new emotional experience for widowhood, and the women described their process of learning to be alone. Some women found continuity in the construction of their independent identity; recollections of previous times of independence and preparations for being alone were shared. Another key identity under construction was that as a participant in leisure activities. Green Valley as a retirement community tends to cater to people who are seeking social groups and leisure activities. Some of the women may have been building on their previous identity as a married member of the community, while others who moved to Green Valley after becoming widows found this to be a new piece of their selves.

Other researchers have written about identity construction among older adults (e.g., Brandtstädter & Greve, 1994; Chapman, 2004; Ryff, 1991). Chapman (2004) examined themes in the aging well literature and found the emergence of an assumption

that “a key theme in aging well is the active negotiation of multiple selves in an ongoing, open-ended, and meaningful fashion” (pp. 13). This task for women may be especially demanding, as there are often competing and contradictory messages about how and who women should be at all periods in the life course, including older age (Bernard, Chambers, & Granville, 2000). At the same time, Bruner (2003) suggests that this process of negotiating multiple selves is a social process, for which women in United States culture are well-taught how to do. As noted in the current study, the social world played an important role in the women’s constructions of their identities.

The topic of identity construction in older adults must take into account the whole life course and past, present, and future selves. The negotiation of selves is influenced by major transitions such as retirement or widowhood; roles of paid employee and spouse may continue to be relevant even after these transitions, thereby contributing to the multiplicity of identity construction (Chapman, 2004). Ryff (1991) explored how age plays a role in adults’ descriptions of past, present, and future selves on dimensions of psychological well-being. Overall, the older adults in her study expected a decline on most aspects of well-being, while young and middle-aged adults anticipated growth and improvement. At the same time, older women reported improvement in “environmental mastery” and “positive relations with others” as compared to their past selves. The latter finding speaks to continued growth and development in old age, which fits with the notion of multiple identity construction in the current study.

Brandtstädter and Greve (1994) acknowledged that changes in older adults lives may lead to identity construction and development, highlighting that spousal bereavement is likely one transformative event in later life. They also make the case for

continuity of the self in older age, achieved via several modes of stabilization. On the outset, it seems that a theory of self-stabilization in older age contrasts with a theory of identity construction. However, Chapman's (2004) notion of multiple identities can allow for simultaneous newly built identities and stable, maintained identities. This study also blends new identity construction with stable identity maintenance. The participants enumerated and described their new experiences in widowhood such as being alone and exclusion from couples. They also described stability in their self-esteem, both in terms of level of self-esteem as well as sources.

#### *Demographic Factors Influencing Self-Esteem and Widowhood*

The women who participated in this study showed resiliency in their transition to widowhood and in their maintenance of self-esteem. It is likely that some of the positive aspects of the women's lives contributed to this resilience, and it is important to highlight these potential sources of personal and societal strength, as this may not be the case for all widowed women. Physical health, education and socioeconomic status, and ethnicity are three areas where the current participants may hold some privilege that provided them resilience.

All of the participants but one were independently living in Green Valley, Arizona; the one woman who resided in an assisted living facility spoke of her plans to move to an independent environment. Although health information was not collected, it is reasonable to assume that the women were physically healthy enough to maintain an independent living status. Numerous studies have linked physical health and engagement in physical activities with increased self-esteem and decreased depressive symptoms in older adults (e.g., Dionigi & Cannon, 2009; Lee & Carr, 2007; Russell & Taylor, 2009).

Russell and Taylor (2009) found that older adults living alone with some physical limitations reported more depressive symptoms than their non-physically limited peers. Others have focused on the link between physical exercise and self-esteem finding that engagement in physical activities relates to higher reported self-esteem (Dionigi & Cannon, 2009). Because no health information was collected in the current study, an inference about physical health's effects on the women's self-esteem cannot be directly made, though it is important to consider the possibility.

Another factor for consideration is socioeconomic status (SES). As previously mentioned, all the women reported educational attainment beyond high school, and education is one factor often considered in SES (Pope & Arthur, 2009). Educational attainment has also been related to more positive health outcomes for widows (Onrust, et al., 2007). Prior personal or spousal income level was not assessed in the current study. Given that the women reside in a retirement community, the assumption can be made that they had some level of financial stability. Anderson and Armstead (1995) asserted that as SES decreases, risks for morbidity and mortality in psychological disorders increase. Additionally, Twenge and Campbell (2002) noted that individuals with lower SES reported lower self-esteem than their peers. Thus, the women in the current study were aided in their maintenance of self-esteem through widowhood by their SES, though definite correlations between the two cannot be drawn.

Finally, ethnicity should be addressed with the current study. All participants identified themselves as either "Caucasian," "White," or of European-American ancestry (e.g, Irish-American). Racial oppression and discrimination is associated with negative

mental and physical health consequences for racial minority groups in the United States (e.g., Galliano, 2002; Williams, Lavizzo-Mournay, & Warren, 1994). Because the women in the current study identified themselves as European-American, it is likely that they have not struggled with the consequences of discrimination targeted at racial minorities. Carr (2004) studied spousal loss in older Black and White Americans and found similar levels of anxiety and depressive symptoms in both groups. This suggests little difference in spousal bereavement between ethnicities, yet it is important to acknowledge the ethnic backgrounds of the current study's participants.

### *Implications for Clinicians*

Positive psychology and feminist psychology movements have been driving forces in the use of strength-based, empowerment-focused therapy interventions (e.g., Seligman & Csikszentmihalyi, 2000; Worell & Remer, 2003). The results of the current study support these theories' use in clinical work with older widowed women. Identifying widows' demonstrated strengths from their married or single lives may help them to carry these skills through their widowhood transitions. As the current participants noted, many of them had skills in independent living, and some even prepared for widowhood; highlighting these may help widowed clients to apply these skills during difficult times.

Another theme from the current study "life goes on" dovetails with other positive psychology research on humor and happiness (Lund, Utz, Caserta, & de Vries, 2008). Lund et al. found that bereaved spouses (both women and men) who reported experiencing happiness, laughter, and humor in their day-to-day lives also reported lower levels of grief and depression. Several of the participants in the current study noted that life goes on during widowhood, and that life can even be good. Clinicians might

encourage their widowed clients to find enjoyable activities and relationships to engage in as this happiness could provide distraction from grief and could also enhance relationships (Stroebe & Schut, 1999). Ong, Bergeman, and Bisconti (2004) suggested that interventions with bereaved spouses are most beneficial when they focus on enhancing positive emotions.

The results of the current study also support clinicians' use of feminist therapy tenets, specifically those of empowerment and community. The strength-based work of positive psychology may contribute to widowed women's sense of empowerment. Clinicians can further empower their clients by establishing an egalitarian working alliance where the widowed clients can make decisions in therapy and brainstorm interventions with their therapists (Worell & Remer, 2003). An exploration of perceived agency or power in the widows' lives would help identify areas of strength and areas for continued growth (Worell & Remer). Given the current participants' high endorsement of the benefits of relationships and leisure activities, it makes sense for clinicians to help connect their clients to their larger community. The American Psychological Association's *Guidelines for Psychological Practice with Girls and Women* (2007) encouraged clinicians to appropriately use community resources as collaborative, multi-dimensional approaches are often more effective in addressing women's presenting concerns (APA, 2007).

#### *Future Directions*

The current study would have benefited from obtaining health information from the participants as well as from exploring the role that physical health plays in the women's lives. Because this information is unknown, only speculations as to the

influence of health on the participants' self-esteem and widowhood experience can be made. Because ailing health may occur in old age, it is important for future researchers to consider its effects.

Although this study was not meant to generalize to a larger population of widowed women, it should be noted that the sample characteristics are quite specific and homogenous. To gain a broader understanding of self-esteem and widowhood, it may be helpful for researchers to expand their samples to include women from different geographic locations and living situations (e.g., long-term care, assisted living, co-habiting with family), and diverse ethnic, SES, and health backgrounds. In addition lesbian widows should be recruited in future research. Whipple (2006) chronicled the invisibility of lesbian women's grief, so research on how lesbian widows experience their self-esteem would address this invisibility.

### *Conclusion*

The current study contributed to the literature on self-esteem, aging, and widowhood by qualitatively examining the reported experiences of 13 widowed women with their self-esteem. While widowhood can be a devastating experience characterized by loneliness, foginess, and exclusion from couples' friendships, it can also be a transition whereby widows find their strengths and resilience. Positivity and confidence may fuel widowed women's beliefs in their abilities to live independently, and their relationships with other women provide the support needed to experience this positivity. The landscape of widowhood is a "whole new world," but it is a world where "life goes on."



## References

- American Psychological Association. (2007). Guidelines for psychological practice with girls and women. *American Psychologist, 62*, 949-979.
- Anderson, N. B., & Armstead, C. A. (1995). Toward understanding the association of socioeconomic status and health: A new challenge for the biopsychosocial approach. *Psychosomatic Medicine, 57*, 213-225.
- Andrews, B., & Brown, G. W. (1993). Self-esteem and vulnerability to depression: The concurrent validity of interview and questionnaire measures. *Journal of Abnormal Psychology, 102*, 565-572.
- Aneshensel, C. S., Botticello, A. L., & Yamamoto-Mitani, N. (2004). When caregiving ends: The course of depressive symptoms after bereavement. *Journal of Health and Social Behavior, 45*, 422-440.
- Arbuckle, N., & De Vries, B. (1995). The long term effects of late life spousal and parental bereavement on personal functioning. *The Gerontologist, 35*, 637-647.
- Arens, D. A. (1982). Widowhood and well-being: An examination of sex differences within a causal model. *International Journal of Aging and Human Development, 15*, 27-40.
- Arias, E. (2002). United States life tables, 2002. *National Vital Statistics Report, 10*, 1-38.

- Bennett, K. M. (2005). Psychological wellbeing in later life: The longitudinal effects of marriage, widowhood and marital status change. *International Journal of Geriatric Psychiatry, 20*, 280-284.
- Ben-Zur, H. (2002). Coping, affect, and aging: The roles of mastery and self-esteem. *Personality and Individual Differences, 32*, 357-372.
- Bensink, G., Godbey, K., Marshall, M., & Yarandi, H. (1992). Institutionalized elderly: Relaxation, locus of control, and self-esteem. *Journal of Gerontological Nursing, 18* (4), 30-36.
- Bernard, M., Chambers, P., & Granville, G. (2000). Women ageing: Changing identities, challenging myths. In M. Bernard, J. Phillips, L. Machin, & V. Harding Davies (Eds.), *Women ageing: Changing Identities, Challenging Myths* (pp. 1-22). London: Routledge.
- Blackburn, J. A., Greenberg, J. S., & Boss, P. G. (1987). Coping with normative stress from loss and change: A longitudinal study of rural widows. *Journal of Gerontological Social Work, 11*, 59-70.
- Bleiszner, R. (1993). A socialist-feminist perspective on widowhood. *Journal of Aging Studies, 7*, 171-182.
- Bornstein, R. F., & O'Neill, R. M. (2000). Dependency and suicidality in psychiatric inpatients. *Journal of Clinical Psychology, 56*, 463-473.
- Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative Research, 8*, 137-152.
- Bradsher, J. E. (2001). Older women and widowhood. In J. M. Coyle (Ed.), *Handbook on women and aging* (pp. 418-429). Westport, CT: Praeger.

- Brandtstädter, J., & Greve, W. (1994). The aging self: Stabilizing and protective processes. *Developmental Review, 14*, 52-80.
- Brock, A. M., & O'Sullivan, P. (1985). From wife to widow: Role transition in the elderly. *Journal of Psychosocial Nursing and Mental Health Services, 23*(12), 6-12.
- Bruner, J. (2003). Self-making narratives. In R. Fivush & C. A. Haden (Eds.), *Autobiographical memory and the construction of a narrative self: Developmental and cultural perspectives* (pp. 209-225). Mahwah, NJ: Lawrence Erlbaum Associates.
- Caelli, K., Ray, L., & Mill, J. (2003). "Clear as mud": Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods, 2*, 1-24.
- Carr, D. (2004). Gender, preloss marital dependence, and older adults' adjustment to widowhood. *Journal of Marriage and Family, 66*, 220-235.
- Carr, D., Nesse, R. M., & Wortman, C. B. (Eds.). (2006). *Spousal Bereavement in Late Life*. New York: Springer Publishing Company.
- Chapman, S. A. (2004). Theorizing about aging well: Constructing a narrative. *Canadian Journal on Aging, 24* (1), 9-18.
- Cotten, S. R. (1999). Marital status and mental health revisited: Examining the importance of risk factors and resources. *Family Relations, 48*(3), 225-233.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five Traditions*. Thousand Oaks, CA: Sage.

- Crocker, J. Lee, S. J., & Park, L. E. (2004). The pursuit of self-esteem: Implications for good and evil. In A. G. Miller (Ed.), *The social psychology of good and evil* (pp. 271-302). New York: Guilford Press.
- Crocker, J., Luhtanen, R. K., Cooper, M. L., & Bouvrette, S. (2003). Contingencies of self-worth in college students: Theory and measurement. *Journal of Personality and Social Psychology*, 85 (5), 894-908.
- Crocker, J., & Wolfe, C. T. (2001). Contingencies of self-worth. *Psychological Review*, 108, 593-623.
- DiGiulio, R. C. (1989). *Beyond Widowhood: From Bereavement to Emergence and Hope*. New York: The Free Press.
- Dionigi, R. A., & Cannon, J. (2009). Older adults' perceived changes in physical self-worth associated with resistance training. *Research Quarterly for Exercise and Sport*, 80(2), 269-280.
- Eatough, V., & Smith, J. A. (2008). Interpretive phenomenological analysis. In C. Willig and W. Stainton-Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 179-194). Los Angeles: Sage Publications.
- Feinberg, J. (2009). Wordle [Computer software]. IBM Corporation.
- Ferraro, K. F. (1984). Widowhood and social participation in later life. *Research on Aging*, 6, 451-468.
- Fine, J. (2001). The effect of leisure activity on depression in the elderly: Implications for the field of occupational therapy. *Occupational Therapy in Health Care*, 13, 45-59.

- Fry, P. S. (2001). Predictors of health-related quality of life perspectives, self-esteem, and life satisfactions of older adults following spousal loss: An 18-month follow-up study of widows and widowers. *The Gerontologist, 41*(6), 787-798.
- Galliano, G. (2003). *Gender: Crossing boundaries*. Belmont, CA: Wadsworth-Thomson.
- Glaser, B. (1987). *Theoretical sensitivity*. Mill Valley, CA: Sociology Press.
- Goldman, N., Korenman, S., & Weinstein, R. (1995). Marital status and health among the elderly. *Social Science and Medicine, 40*, (12) 1717-1730.
- Greenberg, J., Solomon, S., Pyszczynski, T., Rosenblatt, A., Burling, J., Lyon, D., Simon, L., & Pintel, E. (1992). Why do people need self-esteem? Converging evidence that self-esteem serves an anxiety-buffering function. *Journal of Personality and Social Psychology, 63*, 913-922.
- Haber, C. (2001). Witches, widows, wives, and workers: The historiography of elderly women in America. In J. M. Coyle (Ed.), *Handbook on women and aging* (pp. 27-39). Westport, CT: Praeger.
- Holmes, J. H., & Rahe, R. H. (1967). The social readjustment scale. *Journal of Psychosomatic Research, 11*, 213-228.
- Hanson, R. O., & Hayslip, Jr., B. (2000). Widowhood in later life. In J. H. Harvey, & E. D. Miller (Eds.), *Loss and Trauma: General and Close Relationship Perspectives* (pp. 345-357). New York: Brunner-Routledge.
- Hutchinson, S. (1988). Education and grounded theory. In R.R. Sherman and R.B. Webb (Eds.), *Qualitative research in education: Focus and methods* (pp.123-140). New York: The Falmer Press.

- Janke, M. G., Nimrod, G., & Kleiber, D. A. (2008). Leisure activity and depressive symptoms of widowed and married women in later life. *Journal of Leisure Research, 40*, 250-266.
- Johnson, J. G., Zhang, B., & Prigerson, H. G. (2008). Investigation of a developmental model of risk for depression and suicidality following spousal bereavement. *Suicide and Life-Threatening Behavior, 38*(1), 1-12.
- Johnson, N. J., Backlund, E., Sorlie, P. D., & Loveless, C. A. (2000). Marital status and mortality: The National Longitudinal Mortality Study. *AEP, 10*, (4), 224-238.
- Leary, M. R., & Baumeister, R. F., (2000). The nature and function of self-esteem: Sociometer theory. In M. P. Zanna (Ed.), *Advances in Experimental Social Psychology* (pp. 1-62). San Diego: Academic Press.
- Lee, M., & Carr, D. (2007). Does the context of spousal loss affect the physical functioning of older widowed persons? A longitudinal analysis. *Research on Aging, 29*, 457-487.
- LeVasseur, J. J. (2003). The problem of bracketing in phenomenology. *Qualitative Health Research, 13*, 408-420.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Lopata, H. Z. (1979). *Women as widows*. New York: Elsevier.
- Lopata, H. Z. (1996). *Current Widowhood: Myths and Realities*. Thousand Oaks, CA: Sage.
- Lund, D. A., Caserta, M. S., & Dimond, M. F. (1993). The course of spousal bereavement in later life. In M. S. Stroebe, W. Strobe, & R. O. Hansson (Eds.),

*Handbook of bereavement: Theory, research, and intervention* (pp. 240-254).

New York: Cambridge University Press.

- Lund, D. A., Caserta, M. S., Dimond, M. F., & Gray, R. M. (1986). Impact of bereavement on the self-conceptions of older surviving spouses. *Symbolic Interaction, 9*(2), 235-244.
- Lund, D. A., Utz, R., Caserta, M. S., & de Vries, B. (2008). Humor, laughter, and happiness in the daily lives of recently bereaved spouses. *Omega, 58*(2), 87-105.
- Montpetit, M. A., Bergeman, C. S., Bisconti, T. L., & Rausch, J. R. (2006). Adaptive change in self-concept and well-being during conjugal loss in later life. *International Journal of Aging and Human Development, 63*(3), 217-239.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Ong, A. D., Bergeman, C. S., & Bisconti, T. L. (2004). The role of daily positive emotions during conjugal bereavement. *Journals of Gerontology: Psychological Sciences, 59B*(4), 168-176.
- Onrust, S., Cuijpers, P., Smit, F., & Bohlmeijer, E. (2007). Predictors of psychological adjustment after bereavement. *International Psychogeriatrics, 19*, 921-934.
- Osterweis, M., Solomon, F., & Green, M. (1984). *Bereavement : Reactions, Consequences and Care*. Washington, DC : National Academy Press.
- Ott, C. H. & Lueger, R. J. (2002). Patterns of change in mental health status during the first two years of spousal bereavement. *Death Studies, 26*, 387-411.
- Ott, C. H., Lueger, R. J., Kelber, S. T., & Prigerson, H. G. (2007). Spousal bereavement in older adults: Common, resilient, and chronic grief with defining characteristics. *The Journal of Nervous and Mental Disease, 195*(4), 332-341.

- Pai, M., & Barrett, A. E. (2007). Long-term payoffs of work? Women's past involvement in paid work and mental health in widowhood. *Research on Aging, 29*, 436-456.
- Parent, C., & Whall, A. (1984). Are physical activity, self-esteem, and depression related? *Journal of Gerontological Nursing, 10* (9), 8-11.
- Patton, M.Q. (1990). *Qualitative Evaluation and Research Methods* (2nd edition). Newbury Park: CA. Sage Publications.
- Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior, 19*, 2-21.
- Ponterotto, J. G., & Grieger, I. (2007). Effectively communicating qualitative research. *The Counseling Psychologist, 35*, 404-430.
- Pope, J. F., & Arthur, N. (2009). Socioeconomic status and class: A challenge for the practice of psychology in Canada. *Canadian Psychology, 50*, 55-65.
- Portero, C. F. & Oliva, A. (2007). Social support, psychological well-being, and health among the elderly. *Educational Gerontology, 33*, 1053-1068.
- Prigerson, H. G., Frank, E., Kasl, S. V., Reynolds III, C. F., Anderson, B., Zubenko, G. S., Houck, P. R., George, C. J., & Kupfer, D. J. (1995). Complicated grief and bereavement-related depression as distinct disorders: Preliminary empirical validation in elderly bereaved spouses. *American Journal of Psychiatry, 152*, 22-30.
- Rose, S. M. (2007). Enjoying the returns: Women's friendships after 50. In V. Muhlbauer, & J. C. Chrisler (Eds.), *Women over 50: Psychological Perspectives* (pp. 112-130). New York: Spring Science + Business Media.

- Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. Middletown, CT: Wesleyan University Press.
- Rowe, J. W. & Kahn, R. L. (1997). Successful aging. *The Gerontologist*, 37, 433-440.
- Ruini, C., Ottolini, F., Rafanelli, C., Tossani, E., Ryff, C. D., & Fava, G. A. (2003). The relationship of psychological well-being to distress and personality. *Psychotherapy and Psychosomatics*, 72(5), 268-275.
- Russell, D., & Taylor, J. (2009). Living alone and depressive symptoms: The influence of gender, physical disability, and social support among Hispanic and non-Hispanic older adults. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, 64B, 95-104.
- Ryff, C. D. (1991). Possible selves in adulthood and old age: A tale of shifting horizons. *Psychology and Aging*, 6, 286-295.
- Ryff, C. D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science*, 4(4), 99-104.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. London: Sage.
- Sanchez, D., & Crocker, J. (2005). Why investment in gender ideals affects well-being: The role of external contingencies. *Psychology of Women Quarterly*, 29, 63-77.
- Sandelowski, M. & Barroso, J. (2003). Writing the proposal for a qualitative research methodology project. *Qualitative Health Research*, 13, 781-820.
- Schwartz, L. L., & Kaslow, F. W. (1985). Widows and divorcees: The same or different? *The American Journal of Family Therapy*, 13(4), 72-76.

- Sears, D. O. (1986). College sophomores in the laboratory: Influences of a narrow data base on social psychology's view of human nature. *Journal of Personality and Social Psychology, 51*, 515-530.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-14.
- Strauss, A. (1987). *Qualitative analysis for social scientist*. Cambridge, MA: Cambridge University Press.
- Strauss, A. & Corbin, J. (1990). *Basics of qualitative research*. Newbury, CA: Sage.
- Stroebe, M. S., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*, 197-224.
- Thomas, L. E., DiGiulio, R. C., & Sheehan, N. W. (1988). Identity loss and psychological crisis in widowhood: A re-evaluation. *International Journal of Aging and Human Development, 26*(3), 225-239.
- Thompson, L. W., Gallagher-Thompson, D., Futterman, A., Gilewski, J. J., & Peterson, J. (1991). The effects of late-life spousal bereavement over a 30-month interval. *Psychology and Aging, 6*, 434-441.
- Turner, R. J., & Marino, F. (1994). Social support and social structure: A descriptive epidemiology. *Journal of Health and Social Behavior, 35*, 193-212.
- Twenge, J., & Campbell, W. K. (2002). Self-esteem and socioeconomic status: A meta-analytic review. *Personality and Social Psychology Review, 6*, 59-71.
- United States Census Bureau. (n.d.). *Resident population by age and sex*. Retrieved March 7, 2010, from <http://www.census.gov/population/www/>.

- van den Hoonaard, D. K. (2005). "Am I doing it right?": Older widows as interview participants in qualitative research. *Journal of Aging Studies, 19*, 393-406.
- van den Hoonaard, D. K. (2001). *The widowed self: The older woman's journey through widowhood*. Waterloo, ON: Wilfrid Laurier University Press.
- van den Hoonaard, D. K. (1999). No regrets: Widows' stories about the last days of their husbands' lives. *Journal of Aging Studies, 13*(1), 59-72.
- van den Hoonaard, D. K. (1994). Paradise lost: Widowhood in a Florida retirement community. *Journal of Aging Studies, 8*(2), 121-132.
- Walters, V. & Charles, N. (1997). "I just cope from day to day": Unpredictability and anxiety in the lives of women. *Social Science and Medicine, 45*(11), 1729-1739.
- Williams, B. R., Baker, P. S., Allman, R. M., & Roseman, J. M. (2006). The feminization of bereavement among community-dwelling older adults. *Journal of Women and Aging, 18*, 3-18.
- Williams, D. R., Lavizzo-Mournay, R., & Warren, R. C. (1994). The concept of race and health status in America. *Public Health Reports, 109*, 26-41.
- Willig, C. (2001). *Introducing qualitative research in psychology*. Philadelphia, PA: Open University Press.
- Willis, J. W. (2007). *Foundations of qualitative research: Interpretive and critical approaches*. Thousand Oaks, CA: Sage.
- Whipple, V. (2006). *Lesbian widows: Invisible grief*. New York: Harrington Park Press.
- Worell, J., & Remer, P. (2003). *Feminist perspectives in therapy: Empowering diverse women*. New York: Wiley.

Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *Journal of Consulting and Clinical Psychology, 53*, 349-357.

Yoder, J.D. (2007) *Women and Gender: Making a Difference*. Prentice-Hall.



Table 1

*Demographic Data*

Name (Years)	Age	Years Married	Years Widowed	Education
Svenja	--	50	12	18
Janet	73	46	6	18
June	63	32	3	16
Patty	75	52	.42	18
Doris	77	49.9	4	15
Melissa	77	55	1	14
Jen	65	39.42	3	16
Blythe	80	50	4	18
Loretta	67	32	4	18
Samantha	70	47	.25	18
Joy	66	5	2	14
Sarah	69	50	.17	18
Marie	82	31	.92	14

Table 2

*Themes and Related Sub-themes*

Theme	Sub-theme
The widowhood experience	It's a whole new world
	Fog
	Being alone
	Life goes on
Self-esteem	Confidence and positivity
	Sources
Relationships	Need to extend yourself
	Exclusion from couples
Independence	Preparation for widowhood
	Independence during marriage

## Appendix A

*Demographic Questionnaire*

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: \_\_\_\_\_

Employment: (self) \_\_\_\_\_ (former  
spouse) \_\_\_\_\_

Number of years of education: (self) \_\_\_\_\_; (former spouse) \_\_\_\_\_

Permanent residence in Green Valley, AZ? Y / N

If "No," please indicate other

residences: \_\_\_\_\_

## Appendix B

### *Interview Protocol*

- 1) What I'd like for you to do now is tell me about how you became a widow. You can begin wherever you like and include or leave out any information you like.
- 2) Now I'd like you to tell me what self-esteem means to you. You can define or describe it however you like.
- 3) Please tell me about your experience with your self-esteem after your husband died. There are no "right answers" and there is nothing that "should" have happened. I'm interested in learning about your personal experience.
- 4) What things, people, activities, etc., give you self-esteem as a widow?
- 5) Are these sources different from when you were married? Single? If so, how?
- 6) What are the most important things people in your life should know about self-esteem and widowhood?
- 7) Is there anything I haven't asked you that I should have?

