University of San Diego

Digital USD

Dissertations

Theses and Dissertations

2002-05-01

Resilience: The Lived Experience of Elderly Widowers Following the Death of a Spouse

Dorothy Battersby Crummy PhD, MSN, RN
University of San Diego

Follow this and additional works at: <https://digital.sandiego.edu/dissertations>

Part of the [Nursing Commons](#)

Digital USD Citation

Battersby Crummy, Dorothy PhD, MSN, RN, "Resilience: The Lived Experience of Elderly Widowers Following the Death of a Spouse" (2002). *Dissertations*. 300.
<https://digital.sandiego.edu/dissertations/300>

This Dissertation: Open Access is brought to you for free and open access by the Theses and Dissertations at Digital USD. It has been accepted for inclusion in Dissertations by an authorized administrator of Digital USD. For more information, please contact digital@sandiego.edu.

RESILIENCE: THE LIVED EXPERIENCE OF ELDERLY
WIDOWERS FOLLOWING THE DEATH OF A SPOUSE

by

Dorothy Battersby Crummy, M.S.N., R.N.

A dissertation presented to the
FACULTY OF THE PHILIP Y. HAHN SCHOOL OF NURSING
UNIVERSITY OF SAN DIEGO
in partial fulfillment of the
requirements for the degree
DOCTOR OF PHILOSOPHY IN NURSING

May 2002

Dissertation Committee

Patricia Roth, Ed.D., R.N., Chairperson
Mary Ann Hautman, Ph.D., R.N.
Linda Robinson, Ph.D., RN

Abstract

Resilience: The Lived Experience of Elderly Widowers Following the Death of a Spouse

Aged widowers are at risk for increased incidence of health problems and higher mortality rates following the death of a spouse. Mens' abilities for dealing with loss have been questioned, but little research has been done with this group. Surviving widowers provided significant insights illuminating the experience of resilience and providing relevant information regarding this population.

Utilizing interpretive phenomenology, a methodology advocated by van Manen, in-depth interviews were conducted researching the lived experience of resilience among nineteen elderly widowers between 71 years and 100 years of age. Participants, identified by network sampling, lived independently and had survived the death of a long term spouse. Reflection upon the stories of these resilient widowers lead to the identification of a framework for resilience comprised of six essential and twenty incidental themes.

Having a strong faith was traced to their spiritual upbringing and roots. Belief in a divine power assured them they were not alone, and prayer helped them through difficult times.

Preparing for eventual parting from their wives occurred over a lifetime, beginning with their military experiences. Other preparation included talking things over, performing as caregivers, and taking care of financial/living arrangements. As members of the generation who survived the Great Depression, two world wars and many social and political changes, these widowers were accustomed to just *doing what you have to do*. This ability was fostered by following routines and keeping busy. *Overcoming loneliness* was key to their resilience experience and was accomplished through maintaining connection to others in support groups, through family which sustained them, and through friendships. These men maintained focus on others rather than

themselves. *Staying healthy and active* was accomplished through regular physical activity, having hobbies and interests, regular health care, and acceptance that health challenges will happen. Lastly, *moving forward* after the death of their wives was accomplished by not living in the past, being open to opportunities, and by letting go and moving on.

This study's findings support theoretical work in resilience and bereavement. Through focus on the understanding of the experience and meaning of resilience to elderly widowers, implications for further research were uncovered.

Dedication

Though no longer with me physically, I wish to dedicate this accomplishment to my parents, Sam and Jeanne Battersby. First, I must thank my father, who initially made me aware of what resilience in elderly widowers looked like. His ability to rebound after the loss of his lifelong sweetheart was amazing to my brothers, Sam and Larry, and to me. I began to wonder how a person became resilient. Thank you, Pops, for always believing in me and for being such a positive role model for us all. You will forever be my hero.

I dedicate this effort to my wonderful mother, as well. She was always my staunchest cheerleader, chief advocate, and a feminist extraordinaire, and she instilled in me the ability to believe in myself. You were the wind beneath my wings, Mom, and I will always hold you in my heart.

To the main men in my life, Chip (my soul mate and husband), Steve and Scott (my beloved sons): you have kept me sane throughout this process. Thank you for your constant encouragement, for that sense of humor that kept me laughing, for keeping me humble by continually challenging me, and for always being there when I need you. No wife or mother could be prouder of each of you than I already am. You are the best!

To my exceptional colleagues in the Department of Nursing at Point Loma Nazarene University: without your consistent support and belief in me, this would not have been possible.

Acknowledgements

Sincere thanks to each of you who have supported me in this journey of discovery!

To each of the widowers who participated in this study: I thank you sincerely for sharing your intimate thoughts and private feelings with me. It was an honor and a privilege to be trusted by you. I thoroughly enjoyed every moment I spent hearing your stories!

To my committee members, Dr. Mary Ann Hautman and Dr. Linda Robinson: Thank you for your guidance and for sharing your perspectives.

To my committee chairperson, Dr. Patricia Roth: mere words cannot describe the appreciation I have for your guidance throughout the years. Though your standards are high, you possess one of most compassionate hearts I have ever encountered. Thank you for your insights, your expertise and most of all for the mentorship you have provided on this journey. I shall never forget the important role you played.

To Dr. Margaret Stevenson, my mentor and friend: thank you for putting my feet to the fire and for keeping me on the path to completion of this seemingly impossible dream. And most of all, thank you for your friendship and for your belief in my abilities.

To Dr. Irene Palmer: I appreciate the generosity in the provision of a scholarship and a research grant dedicated in your name which helped to make this journey possible. Your example has lighted the way for many.

Table of Contents		Page
ABSTRACT.....		ii
DEDICATION.....		iv
ACKNOWLEDGEMENTS.....		v
LIST OF APPENDICES.....		xi
CHAPTER		
I	FOCUS OF THE INQUIRY.....	1
	The Experience of Loss.....	2
	Purpose of the Study.....	4
	Lines of Inquiry.....	4
	Method.....	5
	Reductions and Pre-Understandings.....	7
	Significance of the Study	8
II	CONTEXT OF THE INQUIRY.....	11
	The Concept of Resilience.....	12
	Composite Attributes of a Resilient Person.....	13
	Resilience: A Global Concept.....	17
	Measuring Resilience.....	18
	Emerging Patterns.....	19
	Analysis and Critique: Concept of Resilience.....	20
	Hardiness: A Related Concept.....	22
	Analysis and Critique: Concept of Hardiness.....	25

CHAPTER		Page
II	Bereavement in Elderly Widowers.....	26
	Variations in Grief Responses Between the Genders....	27
	Role Influences on Grief and Bereavement.....	29
	Mortality Rates During Bereavement.....	30
	Differences in Grief Response.....	32
	Coping Alone.....	33
	Social Support and Adaptation.....	35
	Analysis and Critique: Significance of Bereavement in Elderly Widowers.....	37
	Rationale for the Study.....	38
III	METHODOLOGY.....	40
	Method.....	42
	Examining Assumptions and Pre-understandings.....	43
	Data Collection.....	45
	Inclusion Criteria.....	46
	Participants.....	46
	Sampling Methods.....	48
	Interview Process	49
	Ethical Issues.....	50
	Data Analysis.....	51
IV	FINDINGS OF THE INQUIRY.....	55
	Setting the Stage for Their Stories.....	55
	The Lived Experience of Resilience.....	57

CHAPTER		Page
IV	Overview of Essential Themes.....	58
	Having a Strong Faith.....	62
	Spiritual Upbringing and Roots.....	66
	Knowing You Are Not Alone.....	67
	Prayer Helps.....	69
	Preparing.....	71
	Experiences From Military and War.....	72
	Talking It Over.....	75
	Caregiver Role.....	77
	Taking Care of Financial and Living Arrangements.....	81
	Doing What You Have To Do.....	84
	Having a Routine Helps.....	88
	Keeping Busy.....	90
	Overcoming Loneliness.....	91
	Staying Connected.....	94
	Family Sustains You.....	96
	Importance of Friends.....	99
	Being Other-oriented.....	102
	Staying Healthy and Active.....	105
	Keeping Active Physically.....	107
	Having Hobbies and Interests.....	109
	Accessing Health Care.....	112

CHAPTER		Page
IV	Attending to Health Challenges.....	114
	Moving Forward.....	116
	Don't Live In The Past.....	118
	Being Open To Opportunities.....	119
	Letting Go and Moving On.....	121
V	DISCUSSION OF THE FINDINGS.....	126
	Van Manen's Four Existentials: Lived Body, Lived Other, Lived Space, and Lived Time.....	127
	Having a Strong Faith.....	128
	Spiritual Upbringing and Roots.....	129
	Knowing You Are Not Alone & Prayer Helps.....	130
	Preparing.....	131
	Experiences From Military and War.....	131
	Talking It Over.....	132
	Caregiver Role.....	133
	Taking Care of Financial & Living Arrangements.....	134
	Doing What You Have to Do.....	135
	Having a Routine Helps.....	137
	Keeping Busy.....	137
	Overcoming Loneliness.....	138
	Staying Connected.....	139
	Family Sustains You & the Importance of Friends.....	140

CHAPTER		Page
V	Being Other-oriented.....	142
	Staying Healthy and Active.....	142
	Keeping Active Physically and Having Hobbies and Interests.....	143
	Accessing Healthcare and Attending to Health Challenges.....	143
	Moving Forward.....	144
	Don't Live in the Past.....	145
	Being Open to Opportunities.....	145
	Letting Go and Moving On.....	147
	Summary.....	148
VI	REFLECTIONS ON THE STUDY.....	150
	Critique of the Study.....	150
	Directions for Future Research.....	153
	REFERENCES.....	157

List of Appendices

	Page
Table A1. DESCRIPTION OF PARTICIPANTS.....	169
Table A2. PROFILE OF PARTICIPANTS.....	170
Table A3. ESSENTIAL AND INCIDENTAL THEMES.....	174
Appendix A INTERVIEW GUIDE.....	175
Appendix B METHODOLOGICAL OUTLINE FOR DOING PHENOMENOLOGY.....	177
Appendix C WRITTEN CONSENT FORM.....	178
Appendix D SUMMARY & CRITIQUE OF SELECT RESILIENCE RESEARCH.....	181
Appendix E SUMMARY & CRITIQUE OF BEREAVEMENT RESEARCH.....	183
Appendix F HUMAN SUBJECTS APPROVAL FORMS.....	192

Chapter I: Focus of the Inquiry

Today, perhaps more than ever before in history, there is a need to examine the health sustaining behaviors of an ever-increasing older population in America. According to the U.S. Census Bureau's (2000) projections, the elderly population will more than double between now and the year 2050 to 80 million persons. One in five Americans will be over 65, and most of this growth is projected to occur between 2010 and 2030, when the baby boomers enter their elderly years. With this revolutionary increase in the life span occurring, the maintenance of health and maximum functioning and engagement with life should be the next gerontological goal. The promise of a more successful aging process becomes the focus for researchers, practitioners, and for older women and men themselves.

There is a decreasing gender ratio between men and women, which grows with advancing age. There are multiple reasons that this is so, but one possible answer may lie in a difference in the ability between the genders to bounce back from losses. Because women outnumber men nearly 4:1 by age 90 (U.S. Census Bureau, 2000), less research has specifically looked at older men, particularly surrounding the experience of resilience.

Most surviving elderly men are married, while the majority of elderly women are not (U.S. Census Bureau, 2000), suggesting that without their wives, men may be extremely vulnerable. Women outnumber men significantly in old age, thus less research has specifically looked at older surviving men. A slowly growing body of research has

shown that one of the most at-risk groups, in terms of health and mortality, are elderly widowers after the loss of a spouse (Berardo, 1970; Biondi & Picardi, 1996; Brabant, Forsyth & Melancon, 1992; Stroebe & Stroebe, 1983).

Many factors have been studied which contribute to a successful grieving process. It is not unusual for an elderly male who loses his wife of many years to disconnect from life and become increasingly isolated (Staudacher, 1991). What leads a person to discover new strength at times of stress or loss? An innate resilience may contribute to a better adjustment following significant loss, and whatever constitutes this resilience has relevance to persons who are living longer so that the quality of life may be improved along with the extension of life span.

Exactly what constitutes successful aging is a subject which has been researched and debated among scholars (Baltes & Baltes, 1990; Rowe & Kahn, 1987; Rubenstein, Kilbride & Nagy, 1992). Longevity may be seen as one measure of “success”; however, the number of years lived do not alone mark a “successful” life. As individuals age, they encounter a variety of factors which may contribute to or detract from their successful aging. In looking at resilient people, one wonders how they have become that way, and what gives them the ability to rebound from loss. By exploring this resilience as it impacts the adjustment of elderly men experiencing the loss of a spouse, it is necessary to identify and understand what it means to the individual man.

The Experience of Loss

There appears to be a difference in the way that men and women react to grief and loss. The majority of widowers are not generally expressive of their emotions and are thought to intellectualize or suppress their grief (Staudacher, 1991). They opt instead to

avoid sad thoughts and feelings by keeping busy, and by focusing on the disruption and disorder caused by the loss of a spouse, especially relating to the meeting of their basic needs of cooking, cleaning and housekeeping duties which have not typically been part of their role.

The older adult's personal network of family and friends may have direct intervention in making medical appointments, providing transportation, and assisting them to access the health care system (Rowe & Kahn, 1987). These authors also suggested that strong psychosocial influences contribute to enhanced health-promoting behaviors and can have direct impact on reducing morbidity and passivity in older people. Women are typically seen by their husbands as the ones primarily responsible for social networking (Staudacher, 1991), and following the death of a wife, many men become isolated from their former contacts and even their family.

Men who are left without a lifelong partner may feel a loss of autonomy and lack a sense of control over their lives. Rowe & Kahn (1987) postulate that elders who feel in control will demonstrate a corresponding resistance to disease and participate in more proactive behaviors. The negative effects of the opposite would appear to be true with the group of bereaved widowers. They seem to lack both resistance to disease and proactive behaviors that would promote good health in older age.

While philosophers and theologians have historically contemplated the nature of human resilience, it is only recently that the domain of nursing has initiated its own inquiry. By exploring the experience of bereaved widowers who have survived the loss of a long time spouse, this study will give voice to the lived experience of this vulnerable group of men.

Purpose of the Study

The purpose of this research is to explore the lived experience of self-identified resilient men who have survived the loss of a long-term spouse. The aims are to increase the understanding of widowers who have evidenced resiliency following such a loss, and to learn how they found the resources to not only get over changes, but to get on with their lives, and move beyond this significant loss. Those protective factors that allowed these men to “bounce back” from this particular loss will be explored.

Lines of Inquiry

Lines of inquiry for the study followed three general pathways, and include an exploration regarding: 1) What has been the approach to going forward following the loss of a long-term spouse? 2) What are the qualities of a resilient person?; and 3) What gives meaning to the lives of men who have been widowed and who have rebounded from the loss? Under each of these broad pathways, some probe questions were developed in order to explore the experiences of the participants (Appendix A).

In pursuing these lines of inquiry, the research questions were initially formulated with the intention of opening up possibilities and keeping them open (Gadamer, 1989). The questions were posed to open a way, to set a direction and perimeters, allowing us to move forward into the openness of the unplanned and unpredictable. The use of the phenomenological tradition was selected as the research method of choice to allow for a journey of discovery, a quest, rather than a predetermined itinerary of the destinations or the sights along the way. The interview guide which followed these lines of inquiry (Appendix A) was used to begin the exploration of these men’s stories, rather than a recipe to be followed without deviation.

Method

Phenomenology, both a philosophy and a research method, had its philosophical beginnings with Kant and later, Husserl. It is the research methodology selected for this study. By asking appropriate questions, interpretive phenomenology gets at the meaning of everyday lived experience, and through text, these meanings are translated to the consciousness and are recognizable to the reader (van Manen, 1997). This type of research offers a philosophical framework which honors human experience as the ground of theoretical knowledge (Drew, 1993, p. 346). Since the purpose of this inquiry was to obtain understanding about the lived experience of resilience in a specific aggregate of elderly men, phenomenology was an appropriate method to utilize.

Where traditional scientific method often separates the observer's experience from what is being observed in order to be objective, phenomenology unites the experience and the world, "so that the idea of a subject and object becomes an artificial distinction, and mind and body are no longer disparate" (Drew, 1993, p. 346). In a sense, phenomenology demands that the researcher lives as a whole being, to act and to be aware of the acts and their significance. For phenomenologists, the crucial act is describing human experience.

Phenomenology, then, provides nursing with a rich and perhaps "more adequate philosophical basis for understanding the human experiences of health, illness, disability, coping, recovery, and endurance in the face of ongoing difficulties and suffering" (Madjar, 1998, p. 41-42). This type of perspective on the participant's experience is definitely compatible with the increasing concern in nursing to address itself to persons within their social and cultural environments. Such a perspective can offer a fresh

understanding and acknowledgment of skillful nursing practice which has gone unrecognized or unvalued within the dominant biomedical model (Benner, 1984; Benner & Tanner, 1987).

Such a perspective could well illuminate new information regarding the experiences of surviving elderly widowers which would allow nurses to better understand their needs and how to recognize areas where nursing intervention may better support these clients. Theory development in nursing comes from descriptive research methods including phenomenology. This method is one of several different approaches that are used to understand and clarify the properties of a phenomenon. Emphasis in phenomenology is placed on understanding individuals' cognitive and subjective perceptions of their experiences. Participation by the nurse researcher on this journey will allow reflection on the descriptions given by the participants and allow for understanding that has not been previously possible using solely empirical methodology. Interpretive phenomenology, then, is an ideal methodology for exploring the lived experience of resilience in males who have lost a long time spouse because of its' very nature.

The reflection and understanding needed to ponder and present the phenomenological findings cannot help but illuminate an area of human experience about which little research has been done. Reflection, as defined by Merriam-Webster (1987) involves, "an image given back by a reflecting surface;" or, "a thought, idea or opinion formed as a result of meditation" (p. 989). In either of these definitions, the researcher takes the experiences expressed by the participant and "reflects" them back to be sure that their meaning is clear. Some degree of meditation or dwelling with the data is needed to portray the lived experience accurately. In the case of this study, the researcher would

verify the meaning of the transcribed interview with the participant to ensure veracity of the content. Reflection is an essential part of this methodology and will allow for even better or truer representation of the data relating to describing what resilience means to these men.

Reduction and pre-understandings. Interpretive phenomenology cannot be reduced to a set of procedures and techniques, “but it nevertheless has a stringent set of disciplines in a scholarly tradition associated with giving the best possible account of the text presented” (Benner, 1994, p. xvii). Self-knowledge is imperative in order to limit the interpreter’s projection of bias into the interpretation.

When phenomenology is the research method, one must utilize a practice called reduction. There are several levels or types of reduction, according to van Manen (1997). It begins with a sense of profound wonder and amazement about the subject under study. Secondly, it is a way to control for bias and involves overcoming “one’s subjective or private feelings, preferences, inclinations, or expectations that would prevent” that investigator from understanding or recognizing a phenomenon or experiencing as it is “lived through” the participants’ descriptions (van Manen, 1997, p. 185). Additionally, in reduction one needs to “strip away” the theoretical or scientific bases or themes which frame the phenomenon to be studied, so that it can be viewed in a “non-abstracting” manner (van Manen, 1997, p. 185). Lastly, the researcher must look through the phenomenon toward what is universal about the experience, capturing the essence of it from the accounts of the lived experience.

It is important to identify specific assumptions or pre-understandings about the aggregate under study prior to beginning the research. That males have been afforded

preferential treatment over females in society economically, in the job market, as well as socially and politically, had to be suspended before studying the phenomenon of resilience in this group. A power imbalance involving the genders was recognized in these areas. Additionally, males have been accorded preferential treatment in research conducted in relation to disease processes. Study samples were often entirely selected on the basis of gender, thus favoring men in the application of research findings. In spite of these assumed truths, males still have lived shorter lives than females, as a group. By setting aside these preconceived notions, the effort was made to recognize the data in pure form, thus allowing for the essence(s) of the phenomena to come from the data, or the accounts of the experience rather than from the researcher or from the narrow view of any one interpretation.

Significance of the Study

Resilient people are able to rebound in the face of adversity. It is an important concept for nurses to recognize as they endeavor to assist individuals and families to meet the challenges of living with chronic illness, aging and a multiplicity of changes in the health care delivery system. Determining what contributes to keeping people healthier and assists them to age in a successful manner, and enhancing those skills is extremely relevant to today's health care climate. The aging population has to tap into their own resources for positive health promotion behaviors which increase the quality of the longer lives they are living.

The importance of people's feelings about themselves, their social environment, and their ability to deal with life's challenges and to control what happens to them is validated in the literature. It is essential that nurses examine how these self-concepts

develop and identify which experiences can help to strengthen persons in high-risk situations.

As a profession, nursing is committed to the belief that health care delivery must transform from an illness system to a health system (American Nurses Association, 1991). It is obvious, however, that adversity and periods of illness do happen. Exploring the experiences of resilient older men of various cultural backgrounds could significantly add to the body of knowledge which can lead to a better understanding and promotion of successful aging. While theory building is not the purpose of this inquiry, it is hoped that the resulting descriptive data may provide observations which will add to the knowledge base and ultimately, provide insights that lead to better quality of life in old age.

Men generally have higher death rates than women at every age. "As a result, elderly women outnumbered elderly men in 1994 by a ratio of 3 to 2 - 20 million to 14 million. This difference grew with advancing age. At ages 65 - 69, it was only 6 to 5. However, at age 85 and over, it reached 5 to 2" (U.S. Census Bureau, 1995, On-Line, p. 3). Since there are significantly fewer widowers than widows among the oldest old, surviving men may be able to provide insights about their experiences which would have relevance to understanding. Men in this age group appear to be especially vulnerable so that the study of resilience in this survivor population may reveal important information for those such as nurses who work to improve the quality of health and life into old age. Variables may include the presence or absence of social support or family, as in a living spouse. However, more than just the variables, the protective factors that counter risks need to be further explored.

Since most surviving elderly men are married, there is typically a spouse for assistance and support. Elderly women are most often widows, whether living alone or with family. What is it about elderly men who are widowed that makes them such a scarce commodity? No research has been identified which examines the experience of men who have been described as resilient. This descriptive study will provide a beginning step to identify the resilience experiences of these men.

Chapter II: Context of the Inquiry

With advancing age both genders experience losses in many aspects of their lives, including changes in health status, loss of mobility and/or independence, as well as the death of friends and spouses. Certain individuals seem to develop positive coping abilities, while others seem unable to draw at all on their personal resources. One possible source for this ability to rebound may be an innate resilience. It is widely acknowledged that women outnumber men in surviving to old age, thus it would be of significant interest to explore the concept of resilience in elderly widowers who have suffered the loss of a spouse. This group may indeed be the least studied. The reluctance of men to respond to outside contact has been cited in several studies of bereavement in men (Brabant, Forsyth, & Melancon, 1992; Caserta & Lund, 1996; Stroebe, Stroebe & Hansson, 1988), and this may make it more challenging to find subjects who would be willing participants in such a study. Accessibility is a serious drawback to needed research on this vulnerable population, and perhaps because of this widowhood remains primarily a woman's issue.

The background for such a study must include three important components: an exploration of resilience as a concept; a comparison of resilience with the related concept of hardiness; and thirdly, an analysis of the literature relating to bereavement in elderly men. Each of these three major areas will be reviewed as a background for this inquiry.

The Concept of Resilience

Resilience has been defined in several ways, but for purposes of this inquiry it is that quality which allows individuals to “adjust successfully, continuing to embrace life with enthusiasm and facing new challenges with strength and determination” (Wagnild & Young, 1990, p. 253). The word itself suggests “emotional stamina” (Giordano, 1997, p. 1032) and resilient persons are often seen to be resourceful, flexible, and those having positive problem-solving strategies. This mysterious force, possessed by some but not by others, appears to make a significant difference as people encounter the inevitable ups and downs of life.

The opposite of resilience, when it is viewed in terms of a continuum, is ego-brittleness implying little flexibility or adaptability, or “...the inability to respond to the dynamic requirements of the situation, a tendency...to become disorganized when encountering changed circumstances or when under stress, and difficulty in recouping after traumatic experiences” (Block & Block, 1980, p. 48).

Strong psychosocial forces contribute to positive health-promoting behaviors and thereby have direct influence on reducing passivity and morbidity in the aged (Rowe & Kahn, 1987; Atchley, 1989; Laferriere & Hamel-Bissel, 1994). Certain attributes, particularly resilience and an earlier studied and closely related concept of hardiness, seem to contribute significantly to a successful aging process (Atchley, 1989; Kobasa, 1979; Low, 1996; Wagnild & Young, 1990).

It seems important to recognize that resilient persons attribute meaning to their lives, and thus may be able to use that meaning to sustain themselves. Frankl (1962; 1984) who experienced the horrors of being a prisoner during the Holocaust, wrote:

Man's search for meaning is the primary motivation in his life ... This meaning is unique and specific in that it must and can be fulfilled by him alone; only then does it achieve a significance which will satisfy his own *will to meaning*" (p. 105).

Searching for that which gives the meaning to a person's life is part of the process of growing older in a healthy or successful manner. Baltes & Baltes (1990) contend that "the adaptive task of the aging individual is to select and concentrate on those domains that are of high priority and that involve a convergence of environmental demands and individual motivations, skills, and biological capacity" (p. 27).

Researchers from many disciplines in both the social and health sciences have investigated resilience of individuals throughout the life cycle in a variety of situations related to health as well as other life events. Some of the early studies used the terms invulnerable and invincible interchangeably with the term resilience (Anthony, 1974; Werner & Smith, 1982). Over time, the terms invincible and invulnerable lost favor because of their fixed and static quality (Dyer & McGuinness, 1996).

In reviewing the literature associated with resilience, the focus has been on those studies that have dealt with this concept in terms of older adults. This approach is appropriate since an examination of strategies to enhance successful aging is the objective.

Composite attributes of the resilient person. Flach (1988) an internationally recognized psychiatrist and author, spent over thirty years of practice, teaching and scientific research in the development of his own original perspective on resilience. What

emerged from his various sources was a composite set of attributes that a resilient person possesses. These include:

A strong, supple sense of self-esteem; independence of thought and action, without fear of relying on others or reluctance to do so; the ability to give and take in one's interactions with others, and a well-established network of personal friends, including one or more who serve as confidants; a high level of personal discipline and a sense of responsibility; recognition and development of one's special gifts and talents; open-mindedness and receptivity to new ideas; a willingness to dream; a wide range of interests; a keen sense of humor; insight into one's own feelings and those of others, and the ability to communicate these in an appropriate manner; a high tolerance of distress; and, focus, a commitment to life, and a philosophical framework within which personal experiences can be interpreted with meaning and hope, even at life's seemingly most hopeless moments (Flach, 1988, p. 113-114).

Flach (1988) also contended that resilience is not a "once and for all thing", but rather that the "level of resilience will fluctuate over time" (p. 121). The traits that make up resilience may be present in varying degrees - at various stages of development - and thus, the overall resilience level may be less than optimum. The ongoing assessment of a person's strengths and limitations is what is important in the development of a resilient personality (Flach, 1988).

Rutter (1985, 1987) proposed resilience as a fluid quality that acts to modify responses to psychosocial risk. He contended that it is not the trait or attribute itself that is

so important, but rather it is what leads an individual to develop that trait (Rutter, 1987). It is likened to the immunization process. An immunization does not confer prophylaxis against a health risk like the bestowing of a gift, but rather it “comprises exposure to, and successful coping with a small (or modified) dose of noxious infectious agent” (Rutter, 1987, p. 318). The protection comes from the adaptive changes that follow that successful coping and the same may apply with psychosocial stressors and adversity (Rutter, 1987).

Resilient persons tend to exhibit adaptive behavior, “especially in the areas of social functioning, morale, and somatic health” (Wagnild & Young, 1993, p. 166).

Resilient individuals also are seen as those who do not succumb to illness (Caplan, 1990; Kobasa, 1979; O’Connell & Mayo, 1988). Resilient persons are seen as survivors (Beardslee, 1989). The protective processes that tend to bolster resilience have become the focus for this dissertation.

Using a grounded theory approach, Wagnild & Young (1990) conducted interviews with 24 participants, all of whom were Caucasian women between the ages of 67 and 92 years (mean age = 78.1 years). Potential subjects were identified by the directors of six senior citizen centers as women observed to be socially active and who demonstrated high morale. Each potential participant had at least one major recent loss and scored a mid to high level of morale as measured by the Philadelphia Geriatric Center Morale Scale (PGCMS) and reported adjustment to the loss. The data were collected in audio taped interviews, with all participants being asked to respond to the same set of five questions. The five themes which emerged consistently from the data included equanimity, perseverance, self-reliance, meaningfulness and existential aloneness

(Wagnild & Young, 1990). The core concept of resilience characterized the responses of these women who, following adversity, were able to bounce back.

Laferriere & Hamel-Bissel (1994) conducted a miniethnography in which they described the health lifeways of six remarkable elderly women over age 85 who live in the northeast corner of Vermont. Four to five individual interviews were held with each participant in her own home. An interview guide was developed using guidelines from Leininger's (1985) life history protocol. Validity and reliability were enhanced by carefully choosing participants who were able to accurately present their personal histories. The validity and reliability were further maintained by the researchers checking and crosschecking data content with the informants. These six Caucasian women ranged in age between 87 to 93 years old and were all widowed. All suffered from various chronic illnesses including arthritis, heart disease, hypertension, diabetes, back pain and fractures resulting from falls, but despite these factors, they each maintained residence in their own homes with the help of family or friends. "Three receive home health services that include only skilled nursing visits" (Laferriere & Hamel-Bissel, 1994, p. 321). The four dominant themes that emerged of the health lifeways are, "Being a Woman With Family and Friends", "Living Off the Land", "Dealing With Difficult Times", and "Working Hard and Staying Alone" (Laferriere & Hamel-Bissel, 1994, p. 321). Their remarkable stories exemplify a hardiness and resilience throughout lives that were anything but easy. While they were not without health problems, lacked physical strength, had altered family relationships, and experienced declining mobility, all of these women had been able to maintain a high level of morale and had adjusted successfully to the challenges of aging. "Together the characteristics of challenge, commitment and control

combined with resiliency and blended with an adequate social support system have afforded these very old women with the ingredients for successful aging” (Laferriere & Hamel-Bissel, 1994, p. 323).

Resilience: A global concept. The trait of resilience does not appear to be limited to just one group or culture nor to common attributes of persons. It has also been considered as a familial trait and as a process. Detzner (1996) studied Southeast Asian elders who were members of families who were in transit, refugees, immigrants and displaced persons. Dominant themes were discerned through a process that acquired their life-history narratives. These revealed problems, dilemmas, or issues recurring frequently or with intensity across the life course. Detzner found that the largest group in the study (20 of 40 or 50%) were members of “resilient families” (1996, p. 47). “Although many have experienced separation, loss, and conflict during their difficult lives, the dominant theme that emerges from their life histories is flexibility, hardiness, and tenacity in the face of major obstacles” (Detzner, 1996, p. 47).

Dyer & McGuinness (1996) proposed that “*resilience* is a global term describing a process whereby people bounce back from adversity and go on with their lives” (p. 277). They feel that protective factors play a part in this dynamic process. “*Protective factors* are specific competencies that are necessary for the process of resilience to occur” (Dyer & McGuinness, 1996, p. 277). *Competencies* are seen as the “healthy skills and abilities that the individual can access” and these exist in three domains: “individual competencies, interpersonal competencies, and familial competencies” (Dyer & McGuinness, 1996, p. 277). These authors go on to posit several model cases to show

these defining characteristics, including the fictional character “Forrest Gump” who exemplified resilience (Dyer & McGuiness, 1996).

Measuring resilience. The lack of a reliable measure of resilience has limited the ability to identify persons who are resilient or who possess the capacity to develop the trait because few studies have been done on the concept of resilience in adults, and “rarely has resilience per se been measured” (Wagnild & Young, 1993). As a result of this and other concerns and limitations, Wagnild & Young set about developing a Resilience Scale (RS), which would be reliable in the measurement of this trait. This experimental instrument has been tested on 810 older adults and was found to measure two main factors: Personal competence and acceptance of life and self (Wagnild & Young, 1993).

Five components of resilience were developed by the authors from a review of the literature on resilience, a qualitative study of 24 women who had adapted successfully after a major life event (Wagnild & Young, 1990) and related psychologic and philosophic writings (Wagnild & Young, 1993). These components included 1) “equanimity”, a balanced perspective of one’s experience in life; 2) “perseverance”, the ability to continue to strive despite adversity or deterrents; 3) “self-reliance”, a belief in ones abilities and a dependence on oneself amidst challenges; 4) “meaningfulness”, the ability to feel that life has a purpose and that one contributes in his/her own way; and 5) “existential aloneness”, or the realization that ones own path in life is unique and ultimately it is up to you to live it out (Wagnild & Young, 1993, p. 167-168). It was these components around which the RS scale questions were developed.

Wagnild & Young (1993) reported that the RS had been used in five unpublished master’s theses studies done on resilience in adults. In those studies where this tool has

been piloted, subjects included such groups as graduate students, first time mothers returning to work, residents in public housing, and caregiver spouses of Alzheimer's patients, (Wagnild & Young, 1993). Use of the scale with a large sample was necessary to explore the psychometric properties of this instrument, thus a study using 1500 randomly selected community-dwelling adults was undertaken. All were selected from the readership of a larger senior citizen periodical in the Northwest. 810 questionnaires (54%) were anonymously returned.

Wagnild & Young (1993) described the development and initial psychometric evaluation of this 25-item instrument using that sample. The results of this study support the internal consistency reliability and the concurrent validity of the RS as an instrument to measure resilience (Wagnild & Young, 1993). Correlations ranged from .67 to .84 ($p < .01$), which is considered satisfactory.

Emerging patterns. Given the varied interpretations of resilience and the limited nature of the body of research, a doctoral student at Catholic University, Polk (1997) undertook a meta-analysis of the research relating to resilience and drew similar conclusions to the ones found in this paper. She concurred that confusion arose as to a clear definition of the term resilience. Her study of the existing body of research substantiates the inconsistencies that have been seen in this review of the literature, leading to the conclusion that "further theoretical delineation of the concept is needed" (Polk, 1997, p. 1). Utilizing concept synthesis, she examined 26 studies dealing with resilience for evidence of defining attributes or themes. Polk (1997) synthesized the concepts into four patterns of resilience: "dispositional pattern; relational pattern; situational pattern; and philosophical pattern" (p. 5).

Polk's resulting middle range model was derived using Newman's paradigm as a unitary evolving pattern of person-environment interaction and Roger's conceptualization of the science of unitary being focusing on the holistic nature of humankind (Polk, 1997, p. 7-8).

Analysis and Critique: Concept of Resilience.

There has been an inconsistency in the definition of the term resilience in the literature surveyed. It is variously defined as a "personality trait" (Wagnild & Young, 1993, p. 165), a "dynamic process" (Dyer & McGuinness, 1996, p. 277) and a "critical attribute" comprised of four parts, "rebounding and carrying on; a sense of self; determination; and a prosocial attitude (Dyer & McGuinness, 1996, p. 277). Flach (1988) identified many additional traits that he noted resilient persons to possess. Without a clear definition being consistently used, one wonders if resilience can be adequately identified and researched.

In the literature reviewed there are some commonalities among the personal attributes and experiences of resilient people. A variety of tools and methods have been used to measure resilience, most likely due to the lack of a standardized and validated measure.

In many instances, this concept was measured by quantitative means in such scales as Antonovsky's (1974) Orientation to Life scale (29 items) or the shortened form Sense of Coherence (1993) scale (SOC) which is comprised of just 13 items. At other times, the Philadelphia Geriatric Center Morale Scale (PGCMS) was utilized in order to screen for high morale in order to meet the criteria for interviews in Wagnild and Young's study (1990). The tool developed by Wagnild and Young (1993) is of potential

use in future studies, provided it is further tested in the areas of low resilience measurement and construct validity. It needs further testing with both genders and in varied cultures.

Although the existing body of actual research studies on resilience is somewhat limited, there has been wide discrepancy in the types, measures and methods of research utilized. A table comparing research methodologies, measures used, numbers and types of participants studied, and a summary of the findings and limitations of several research studies involving the concept of resilience is presented in Appendix D.

One major limitation noted in the body of research on resilience is that it is fundamentally linked to normative judgments relating to particular outcomes (Dyer & McGuinness, 1996). In other words, like asking leading questions, researchers and health providers have already assumed what is right or wrong, thus limiting the variable outcomes, which may be discovered when researching resilience in diverse cultures. The concept seems to be somewhat judgmental and biased. If the subject is not resilient, it seems that the blame is on the victim for his or her illness and makes hazy the very complex social-psychological relationships between the individual, society and health.

Polk drew out of her literature review and resulting concept synthesis four defining patterns, “specifically the dispositional pattern, the relational pattern, the situational pattern and the philosophical pattern” (1997, p. 5). While each of these four emerged patterns delineated by Polk (1997) has merit, more actual research is needed beyond her metaanalysis method. The ideas are well supported and make sense in a logical manner. Further comparison of these themes with other ones experienced by resilient adults merits future research. Her (1997) middle range theory incorporating both

Newman's and Roger's models definitely needs further refinement, thought and study, as it is a combination of two very complex and somewhat controversial grand theories of nursing which are difficult to apply.

In the more recent studies on resilience, an ethnographic approach has been used, but exclusively with older women, who told their life stories during interviews. The themes, which were identified, suggest that nursing intervention and health promotion for the oldest old should focus on methods, which promote self-reliance and independence and shift away from methods that increase dependence and learned helplessness. The impact of cultural and spiritual values, core beliefs about health and health practices, and how personal characteristics impact the development of resilience need additional study. By examining these links further, this vulnerable aging population may be assisted to achieve and maintain their highest potential for function and maximum quality of life.

The review of the literature and research done on the concept of resilience for this paper has shown several deficits. Limited study of this trait is seen with cultures other than Caucasian groups and no study of elderly males was found whatsoever. The largest population of the "oldest old" is women, and this makes one question why one gender so disproportionately outnumbers the other in old age. Does the concept of resilience enter into the difference of gender longevity? The elderly male segment of the population, since it is small in comparison to elderly females, is clearly a focus for further study. This exploratory study was needed to verify and illuminate the experience of resilience in men.

Hardiness: A Related Concept

Hardiness is a concept closely related to resilience upon which significant research with adult subjects has also been done. It is included here because of the

overlapping of core meanings that resilience and hardiness share. Much of the study of the hardiness concept done in the late 1970's and early 1980's is cited in the early research on resilience. Hardiness research led into research on resilience, a term more reflective of a quality that persons may be able to develop in order to better adapt to stressful and difficult circumstances in life, including health problems. Resilience has become the more durable term, as it connotes a trait that can be nurtured and developed over time.

Hardiness had its origins in the field of agriculture, referring to a quality of crop able to withstand adverse weather conditions (Lee, 1983). Like resilience, hardiness is thought to be a personality trait developed over time. Hardiness is defined as an internal factor that can influence the person's response to stress by motivating resistance to the negative effects, thus promoting adaptation to the problem (Kobasa, 1979; Pollock, 1989). Beckingham and DuGas (1993) defined hardiness as "resilience or resistance to stressors resulting from positive personality traits and interactions with other resources such as social support; three components are commitment, control, and challenge" (p. 452). The hardy individual's personality characteristic is "an amalgam of cognition, emotion, and action aimed at not only survival but also the enrichment of life through development" (Kobasa, Maddi, & Courington, 1981, p. 169).

The hardiness research by Kobasa (1974) during the stressful circumstances following the court-ordered divestiture of the then world's largest corporation, A.T. & T., found that in times of stress those persons who had a greater sense of control over life's circumstances remained healthier than those feeling powerless in the face of external forces. Kobasa studies the effects of stressful life events on illness onset. Her

correlational study “supported the prediction that high stress/low illness executives show by comparison with high stress/high illness executives, more hardiness, that is have a stronger commitment to self, an attitude of vigorousness toward the environment, a sense of meaningfulness, and an internal locus of control” (1979, p. 1).

It was observed that in times of stress, those persons who had a greater sense of control over life’s circumstances remained healthier than those feeling powerless in the face of external forces (Kobasa, 1979). Committed persons feel an involvement with others that serves as a generalized resistance resource against the impact of stress (Antonovsky, 1974). Studying elders who do not fall ill despite considerable stress may suggest that certain personality traits lead to staying healthy. In looking at sense of coherence, “the resources seen as leading to life experiences which predict health in older age seemed to be wealth, ego strength, cultural stability, and social support” (Antonovsky, 1993, p. 725).

A number of coping studies suggest that “personality traits, such as hardiness, are related to health and illness outcomes” (Narsavage & Weaver, 1994, p.91). In a study of physiologic status, coping and hardiness as predictors of outcomes in chronic obstructive pulmonary disease (COPD), Narsavage and Weaver (1994) identified three components of hardiness:

First, hardy individuals possess a sense of ‘control’, the feeling that a course of events can be influenced by involvement. Second, such individuals have a higher level of ‘commitment’. Third, they view stress as a ‘challenge’, a means of change. As a result, hardy individuals are better able to tolerate ambiguity (p. 91).

It is apparent that there are similarities between the concepts of hardiness and resilience, and for that reason it is essential to understand the research done in the past relating to each.

Analysis and Critique: Concept of Hardiness

In the early studies on hardiness, Lee (1983) identified four personality components which hardy persons display: endurance, strength, boldness and power to control. These were similar to the three personality components first identified by Kobasa's research: control, commitment and challenge (1979, p. 3-4). Most of the authors (Kobasa, 1979; Kobasa, et al. 1991; & Bigbee, 1985) believed that hardiness is an identifiable personality style that can be fostered in all persons, however Lee (1983) argues that hardiness is an intangible trait and Lambert & Lambert (1987) explain that minimal research has focused on how it can be developed in individuals. The studies were often limited to small numbers and most often looked at well, middle-class, Caucasian males in the work force (as opposed to the elderly, ill, members of both genders or varied cultures). The generalizability of such findings is questionable. It is possible that hardiness is a false construct built upon the particular personality traits of the male executives whom Kobasa (1979) originally studied, since much of the later literature is based on her model. As a result, gender and class bias may diminish the usefulness of the concept and its applicability. Each of the studies of hardiness examined utilized statistical analyses as their mode of inquiry, which is somewhat surprising since qualitative methods are particularly useful in gaining an understanding about how people perceive the world around them and how they see it impacting their lives (McCracken, 1988).

Bereavement in Elderly Widowers

As previously acknowledged, the decreasing gender ratio between men and women grows with advancing age, with women outnumbering men nearly 4:1 by age 90 (U.S. Census Bureau, 1999). Most elderly men are married, while the majority of elderly women are not (U.S. Census Bureau, 1999), suggesting that without their wives men are extremely vulnerable. Because women outnumber men so significantly in old age, less research has specifically looked at older men, particularly surrounding the issues of loss and bereavement. A slowly growing body of research has shown that one of the most at-risk groups, in terms of health and mortality, are elderly widowers after the loss of a spouse (Berardo, 1970; Biondi & Picardi, 1996; Brabant, Forsyth & Melancon, 1992; Stroebe & Stroebe, 1983). It is important to this study to critically examine the body of research, which elucidates the plight of these elderly widowers. This examination is seen as an initial step toward recognition of these individuals, and secondly, as a means of identifying possible interventions which may be helpful to their adaptation at a time when they appear to be at risk for illness, isolation and even higher death rates.

Bereavement is the action of having someone go out of one's control, possession or environment. This term is consistently used to refer to the death of a person. Grief refers to the complex feelings, thoughts and behaviors of an individual in response to a loss. Grieving can be seen as experiencing sorrow, pain distress and sadness about a loss. Bereavement process will refer to the cognitive, affective and behavioral changes in the bereaved individual after the loss (Cleiren, 1993).

Variations in grief responses between the genders. Recent research has shown that the grief experiences of men and women are profoundly different. Early study of bereavement often focused on the severely depressed with pathological symptoms, such as the seminal work done by Sigmund Freud (1917/1956), “Mourning and Melancholia”. In it Freud observed that grieving requires isolation, withdrawal and detachment. It has been widely understood in the intervening years that Freud was referring to clinical depression rather than to normal grief in this analysis (Horacek, 1991; Lindemann, 1944).

It has been an observation that elderly men who have lost their spouses often retreat into themselves, and repeated studies have substantiated the fact that men seem to be able to call less on their personal resources than women, and may be the most vulnerable group when faced with the loss of a spouse (Berardo, 1970; Hansson, 1988, Stroebe & Stroebe, 1988). While not considered in itself to be significant, this observation calls into question whether or not males differ from females in their grief and bereavement processes.

Berardo (1970) had conducted research examining of the plight of the aged widower. One factor that was noted at that time is that investigators tend to treat the elderly or “the aged” as a homogeneous group. There are wide variables among this group including widowhood status, levels of functioning, background, life experiences, social and cultural class, as well as socioeconomic status, to name a few (Berardo, 1970). Because of this merging together of all into one category (“the aged”), research can be misleading, and that was one of the factors which led to Berardo to focus on the environmental conditions surrounding the aged male survivor. It was actually a

companion piece to his earlier work (1968) dealing with the social adaptation of the female survivor.

Widows and widowers exhibit higher rates of mortality, mental disorder, and suicide than married persons of the same age (Berardo, 1968). This becomes even more important when it is realized that it is this older population, which experiences more disruption of marital status through death of spouse than any other age group. The aged widower is more likely to need someone to prepare his meals and provide him with others kinds of general care, than is a widow of the same age who is usually capable of living alone and taking care of herself (Berardo, 1970). If his wife was the homemaker-housekeeper, all of those things upon which he depended and could count on in the management of their mutual affairs, are now fully on his shoulders. In addition, other family roles such as grandfather may include a much narrower range of meaningful activities than that of grandmother, and he may feel less able to fulfill this role on his own. Additionally, even the type of hobbies or recreation preferred by females favors them over male survivors. Many women enjoy knitting or hobby crafts, while men may have enjoyed active outdoor activities which an elderly man may not be vigorous enough to enjoy, leaving him feeling even more isolated and alone (Berardo, 1970).

The evidence presented by Berardo (1970) strongly suggests that the aged male survivor experiences significant difficulties in his efforts to adapt to single status; that he suffers a different impact from the loss of a spouse than that experienced by his female counterpart. "While some widowers manage to organize themselves domestically with great efficiency, others indeed fall into domestic anarchy and confusion" (Tunstall, 1961, p. 153).

Role influences on grief and bereavement. Carey (1977) conducted interviews of individuals 13-16 months after they were widowed. 78 widows and 41 widowers were included, and an eight item self-report measure of adjustment-depression was developed and utilized. In this particular study, widowers were found to be significantly better adjusted than widows, and a number of factors were postulated as rationale for this finding. The practice of a wife taking her husband's name and building her identity around her husband was cited by Carey as one factor influencing the superior adjustment of widowers as compared to widows. Economically, a wife's lifestyle is often radically changed following the death of her husband, especially at the time when this study was conducted. Today and in the future, with many women having their own careers and with a further androgyny of roles, a change may be seen. Statistics have consistently shown that women tend to live longer than men, and men tend to marry women younger than themselves. For this reason, it is easier for men to remarry, and in fact, 20% of the male participants in this study had already remarried, as compared with none of the widows (Carey, 1977). One questions exactly how grief was truly measured here, as men are less likely to share their feeling openly than women. This research clearly stands out, although done many years ago now, for it's finding that men were better adjusted than women. The findings of Stroebe & Stroebe (1989-90) regarding possible selection bias of participants in bereavement research needs to be considered when looking at these results.

Stroebe & Stroebe (1989-90) addressed the issue of selection bias in bereavement research, and put forth the idea that the least distressed individuals have often been the ones who are willing to be participants. In their findings, those who refuse to participate in research, “ were more withdrawn and felt they had less support than participants, as did

men compared with women” (Stroebe & Stroebe, 1989-90, p. 23). Widowers who refused to participate in research studies were found to have less autonomy, the opposite of the widows who did not participate. In fact, Stroebe and Stroebe’s study (1989-90) found that one of the highest risk groups for poor outcome following bereavement were widowers who suffered unexpected loss of their wives, and who responded to this devastating occurrence by retreating into themselves. According to Stroebe & Stoebe (1989-90), “because of the way they respond to bereavement, these widowers are unlikely to be among those who are provided with the help that they need” (p. 24). This finding is of great significance to the helping professions, as it is highly unlikely that unless these men are identified, that they will even be able to receive any kind of support or help.

Mortality rates during bereavement. Parkes, Benjamin and Fitzgerald (1969) published the results of a longitudinal study done involving 4,486 widowers of 55 years of age and older over a nine year period following the death of their wives in 1956. Of those involved in this study - 213 (5%) died in the first six months following the death of their spouse - or 40% greater than the number expected for married men of the same age. The causes of death were attributable to coronary thrombosis and other arteriosclerotic and degenerative heart disease in 53% of the cases. The psychological and social consequences of bereavement have become known through substantial research, and stress has been implicated as a factor, which can lead to grave consequences on physical health during this period (Lichtenstein, Gatz & Berg, 1998). It was concluded even in Parkes, et al. early study (1969), that anything that mitigates the stress of bereavement has relevance to clinical practice and the survival of spouses left behind. It is assumed that a stressful life event may precipitate the onset of a physical or mental disorder,

particularly if a predisposition toward that disorder already exists. This contention is supported by several early studies and has not been refuted in more recent research (Dohrenwend & Dohrenwend, 1974; Rahe, 1979; Caplan, 1990).

Self-perceptions of physical health in 21 elderly widows and widowers two months following the loss of a spouse were examined by Thompson, Breckenridge, Gallagher and Peterson (1984). Their responses were contrasted with the responses of a control group for a comparable period. While physician visits and hospitalizations were not significantly different among the groups, the bereaved did report significantly more recently developed or worsened illnesses, greater use of medications and poorer health ratings, in general. Interestingly, it was the women in this study who indicated poorer perceived health than the men (Thompson, et al, 1984). Most of the subjects included in this study were middle-class Caucasian older adults, thus there may be considerable differences in older persons who are less advantaged or from varied racial or ethnic backgrounds.

Another study done regarding mortality after spousal bereavement involved pairs of twins discordant for marital status and on 35,860 married individuals from the Swedish Twin Registry born between 1886 and 1958 (Lichtenstein, et al., 1998). This research is notable because of its distinct ability to match a still married co-twin as a control to a bereaved twin. A causal effect was found between widowhood and mortality. The risk of mortality following bereavement was higher for young-old individuals, and more pronounced for recently widowed than for longer term widowed. This is consistent with earlier findings by Parkes, et al. (1969).

Differences in grief response. As had Berardo in his earlier research (1970), Stroebe and Stroebe (1983) published a paper examining whether men or women suffer more when widowed. While some people seem to recover from their grief after the death of a spouse “relatively unscathed”, others experience severe mental and physical effects that often last for years (Stroebe & Stroebe, 1983, p. 279). Evidence is examined from both cross-sectional and longitudinal studies, and although few of these studies are particularly strong, the findings do support that: “If there is a sex difference in conjugal bereavement reactions, it is the men who suffer more” (Stroebe & Stroebe, 1983, p. 279). The death of a spouse not only removes the “protective screen provided by the partner, but also leaves the widowed worse off than if they had never married” (Stroebe & Stroebe, 1983, p. 297). The health consequences of bereavement may be ameliorated somewhat by the availability of social support. Widowers are less likely than widows to find alternative sources of social support. How is this supported in the literature? Lynch (1977) noted that it is less acceptable for men than for women to express feelings of loneliness and the need for fellowship with others, according to accepted cultural norms. Another aspect of this is that their work role has made men relatively more “isolated from social contacts outside their work environment”, and thus when retired or outside the work setting, they have fewer social contacts from which to draw (Stroebe & Stroebe, 1983, p. 298).

Widowers are generally less likely than widows to have or recruit same-sex reference persons, but as shown earlier, they are more likely to develop new romantic relationships and find another partner (Carey, 1977; Carter & Glick, 1976). Social and cultural norms discourage such relationships during the immediate period following the

death of a spouse, so the greater availability of potential mates can have little affect on the immediate period of bereavement. The greater number of widows as compared with widowers may contribute to the finding that widowers have their greatest problems in the first 6 months following death of their wives, while widows report suffering most during the second year following their husbands' loss (Stroebe & Stroebe, 1983, p. 298). This may have more to do with the economic consequences and change in life style, which is commonly experienced following the loss of a husband.

Stroebe, Stroebe, Abakoumkin & Schut (1996) reported on a longitudinal study done of a matched sample of 60 recently widowed and 60 married men and women which tested predictions from stress and attachment theory as it related to the role of social support in adjustment to bereavement. The results clearly supported predictions from attachment theory that losing a partner means losing a major attachment figure, and that social support from the family and friends cannot compensate for this effect (Stroebe, et al., 1996).

Coping alone. Using in-depth interviews, Brabant, Forsyth and Melancon (1992) explored the thoughts, feelings and behaviors of twenty men following the deaths of their wives. Their findings do not support the predominantly held belief that men are less likely to grieve than women; or that they are less emotionally involved and thus, grieve less. By contrast, this study found that the loss of a wife evoked intense feelings in the men reporting. These men "both hurt and knew they hurt", but they did not reach out to others for help (Brabant, et al., 1992, p. 34). In this research, although the men cited family and friends as their major support system, 15 out of 17 who claimed they still hurt, tried to cope alone, with only two of the group reaching out to others (Brabant, et al., 1992). In

addition, the sample's high refusal rate (58%) of those contacted, seemingly did not even want to talk about the subject. This finding is important and has far reaching implications for bereavement counseling and program development.

It is likely that gender differences with regard to bereavement and grief impact males in two ways. One has to do with emotions, with the assumption being that men do not feel. The other is related to recognition of the magnitude of the loss, the importance of the deceased wife to the male's concept of self, and thus the intensity of the pain (Brabant, et al. 1992).

Campbell & Silverman (1987) found that males have a narrow range of emotion in general, and that widowers in particular are encouraged to express few emotions. Men are often prohibited from breaking down in front of others, unlike women, thus the impact of bereavement on males is frequently underestimated in research (Stroebe & Stroebe, 1989-90). In addition, those men who are less depressed are often the ones who agree to be interviewed, as pointed out earlier. Widows are usually the opposite, in that those who are more severely affected by bereavement are the ones who agree to be interviewed (Stroebe & Stroebe, 1989-90).

Little additional information was gleaned by the Finnish study done by Hyrkas, Kaunonen and Paunonen (1997). Their findings derived from a sample of 242 women and 76 men who had lost a spouse between 25 and 65 years old. Only two statistically significant differences between the groups were found. The widowers displayed blame and anger more strongly when describing their grief than widows when the death had occurred more than two years prior to the study. Secondly, during the same two-year time period, those widowers reported feeling less disorganized than the widows. With these

minimal differences in findings, this study then, confirmed earlier observations that gender is a relatively unimportant predictor of grief reactions. Grief is highly individualized emotion, and a longitudinal study would most likely allow more generalization about the intensity of grief after the death of a spouse, than would a cross-sectional study such as this.

Social support and adaptation. Myths of masculinity may mask the expressions of grief among elderly widowers. Rees (1995) explores the issue of men's health in a men-only group environment. Although society likes to think that the gap between the roles of men and women is closing, in actuality there are still many who cling to the stereotypes of gender differences. The "macho" image of men "—dominant, competitive, strong, fit, health and providing for the family implicitly includes physical and mental strength" (Rees, 1995, p. 38). Men are consistently identified as being less able than women at talking about their problems, and thus seldom have access to emotional support in a group or individually (Rees, 1994). A trial support group was set-up in a safe, supportive environment with the aim of providing a forum for mutual sharing, support and understanding about health issues of common concern. While this group was not made up of widowers, the experiences showed that men, as well as women, could benefit from an open forum in which they can discuss their concerns. This may well be a format that could be successfully utilized for elderly men who have suffered the loss of a spouse.

When a person is facing the loss of a spouse, the level of anticipatory grief may reflect a person's customary level of emotional adjustment and ability to cope with stress. At a time of bereavement, concurrent stressors have been implicated in the individual's coping ability. Social support and spiritual support were implicated as significant coping

resources by Levy, Martinkowski and Derby (1994) in their study on conjugal bereavement. Further research is needed, particularly phenomenological analyses of the bereavement experience of individuals as they play out their roles during this transitional time. Learning more about the lived experience of bereavement would provide insights into how best to make sense of them and how help and understanding could be offered (Levy, et al. , 1994).

Data presented from a longitudinal study involving 144 recently bereaved spouses between the ages of 51 and 89 who participated in a support group intervention suggest that members derived additional support from personal contact between the scheduled group meetings (Caserta & Lund, 1996). Widowers were consistently in the minority in groups, and one of the recommendations for future use is to be certain that more than one widower is included in the support groups formed, to ensure that male contact is available. This study revealed little in the way of substantive information relating to widowers, per se.

Horacek (1991) traced the theories of grief from Freud and Lindemann to present-day with an emphasis on meaning for older grievers. One conclusion from this research that is notable for elderly widowers is that the elderly are more likely to experience multiple losses over a relatively short period of time (for example, loss of friends, spouse, health, and income). This fact, when coupled with the realization that completing grief tasks may well extend beyond one or two years, leads to the awareness that the older person may experience “bereavement overload” (Horacek, 1991 p. 469). Sometimes this overload leads to depression and the person may no longer wish to live or have suicidal tendencies. On the other hand, it was reported that “many older grievers are quite resilient

and exhibit strong and effective coping abilities” (Horacek, 1991, p. 469). It would be interesting to explore what factors are seen to lead to this resilience among this cohort.

Society tends to expect that people will do their grief work in private and is not comfortable with outward displays of mourning. Additionally, an expectation of elders since they should know to expect losses with advancing age, is that they show their ability to keep a “stiff upper lip” about them when they actually occur (Horacek, 1991). In recent years there has been a trend away from the rituals surrounding death, and societal pressure encourages making our rituals simpler, more brief and more private. This may tend to reduce the comfort and solace that such rituals offer the elderly in their bereavement.

Analysis and Critique: Significance of Bereavement in Elderly Widowers

In Appendix E a comparative grid is set forth to compare the general findings of each of the studies discussed. Although the literature related to elderly widowers is somewhat wide ranging in its findings, several conclusions may be drawn. First and foremost, it appears that very little attention has been given to the impact of spousal bereavement on males. Men do suffer bereavement following the death of a spouse and may experience a wide range of physical and psychosocial symptoms, feelings and thoughts. Grief is a highly individual experience and normal bereavement may be experienced over a prolonged period of time. Additionally, these male survivors are particularly vulnerable, especially during the first few months or one year, to suffer serious illness and death. An exploration of the lived experience of resilience in male survivors of this period will give insight into what helped or hindered them. Descriptive qualitative research is needed in order to begin to recognize positive coping strategies and

protective factors which have worked for men in this phase of life. Accurate research findings will be a key to determining how health care professionals can best recognize and help facilitate the coping abilities of this group of vulnerable men.

Careful assessment of their perceived needs is crucial, as is timely intervention. Social support alone cannot replace the lost spouse, although the perceived presence of social support appears to decrease depression and somatic complaints (Stroebe, Stoebe, Abakoumkin & Schut, 1996).

Rationale for the Study

Most assuredly further research is needed with regard to how persons adapt to changes in their lives. It is apparent that some persons are able to withstand significant setbacks, including loss of job, loved ones, dramatic changes in circumstances and the like and still remain optimistic and positive. Others typically become bitter and negative. Both concepts have undergone limited study. Because of the trend in recent literature toward use of the term resilience, I prefer to use only the term “resilience” as I explore the lived experience of rebounding to loss of a spouse or significant other in this study of elderly men to allow for consistency.

The foregoing critique and analysis of the relevant research in this area revealed several rationales for conducting this study. First, although significant progress has been made, there is still a need for further definition of what resilience means, particularly among this population of elderly widowers. It has been variously viewed as a trait by some, while others view it as a process. What it is and how can it be recognized must be defined more clearly before it can be fostered or nurtured in people to enhance a successful aging process.

Secondly, the further development of psychometric measures that would reliably measure resilience, especially at the low end of the scale is needed. The Resilience Scale (Wagnild & Young, 1993) shows promise, but more study of its applicability to various populations is needed, as is further replication of its reliability and validity.

Third, in order to confirm that resilience crosses cultural and gender boundaries, additional research is needed with varying populations. Most of the published research studies have been limited to relatively small numbers of subjects, mainly Caucasian women and clearly little has been done to determine if socioeconomic group or gender affects the experience of resilience.

Lastly, there is a lack of research regarding resilience in elderly men, particularly widowers. Male survivors appear to be at risk for serious illness and even death in the months following death of a spouse. Such a qualitative study of elderly resilient widowers, over the age of 70 years old, would give voice to what it is like to be a survivor. Insights may be gained utilizing interpretive phenomenology as a method of study that would elucidate such experiences and assist health care providers in recognizing and facilitating development of resilience in others.

Chapter III: Methodology

The interpretive phenomenological research approach was utilized for this study because it is seen as the most appropriate philosophical framework, science and methodology to answer the research question: What is the meaning of resilience in elderly widowers following the death of a spouse? Phenomenology is logically and ideally suited to evoke, to connect with, to describe, and to elaborate the qualities and inner meanings of resilience in elderly widowers from their own perspectives and their lived experience. Phenomenology, as a philosophy and a research method, is an inductive, descriptive approach that seeks to capture the “lived experiences” of the study participants.

Any attempt to understand the present-day meanings and decisions made by senior adults needs to be done in a biographic approach, seeking to understand the biographical context in which their decisions were made and their meanings found (Rubenstein, Kilbride & Nagy, 1992). A phenomenological study often provides insights useful to nursing practice that may not be gained using quantitative methods. This inductive, descriptive qualitative method was derived from phenomenological philosophy with the aim of describing experiences “as they are lived by the study participants” (Burns & Grove, 1993, p. 776).

Frequently referred to as the Rigorous Science of Meaning, phenomenology seeks to more fully understand the composition and meaning of human experience (Knaack, 1984), to study the lived experience of the life world as it is directly experienced, to come

to a deeper understanding of the nature of everyday experience, and ultimately to search for what it means to be human (van Manen, 1984). As such, for the study of elderly widower's experiences of resilience, it serves as a way to grasp their fullness of living, to gain understanding of their experience in the world as survivors, and to suitably assist in the comprehension of what meaning they give to human experience (van Manen, 1984).

The philosophical underpinnings of phenomenology have germinated from the work of many philosophers including (but not limited to) the following principal contributors: Bretano (1838-1917), Husserl (1859-1938), Heidegger (1889-1976), Marcel (1889-1974), Sartre (1905-1980), and Merleau-Ponty (1908-1961). Philosophers have been doing phenomenology for over 90 years, engaging in the interpretive process and seeking to understand the lived experience of study participants' through their narratives and situated actions (Benner, 1994). The end purpose of these understandings is not to explain or predict through causal laws or formal theoretical propositions, but rather to recognize, understand, and give meaning to the common threads of human experience. When such meanings remain unarticulated, "taken-for-granted practices and meanings fade from our social ecology and the social fabric of our lives, and we lose what they enable us to see, create, and represent" (Benner, 1994, p. xv).

Phenomenological research is the explanation of a phenomenon (in this case, resilience) as it presents itself to consciousness. Whatever falls outside consciousness, which is the only access humans have to the world, must then be outside the bounds of our possible lived experiences. It asks for the very essence of a phenomenon, whatever it is that makes some "thing" what it is - and without which it could not be what it is (Husserl, 1982; Merleau-Ponty, 1962). "Essence" is defined by Webster as, "the

individual, real, or ultimate nature of a thing...; the properties or attributes by means of which something can be identified as being what it is” (1987, p. 425).

The phenomenologist is a “perpetual beginner” according to Merleau-Ponty (1962), in that there is nothing taken for granted by the researcher. A sense of wonder is necessary - to ponder and to reflect upon that which is observed, and as a result the act of writing is inseparable from the act of research (van Manen, 1997). Narrative description is the favored approach of phenomenological researchers as they explore and describe lived experiences, since it preserves and attends to the integrity of the contextual data (Drew, 1993).

Method

The methodological framework utilized for this study was structured after the van Manen (1997) Researching Lived Experience Model. Van Manen’s method utilizes an approach that allows the researcher to conduct interviews, analyze and write in a comingled way. Appendix B contains a methodological outline for doing phenomenology in which van Manen (1984) set forth a format for using interpretive phenomenology. This methodological outline will be followed and is articulated further in the remaining portions of this chapter.

From the beginning of phenomenological inquiry, writing is the means of research: questioning, thinking, reflecting, and searching takes place through writing. In this way, hermeneutic (or interpretive) phenomenology is distinct from methods of research in which writing is conceived of as a “writing up” or reporting, an activity that takes place after researching. While phenomenological research proceeds through phases of questioning and investigating lived experience, reflecting, and writing, language is

involved throughout each step. For example, formulating a research question, engaging in conversation with interviewees, reading, keeping a research journal, or even jotting down notes to oneself are all linguistic processes which may precede or occur concurrently with more finished phenomenological writing.

What is observed about the phenomenon of resilience is derived from the person's inner self, as well as the layers of experience acquired in life. Through writing, we uncover and discover lived meaning. "It is posited that understanding is more powerful than explanation for prediction in the human sciences because it stands more fully in the human world of self understandings, meanings, skills, and tradition" (Benner, 1994. p. xv).

This hermeneutic phenomenological approach allowed this researcher to uncover understandings from each interview and apply and incorporate those insights into future interviews. As the investigator interviewed each participant, and as the transcript was typed, re-read, and thoughtfully reflected upon, certain insights were gained and thematic trends began to be recognized. These thematic insights were reviewed carefully and repeatedly. Clarification of these emerging themes then took place, and from that essential themes common to the lived experience were identified.

Examining assumptions and pre-understandings. In the practice of phenomenology, one views phenomena from a specific and personal vantage point. However, the personal viewpoint with which the subject of research is approached necessarily carries with it assumptions, biases, theoretical knowledge and pre-understandings. The phenomenological researcher endeavors to set these aside in order to see the subject matter anew. Hermeneutic phenomenology uses language as its medium of

inquiry and aspires toward a “systematic” understanding (van Manen, 1997, p. 11).

Consequently, before proceeding, and along the way, it is necessary to verbally unpack one’s baggage, as it were, and lay the contents out to view. It is not a matter of leaving assumptions, biases, theoretical knowledge and pre-understandings behind. Rather it is necessary to examine the contents of these, keeping them in one’s peripheral vision while working, being aware of how they shape, distort, and conceal one’s understanding. This is the material that one has gathered during life’s travels, conceptual souvenirs of education and professional experience. The difficulty in phenomenological research is not that we “know too little about the phenomenon we wish to investigate, but that we know too much” (van Manen, 1997, p. 46). Therefore, making assumptions and pre-understandings explicit has two purposes for the researcher: first to see what one knows, and to acknowledge the ways in which this affects one’s approach to the phenomenon in question; and second, to approach the subject matter less encumbered, better able to see with renewed wonder. Articulating assumptions and pre-understandings also serves the readers, by showing what the writer brings to the inquiry.

In this study, this researcher desires to make her vantage point, with all its attendant assumptions, biases, and conceptual understandings regarding resilience, explicit. In chapter one, the researcher described how the question of resilience was determined; in chapter two, the theoretical perspectives which informed the process were explicated; and now, in this chapter, the biases and pre-conceived knowledge about resilience which were held prior to the study are made more explicit.

Resilience has been viewed by this researcher as a positive trait, one to be fostered and developed in individuals, if that is possible. I am conscious that I presented resilience

from a positive perspective to each of those interviewed, and I know that by nodding, smiling and affirming their responses that I non-verbally encouraged them in their stories. It is my belief that these interactions provided support to them and did not influence the actual content of the interviews. It was difficult not to share my own experiences with participants, and though I firmly tried to stay with the developed probe questions in order to allow for consistency in the data, I found it difficult to refrain from giving them feedback or reacting positively to what they said. The researcher cannot help but be a participant in phenomenological research. According to van Manen (1997, p. 156), “phenomenological engagement is always personal engagement...” and “we are involved with it hermeneutically: personally biographically, [and] situationally...”. As it was essential to establish rapport and stimulate the memory of these participants, I believe this behavior was appropriate.

In bracketing, it is essential to bring to consciousness those preconceived ideas that you may hold, but at the same time acknowledging what you believe about the area of interest and wondering what the experience may be for others. The purpose of research is not to validate the researcher’s beliefs but to allow the other to give voice to one’s personal lived experience (Munhall, 1994). I believe that this has been done.

Data Collection

The goal of phenomenology is to explicate the “universal” essential themes and grasp the essence of the phenomena under study. It is not necessary to include large numbers, rather it is essential only that participants have experienced the phenomena and are able to discuss it.

Inclusion criteria. In order to be included in this study, participants had to be at 70 years of age. They needed to have survived the death of a long-term spouse; be cognitively intact enough to fully participate in the interviews so that memories of their resilience experience could be recalled and reflected upon, and the death of their wife needed to have occurred at least one year prior to the interview. Additionally, they had to be self-identified or identified by others as “resilient”.

It was the intent of this research to explore the lived experience of those widowers who had survived to the age of eighty and above and who were self-identified or identified by others as resilient. It was anticipated that it would be difficult to find research participants among the men surviving to advanced age, so the minimum age set for inclusion in the study was 70.

Participants. All men interviewed lived in the Southern California area, were a minimum of 70 years old, had survived the death of a long-term spouse, were in general good health and were willing to talk with the researcher regarding their experiences. Additionally, they had to be either self-identified or identified by others as resilient widowers. The nineteen participants in this study were cognitively intact enough to fully participate in the interviews and were all living independently with one in an assisted-living arrangement. These criteria are seen as one measure of positive adaptation in our society, which places value on independence. See Table A1 for a brief description of the participants.

Since most elderly surviving men are married, there is typically a spouse for assistance or support. It was, therefore, not surprising that several of the men identified by others as resilient widowers had remarried. This was not viewed as reason for exclusion

from the study, as remarriage may be viewed as an example of resilience in widowers. Five of those interviewed were currently married, but each had experienced being a widower and could vividly describe and remember the experience. See Table A2 for a brief profile of each of the nineteen participants in this research study.

All of the men lived in Southern California, four in a retirement community in San Bernardino County, CA affiliated with American Baptist Homes of the West; eight in a retirement community in San Diego County, CA affiliated with the Evangelical Covenant Church; and the remainder living in their own homes in either Los Angeles, San Bernardino or San Diego Counties. Of the nineteen men interviewed, seven had remarried, and of these, two had been widowed a second time. The length of time which had elapsed since the death of their wives varied from four months (two of the widowers) to twenty-six years, but regardless of variances in the length of time since the loss, each participant was able to remember and recount their experiences as a widower vividly. This was the determining factor for their inclusion in the study.

Though it was the intent to include only men who had been widowed for one year or longer, so as not to be insensitive to the grief process, in actuality two men came forward who had lost their wives just four months prior to the interview. Each wanted to participate in this research, and their contributions were consistent with the data in other interviews, thus it was decided to include them in this study. In both cases, participation in the interview seemed beneficial for them, and gave them a forum to share their experiences.

These widowers had diverse educational backgrounds that ranged from the completion of high school to the attainment of advanced degrees. Their ages ranged from

seventy-one to one hundred years old. Clearly, these men were a privileged group among the wide spectrum of those in the older age group. All had access to health care and all were financially able to afford their own residences, whether in a retirement community or in the community at large.

One gentleman had lost his hearing as an infant, and though he was able to speak in a somewhat understandable way, his speech embarrassed him. A sign language interpreter was present for part of the interview, but as she was a nurse who was working in the intermediate care facility where he lived and was called away, the majority of the interview was carried out in writing. While his responses indicated that he did not manifest resilience quite the same as some of the others, his interview has been included because of his unique perspective.

Although the nurse investigator sought to include men from various cultures and socioeconomic groups in order to explore whether their lived experiences of resilience were similar or different, eighteen of nineteen participants were Caucasian and one was African American. One of the men had immigrated to the United States at age eleven from what is now Croatia, while the rest had been born in America. Several spoke of their parents being immigrants, several from Sweden and Norway.

Sampling methods. For purposes of this study, research participants were selected utilizing the “snowball method”. This type of network sampling is used to locate samples that may be hard to identify in other ways (Burns & Grove, 1993). This sampling method utilized professional nurse colleagues, clergypersons and chaplains known to me who provided names of men who possessed the characteristics under investigation among this

age group. When a few participants were found with the needed criteria, they were also asked for their assistance in contacting others with similar characteristics.

Interview process. Face-to-face interviews are the common approach utilized when phenomenological research methodologies are applied in nursing. The participants are asked to recall or recount their experiences and to describe what those experiences mean to them. Finding ways to put the participants in touch with their feelings, thoughts and emotions and to describe them as they relate to the experience is always a challenge for the researcher (Drew, 1993).

Van Manen distinguishes between two kinds of interviews, those which are used primarily to “gather lived-experience material (stories, anecdotes, recollections of experiences, etc.)” and those which:

serve as an occasion to *reflect* with the partner (interviewee) of the conversational relation on the topic at hand...*the gathering of and reflecting on* lived-experience material, by means of conversational interviewing may be two different stages in a single research project. (1997, p. 63).

Utilizing van Manen’s (1984) methodological outline for doing phenomenology (Appendix B), the aim was to conduct one interview with each participant relating to their lived experience of resilience. An interview guide following the lines of inquiry for the study was devised and is included in Appendix A. The nurse researcher made notes during the interview.

Interviews took place primarily in the homes of these men, though three took place in a private room within the community-meeting hall of a retirement community,

and two took place in the researcher's office. Each interviewed was audiotaped and the interviews transcribed verbatim for analysis.

The nurse-researcher made notes and followed an interview guide that was derived from the lines of inquiry (See Appendix A). It was important to establish rapport and to stimulate the participant's memory regarding resilience experiences. As is necessary in interpretive phenomenology research, a dialogue occurred between the researcher and the transcripts from the beginning interview. Changes in the way questions were asked or expressed occurred depending on the responses of those initially interviewed. This was a necessary and imperative dialogue. If questions arose after dwelling with the data, participants were asked for permission to be interviewed by phone to clarify any responses and to ensure that the descriptive data from each participant was complete, a process which is key in the phenomenological method.

Ethical Issues

Prior to initiating this study, approval was obtained from the Committee on the Protection of Human Subjects of the University of San Diego. Safeguarding the participant's rights and welfare was paramount, and satisfactory ethical practices for the study were established.

Participants were invited to participate in the study. Written consent was obtained from each participant prior to the initial interview. The participants were advised that no risk to them was anticipated. Each participant was informed that they could withdraw from the study at any time, and that if anything untoward occurred during the interview, the interview would be terminated immediately. Additionally, participants were informed that they could have access to the transcriptions from the interviews, that all questions

they have about the study will be addressed, and that copies of the findings would be made available to them if desired.

Confidentiality has been strictly maintained. Names of participants have been kept separate from audiotapes of the interviews and from transcripts of those interviews, and fictitious first names have been used in the narratives. All interview notes, audiotapes of interviews, computer data diskettes and hard copy transcripts have been handled with care. These have been kept in a locked file cabinet and are marked with numeric and letter-coded symbols rather than names. All research data will be destroyed within five years of the completion of this study.

While there are no direct benefits anticipated from participation in this study, a potential benefit may actually have included the time and attention given to each participant by the investigator, a registered nurse, who was interested in each participant's experience of resilience in their life. Benefit gained by participants may also be a sense of self-satisfaction in verbally contributing to a research project aimed at developing and describing knowledge of resilience in elderly men.

Data Analysis

Data was analyzed using van Manen's (1984, 1997) techniques of phenomenological reflection and writing. Both of these must occur simultaneously in order to inform the analysis. Each practice enhances the other.

In the phenomenological approach the focus is on the participants' perceptions of their experiences. Human experience is considered "in the complexity of its context" (Munhall & Oiler, 1986, p. 57) and reflected upon as "comprehensible only in their context" (p. 58). Heidegger (1962) added that to be human is a self-interpreting activity

that occurs in a background of shared culture and meaning. From this notion, everyday human interpretation and existence can expand to include human existence as intrinsically interpersonal, living out a network of relationships with others, and individual interpretation as a particular effort at realizing and making sense of itself. From these tenets the value of reflecting upon participants' descriptions to gain significant understanding of the individual and their contextual experience can be comprehended.

Phenomenological reflection involves two steps: Conducting thematic analyses and determining the essential themes. Phenomenological themes are important for what they do. They "give shape" (van Manen, 1997, p. 88) to the amorphous nature of unreflected lived experience, enabling us to reflect on it and grasp its meanings. Several metaphors helped this investigator to grasp the meaning of themes, phenomenologically speaking. One is van Manen's description (1997):

They are like knots in the webs of our experiences, around which certain lived experiences are spun and thus experienced as meaningful wholes (p. 90).

Another excellent metaphor used by van Manen (1997) is comparing "themes" to "stars": themes are like points of light that enable us to "navigate and explore" areas of meaning (p. 90). The third metaphor that expresses the meaning of themes in phenomenological research is that of a "melody" (Valle, King & Halling, 1989, p. 14). Like a familiar melody which may be played by different people, on different instruments, in different times and places, the meaning structure of a common human experience is recognizable:

we know what it is (although we may not be able to name it) when we “hear” it. Thus, the recognizability of a theme is an indication of its truth to experience.

Reviewing the data carefully and many times over resulted in the discovery of these themes. The broad existential categories of “lived space”, “lived time”, “lived body” and “lived relation” served to guide thinking about the resilience experience of these men. Furthermore, these “four existentials” (van Manen, 1997, p. 101-109) provided a systematic structure for reflection and writing. Because time, space, body and relation are basic dimensions of the life world, they are useful guides for thorough and well-rounded reflection on most human experiences (van Manen, 1997, p. 102). As stories were related, recognition of the resilience experiences occurred.

Writing began with the first interview. The researcher kept a log of observations, feelings and related thoughts that came to her as interviews were conducted. These insights were interwoven as the writing continued. Examples or stories unfolded which showed how these men had been able to survive their losses. The writer looked for themes or commonalities among the stories and with reflection and time spent with the data, the stories were told which expressed the meaning of the resilience experience.

Analysis of these data obtained via taped interviews with the nineteen men included reviewing the researcher’s notes, feelings and observations made at the time of the interviews; viewing and reviewing the transcribed interviews and in some cases, re-listening to the tapes of those interviewed. Initially, a chart comparing the data relating to each interview was developed. This included the participant’s initials, age, date, time and place of the interview. It also listed pertinent facts about the participant, including the length of his marriage, if he had remarried, his vocation, military service and any major

observations about his situation. Lastly a summary of pertinent observations, consistent threads or ideas, which were heard during the interview, were listed on this chart. As the interviews were read and reread, this matrix continued to be developed and refined. A large piece of paper was utilized to write down consistently repeated ideas or themes, which seemed to emerge from the data.

Simultaneously, as the transcribed interviews were reviewed, notes were placed in the margins that marked significant insights about the content of the interview. These insights developed into threads of ideas that led to the emergence of themes. This process was approached with a sense of discovery, and while it is recognized that every researcher has biases and preconceived ideas and cannot be wholly objective, as much as was possible these data were viewed objectively.

Chapter IV: Findings of the Inquiry

Although they were transformed by their experiences and quietly proud of what they'd done, their stories did not come easily. They didn't volunteer them. I had to keep asking questions or learn to stay back a step or two...
(Brokaw, 1998, p. XXI)

The aim of this study, grounded in a phenomenological perspective, was to discover and describe the meaning of resilience for elderly widowers who had survived the death of a spouse. The participants described many aspects of their life experiences but all agreed that surviving the loss of their wife to death, was likely the most challenging adjustment that they had heretofore faced in their lives, unique from any other previously experienced. Their reflections on the resilience experience, their personal meanings and that adjustment to the loss of a long-term spouse were revealed making the lived experience of resilience complex and varied.

This chapter will begin with a description of the era which framed the lives of these men. The circumstances and events in history, which they faced, seem to have contributed to their ability to withstand loss and be resilient. A broader understanding of how each manifested their own particular style of resilience will follow, utilizing van Manen's analytically-oriented writing approach as well as representative anecdotes and analysis to illustrate both the essential and related incidental themes.

Setting the Stage for Their Stories

Embarking on a journey to discover the meaning of resilience for this group of

men born between 1901 and 1930, requires a thorough understanding of the period of history in which they lived their lives. The context of events surrounding their lives profoundly impacted their formative years and molded their characters. Many were sons of immigrants, thus much of how they viewed the world was taught to them by people who greatly valued the opportunities that America afforded them. All of the participants had been shaped by events of the Great Depression, one of America's most challenging economic periods. Their strong work ethic, teamwork orientation, and "can-do" spirit may have been rooted from their childhood experiences of needing to contribute to the family coffers and well being during a period of extreme economic need and deprivation.

Additionally these men had been affected profoundly by two world wars. Most were either small children during, or born shortly following World War I. All were even more directly affected by the Second World War, either personally as soldiers or as American citizens contributing to the war effort. Those who served in the military faced almost unimaginable circumstances, fighting in primitive conditions either in The Battle of the Bulge or having the ships on which they served torpedoed out from under them in the Pacific arena. Loss and death became an inevitable part of war and none of these men escaped the experience of loss associated with that war, as shipmates, brothers, friends and neighbors were killed. Honor and duty to country were paramount values in which they were steeped. In many cases, their lives were put on hold until the war was over for them and they were able to return home.

Another key to understanding their stories was realizing that they were often the first in their families to attend college, some as a result of the G.I. Bill. But more than

that, they grew up feeling a responsibility for leadership. They became self-made men who are so typical of many in this generation.

The twentieth century became a time of unprecedented change in terms of societal and technological advances, as well. The rise of the automobile and mechanization of industry and business were all a part of their collective experiences. Racial desegregation, the labor movement and politics played a huge role in changing society forever. These were the times that framed the lives of this group of men. All had experienced the ramifications of these societal events firsthand as part of the armed services and in the workforce.

Some of these men were skilled as carpenters and electricians while others became professionals including doctors, engineers, college professors and clergymen. Men and women of this generation have typically led productive lives, and the men participating in this study were continuing that productivity, contributing what they could even late in life.

The Lived Experience of Resilience

Six essential themes were identified among these elderly widowers which characterized their lived experience of resilience. Each of the participants in this study included these essential themes as they described their personal experiences of moving forward following the death of their wives. Themes that emerge from the data illustrate the “whatness” of the lived experience of resilience (see Table A3).

Incidental themes emerged even as the essential themes were described by the widowers. These illustrate the varying perspectives and unique viewpoints each widower had, even though the resilience experience was common to all. These incidental themes

are as important as background is to a painting or as music is to a play or movie. Without these unique details, the essential themes cannot be fully realized or stand out against their backdrop.

Overview of Essential Themes

Having a strong faith. The importance of faith emerged as the predominant essential theme in each of the interviews. Most of these men expressed a strong Christian faith, but even the two men who did not profess a specific religious preference explained that they depended on a personal faith for meaning in their lives. These widowers expressed their faith in varied ways, some in an open and natural manner and others in a quiet and reserved, almost embarrassed way, but it was a consistent theme among them. Their sustaining faith came from the way they were raised and their spiritual upbringing and roots formed in childhood and adolescence. They expressed the comforting belief that they were not alone, even in times of deepest loss. The practice of prayer to help connect them with their greater power was common to most of these men.

Preparing. A second essential theme, preparing, came across clearly in a variety of ways throughout this research. While no one can predict when the loss of a spouse or other significant person will occur, perhaps because of their length of life, these men were able to recount several things that helped to prepare them for journeying alone after the loss of their long-term spouse. Those who had been soldiers during wartime explained that facing death back then had helped them to come to grips with its reality. Many felt that their military experiences had prepared them for the eventuality of death and may have contributed to their development of resilience in the face of the loss of their wives.

Others had lost parents as young boys, and they too learned very early that death is an expected part of life, and this may have prepared them in some way for other losses.

The great majority of these men had been caregivers to their wives during a chronic illness and/or at end-of-life. This experience of caregiving was described variously as an opportunity for anticipatory grief to take place, a time to think through what the loss would mean, and also a very rewarding though extremely difficult time of responsibility and uncertainty. This close caregiving relationship may well have affected their responses at the time of the actual death of their spouse and afterward as they looked back on the loss or ahead to the future.

Another form of preparing came as many of these couples had looked ahead to Retirement and made the decision to enroll in a retirement community. Most of the men described wanting to take care of their wives in case anything happened to them, so they assured themselves that financial arrangements and living arrangements were completed in advance.

As a group, these men had been leaders during their lifetimes. Their generational view of a husband's role was that he was a provider, both financially and protectively. It is not surprising then, that these men had discussed the eventuality of death with their wives and that in at least two cases, their wives had encouraged them to remarry. This type of preparation by talking it over and by planning ahead is consistent with how these men described having lived their lives.

Doing what you have to do. Just doing what you have to do was an essential theme that resonated from the lips of these men. Such an attitude seemed to stem from their very beings, and was an expectation that they had for themselves. None of the men

interviewed seemed to think what they had done was anything special. Of course they had gone on with their lives, because to do otherwise was not an option for them. This may be as a result of the expectations of their generation or it may have been due to something that drove them innately.

Many told of their daily routines that helped them by providing a framework for their lives, even during the period of grieving immediately following the death of their wife. Routine and feeling needed were aspects of their lives that kept them going. Grief took many forms and some men expressed guilt that they had not mourned “enough” in the eyes of others.

These men seemed to realize that keeping busy with productive activities was a necessity, once the initial phase of grief and mourning has passed. They recounted how they took care of the details necessary for memorial services, paperwork that needed to be filed and notifications made. This attention to the details of daily life was routine to them, much like breathing. There was no alternative in their eyes except to move on.

Overcoming loneliness. This essential theme emerged easily from the data since the intense loneliness was spoken of prominently by the participants. These widowers often described how empty their lives felt after the death, especially by those who had been caregivers, since nearly every waking moment had been spent in caring for or worrying about their wives. The ways in which they found to fill the void usually involved other people and staying connected. It became of primary importance for them to maintain relationships with their families and their circle of friends and to make an effort to reach out. All expressed how important it was for them to remain busy in order to avoid feelings of loneliness or self-pity, and each one credited keeping occupied with

their ability to remain positive. Many described the importance of a group of church friends called their “church family”, as well as participation in support groups, either formal or informal. One additional observation that must be noted is that these men were typically “other-oriented” instead of being self-absorbed, and this trait was viewed by them as being integral to the lived experience of resilience. The welfare of others had been the focus of their careers, in most cases, and thus it was that they still focused on others more prominently than themselves.

Several had suffered chronic health problems that they accepted primarily as an accepted part of the aging process. Research with widowers has consistently shown higher mortality rates in men following the death of a spouse, so perhaps their close follow-up to health status put these widowers in a lower risk group and lead to the next essential theme.

Staying healthy and active. This dual theme was identified as the widowers described their focus on physical activity. These men related that poor health was a certain detriment to resilience, and so they worked vigorously to stay well and maintained the established practice of having regular health examinations to prevent problems from becoming more serious and by contacting their health care providers when there were actual symptoms of illness.

Those who lived in a retirement community described taking part in activities that required them to be active, including walking to meals at least once a day, or participating in group activities. Additionally many played golf or tennis, took part in exercise classes, played pool or worked on hobbies that kept them fit as well as occupying their time.

Moving forward. Finally, the last essential theme identified was moving forward which depicts the attitude of these widowers that showed a determination to look ahead for opportunities in their lives. Some verbalized how important it was not to live in the past, but to look steadily to the future. Each varied in his own unique way, but indicated that in spite of missing his wife, he felt the need for letting go and moving on. New relationships may or may not have been evidence of this. Several of these men had actually remarried since the death of their first wife, and two of them had suffered the loss of their second wife, and yet each (whether remarried or single) continued to move forward with their lives.

While these essential themes are presented for purposes of this study as separate entities, it is important to recognize that their occurrence in the lives of these men was simultaneous and co-mingled throughout their lived experience of resilience following the death of their wives. The interconnectedness is well established and thus they have been teased out for purposes of illuminating each one.

The remainder of this chapter uses examples of the participant's stories to both illustrate and amplify each of these essential themes. Under each one, the incidental themes will be explored so that meanings for these elderly widowers will be understood. The names used are not their own, but are fictional and are used to give their quotes a human quality lacking in initials or numbers.

Having a Strong Faith

From the onset it was apparent that each of these elderly men held strong faith convictions. Though just two of them did not currently belong to an identified faith community, this thread of their faith giving them direction for the living of their lives

came through clearly in this research. Many of the interviews took place in two different retirement communities, both with church affiliations, so perhaps this essential theme was to be expected. However, the men who did not reside in the church-based retirement communities also clearly expressed the key role that their faith had played in giving them the ability to move forward with their lives.

Faith was viewed as knowing that there is a power greater than your own that moves you forward and protects you from harm. Ed put it in these words: “So I think...that your faith has a lot to do with it. And if you’re assured of the hope that is promised, you don’t feel that you need to worry about it.” He was referring to his acceptance of the circumstances when his wife of 53 years died following a stroke. He went on to say:

I was happy with what has happened [because] I asked the Lord. He answered my prayer two times. When she was in the hospital, they talked about sending her home and I knew that I couldn’t take care of her. And I prayed and asked Him, ‘Lord, don’t let her come home. Take her while she is in the hospital’. And so - they put her in the hospice.

As it happened, his wife lived three more months - and his second prayer was that the Lord would not let her suffer. He related the story like this:

...She had been incapacitated for 3 months during that time, I guess is when she, just before she had her pneumonia. I realized that she was not going to be to whole and have a [good] quality of life because of her stroke. She [had been] doing pretty good in getting her recovery, but then that shock when she got pneumonia...I guess the Lord helped me on this. I didn’t have any problem

realizing that she was going to be gone. One day in the nursing home [hospice], she ...was fed through the tube. She couldn't talk, couldn't swallow, and was paralyzed on the right side, but she communicated with her eyes. And, ah, she kept wanting me to take this tube out of her nose. And I said, 'You know you'll die if you take that out', and she just pointed up like that (gesturing to heaven) because she was ready. Well, at that point I knew that there was no problem with me. And I was with her every day of the three months. I spent time with her every day.

He spoke about having advanced directives, and how they worked with their physician and health care team in this way:

And she was at [a health maintenance organization (HMO)] and she told her doctor [with gestures] that she wanted it [the tube] out. And this was at the last. And he said, 'Well, you know Maggie, that you'll die?' She shook her head, and he said, 'I'm not - I can't cure you', and he said, 'I'll meet with the committee tonight and take care of that' and so he did.

As it turned out, they delayed removal of the feeding tube until their son and his family could arrive from New Mexico. Once she was able to see her son and daughter-in-law and the grandchildren, then she was ready to die.

And the hospice people, nurse, talked to me and I said, I'm not having any problem because I'm ready for it and I know where she's going and she knows she's going there. And we're O.K. - and we didn't have any problem.

Repeatedly the widowers referred to their strong spiritual beliefs as being what sustained them during the difficult times in their lives, long before the death of a spouse.

They cited such other events as military service, job changes (including changes in pastorates or educational settings), the loss of their parents or siblings, and in one case, the loss of a son to death, as times in their lives during which they had also relied on their faith and their core beliefs to pull them through. Thus it was that this strong faith had been something that had helped them through the bumps in the road of life, and not something that was new to them.

Ronny, an 86-year-old retired pastor, related this dependence on faith eloquently, recalling how he and his first wife relied on their faith to deal with her diagnosis of malignant melanoma when he stated:

We went down by the ocean and had a prayer meeting, just the two of us, by the waterfront, and just committed her to the Lord; and just asked the Lord to give His will and purpose in what was happening in her life. And she got along quite well for a while, and then she had surgery and the surgery seemed to be successful. And then a little later on, why we found out that the cancer was spread to her lymph nodes and so it advanced pretty rapidly from then on until we had an oncologist and discovered, of course, she was in a terminal situation. It was difficult but the Lord was good, and both of us being Christians, why we just committed our lives to Him.

It was apparent that these strong convictions held hope for them, some looking toward a future of being reunited with their loved one in an afterlife. Centenarian Ted expressed it this way:

I find it [meaning for my life] in my faith and my belief. I believe in a hereafter.

I believe in a Supreme Being. I believe that my wife exists in a spirit world and

that someday we'll be together... To me it is a belief in a Supreme Being, something greater than yourself that you can call on... When my time comes, I feel that it's come, that's all.

Ted was the eldest of those interviewed and though he had been widowed and alone for fifteen years, his beliefs sustained him and he found meaning through them for each new day. This continued reliance on a belief system was also apparent in the reflections of Bill, a retired college professor, when he said:

I suppose a lot, or part of it, is in the genes... and I think being associated with a good, positive, faith-based group [helps]. I think people who are Christian do have resiliency there that a non-believer probably wouldn't have.

So it was that having a strong faith became the first essential theme because each of the men expressed their reliance on faith for their ability to survive following the death of their wives.

Spiritual upbringing and roots. Most of the men included in this study could trace their belief system to the values they were raised with as children. They spoke of other things such as good family stock, however, their sustaining faith seemed to come from what had been experienced in their childhood. For example Jake refers to the influence that his parents had on him:

I think it's part of your nature, from your training. I came from a solid family. My dad - I never saw dad in church one time. He didn't get saved until after I did, and he was well into his sixties. Mother was in church for as long as I can remember, first in the Presbyterian church and then in the Nazarene church, so it's just your character. Some people are optimists and some aren't. I was born an optimist.

The importance of those early experiences was amplified each time one of these men talked about their upbringing and how they came to be the way they were. For example, Ed put it this way when he spoke about being rooted firmly in his beliefs:

Well, I think to sum it up, ...the reason that I had no problem making the transition and suffering the loss of Maggie was the fact that I had always - well, I came from a Christian home - my parents were Christian. And I had been involved with youth work and as I matured into an adult, I never was a wild person. My wife being a Methodist, we just went to all of them. During the service [my Navy career], we went to Presbyterian churches. Ah, the foundation that I received, and the encouragement and all, from fellow Christians helped me understand. And, of course, I studied the Bible and I read the Bible and had the background of knowledge there - ah, it's hard to explain. The scripture tells you what is happening, and if you have the trust and the faith, you can see every incident in your life - there is an answer for it in scripture. And that has always given me the comfort I needed.

Being rooted and strengthened in their faith from childhood is something that these men related as giving them assurance throughout their lives, not only during the loss of their wives, although they certainly depended on their faith through this time. This faith in God and in His protection helped them by providing an omnipotent presence in their lives, as the next incidental theme suggests.

Knowing you are not alone. Believing in a God who was always available to them was a predominant belief among these men. A circle of friends and often, family and a belief in a merciful God which was prevalent among these widowers, gave them the

assurance that even in their lowest moments, they were not alone. A greater power was believed to be at work in their lives and their faith allowed them to rest assured in that belief. As Rolph put it:

I've always made friends. I never felt that I was alone...but I think that the big basic thing is to kind of be able to let go. To accept the situation and to realize that it's not healthy to wallow in your regrets and your selfish feelings and a good deal of grief, you know, is not in the loss of the person. It's your own loss, really. And if you can accept that, I think, you know, and some kind of a faith background that lets you do it, you know, you're not alone in the world.

Whether the lack of aloneness came from always having a Supreme Being there, or if it meant relying on the companionship or support of others, these men repeatedly identified that they were not alone in their plight.

Duane is the example of a man who lost his wife of twenty-four years totally unexpectedly when she suffered a fatal myocardial infarction at work one day. He recalls it this way,

I didn't mourn the loss of my wife. I missed her, but I realized that we had lost a son...he was about twelve. So I sort of felt that the Lord kind of figured, well that she needs, that they need each other. And I still have two more boys that I can bring up...so I didn't [mourn]. As much as I loved her, and as beautiful as our marriage was, I accepted that as being a gift from God. He let me have her that long and she bore me three beautiful children. And life went on from there.

While this reaction to loss may not be typical of everyone, Duane's knowledge that he was not alone seemed to under gird him and allow him to go on, caring for his sons and secure in the belief that his wife was with their deceased son - and that all of this was in God's plan for their lives.

Ronny , an 86-year-old retired clergyman, felt that resilience was a gift from God, "I would say a very active, progressive, outgoing look on life and just trusting the Lord for strength and the ability to carry on - and I feel that's probably the heart of what resiliency is...". This ability to trust in his ever-present, loving God was certainty in the knowledge that he was not alone.

Prayer helps. This last incidental theme under the category of having a strong faith was the belief that the practice of prayer on an ongoing basis provided a way for these men to carry out their faith and stay focused. Knowing that they were not alone, as the previous incidental theme pointed out, it was natural for these men to dialogue with their source of greater power. The personal importance of prayer became apparent in nearly all of the nineteen interviews completed. Prayer was a way of life and a day-to-day occurrence for many of them, not something that they had just recently begun to practice since the death of their wives. For example, Jake told of how his reliance on prayer had been a practice that he followed throughout his 82 years of life:

The theme for my life is Matthew 5:32 - 'Seek ye first the kingdom of God and his righteousness. And all of these other things will be added unto you'. That was the theme that I used for my life...I just said, 'Lord, I'm going to do everything I know to do - but the rest is up to you'. I have an infinite faith in God and in His ability to take care of me. And he always has.

Two of the widowers spoke of praying for companionship, and their belief that God was directly answering those prayers when within a short time a meaningful relationship that led to a second marriage came into their lives. Duane spoke of his experience this way, when friends who were a married couple, called him on the phone and invited him to meet a nice woman friend at a college basketball game:

So I said, 'you know it's a strange thing, but not more than two or three days ago I woke up at maybe 2 or 3 o'clock in the morning in my bedroom alone. And I just [felt] as though the Lord were in that room, and I said, "Lord, if you could just bring someone into my life that I could just fellowship with, I would be eternally grateful"'. I wasn't thinking lustfully, it was just the idea of someone that I could maybe go out to dinner with, and ah, so you know - it was from that I felt the Lord was answering that prayer. That when she called me, I said, 'Yeah, that would be fine'... I really felt that that was the Lord's answer to prayer for me. I really felt, like I say, I just talked out loud to Him as though He were in the room.

Neither of these men was surprised when they felt that their Supreme Being was providing them with an answer to their prayers. A strong faith conviction was most certainly at the heart of their prayers. The second man, Ed recounted a similar story: "One time - one night I was feeling so lonely, and I prayed, 'Lord, bring someone into my life', and within two weeks I met Johnnie (the woman he married less than a year after his wife had died). Again, this man was accustomed to dialoguing with his God and thus it was that prayer was an accepted part of how he approached the problems or needs he identified for himself.

Another widower, Hank, explained his reliance on prayer as being an integral part of his role as a physician in a leadership position:

...When I was in my administrative position, every night when I went to bed, I just said, 'Lord, this job is just too darned big for me. I don't want to wrestle with this problem at night. I want you to get my head straight and by morning I want to know the answer to a lot of these things.' And I'd get up in the morning, and I'd know the answer to a lot of things. And so I really have relied on faith for a lot of these things.

For these men of faith, this reliance on prayer was related to the researcher as a natural and integral part of their lives which gave them comfort and assurance. It emerged then as an obvious incidental theme under the essential one of having a strong faith.

Preparing

Preparation can take many forms, and in the case of the participating widowers, this essential theme was woven through the tapestry of their stories in a variety of ways. Each of the men in the study spoke about various ways of preparation, whether it be for retirement or for loss. Some men felt that they had been preparing for an eventual parting from their wives for many years, even those who lost a wife at a much younger age. Those who had been soldiers during wartime cited those experiences, in many cases, as giving them a clearer understanding of death and also that life was precious.

These men were clear about what preparation entailed, possibly because most had spent their careers in responsible leadership positions. Having been partners in long-term marriages, the preparation often took the form of talking things over with their wives and reaching an agreement. In the case of many of the participants, a determination to move

to a retirement community was evidence that planning for the future was something they took seriously. Caregiving was another preparatory role that many of these men had played during their marriage and particularly at the end-of-life. Being a caregiver had often allowed them opportunity to prepare for her eventual loss, and several had experienced the help of hospice intervention that also played a role in preparing them. The incidental themes will elucidate further on just what forms preparation took for them.

Experiences from military life and war. A strong incidental theme became apparent as these men recounted their experiences over a lifetime from which they had learned about death and developed their ability to be resilient in the face of the loss, even of their wives. Service in the military forces was a common thread that emerged. Many of those participating in this research had served a portion of their lives in the military, most during wartime. Many recounted these experiences as being foundational to their development in the ways they were able to form relationships with others and in how they came to view death itself. Chuck, an 81-year-old participant in this study who had been widowed twice put it this way:

Well, let me tell you what helped me an awful lot...to be honest with you, was the war [World War II]...Seeing people killed and the things that happened during the war. Seeing the way life was lived and that one day you can [be gone]. Pretty hard things to get over too. You never knew during the war...soldiers never knew.

When I was that age, well, I felt really sorry for them. I had problems myself for a long time...wake up at night...remembering different things that happened. And I always was this way as far as death was concerned...[War] prepared me, more or less, for things I've been through ...more than anything else. Because seeing this

and realizing what happens to people just like that (snapping his fingers), it's gone. It's gone that quick...and you have to keep going. Irregardless, you have to keep going!

This man had fought in southern France and Germany and had participated in the Battle of the Bulge, so he had seen the heat of battle and was a survivor. This explanation showed how those dramatic experiences had truly shaped his entire outlook on life, and had helped to prepare him for losses that he had over his lifetime.

Two other participants had been U.S. Navy career officers both serving over thirty years, long enough to have been participants in World War II, the Korean Conflict and the Vietnam War. Jake recounted how he had joined the Navy in 1939 at age 21 as an "apprentice seaman - slept in a hammock; \$21 a month". He became a deep-sea diver and served as an enlisted man until, "I was commissioned in 1950 in the Civil Engineer Corps. My last job was as executive officer of the Public Works Center here in San Diego, and I attained the rank of commander." He retired from military service in 1973, having served for 34 years. This career itself seems to show a certain amount of resiliency, as he became an officer at 32 years old, when most of the other ensigns (beginning officer rank in the Navy) were a decade younger. Jake viewed his experiences in leading others as preparatory for life. He recounted leading men through mine fields in Korea where "the war situation got a little rough":

Another [officer] and myself were in charge of the invasion force, and that's a rough deal. And this place had been mined and I was afraid to put my foot down. And I just said, 'Lord, I'm going to do everything I know to do, but the rest is up to you'. And I have an infinite faith in God and in His ability to take care of me.

This conversation was typical of this man, who lived his life in such a way as to be a positive example, always viewing life positively and seeing the good in everything. His military experiences and his reliance on faith were threaded through his conversation and were an integral part of forming the lens through which he viewed the world. These experiences helped to prepare him for losses in his life, including the loss of his wife of 57 years.

The second career naval officer, Jaime, had a similar military record, having enlisted as an apprentice seaman in 1939, and eventually being commissioned an officer at age 34 after being in the Navy for nearly fourteen years. He described his military experiences like this:

I've served on nine ships during that time. One ship was sunk from under me and the other one was hit by a torpedo from an airplane and another one was hit from Kamikazes...And I was in the, I guess it was, the last battle between the dreadnoughts as they were called in those days. I was on the battleship West Virginia in the Surigao Straights, and this was the last big naval battle of the war [World War II (WWII)].

He had survived each of these experiences in battle, once being in the water six and one-half hours after his ship had been torpedoed. These experiences taught Jaime a great deal about himself and about survival. They also taught him about life and death. He recognized that he enjoyed being "in charge" and, upon retirement from the Navy, took on the challenge of becoming the director of plant services for a medical center in Reno, Nevada. There he supervised 175 people in the housekeeping department, 45 people in the maintenance department, the entire 15-person security force, as well as the grounds

crew. His familiarity with the skills needed to run an efficient operation gave him years of experience in responding to challenges which he believed had prepared him for his own life's challenges such as surviving his wife's death and going forward with his own life.

The exposure to the fragility of life at an early age during service in the military during war time, though something that these men rarely talked about without prompting, seems to have prepared them in a unique way for the losses experienced over their lifetimes.

Talking it over. Some of the men had actually talked over life-after-death with their spouse, long before she was gone physically. It was remarkable that these conversations were recalled so clearly. Dale whose wife had died just four months prior to the interview, recalled preparing for the eventuality of death:

Pauline and I were not afraid of death and we talked about it frequently. We were here in [the retirement community] and we saw many of our friends go - so we knew what was coming and we had plans and we discussed what our options would be. Let me give you one example: Pauline was a very private sort of person and she had no siblings and no children and her preference was to have no service - no memorial service. So we discussed this pro and con, and I supported her in her decision. But we talked about various possibilities and options, so we were not really taken by surprise. ... We more or less assumed that there was a likelihood that I would go first ... but we set up our affairs in such a way that if either of us went first, it was all planned what the survivor would do. And in case I went first, I had Pauline write our checks for a month or so, and balance our checkbook...

Well, it so happened I did not go first - she did. But it was the preparations that we worked out together.

Certainly, the experience of a long-lasting relationship (in this case nearly 31 years) may have allowed time and inclination for such preparation, but it appears that a part of resilience includes thinking ahead and planning, which is what Dale is describing in this instance. He went on to explain further what the preparation entailed as he describes how they both wrote out their obituaries:

Another example of this [preparing] is that we each wrote our obituaries and had the other one share in the wording of it and what should go into it, naturally. So she wrote her obituary, which was beautifully written, and it appeared in the local papers. And there were things in her obituary that many of her friends didn't even know - things that she had done, and she'd won scholarships and had studied in Spain, and one thing and another. And most of her friends didn't even know that she was a Phi Beta Kappa from Stanford.

Dale was justifiably proud of his deceased wife and wanted to make a point, it seems, of showing the benefits of planning. For his wife in writing her own obituary was able to include all of the facts of her life that someone else - even he - may not have known to include. This seemed to assist him in his ability to accept and move forward after her death.

Another example of talking it over came from Ronny who had remarried within fifteen months of his first wife's death because he felt he had her permission, and in fact encouragement, to do so. His first wife had died in 1987 after a battle with apparently misdiagnosed malignant melanoma. They had accepted her death as God's will and had

talked frankly about his life after she was gone. He related that she told him one day shortly before she died:

Honey, we've had forty-nine wonderful years together and I know the Lord is Going to take me home to heaven and I know you very well, and I want to recommend to you that you get married again. And if you do get married again, it will be a compliment to me.

Ronny spoke of this conversation in a way that made it seem typical of an ongoing style between them and evidence of their strong faith and commitment to each other during their 49-year relationship. His one disappointment was that they did not quite reach the milestone of a fiftieth anniversary. He looked back on that conversation and explained how he might never have felt remarriage would be a compliment to his wife unless she had explained it to him in that way.

As a pastor, he was not prepared it seemed, to run a household or entertain alone, thus his dying wife's encouragement to him that he remarry seemed to free him from guilt or worry that such an action was unseemly. He had gone on to play matchmaker himself, for several other widowers in similar circumstances, as a result of his own positive experience.

Talking it over had been a common practice for these men, and the fact that these talks had occurred made their transition after being widowed somewhat less traumatic it seemed. Perhaps because they had prepared in this way, resiliency was an expected outcome.

Caregiver role. As previously noted, a large majority of these men, had been caregivers for their wives either over time or at end-of-life. This opportunity as well as

responsibility may well have allowed them time to contemplate how they would go on in life after their wife had died. In the case of Rob, an 83-year-old retired airline supervisor, his wife had been a semi-invalid for seven years prior to becoming even more incapacitated:

My wife had a stroke in '84 and she lived very well up until the early part of '91 when she had an aneurysm in her brain. And, in those days they didn't have lasers and stuff and they just had to drill a hole and that's what they did...they said, and it didn't register at the time, that there would probably be 'problems later on'.

[She developed Alzheimer's disease]. That's what it was and then the brain started to close down and it got to the point where I had to...I was the caregiver. And it got too much naturally because when I was asleep she'd go out the front. I had to put special locks on everything, on the doors...I heard about this place [the retirement community where he eventually moved] from a person who went to the same church we did. [He] heard I was looking for a place but I was still under the impression that I would go before her, so that when I passed away she would be taken care of. Of course, it worked out the other way around, so I started looking even before she had this problem because I wanted to be sure she would be taken care of when I was no longer available...My wife - I had to put her in the health facility and she came in February of '92 and I came here in April. It took three months to get our apartment fixed up.

This gentleman had been a devoted caregiver over many years, and even now he volunteers an hour per week on the Alzheimer's unit of the medical facility. That experience as caregiver and her mental and physical deterioration allowed him

perspective to accept her eventual death, though it was still not easy when he eventually had to make the decision to end life support when she developed pneumonia and was hospitalized.

Another man, Dick had been caregiver for his wife too. He explains their situation in this way:

Well, she'd been diagnosed with Parkinson's disease for about nine years and the oh, I'd say the last two to two-and-one-half years you could see her going down hill pretty fast, and the last year and one-half I had to put her in a nursing home. I just couldn't take care of her...that's an extremely hard thing to do - especially a couple of times later on when she was really bad and really going down hill - and she said, 'Honey, take me home'. That hurt!

But having watched her deteriorate, Dick was able to come to grips with the eventual death of his wife of 55 years, and possibly rebound more quickly than many men. He admitted to feeling somewhat guilty because he was already developing a serious relationship with a widow whom he had met at the Parkinson's organization sponsored recovery group. He thought that this was perhaps unseemly just four months after the loss of his wife, but his friends and family were very supportive of him finding happiness again. Having experienced anticipatory grief, and going through the experience of his wife's deteriorating health seemingly allowed him to recover from her loss even as he was experiencing it. This experience was not unique to him alone.

Another participant, Ellis, a 78 year-old retired personnel manager, put it this way:

...It was pretty confining for the last year and a half. That's the only prospect of being a caregiver that ever really bothered me. You know the stuff of taking care

of her, you know, feeding her, taking her to the bathroom and all that, just was something I never thought I'd have to do. Every once in a while I'd get up real early just to get away. I even bought a two-way radio, and gave it to her so I could get away here on campus.... Yeah, it worked fine. It worked real well. I could go play horseshoes or tennis or whatever I wanted to do, and if she got a need, she'd just buzz me.

The confinement of caregiving was challenging, but he adapted and was able to keep somewhat active while still fulfilling what he saw as his obligation to his dying wife. This ability to adapt he felt was another example of his resilience.

Another story related during this study that reflects the caregiving as a preparation time came from Ed whose long-term experience may have differed somewhat from others.

Well, you see, I had a different set-up...my wife had a heart condition and she was in an accident and she had a stroke. And so for the last 20 years of her life, well, I took care of her - did everything. My wife and I had talked about this a long time before [her death]...and we talked about if the first one died, that the other one shouldn't hang around waiting until they die, but to find someone to be with and marry them. And so, that was well understood [between us]. That was the one thing that Johnnie [his second wife] had a hard time, trouble [with]. She had to be careful and both my daughter and son told her that, without me coaching them, and it made her feel better. So it didn't bother me that we got married within a year, but I had friends who thought that was terrible.

For Ed the long years of caregiving for his wife and their conversations regarding what each would do seemed to give him the permission he needed to go on and live his life to the fullest after his wife had died. And though what other people thought was of concern to him, he knew in his heart that moving on was the right thing for him to do in this situation. The fact that his family supported him, was helpful as well.

Taking care of financial and living arrangements. The concern with finances and living arrangements seemed to be incidental to the essential theme of preparing and was frequently brought up throughout this research. The concern with where we live is consistent with van Manen's fundamental existential, "spatiality" or lived space (1987). The space in which we find ourselves affects the way we feel. Each of the participants expressed concern regarding their living arrangements in one way or another during the interviews. This ranged from apologizing for the appearance of his "bachelor pad" as in the case of Wil whose one bedroom, upstairs apartment definitely lacked some of the decorator amenities of some of the others that I had visited; to an explanation of the provisions they had made for their retirement years by selling homes, moving into condominiums and retirement communities to allow safety and sustainability during their last years.

Jake described his living arrangements as "perfect!". He went on to say:

I looked at it and said, 'That's my place!' [when I} I drove by it. I had looked at apartments and condos and I didn't like any part of them. And then I looked at this one, and I said it was perfect. It was a corner house so I only have neighbors on one side.

His was the only home that was in a mobile home park, although this type of residence is common among the elderly. He and his wife had lived for many years in a home just a quarter of a mile away from where he presently lives, so he was quite familiar with the neighborhood and knew where all of the services are located.

The fact that the majority of those interviewed chose to live in retirement communities also speaks to their concern with the safety and availability of services to them during their late adult years.

It was somewhat surprising that so many of these widowers discussed their financial concerns so openly during the interviews, however, they seemed to want me to know that they had taken financial planning seriously. Bill, the first widower interviewed and one who had remarried, went into detail about how he and his second wife kept their financial assets separated. This concern or preoccupation with taking care of finances was tied into his view of being resilient:

Neither of us is rich. She still gets a retirement from her first husband. And she gets her retirement, plus her Social Security - so she does all right financially, so that's been a help. So in the resiliency, I don't know how much financial burdens or problems play in that, but one thing that has helped us is that I have my own income from my retirement and she's had her own income from her retirement. And so, we've both been able to do a lot of traveling; we've been able to keep both homes and a car at each end; fly back and forth, and if we had had to give up one home, that would have been more of a problem.

Several others spoke of financial considerations, particularly their provisions for

their wives during their retirement planning because of their concern over finances. Dale spoke of how he encouraged his wife to take over paying their bills for a month or two so that she would understand what was involved and have no problems taking over if he had become ill or preceded her in death.

Jaime spoke of his concern for his wife with regard to finances, as well. He expressed it this way:

And I thought to myself, we were perfectly happy up there. We had not expected to leave Lompoc because we were satisfied living on a golf course. We had done all the traveling we ever wanted to do shortly after I quit the hospital. And we had a nice, beautiful home, and I thought to myself, 'Well, she couldn't balance a checkbook.' She could do anything with a sewing machine, [but not that]. And she was afraid she would run out of money. And I kept trying to convince her, 'I've made arrangements for you. You've got enough from my Navy retirement and from the retirement in the hospital. You have enough! And with the stocks and bonds we have, you never have to worry about money'. So then I got to thinking, well now if this is such a worry to her now, I'd better start looking for a retirement home.

He went on to explain about how they found this progressive retirement community in the San Diego area. This was something that each of these widowers had taken seriously.

Taking care of financial and living arrangements was a consistent concern that was raised by many during these interviews with resilient widowers, and was the final incidental theme identified within the essential theme of planning. Perhaps a lack of planning would lead to more chaos at the time of the death of a spouse, however, these

men did plan and were able to continue on with their lives in spite of suffering this significant loss. Perhaps this was partially related to how they saw their roles, as explained in this next essential theme.

Doing What You Have To Do

To most of these men, being resilient in the face of losing their wives was not something they gave much conscious attention. It had been their expectation throughout their lives that when faced with a difficult situation, you just have to go on. This phrase was reiterated again and again as this study unfolded. Perhaps Chuck approximated this phrase most closely when asked about how he survived the death of his first wife at a young age (he was 29-years-old and she was just 26), as well as his second wife 41-years later, and his answer was: "...You have to try to put this stuff away and not let it grow with you. And you have to keep on going. Irregardless, you have to keep on going."

"Putting this stuff away" may not always be viewed as a healthy reaction, in that feelings may not given an opportunity to be felt, however, circumstances often dictate that there are things that must be done. In his case, Chuck had two young daughters to care for when his first wife died. He could not ignore their existence, nor could he allow himself to wallow in self-pity. His wife's illness had incurred huge medical bills to him, and he needed to work in order to pay them off. His sense of honor and this need to "do what you have to do" seemed to carry him through those first months. He eventually remarried and his second wife raised his daughters with him.

In another example, ninety-two year old Mel stated that resilience was, "just doing the best you can with what you've got...kind of roll with the punches". He went on to say that this is something that people "learn, more than anything else because they have

things come along”. His point was that in life there are many ups and downs, as had been the case in his construction business. People typically learn from their experiences in the past and may be more apt to take things in stride.

A person’s negative experiences appear to have as profound an impact on one’s resilience abilities as experiences that are positive. Three of the participants in this research related stories of events that had happened in their early years that had significant impact on them as adults. This idea of just doing what you have to do probably had its roots in overcoming these experiences, as well.

Two men had lost their mothers early in life, Wil at eight years old and Lance at eleven. Ted did not really know his father as a young boy because his father had emigrated to America to make a place for the rest of the family, and then when they were reunited, his father’s severe disciplinarian demeanor (what would now be classified as child abuse) and his disapproval of the young Ted led to their being estranged.

The two men who had lost their mothers felt that the experience had somehow prepared them for other losses in their lives. Particularly Lance felt that being raised by his grandparents had been beneficial in that he learned early about the reality of death, “I got used to it [death]. My grandmother had three brothers and a couple of sisters and it seemed like when I ... was a teenager, somebody was always dying. I think it helped. I think maybe it marked me.” This latter comment, “I think maybe it marked me”, was interpreted in a positive way, in that it marked him as accepting of death, and in understanding that it was a natural consequence of life. He realized that everyone dies sooner or later, and those left behind must go on.

Wil, on the other hand, left home at an early age because he felt unwanted by either his own father or his stepmother. He explained it like this:

I lost my mother when I was eight. And this happened in an auto-train accident north of Chicago. There were six people in the car, and my father and I were the only survivors...When I woke up, somebody was carrying me. I was eight years old, and two years later (I mean, of course, before that I lived with my aunt) and then I went to live with my grandmother until my father remarried...And the woman he married had other plans, I mean for me, and she didn't really, I guess, really want me in the scheme of things. And of course, my father had a good job at that time and he was earning a good income. But they were going to stick me into a military academy. She wanted anyway to stick me in a military academy. And I don't know, my father never said anything, but I guess he couldn't quite make up his mind and then when the stock market crashed, he lost his job and there wasn't any money any more and I became, you know, kind of a millstone on these people. So I left home when I was seventeen.

He had to, as result of this, take charge of his own destiny at a very young age and just do what he had to do in order to survive. And while he had some frightening experiences as a coal-passer in the Merchant Marines, he eventually worked his way up and earned a marine engineer's license, which qualified him as a reserve officer in the U.S. Navy. Thus he was called to active duty in February of 1940 and served for nearly six years during WWII. These experiences lead him to develop an inner-toughness and the ability to do what he needed to do to get on with his life. He had met his wife at a U.S.O. dance while a young Navy officer and they had married in 1943, during the war.

The negative experiences may have also had a similar impact on the young Ted and his development of resilience behavior because his father's disapproval caused him to justify his own way of thinking. Here is his description:

And so I grew to have this attitude of justification. I justified it that this was just how it is and that was how it was going to be! I call it attitude. You call it resilience, but to me resilience means, shall I say, defense against an obstacle, an obstacle or some sort of an event that is tense or is threatening to you. Like I've always equated with some of the submarine people who go down below and so forth; or an aviator or something like that. They must have developed a certain amount of resiliency - for it is normal, I think it is natural, to have a fear of heights and a fear of close places.

To me the key word is "attitude", which can be developed, and sometimes the wrong attitude - many times.

Just going on to do what you must do to survive and to thrive amidst obstacles was the expectation that Ted had for himself and it allowed him to get beyond the negative feelings toward his father. He went on to earn several degrees in spite of the fact that his father wanted him to learn a trade like his brothers and did not value formal education.

Thus, the ability to do what you have to do was seen as an essential theme in what these men had to say about their experiences following the death of their wives. Exactly how they accomplished this varied. Most just spoke of getting up in the morning and starting on a new day. The following incidental themes were discovered in the data that seemed to have helped many of them in doing what they had to do.

Having a routine helps. In identifying this incidental theme, it became obvious that one way that these widowers were able to go on doing what they had to do, was primarily because they had developed routines for their lives. Immediately following the death of a long term spouse, many of these men found themselves in a period of what you might call if you were on the ocean, “doldrums” - or lack of wind for sailing their ships. It took some time for them to set a course or direction even though their strong faith commitment was consistently present. Thus it was, perhaps, that having the usual things to do, people who depended on them, and continuing on with the activities that were set into their routines seemed to give them structure for their lives.

Perhaps one of those who followed a routine most closely was Abe. This 81-year-old man who had been widowed for 17 years spoke almost exhaustingly about his schedule for the week. He was an usher at his church, and he had his own door of the church and aisle for which he alone was responsible. He described his routine in this way:

Oh yeah - my Thursdays are always busy. But now, in the summertime, on Thursdays we normally have our Bible study and buffet in the evening at our church. And after the buffet and all, I usually wash dishes. And we have sometimes 60-70 people. And I help our sexton out. We have a [dish]washer, but you have to wash some of them by hand and then take them in and put them in the sterilizer and all...I don't have the zip like I used to, but I work until 10 or sometimes 10:30 p.m. is when I leave the church. But now, we don't have that for the summer. But we have a ball game. We have a church league - high pitch. And they play on Sunday evening, and I go to that. I'm a cheerleader there, and so I meet a lot of people there. If I'm not there [people ask] 'Where's Al?'...Oh yeah -

and then when I'm ushering, we have three aisles. And I have my one aisle. And I had – like our former mayor, he came to the door with his wife, and she said, 'Oh Al, you didn't shake my hand'. I said, 'Oh, I'm sorry'. Everybody has to shake my hand before they come in - they know that and so they come to my door. And I have quite a few people come through that door. And if I don't shake their hand, then they'll tell me! You know because sometimes you get busy and give programs and so forth.

Abe's routine, combined with the other factors, helps him to feel needed and wanted and this gives meaning to his life and allows him to live his life productively. His routine provided a framework upon which he could fulfill his commitment to his community, his church and to others, in general. This routine allows him to do what he has to do.

Dick spoke of a routine in a different way when he said,

[Getting up in the morning] That is no big problem to me. I'd get up and start what few things that I had to do. It was no big deal...I have a housekeeper who comes in once a month and ah, I run the vacuum cleaner and pick, but uh, I don't dust. With just me, there's only about three rooms I use: my den and study, the bathroom and the bedroom, and that's it.

But having a routine was helpful to going on after he no longer had his wife to look after. It afforded him something to do, without having to exercise a great deal of thinking.

According to Hank "There isn't too much of a relationship [between loss of a wife and anything else in life]. No really, there isn't. It's such a different experience. I mean, it was the most monumental thing in your life when you lose a spouse".

And while the period of grief and mourning takes different amounts of time and is experienced differently by different people, most of these men experienced a time where they had to get their bearings. This ability to allow routine to take over was seen as a buffer and a bit of protection allowing these men to do what they had to do, until they were able to adequately grieve and be able to go forward with their lives.

Keeping busy. Along with having a routine, these gentlemen often spoke of keeping busy in order to occupy not only their time, but also to assist them in a feeling of productivity. This is closely related to some of the other incidental themes, such as staying connected, and keeping active physically and yet it emerged on its own from the data.

In the next section the problem of loneliness will be addressed, but before addressing this, it is essential to note that these widowers recognized that it was not good to have too much time on their hands. Dick recalled how he had little motivation following his wife's death.

...And I've been forcing myself to do a few other things. I've been to Reno where my oldest daughter lives...and let's see what else have I done? Oh - I went to Tucson for about seven days - my cousin that I grew up with, his granddaughter got married.

He seemed to know intuitively that he needed to get himself out of the house and away from dwelling on his loss.

Another widower, Lance spoke of those early days after the death of his wife. I was trying to think. I tried to keep busy. That was the main thing. And I had enough stuff going on. I mean legal papers and all of this type of thing to get

cleaned up. I think I was in kind of shock... Well, I just - for my own good - thought I had to keep busy.

While this is not a revelation unknown to others, the fact was that these men self-enforced themselves in keeping busy and perhaps this is a key difference between them and the widowers who disengage from life and often die in the first year following the death of a spouse, as described in much of the literature (Parks, Benjamin & Fitzgerald, 1969; Berardo, 1970).

Lance further expressed his feelings on the subject this way:

There are times when it's lonely... Well, I just go over and shoot pool... or I do anything I can think of. Oh gee, maybe I want to buy a new compact disk and I go down to see if they've got it. Just something to do... So kind of like I said, just keeping busy is the only thing I can do...

This need to keep busy was common feeling expressed among these men, and perhaps because they did move forward and do well, this ability to stay busy paid off. In the long run they were able to keep themselves occupied enough to survive their grief, even with the feelings of loneliness that came over them.

Overcoming Loneliness

The essential theme of overcoming loneliness seemed to predominate the thoughts of this group of widowers as they were expressing what assisted them to be resilient and to go on after the loss of their long-term spouses. The fact that many of the men who do not survive tend to withdraw may make these resilient widowers stand out because of their obvious efforts to remain connected to those around them. Even those who described themselves as loners, spoke of a need to remain in contact with others.

Families, friends, church friends and being oriented to the welfare of others each played an important role in assisting these nineteen widowers.

Most of the participants were extremely forthright in their interviews about the intense loneliness that they felt after the death of their wives, some even before she had died physically. When you realize that for most of their lives, these men depended on their wives for not only companionship, but for the day-to-day assistance with housekeeping and socialization roles, it is not surprising that losing them would create a huge void in their lives. Jake described like this:

Well, I was lonesome, of course. And I had to pick up all the things that she did. She didn't work - she worked two weeks of the marriage, and then I said, 'You quit and I'll make the living'... Pick up her jobs, finances were no problem. I was well prepared for that. It was just the loneliness and picking up all the pieces, and doing all the things that she used to take care of.

Depending on the style of the marriage, this "picking up the things she used to do" can be either very difficult or not so bad, depending on how much was done by the husband prior to the death of his wife. In the case of many men in this particular generation, the wife's role often included the cooking, the cleaning, the making of social appointments and much of the day-to-day running of the household. And added to this is the social norm that it is often a "couple's world", so that a single man may not be included in invitations. Even in a retirement community, Lance felt somewhat isolated.

Here it's a good place. There's people around you - but ah, I don't know what other attitudes are, but couples tend to go together. I can understand that. If a couple, or say you've got two couples - they don't want an odd man in certain

things...So you're sort of out on the edges. There's a lot of fellows who pick up a girlfriend.

This viewpoint was echoed by several others, in that they felt out of place. Each was used to being a part of a couple - and without their wives, they didn't fit in exactly. Perhaps this may be a key reason that so many widowers do remarry.

These widowers admitted to feeling lonely, but perhaps because of their extroverted or outgoing natures, they were able to reach out to others and keep in touch with the outside world, rather than retreating as many less-resilient men tend to do.

Dick, in his interview, spoke about feeling especially low during the evenings in this way:

I felt extremely lonely and grieving for her, of course...Well, nothing really helped, but ...when I had my worst times it would be in the afternoon or in the evening that I'd [feel low]. And I couldn't even get interested in that [his hobbies like woodworking] .

As noted in the keeping busy section above, Dick seemed to know that at times like this that it was important for him to get out and not lock himself away to ruminate on his misfortune. Thus, he would consciously make himself get out and about.

Another strategy that Dick practiced was to rejoin his American Legion Post. He further explained the value of that experience.

And that has been an extremely big help. I can go down there and have a couple of beers and smoke my pipe - and lie to the other guys about our military exploits - so that has been a big help!

Another participant, Duane, whose wife had died twenty-six years prior to our

interview still remembered the loneliness he felt after her death, “So anyway, yes, I did feel a little bit lonely. This was, I really felt, this was a good opportunity to get out. You know I didn’t want to hibernate”. He was the same man who had prayed for someone with whom he could fellowship, and felt that God had answered his prayer in the form of the woman who became his second wife.

Again, this loneliness seems to be a universal experience for these men, common in bereavement, and it appears to be particularly poignant among these men who had spent so many years of marriage to the same spouse, and now having experienced her death, there was a notable void in their lives. How they filled that void seemed to make the difference, and some innate resiliency seemed to assist them to find outlets for their loneliness. Seeking out the company of others appears to be the most common remedy. The next few incidental themes were ways that these men related coping with or overcoming this feeling.

Staying connected. Quite a few of those interviewed had participated in a grief support group, often provided in their residential care facility or by hospice. Many identified the group as being extremely helpful to them primarily by emphasizing the fact that others shared their feelings of loss and felt many of the same things that they did.

Lance, a widower for five years now, found the Life-After-Loss group that he attended to be helpful in this way:

Um, ‘cause people talked about it. Also at that time, that was positive to me. It was a group where you could talk about the same thing...I think that group was a help to me in the beginning. And if they hadn’t had it, that point that I was talking about - the kind of separating, you know, would have been more pronounced. But

it helped me. Now I don't know about the rest of them.

Another widower, 83-year-old Rob, characterized the benefits of a support group both before and after the death of his wife in this way:

They have two things here that helped us a lot. While she was in the health facility, we had, ah, care for people who were caregivers...a support group. And afterward, we had a Life-After-Loss group and even now we go out, once a month, for dinner to different places. And so we get a nice morale together and it's amazing how healing all that is - very healing.

Thus, feeling that you need to stay connected with others in your situation was commonly viewed as being very helpful to these widowers during the period of time after their wives had died. More than one of them even admitted to meeting a female companion in such a group. Dick, who had been a caregiver to his wife who had suffered from Parkinson's disease for many years, had attended a Parkinson's-sponsored support group for caregivers whose spouses had died. This was his observation:

I've [met] another lady who is in the same situation as I am - and we both had gone to the Parkinson's [group] together and now we are going to the Recovery Class together. And...we've become quite close...She's had the same situation with her husband being ill, and dying about the same time [as my wife did]. And ah, we have a lot of [common] interests, both good listeners, both talkers. She's an attractive young lady, she's about twelve years my junior...Yes, we have a lot of similar likes and dislikes and ah, we can talk to one another about our spouses and it doesn't affect our relationship or attitude. She always talking about Warren, and I'm always talking about Bea, and she's a big comfort.

This feeling of staying connected, whether in a group or by identifying a special relationship, was found to be of considerable help to many of these men.

When asked about whether feeling lonely was something that he had experienced, Ellis replied:

Sounds familiar, yeah it does. Oh I don't have a specific remedy for that, no [but] I don't stay low very long because there are people around. I have also made a good friend, a lady here in the village that I pal around with a lot. She's gone now...in Eastern Europe, but [her companionship] is helpful...I don't really plan on remarrying. I do appreciate female friendship.

This need to stay in connection with others often was found in support groups, but several of the men told of forming friendships with someone who had experienced a similar loss. This connection may have occurred primarily because there was a common understanding of what loss entailed. Staying connected was a key ingredient to overcoming the loneliness. Whether it came from a support group, a family or a core group of friends, feeling connected to something was a vital part of resilience as expressed by these men. Overcoming the loneliness often began with their families, as discussed in the next section.

Family sustains you. Family was a key incidental theme recognized in these interviews that assisted these men in their adjustment to living life alone and going forward. Only one of the men interviewed did not have children, and that was Art, the 87-year-old man who was deaf since infancy. Even so, his family and friends played a dominant part in his explanation of what helped him to go forward. "Having a lot of visitors helped me". He particularly credited visits from his niece and from his pastor as

being important to him. Living in a retirement village was beneficial to him in that he felt supported by the other residents and staff, in lieu of close family.

Each of those interviewed told of their families, and one in particular, spoke of not being available for our interview for a period of time because his grown children were depending on him. When questioned about this, he explained:

Oh, I've been busy with these things, of course. I have a daughter that's not too far away in Hesperia. [I just returned from] helping them finish painting their house...I've got two children: a daughter and a son...He lives in Bakersfield...I see him on occasion. He's been down a couple of times since Mary died and I've been up there once. They just moved to Bakersfield.

Dale whose second wife had just died four months prior to being interviewed, spoke forcefully about the value of his family's support sustaining him, especially around the time of her death:

There's something else that should have been mentioned along with these things, and that's my children. They were Pauline's stepchildren, but they were so supportive. They all dropped what they were doing - they were all busy working - and came down here to be with her, because they loved her and she loved them...And that first week after she passed away, [my son] was here from Monday until Thursday, and then he had to go back to work. And then [my youngest daughter] was here from Monday through Saturday...bereavement leave; and then Lynn, my other daughter was here until Sunday, so she was here a full week. And both of the girls have been back since then...We were always close, yeah.

This closeness with his family was a sustaining force in this man's ability to move forward, and his case was similar to the experiences described by others. Wil summarized it perhaps for most of those interviewed, when he said: "I think my family - I mean - it's good to have a family. I'm sure thankful I have a family". My own father reiterated this statement over and over after my mother died, even to the point of speculating, "I wonder how people without families can make it? I cannot imagine what it would be like without my family".

Rolph had made the decision to move from his home in San Diego to the retirement community after a serious health scare. Without his family to assist him, he didn't know if he could have made the change. In fact, here he recounts how his family shouldered the entire burden of his move:

So, when we made the arrangements out here, I said to my son who lives in the area, who's helped me. I said, 'I'm going to go out there and when I get out there, I'm going to give you the keys and you call the girls'. (I have four daughters and one son). And so he got in touch, of course. They all came and spent a long weekend and more. Just tore the whole place apart, took what they wanted, and just...we sold stuff. We gave it away. You know it was kind of a shambles to me because...and I was glad to get out of the way, because I didn't want to face. I didn't want to say, 'Oh, you can't take that!'

So for him, moving to the retirement home was pretty simple. He took his few prized possessions and set them up so that he could move in, and his family took care of everything else. His family continues to be very close to him, but in this case they took over for him and sustained him when he most needed their help.

Those widowers who had remarried following the death of a wife also cited the importance of family support. Bill described the reactions of family to both of them marrying again in this way:

What made it nice, and this helped me with the resiliency, but I don't know what it would have been [like] if there had been a lot of hurt feelings. But her two kids were just very warm to the idea. My two daughters, well they remembered her, and they were very warm to the idea. We have eight brothers and sisters, and they were all happy for us. So you see there wasn't one negative feeling on the part of family, and that doesn't always happen.

This was consistent with the experience of Dick who had begun a serious relationship with a widow he had met at the bereavement support group. When he expressed some guilt to the researcher about enjoying such a relationship so soon after the death of his wife, it seemed appropriate to reassure him that it was important to find someone he could find companionship. He responded by exclaiming, "That's what both my daughters said. 'Go for it, Dad. You've got to go on!' ". Thus, family support for these widowers seemed to play a significant role in enabling them to be resilient in the face of their loss. And if remarrying was part of their ability to rebound, then their family's support for this was important and beneficial to them, as well.

Importance of friends. Like family, a circle of friends characteristically played a key role in the socialization of these men. Duane described his ability to go forward in life primarily as a result of his abiding faith in God, but secondarily because of some key close friends, when he said:

A very close friendship between another couple who were very good friends with my wife and I for many, many years [helped me to go on after she died]. We had moved out here from Minnesota alone and so we kind of merged our friendships. And they just sort of took over, and filled the gap for a man without a wife, you know. And our kids were very good friends - their children with my children. It was just perfect.

These friends gave him a safety net, and provided him a sounding board as well as becoming planners of his social life. Eventually, they introduced him to another special woman who was to become his wife, however, just their friendship provided him the support he needed at the time.

This incidental theme was reiterated by several others including Dick who stated: There's several things that have really helped me that have come out of it - the support group [that he and his wife had belonged to prior to her death], the Parkinson's group with M.E. and K. and a lot of them in the group have been real supportive and kept in touch with me. And invited me out and this type of thing. An ah - at one time, just before she died, I was really going bananas, and I didn't feel like doing anything around my house. I didn't feel like going out to my shop. I didn't feel like going any place, but I knew that I had to communicate with somebody, so I rejoined the American Legion. And that has been an extremely big help.

This contact with others helped these men to stay connected with the world around them and to not become insulated and withdraw. Several of them pointed out to the researcher

that some of their acquaintances who were also widowers had withdrawn, in some case with fatal consequences. Duane expressed it this way:

Don't withdraw yourself. We're missing - we visited a man yesterday [here in the retirement village] who has done that. His wife passed away, oh maybe two or three months ago. And we've tried to keep in contact. In fact, we've invited him over for supper. And he is, by his own admission, he says, 'I'm still not able to get out and mix', and I think that is a big mistake. I think people - they don't want to share your sorrow, they just want to share your life. And I think they know what you are going through. So there is no use brooding over that. You can't bring her back - or him back - and so [don't withdraw].

Those widowers who lived in retirement communities were more likely to be drawn out by their friends, such as described by Duane. The fact that these men typically shared at least one common meal in the retirement center is viewed as an obvious advantage in this regard. Essentially they are forced out of their isolation. Those who may live alone may not find this so easy, particularly if transportation is a problem.

But even Jake, who has Parkinson's disease and lives alone in a mobile home, recognizes the importance of having friends and making a point of getting together with them. He described having monthly outings with a nice woman whom his real estate agent had introduced him to, and in fact, the day I interviewed him he was to meet her for one of their luncheon dates.

This isn't the first time that I've been out with her...I told her [the real estate agent] 'Be sure she knows that I don't want to get married'. And so she did. So we've been going out once a month - just to go out to a restaurant here and there.

Today we're going to El Prado... We've been out four or five times. Her husband died about a year ago of cancer, so she's in the club... [Withdrawing] is a mistake. Our society is geared for couples. It isn't for single people, and that's tougher. It's tougher on the ladies than it is on the men, I believe... I've seen it when one or the other would die and you're still present, but don't get invited to a lot of things that are just couples. That's a mistake.

He makes a point of getting together with friends, either one-on-one but also with groups. He describes the benefit of his group at church, another one of his activities:

We have enough of the old timers that they can still enjoy themselves. We have a 65+ group - about 40-60 of them. We go out once, sometimes once a month, and meet at the church once a month [for different types of programs].

Jake has always enjoyed people and friendships, and this has not changed since the death of his wife. Friendships keep people active and allow them to find out what is going on in the lives of others, and although each individual differed in how they integrated friends into their lives, those friendships were a key part of how they overcame the loneliness that enveloped them.

Being other-oriented. Those interviewed showed, perhaps even by their willingness to participate in this research study, that they were interested in being involved with others around them. Several were obvious extroverts by nature, and this became clear in their interviews. But even those who were less gregarious, showed by their actions an orientation toward others.

Each of these men had worked in positions that forced their interactions with others. As previously mentioned, three of them were college professors. Ted taught

sociology; Bill was a professor of education; and Dale had been both a minister and a professor of religion at a large Christian university. One widower had been a physician and missionary, while several others had been engineers or heads of firms. Two others had been clergymen - one in the Baptist church and the other in the Methodist denomination. Even after retiring, they continued to live lives that centered around others.

One example of being other-oriented was seen with Jake when he described how he had cut down on his activities during the year his wife was dying of cancer:

No, the last year she was alive, I more or less curtailed my activities to take care of her. I picked up some of these things [again]. I worked as a counselor out at the Navy - Miramar [now a Marine Corps Air Station]. Still do, but the Marines have taken over now. And "Retired Affairs" - helping widows get through the 'mish mash' of paper work and write back to Washington D.C. - have things to fight.

He went on to describe how he had been active in the community, and also in his church, which he continued to be. This was not atypical of the men interviewed in this study. Theirs was an orientation that viewed the welfare of others as important, and something to which they might contribute..

Ted spoke of his experiences when he came to the Spring Valley, California retirement center where he now lives like this:

I feel very productive here because the first thing I did, I told the Activities Director, 'I want a piece of the action!' And she said, 'Good, because we need somebody to push the wheelchairs when we have a function.' So I started to push wheelchairs to the various functions. And when the director found out what my background was, she said, '...Will you talk to some of them? The patients? I

don't have time to do it', and the last time...I had a class of 26 - and they were wonderful!

He had led a class talking about his travel artifacts with the older residents who were in retirement community's health facility, many of whom had dementia and/or Alzheimer's disease. His desire was to make a contribution, and he thoroughly enjoyed contributing his expertise.

Duane was another widower who felt that he needed to be concerned with the other residents of his retirement community who no longer were able to live independently. Here is what he said:

You reach a point where you realize, 'We're getting older, but we can still think young, and be helpful to others'. We both try to use our time and our talents in working with people who are in the health facility. In fact, we had the building party last Friday night in which we included some of the people who used to be in this building. We went over and brought them over in wheelchairs.

He and his wife both had this opportunity to include their former neighbors and went out of their way to include them in the festivities. This was something that this man of faith had always practiced, apparently. However, even now this concern for others was an obvious part of his day-to-day activities.

Another man, Rob whose wife had suffered from Alzheimer's disease, spoke of his role at the Alzheimer's center, as though he still could not believe it himself:

Oh yes, because I never thought I could ever go to a health facility to the Alzheimer's section. I go every Tuesday now, and work an hour over there. We do

what they call the 'balloon dolly' for Alzheimer's patients and there are people there who were there when my wife was there.

He obviously felt that he could make a difference, if even just a little. This other-orientation may have been developed over a lifetime. He admitted that he'd been an Eagle Scout, and that he felt each day that he learned something new. This gentleman shared with me about how he determined which charities that he would contribute money toward:

...I'm sure that's all part of it, because it's just automatic. I just feel that this is what I should do, just like I give to certain charities...I don't know if you know that they have this thing that comes out and tells you what charities that are rated high and which ones aren't, and I go down the list. And I do give to the ones that are local, like the Salvation Army and Meals on Wheels - the kind that takes care of people.

As a general observation, these men continued to make contributions to those around them on an ongoing basis because it seems to be a part of their general makeup. Perhaps this outward or other orientation is a part of their ability to be resilient, or just a part of their continued desire to make a contribution to society for as long as possible.

Each of these incidental themes (staying connected; family sustains you; importance of friends; and being other oriented) contributed to and amplified the essential theme expressed by these widowers and assisted them in overcoming loneliness.

Staying Healthy and Active

The focus on staying healthy and remaining active was another overriding essential theme throughout the interviews that continued being weaved in and out of each

story. Those interviewed seemed to recognize that keeping active was vital to their well being, especially in the period following the death of their wives.

Hank , the 71-year-old retired physician put it this way when he explained his view of life:

...so I knew that I had a fair amount of creativity and I knew that I wanted to use this. So I think that in facing the death of a spouse, I tried to look at it in a creative way. What is the thing that I can do? I also have a pneumatic that I can use: T-C-O-Y and that stands for take care of yourself. And that doesn't mean in a selfish way, but we all need to sit down and ask: What am I doing now, that's healthy and unhealthy for myself? What are the things that make me and others healthier?

This focus on staying active and maintaining health at a high level seemed to pervade the thinking of these men. Rob whose wife had died after several years of living with an Alzheimer's diagnosis talked about the importance of keeping himself active:

So unless you have some physical problem, your heart gives out, or you get a disease or something, well you need to keep going...I started playing pool.

There's a fellow that went back about the same time I did, and the stress sort of relaxed [us] and then I would have some of the ladies come down and they wanted to learn how to play pool. So we taught [them] how to play...One can't play now because she hurt her back and I miss her. Sometimes I play with three other women...but they let me play with them anyhow. They don't discriminate! That helped me to relax and then I got thinking, 'Why can't I help these people?'

Many of the men had identified chronic health conditions. Certainly most had arthritis to some degree, and others told of conditions ranging from Parkinson's disease,

atrial fibrillation, emergence of an inguinal hernia, and diverticulosis. Of course, there were less serious health problems and two men had suffered from recent colds and one even had just recovered from walking pneumonia. However, on the whole these men appeared to be a healthy group. Only one smoked a pipe and even he spoke strongly about the importance of maintaining his health.

Lance put it simply: “When you have pain and like that, you kind of feel alone”. He had recently experienced excruciating gas pains and had called 9-1-1 for himself, and ended up in the local emergency room. As a result, he found that he had an inguinal hernia, and on the day of our interview, he was going to an appointment with a surgeon to find out if surgery was an option for a man his age (84 years old). This experience had left him feeling vulnerable, and although he had successfully negotiated the managed care system and was capable of making decisions for himself, it was trying for him to do this all on his own. He realized how quickly his health status affected what he was capable of doing physically.

Several of the incidental themes fall under this essential category of staying healthy and active, and must be discussed here in further detail.

Keeping active physically. Many of these men practiced daily routines that included physical exercise. Jaime spoke of playing golf regularly and how much he had enjoyed that as a physical outlet for a number of years. “I spent the first week of July in Washington with my son. I was there for seven days and we played golf six days!”

Previous to moving to the retirement community, Jaime and his wife had lived on a golf course which suggested that golf had long been a passion of his and a frequent pastime.

Duane also a resident of a retirement village spoke of the importance of keeping active physically in this way:

We look forward to our morning walks. We walk around the campus at least once, sometimes twice, and that's a mile around the campus. So we look forward to that every morning. It's a safe area to walk...and there is a swimming pool that we can use, and there's a regular health facility where they have all of the body building equipment ...and they hire an activities director, a physical therapist-type of person. So they have everything. We play tennis at least three days a week...It's a fun sport, especially for the older ones. You can kind of pace yourself and do what you can do.

The importance of keeping active physically is a well known fact which has been well publicized in broadly read literature varying from the daily newspaper to the publications of the American Association of Retired People. These men were all well educated and knowledgeable, and realize the importance to them of remaining active. The "use it or lose it" adage was not lost to them.

Another of the men interviewed, 78-year-old, Ellis, a former personnel and contracts manager for U.S. Borax, spoke of the importance of staying physically active in this way:

I don't spend a whole lot of time moping around, you know. I stay busy...I'm physically able to do a lot of things. I play tennis. Yeah, we play, generally three times a week and [I] make a point to do physical things in preference to sedentary things because there'll be a time when I won't be able to do it, and so, in fact, you

know I really neglect reading. I've just plumb have stopped reading because I want to be active physically, to be doing something while I can.

Ellis was typical of many of those with whom I spoke. The focus on keeping actively engaged in physical and mental activity seemed to be a predominating thought among these men.

Just before his interview, Mel had just returned from an exercise session held in the central clubhouse of his retirement village. He talked of having once been a lot more active, but even at 92 he was still staying as active as he could.

So I exercise three times a week, and we have a class and we exercise with a leader. Usually it's an hour and fifteen minutes or something like that...just easy exercise.

...I continued working in the [wood] shop during that time [after his wife's death] up until the last couple of years. I haven't been able to. I haven't been strong enough to do it.

This interest in keeping active had originally focused on Mel's abilities as a carpenter and lead him to find woodworking as a hobby. This leads to the next incidental theme.

Having hobbies and interests. Various pastimes were discussed by these resilient widowers as they discussed outlets they practiced and enjoyed. Dick spoke of his interest in military history and how he had used his woodworking hobby to further it:

I don't make anything too large because I get bored with it before I get through. Most of it is small miniature type stuff. I build a lot of - one thing I'm particularly proud of is a 16/17th cannon that they used on old sailing ships. You've seen them - they're on a wooden ramp. And I made a ship's wheel - oh it's big and I

mounted a military clock in the middle of it. An oh, I've made a few pieces of furniture for my wife, and I'm in the process - I just built a coffee table for my den. And I made it look like - the top of it looks like the hatch covers on a cargo ship, and it lifts up and I keep things in there. And a project I have out in the garage now, it will be the same design, but it will be narrow and it'll go at the end of the couch - and I'm going to use that as my smoking stand.

His eyes lit up as he talked about his hobby, and though he had not been able to concentrate on it fully since the death of his wife four months previous to our conversation, it was obvious that it still gave him pleasure and is an outlet for his energy. His was not the only hobby mentioned.

Ted spoke of gardening being his favorite distraction, and told how he had become the self-appointed groundskeeper at the apartment complex where he had lived prior to moving to the retirement community. He described it this way:

Yes, I believe I was satisfied. You know I did a great deal of reading. I took care of the grounds. I lived in an apartment building, but it was one of my hobbies - is gardening. And then I became quite active with the La Mesa Senior Citizens and I gave slide talks...My daughter has a place in La Mesa and it was an avocado orchard at one time, and requires quite a lot of gardening. And I spent quite a lot of time there in the yard, and I loved outdoor work.

He continues to enjoy the landscaping and grounds at the retirement community and has made friends with the groundskeepers, most of whom speak Spanish. He continues taking Spanish classes and practices by speaking with those who work on the campus. This engagement of his mind, body and spirit seems to be important to him retaining his zest

for life, and is perhaps one of the secrets of how he has lived to be over one hundred years old.

Mel had also practiced his woodworking hobby after his wife had died. He explained it in this way:

... My work was what kept me going. My work...I had some work that I was doing. They have a good shop here and I did quite a bit of work in there...I spent my time there, which is, well even when she was alive. Why, when we first came, well then I was pretty active then because I had worked until the day we moved here...So I worked! I built about four pulpits here, a communion table and a couple of other things.

And although he wasn't able to continue at that level, he did show me a little toy that he was working on for a great-grandchild. This hobby did provide him an outlet for his energies and helped him to feel productive.

The physician, Hank, had taken an entirely different direction after his wife died. His words describe his experience:

What happened is that when my wife died, I knew she was going to die, and I was in an administrative position. At that time, I left that and went back into my clinical position (and no medical director had ever done that before). Got myself retrained, ready to go back overseas, and I did. And in '87 I went back to Africa, with the intention to live there and die there - giving the rest of my life to the mission field.

Although his life didn't turn out just in the way he expected, he was able to fulfill that dream and did spend 5 more years in the mission field. This was something - an

avocation, if you will, entirely different from what his role as a physician/administrator in an American healthcare agency had been. It was an interest that he pursued and it kept him totally occupied.

The idea of having something productive to do to occupy one's mind and to fill one's time was helpful and appealing to these widowers. While many had hobbies, a number of others described their use of time and pursuit of special interests as having considerable benefit to their overall health and feelings of well-being. Remaining active was a key to their ability to rebound.

Accessing health care. Several of the men interviewed had recently been to a doctor's appointment or had been hospitalized. In fact, two of the interviews had to be scheduled around appointments that the participants had made. Jaime spoke of some health challenges that he had been facing. As a result, he had determined that he would stay in the retirement community and not move north to where his son lived for part of the year. He explained it like this:

As long as I have my health, I can drive to Lompoc and spend the week, or two, or three, while they [his son and daughter-in-law] are gone. Or fly up to Oregon in the winter while they are in Lompoc. I can go up there and go in their house, which I did last year. I have just about made up my mind now that I've had two attacks of atrial fibrillation in the last ten years and they've been able to hospitalize me, you know, and get me back on track. Uh, this time, I don't know. I've got to talk with my doctor now when I get back to him. Unfortunately, I've got a new doctor... You know how the Navy is, and now when I go in and talk with him, I'm going to find out about a pacemaker to see if I could have one of

those put in or if it would make any difference, you know. So I guess I might just as well stay where I am.

His focus on keeping his health problems in balance, and his determination to access his healthcare provider, in this case the Veteran's Administration, to assure that things kept on track seemed to be typical of this group of men.

Rolph had experienced an unexpected health issue when a ruptured diverticuli required surgery and resulted in a hemi-colectomy. As a retired pastor, he was used to being on the team that provided reassurance to the patient, rather than being the patient himself. He used humor in order to deal with the situation, and he expressed it this way:

Well, my story is that I was getting along fine living alone for ten years, until I had a bad spell. I had a ruptured diverticulus polyp, and I lost 4 pints of blood. I was in the hospital and I had part of my colon removed...[I'm] just a semi-colon now!

And recuperation has been going on for a year now.

His access to care was something that he took for granted. As a result of this episode, however, Rolph and his family made the decision that he should move into the retirement community, where if his health deteriorated, there would be continued access to care across a continuum.

All of the men that were interviewed in this study spoke of having access to health care. They were financially well off as evidenced by being able to live independently and in many cases, by being able to afford life in a retirement community. All had spent careers in well paying positions with benefits, and now qualified for Medicare. Most also had supplemental health insurance plans beyond what Medicare covered. In the retirement communities, they were assured that if their health worsened, they would have

access to care in a skilled nursing facility should it become a necessity. Several had experienced having their wives in such facilities, and admitted to having relocated to these communities in order to access such care. It was one of the primary reasons cited for their living there.

Attending to health-challenges. Even while keeping active physically, these men understood that along with the aging process there will be health challenges that are bound to happen. However, even recognizing this, they remain positive in their outlook. Some others, while not so able-bodied, did try to keep as active as possible. Ted, the centenarian, spoke about the importance of walking across campus to the meal in the main dining room at the heart of the retirement community. He hated to use mobility aids, because he felt they made him feel diminished, however, fortunately for him, he did use a cane:

Yes. It's like today coming back from the main building to my apartment to get something...halfway, I had an attack of what do you call this? Vertigo, yes - and fortunately I had my cane. My daughter provided me with a walker. I don't like to use it, because it is demeaning to me, and I feel as though I'm in prison. So I use the cane. Well, anyway, I could always become panicky, but I said to myself when my head started going in circles, 'I know this will pass'. So I just leaned on my cane and waited, and it did. I don't get panicky. Some people do...

Even as Jaime discussed his problems with atrial fibrillation, as cited previously, he acknowledged that it had occurred and he was still hoping to discuss implantation of a pacemaker that might allow him more freedom from fear of another attack. It was though, in his eyes, just something you must contend with as you grow older.

Jake described his attitude toward beginning each day with Parkinson's disease in this way:

No, I hit the deck running. Yeah, it's hard physically [to get out of bed in the morning] because of the Parkinson's. It takes me about 15 minutes of getting warmed up so that I can even walk well. This is sort of a debilitating disease - pretty nasty! But I worked my way out of that in a hurry.

He accepts that he has this condition and he tries to work on living to his optimum level of functioning. Jake had prepared a summary for his HMO's neurologist, when he had seen him for a yearly exam just prior to our interview. Here is a quote from that one page summary:

Present medications I take [and then he listed each one]; Things that are the same this year; Things that are different; Things that are still good; [You] ought to consider adjusting my medication to improve my ability to walk and correct my own stability. Now, I think I'm doing great. I'm enjoying living and I appreciate your expertise that along with the grace of God is making life enjoyable! I don't know what will catch me first: Parkinson's or old age.

This is yet another example of his "take charge" type of personality. He had provided his physician with an excellent synopsis of his situation by summarizing his strengths and his challenges, and he also provided his input for what he thinks should be done. In accessing health care, Jake takes an assertive position.

This gentleman was an optimist and a positive thinker in all aspects of his life and so it was no surprise that he had been able to move on since the death of his beloved wife. Certainly, health problems are an expected part of the aging process, however, Jake and

many of those included in the study tried not to let these occurrences keep them from living life to the fullest.

Moving Forward

Often, as exemplified by Jake, these men continued to move forward with the living of their lives despite circumstances or losses. It appears that many of them did not view 'bumps in the road' as problems, but possibly were more apt to see them as 'opportunities'. For instance, Hank discussed the source of ability to be resilient this way:

I'd say... probably because I look at things creatively, so it's a personality trait.

And then having been in situations where people have trusted me - to give me the confidence I need. And then I've been in situations where people continue to trust me. I've never had any obstacles put in my life.

This from the man whose wife had fought an insidious cancer that killed her by inches over many years, and who had feared for his life when, as a missionary, he took a stand against graft in an African country. He did not view these events as obstacles, because he saw them as opportunities to move forward. This viewpoint is likely different from others who may have been in the same situation. An ability to look at problems in life as opportunities would certainly assist one to be seen as resilient and to be able to overcome adversities and even grow as a result of facing them.

Jake was another who spoke of what helped him to move forward after his wife died.

Well, your Christian faith, of course, is at the heart of everything. And your Christian friends - the place is raw, but you do what you have to do. I never get lonesome any more. I don't have a lack of things to do.

This widower had moved forward by continuing to do those things that made up the pattern of his own life even before his wife had died. His church and his community were places where he was able to make a contribution. These people mattered to him, and so he continued to keep doing those things that gave him satisfaction.

Another example of this essential theme came through the story of Rolph who as a Methodist minister had put his life in the hands of those who directed where he was to be assigned as a minister. It was not unexpected then that he accepted the death of his wife in the same manner as he had accepted those assignments. He explained it this way:

I belonged, of course...well, I can't very well tell a layman all it means, but to be a member of the Annual Conference, you're guaranteed employment. Not much money, but employment, provided you go where they send you! [I pointed out that this left him at the whim of whomever]. Well, to a certain degree, but that's life, anyway. Everybody has politics in their life. And you're going to get along with the people you're with and they have their own goals.

...But I think the big basic thing is to kind of be able to let go. To accept the situation and to realize that it's not healthy to wallow in your regrets and your selfish feelings and a good deal of grief, you know, is not in the loss of the person. It's in your loss, really.

This last part of this quote dealt directly with what advice he would have for a new widower, but it came directly on the heels of his description of how his membership in the conference had affected his outlook on life. This moving forward was a natural thing to him, as a minister who had led several different congregations and managed to thrive

each time he was reassigned. So it was as he learned to go on following the death of his spouse.

His comments about not wallowing in regret suggest a hint of what is to come in the next incidental theme. There are several incidental themes that assisted in making moving forward a reality in the lives of the widowers in this study.

Don't live in the past. While each of those interviewed related many special memories of the lifetime they had shared with their wives, by the same token they seemed to know intuitively that they could not live or dwell in the past. Hank, for example, put it in these terms:

...I'm not the grieving type of person. I don't live in the past. I live steadily in the present with a look toward the future. And things that are behind, I really don't pay much attention to. They are over and done with. And I said, I think we need to celebrate a life.

He was perhaps the most forward thinking of those who participated in this study, however, he made an excellent point. In celebrating a life, he was referring to the type of memorial service that he and his family decided to have for his wife. They took a trip together to Hawaii after her long illness and eventual death - and having been there with her previously, they had many happy memories, and shared laughter and tears while there. Once home again, he spoke of how he let people at work know that they did not have to skirt the issue of his wife's death in this way:

"And when we came back, I went to the department (which he administered) and said, 'I'm O.K. Life is going to go on'".

His may have been an extreme example in terms of moving forward. Perhaps his immediate ability to move forward was not as easy a transition as he may have wanted it to be, however, his attitude and outlook certainly allowed him to eventually go on, retiring from his medical practice in a large HMO and returning to the mission field that he and his wife had once served. Eventually, he remarried as well and went on with his life. Part of this ability to move forward may have involved some of the incidental themes that were discovered among the widowers, including this next one.

Being open to opportunities. These men recounted some of the experiences that had opened to them, and how they were able to do things that even as young men they might not have chosen. After the death of his second wife, Chuck explained how he happened to travel to Alaska in this way:

Yeah, I had a friend I wrote to in Alaska...and after Helen passed away, I went to Alaska for nine years. That helped me a little bit to get rid of the [sadness]... I got a friend who lives up there and he works up there. I went up for the Iditerod.

This was an example of being open to opportunities, while at the same time allowing Chuck an outlet for assuaging his grief and loss by being in the great out of doors. This man enjoyed camping and hiking and where better to practice both than in the great outdoors of Alaska? It got him outside of his typical routine and allowed him to pursue new adventures. This was one of the ways in which he was able to move forward.

Jake spoke of staying involved in his church activities and in the community. He was the same man who helped Navy widows negotiate the paper work required to get their husbands' pensions. One of the things he was open to, was staying involved.

We have enough of the old timers [at my church] that they can still enjoy themselves... I never looked ahead to retirement. I enjoy it very much. I do what I want to do - volunteer work. We have, well, they call it the 'Old Geezers Team'. We're very productive at the church...And I've always liked to get out in the community - outside the church. I think it's a good witness and contact.

So this gentleman was looking for opportunities to be out and about, not shutting himself away. His was an extreme example of what it is like to be resilient, but there were others who lived out this incidental theme, as well. Many churches are places where volunteerism, particularly among the older members, is the foundation for their effective function. The "Old Geezers" of both genders are typically those who provide the many hands needed for many of the services available.

Ronny became a chaplain on cruise ships after he had retired from the active ministry. This was an opportunity that afforded him several advantages,

It's interdenominational. That was...Pan American Lines, and they had a protestant minister, a Roman Catholic priest and a Jewish rabbi...[I] just went on one or two cruises a year and so it was a great experience for me.

This had allowed him to go on contributing his expertise as a pastor in a different way.

Being open and willing to take on new challenges was part of Ronny's life. He went on to say:

Oh, my goodness, there's so much in my life that I just rejoice in the Lord, and am just so grateful that He has led me the way He has, and I just don't feel that I deserve the blessings He's given me. They've just been wonderful.

Again, this man of great faith saw each new day as an opportunity to serve his Lord and was, therefore, open to all possibilities. So far, at age 86, he was still seeing his life as a blessing. Recognizing and seizing the opportunities that presented themselves was something that many of these widowers embraced as they lived out their lives.

Letting go and moving on. This incidental theme is closely related to don't live in the past, however, it also came through as an entity of its own. Besides not living in the past, at some point there comes a time when a person must acknowledge what they have and who they are, and make a conscious decision to get on with life. When asked to compare the experience of going forward after his wife died with anything else in his life, 82-year-old Jake put it this way,

Oh, I just continued, and things I'd enjoyed, I just kept doing...just went on, yes... Well, I'm a survivor. Maybe they mean the same thing [as being resilient]. And I enjoy it while I'm doing it! Yes, [the Apostle] Paul said, 'Whatever state I'm in, there I will be content'. So it seems like good advice...If you've got to live through it, you might as well enjoy it!

Some of the others had a little more difficulty, but at some point they each came to the realization that they had to let go and move on. For example, Hank explained how his dreams of returning to Africa changed overnight, and how suddenly he had a new opportunity:

It's obviously God's hand. If I had Africa close out on me, because I had really funneled my life...If I had had it close out with now window being opened, I would have been crushed...[but instead he invited a friend to travel with him, actually telephoning her from Africa]. I reached [her by phone] and I said, 'Look,

I've run into a disaster here and I am going to have to leave. Would you consider coming to Africa to travel for a month, because I have never seen my country?'

And she said, 'I'd love to do it'. So she came with a return ticket in case I was a schmuck... and instead of it lasting for a month, we traveled four months. And we started out good friends and we ended up best friends. And we had all kinds of things - cars breaking down; I was able to see how she handled stress; she was able to see how 'resilient' I was. And we both decided we were quite resilient. We could put up with a lot of ambiguity in life and ah, when we came home, we decided to marry.

His decision to let go, and move on with life came as a result of this experience. Now he has been remarried for the last ten years and he and his wife still travel extensively. It was a matter of letting go, and moving on in a new direction.

And Rob felt that going forward for him came through the support of relationships with others, primarily those in his church:

I would have to say that church helps me a lot. The association with all of the people, and that's why I participate in a lot of activities due to the relationships...I go to Sunday School and I go to church sings, even though I have a lousy voice. I did sing in the choir until it changed.

This, for him, is a support group in which he is valued and which allows him a social structure, in addition to his family, in which he can function and move forward. At church events, perhaps, he feels accepted as a single man, whether or not he is part of an established couple. He feels comfortable and can move in a forward direction.

Ted described going through a time when he didn't feel resilient, after his wife died. He spoke of not eating right (mostly fast-food), and not really seeking out people with whom he could socialize. However, he came to a point where he realized that he was going to have to change his environment since he felt that the neighborhood where he lived was becoming unsavory. So he sought out a retirement community where he could be happily involved. He describes the atmosphere that he discovered:

My son-in-law and my grandson brought me here and we were just walking around the grounds. I don't know if you know [these people], but [they] have been here six years. They lived in Africa for 36 years. She came around [the corner] and she said, 'Are you gentlemen looking for someone?' We were total strangers, and I said, "No, we are sort of casing the joint". And I said 'I am sort of considering living here'. And she said, 'Let me take you around', and she showed us the place, and even took us to her own apartment, met her husband...and I was so impressed with the warmth and the friendly feeling. In some of the newer retirement places, they are sort of standoffish...

And so he made the move to the retirement community where he has lived for the past many years. He feels that it was the best move that he ever made, as it allows him to be as involved as he likes to be. He has made friends all over the complex and even practices his Spanish with those who work on the grounds. Ted has come to love his way of life and is an optimist, by nature.

And a feeling swept over me at my [100th] birthday party, when I realized as I looked out over all of these people. 'Why, these are my friends - not strangers!'.

But what really sold me on the place was they feature a Christian atmosphere.

That makes a difference!

So it was that he was able to let go and move on with his life in an atmosphere that embraced him, and allowed him to make new friends and to become involved in a myriad of ways. “I feel productive here”, Ted says proudly, and that makes a difference in his outlook on the future.

It did not seem to be in these widowers’ realm of experience to do anything except go forward. Perhaps it is the defining trait of this generation, those whom Tom Brokaw called *The Greatest Generation* (1998). For these men there was no other imaginable action but to keep on going with their lives, doing what had to be done and making contributions to those around them.

The lived experience of resilience in elderly widowers is complex and yet unique to each individual. The themes identified in this study were viewed by utilizing the four fundamental existentials of the lifeworld that van Manen (1997) identified as being helpful guides for reflection in the research process. These four are the lenses through which these men viewed their resilience experience: lived space, lived body, lived time and lived other (van Manen, 1997, p. 102).

While these six essential themes emerged from the data to illustrate what this experience was like for these widowers, none of the themes can stand-alone nor be viewed entirely separately. If any of them came through louder or clearer than the others, it would have to be having a strong faith and moving forward. These two themes were reiterated over and over again by these men. Their repetition highlighted the high value

attributed to them in the formation or perhaps in the living out of a resilient life. A discussion of these findings will be presented in the next chapter.

Chapter V: Discussion of the Findings

*...Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.
-Robert Frost*

This chapter discusses the findings of the study in relation to other information available in the literature. The question: “What is the lived experience of resilience for elderly widowers?” is important in order to understand the life experiences of an integral part of our population. There has been an increase in the number of men experiencing the loss of their wives late in life and this accompanies the expected increases in life expectancy. Projections are that this number will continue to grow. This study was undertaken to discover the essence of the men who have experienced or are currently experiencing this life event.

Resilience, as defined by Wagnild and Young, involves the ability to “adjust successfully, continuing to embrace life with enthusiasm and facing new challenges with strength and determination” (1990, p. 252). The resilience experiences (essential themes) identified in this study, and which these widowers knew to be true in their own journeys, contribute significantly to the understanding of the essence of what is known about this phenomenon.

Though still not clearly understood, there is general acceptance of resilience in contemporary society as a term used for the psychological quality that allows a person to cope with and respond effectively to life’s stressors (Neill & Dias, 2001). To date, there

has been limited research evidence on the enhanceability of resilience in the general population, though more has been done with adolescents than with any other group.

In an effort to identify past research regarding this unique population, a literature review was initiated. An exhaustive search regarding the experiences of elderly widowers revealed that this specific population has been largely neglected in published research. The few studies that were found dealt more with mortality rates, and the concept of resilience in this specific population has received no attention. Most research that involved widowers in particular was conducted quite long ago (Berardo, 1968 & 1970; Parkes, Benjamin & Fitzgerald, 1969; Tunstall, 1961) and though the findings are relevant, it is questionable as to whether or not they would still hold true for men experiencing the loss of their wives in today's world.

Van Manen's Four Existentials

Van Manen's four broad existential categories of "lived body" (corporality), "lived other" (relationality), "lived space" (spatiality), and "lived time" (temporality), provided a basic framework for discovery and reflection upon the essential and incidental themes gleaned from the data in this study (1997, p. 101-109). As the stories were related, there were elements of each aforementioned existential inextricably woven throughout them and recognition of the striking themes of the resilience experiences occurred. Reviewing the data carefully and many times over resulted in the discovery of these themes. Furthermore, these four existentials provided a systematic structure for reflection and writing. Because lived time, space, body and other are basic dimensions of the life world, they served as useful guides for thorough and well-rounded reflection on most human experiences (van Manen, 1997, p. 102).

The use of van Manen's methodology evolved from a journey undertaken to familiarize myself with the use of phenomenological method with the purpose of discovering the unique meaning of resilience as it was lived by these widowers. Throughout this reflective journey I was able to take the position of listener and journeyer as each of the men recalled his particular experiences as a widower and explored with me how he was able to go forward. The value of the uniqueness of these personal experiences cannot be measured, but their collective reflections provided some tangible ways that these men were able to not only cope with what most described as the greatest loss in their lives, but also to move forward in ways they had not envisioned.

Having a Strong Faith

Nineteen widowers provided insights into the phenomenon of resilience as they had experienced it following the death of their wives. Their stories, though halting and reluctant in the beginning, gained strength as they told how a strong faith in God had sustained them in their day-to-day existence both before and especially after the death of their spouses. This was probably the strongest theme that came through the data. This finding is consistent with much of the literature relating that religion and spirituality play vital roles throughout a person's life span, particularly in times of crisis and loss (Weaver, Flannelly & Flannelly, 2001; Pargament, 1997).

Faith is a multidimensional and complex phenomenon and may include institutional religious participation or an individual religion or personal faith. In addition, the spiritual component of religion cuts across and infuses all other dimensions of life (lived time, space, body and other) (Moberg, 1967, 1990). Religion appears to be an important part of life for many older adults and these elderly widowers were no

exception. It is intriguing to note that one possible explanation for higher levels of religiosity in the oldest generation is generated from studies showing that religious people tend to live longer. This may be true due to a likelihood that religious persons practice personal habits that are conducive to both mental and physical health. For example people who profess a religion or faith are less likely to indulge in behaviors such as smoking or alcohol abuse which are conducive to higher morbidity and mortality rates (Matteson, McConnell & Linton, 1996).

Armer and Conn (2001) reviewed the relationship between spirituality and health, and reported that “those who attended religious services more frequently were less likely to have been hospitalized in the previous year and had significantly shorter hospital stays” (p. 30). Additionally, they cited significant research supporting the fact that religiosity and religious involvement are positively correlated with health-seeking behaviors, health practices (such as smoking cessation and increased exercise), and social connections (Armer & Conn, 2001). These findings are consistent with at least two of the essential themes identified among these men: having a strong faith and staying healthy and active. Moreover, the incidental theme of staying connected is positively related to these findings of Armer and Conn (2001).

Spiritual upbringing and roots. “Inner religion” was more commonly practiced by these men than ritualistic or formal worship, and this is often a sign of increased maturity and spiritual growth (Moberg, 1990). The clergy and other representatives of the church provide comfort to the bereaved, counsel to the distressed and even material aid during periods of emergency. However, after the crisis has past this deep-seated, inner religion provided them an anchor, as well as a personal compass by which they could navigate

their current needs (Langer, 2000). These participants traced their spirituality to the roots provided them during their upbringing as children. These roots had, in turn, provided them a basis for their religious practices over a lifetime. Cultural influences may have played a part in the way these men were brought up. Several were the sons of immigrants and one was himself an émigré. Their religious upbringing was acknowledged as the source of their belief systems, even though they had been developed over a lifetime.

Knowing you are not alone and prayer helps. This profound “inner religion” was integral to their feelings of well-being and the feeling that God was always with them allowed them to pray and feel comforted. There have been many studies done which show that elderly people who are more religious, recover from acute illnesses more rapidly and require less medication for pain. Additionally, the benefits from prayer and other religious devotions seem to speed up the recuperative processes of the body (Johnson, Williams & Bromley, 1986; Koenig, Kvale & Ferrel, 1988; McNutt, 1977; Zuckerman, Kasl, & Ostfeld, 1984). Prayer is one of the most commonly used coping mechanisms among individuals who are seriously ill, and it appears to be even more relied upon in times of stress and loss (Weaver, Flannelly & Flannelly, 2001; Kaplan, Marks, & Mertens, 1997). Though these men were not ill, their grief and mourning processes may have been assisted by this strong faith and a belief that they were not alone, as manifested by their strong prayer life.

Van Manen reflects that humans have been searching for this meaning of “lived other” in the communal or social sense, as well as questing to find grounds for living, as in the religious sense, for the absolute Other, God (1997, p.105). This essential theme then, is not surprising as these resilient men were able to identify a primary source for

their inner strength and ability to move forward following the death of their wives.

Preparing

Retirement from work is a relatively modern concept. Kart and Manard (1981) noted that the idea of retirement prior to the 1960's was viewed as something to be feared or looked upon with suspicion, rather than as a time to be anticipated as a just reward, as most of these widowers had viewed it. Preparing for retirement was something that all of the participants in this study took seriously, many to the point of moving to a stepped-care retirement community. The act of preparation must by its very nature, involve putting in time.

According to van Manen (1997), "lived time is our temporal way of being in the world - as a young person oriented to an open and beckoning future, or as an elderly person recollecting the past..." (p. 104). The act of preparing was something that each of these men did both consciously, as in preparation for eventual retirement, ill health and even death, and also unconsciously, through the possible experience of anticipatory grief that may have been carried out while being caregivers for their invalid wives.

Experiences from military and war. Lived time was also a factor during these men's lives when the needs of the country outweighed their own personal needs. Many of them had put in years of military service, most of them during WWII, and this time was credited by them as a way that assisted them to prepare for death as a reality of life. In a less direct way, their time in military service also prepared them for an eventual parting from their wives. Many had experienced the parting from parents and family and from everything that was familiar - and many were old enough to have already been married

during wartime, and to have been separated from their wives for several years, not even knowing when or even if they would return. According to Brokaw (1998),

They answered the call to help save the world from the two most powerful and ruthless military machines ever assembled... They faced great odds and a late start, but they did not protest. At a time in their lives when their days and nights should have been filled with innocent adventure, love, and the lessons of the workaday world, they were fighting, often hand to hand, in the most primitive conditions possible...[in places] far removed from their homeland.

These times prepared them in ways they did not imagine, and as they told their stories, their eyes lit up with the memories, and they seemed pleased to have the opportunity to recall how those experiences of long ago had prepared them.

Talking it over. Each of those interviewed had lost a long-term spouse to death. Marriage is a relational alliance, a partnership and a commitment that had been a part of their lives for many years. They spoke of how they had talked important decisions over with their wives over the years of their marriages. Whether resilience is a personality trait developed over time, an attitude, or the ability to adapt to life's changing circumstances, these widowers cited the importance to them of having talked over the "what if" possibilities with their wives prior to their parting by death. Quite a number of these men had remarried, a practice that many have noted as being more common in men than in women. Berardo (1968 & 1970) noted that widowers are much more likely to need someone to prepare meals and assist with other day-to-day needs than is a widow of the same age. Men tend to marry women younger than themselves, and with women outliving

men 5:1 at advanced ages, this means that widows outnumber widowers significantly in this age group, and thus remarriage is more feasible by far, for men than for women.

Carey's early research with both widows and widowers 13-16 months after the death of their spouse, found men better adjusted than women (1977). Several theories as to why this may be true were put forth at that time, including that women had tended to build their identities around their husbands, and also because economically widows, especially during the 1970's, tended not to work outside the home and were totally dependent of their husbands for an income. In the case of the resilient widowers included in this study, several had indeed remarried, and at least two spoke of having talked this over with their wives prior to death. These conversations comforted them and seem to give them at the very least, an implied permission to make new alliances.

Caregiver role. Informal caregiving refers to activities and experiences involved in providing help and assistance to relatives or friends who are unable to provide for themselves (Matteson, McConnell, & Linton, 1996). Caring and caregiving are an intrinsic part of any close relationship. Though women have historically been caregivers, a majority of the male participants in this study acted as caregivers to their wives for some portion of their lives. That places these men in a definite minority, as wives provide approximately twice the number of hours of care than husbands provide (Allen, 1994).

In relating their experiences, at least two of these men told of having wives with some degree of dementia. This situation presents significant and unique problems, and caregiver burden is a common occurrence. These men did not verbalize their caregiving experiences as burdensome, but most spoke of it as a time that helped them prepare for the eventual loss of their wives. Most accepted that role, just as they had accepted other

events in their lives, as a matter of course and as a natural occurrence. Several spoke of the death of their wives as an end to her pain, and as something that they had accepted. In a study done by Donnelly, Field & Horowitz (2000-2001), it was concluded that longer terminal illnesses, which allow for a period of expecting the death in spousal survivors may buffer husbands and wives from the more intense mourning which often follows the loss. Those men whose wives suffered from cancer and whose health had deteriorated over time, seemed to show evidence that this was true.

In actuality, their roles as caregivers may have allowed them time to come to grips with and perhaps, even welcome her eventual death, and for that reason, caregiving was included as an incidental theme related to the essential theme of planning. Houde's (2001) reported that while 28% of caregivers are men, little research has been conducted on this group. The high number of these widowers who had been caregivers indicates that more needs to be known in order to identify and provide needed interventions and support for men in this role.

Taking care of financial and living arrangements. Financial resources for this group of men were not insufficient. Perhaps because of their business acumen and long years of contributions in the workforce, these men had prepared both for retirement and also for possible loss of health. All were insured and the majority lived in retirement communities. This did not happen by accident, but was part of a deliberate plan on the part of these couples. That they were a privileged group was apparent.

Each of those who related stories of relocation to either a mobile home, an apartment, or to a residential retirement community spoke of the transition as having been one for which they had planned. Though relocation transition can be traumatic and

stressful, these men spoke as though it were a natural adjustment for them, possibly because of the advanced planning that had taken place. Engel (1994) describes relocation transition as being good, bad or even neutral, depending on individual needs, environmental quality and adaptational energy. Since in each relocation discussed by these widowers, the living arrangements had been researched thoroughly, were made as a result of an affirmative decision and were made well in advance by a mutual sharing of feelings, this adjustment seemed to have been taken in stride. Whatever their living situations, each man seemed especially pleased about their “lived space” and circumstances.

The space in which we find ourselves affects the way we feel and we become a part of the space we are in. One’s home reserves a very special space experience, a secure inner sanctity where we can feel protected and by ourselves (Bollnow, 1960 & Heidegger, 1971 in van Manen, 1997, p. 102). In the interviews it is “helpful to inquire about the nature of lived space” as it relates to that particular quality of meaning (van Manen, 1997, p. 103). One of the interview questions consistently asked in this study dealt with a description of living arrangements. Most of the interviews took place in the homes of those interviewed. I was able to see them in their most intimate settings, view pictures of beloved families and artifacts that had been collected over a lifetime. The setting gave an extra layer of understanding to me as a researcher of their lived experiences.

Doing What You Have to Do

As previously noted, these widowers did not view their ability to move forward with life following the death of their wives as anything special or out of the ordinary. In fact, possibly because they had been doing what was expected of them throughout their

long lives, these men spoke merely of doing what they had to do. Though Stroebe & Stroebe (1983) found that men tended to suffer more, when there is a difference in conjugal bereavement reactions, these resilient men sought refuge in routine and reported doing their best to keep busy, both of which seemed to ameliorate to some extent both the health consequences so often suffered by widowers and also the pain of dwelling on this loss. In point of fact, all of these men were in general good health at the time of the interviews.

Wagnild and Young (1993, p. 167-68), identified five themes in their research with 24 American women, which became the basis for their 15 item resilience scale (RS): “1) “equanimity”, a balanced perspective of one’s experience in life; 2) “perseverance”, the ability to continue to strive despite adversity or deterrents; 3) “self-reliance”, a belief in ones abilities and a dependence on oneself amidst challenges; 4) “meaningfulness”, the ability to feel that life has a purpose and that one contributes in his/her own way; and 5) “existential aloneness”, or the realization that ones own path in life is unique and ultimately it is up to you to live it out”. This essential theme then, identified by the nineteen resilient widowers interviewed for this study, resonates with at least two of the themes identified by Wagnild and Young. Perseverance and self-reliance are both seen as consistent with “doing what you have to do”.

The present oldest old population in this country was highly influenced by the very dramatic events of their era, especially the Great Depression of 1929 to 1939 (Nowicki, 1996). The values of self-reliance, thrift, and prioritization of basic needs became paramount, and these resilient men were living examples of these values.

Having a routine helps. One critical factor in adjustment to old age is the acquisition of previously acquired coping abilities and the capacity to maintain continuity with previous roles and activities (Havighurst, Neugarten, Munichs & Thomae, 1969),. Thus, it seems appropriate that these resilient widowers reported depending on routines to get them through the difficult times following the death of their wives. This ability to put themselves on “automatic pilot” and to keep engaged may be partially credited for allowing them to adapt positively to the changes in their status and for giving them momentum with which to continue living life. While critics of the continuity theory argue that it is too simplistic, perhaps the simple act of performing mindless tasks and roles is something that propels a grieving person forward. In the case of these men, having a routine was helpful to sustaining them when the going got rough, and allowed them time for buffering of the loss.

Keeping busy. According to activity theory (Lemon, Bengtson, & Peterson, 1972), older people who remain more socially active are likely to adjust well to aging. Additionally, high degrees of morale are also attributable to high levels of activity. This gives credence to the stories these widowers told of the emphasis they placed on keeping busy. This was accomplished in one way or another in order to help them pass the time, especially in the early days and months following the death of their partners.

The importance for older adults to keep active in a wide range of pursuits, and with activities that involve close personal contacts, has been shown to be of special value (Lemon, et. al., 1972; Burgess, 1960).

While lived time (temporality) is subjective, as compared to clock time or calendar time, the temporal dimensions of past, present and future were interwoven into

the life stories of the men interviewed in this study. . Some of the examples the participants related were of times that seemed to drag on (as in the sustained illnesses of wives dying of cancer or whose minds had deteriorated into dementia), while others were gone in a blink of an eye (as in the death of Duane's wife who died of a massive M.I. while she was teaching school one day). Their experiences of loss were similar but their ways of learning to adapt were unique to each individual, and each of them expressed how important it was for them to keep busy in order to help with the passage of time.

Overcoming Loneliness

As in the 1992 study conducted by Brabant, Forsyth, and Melancon, the widowers in this study admitted to feeling intense loneliness and acknowledged that loss of their wives was unlike any other experienced in their lives.

One major difference between these men and those widowers who were reported in the scarce research done heretofore with this group, is that most of these men had participated in groups variously called life-after-loss or grief support groups. This connection with others was cited consistently as an important lifeline and an outlet for sharing their feelings. Much like the men's support group reported by Rees (1995), these widowers were able to find a forum for mutual sharing, support and understanding in these support groups. This opportunity for staying connected was credited with helping them to move forward and for resocialization for the first time following the death of their wives. Perhaps because so many of these men lived in retirement communities, the availability of support groups was well known and their entre was not an issue for them.

Churches were also credited as being places where these men found acceptance as well as providing an outlet for their interests and energies. As referred to previously,

religion appears to be an important part of life for many older people. The elderly are more likely to attend church and participate in Bible study or prayer groups and often find comfort and support from their religious beliefs. The greatest church attendance occurs among the younger old (ages 65-75), with a subsequent decline among the older old as infirmities bring problems of mobility, vision, and hearing (Moberg, 1990; Schick and Schick, 1994). Most of the participants reported attending church regularly. As previously noted, the study by Armer and Conn (2001) substantiates the fact that religious affiliation in itself may have substantial impact on health status and provide a social network that is key to providing a social network for the elderly.

The “existential aloneness”, cited by Wagnild and Young in their Resilience Scale, however, is consistent with the reports of the widowers in this study. This experience of loneliness was, however, viewed by these participants as something they needed to fight against and their tendency was to seek remedies for it. Perhaps there is a gender difference in how we cope with loneliness. In the case of these men, they sought refuge in the company of others or they busied themselves with anything they could find to do, in order to assuage their feelings of loneliness.

Staying connected. By their participation in support groups with others who had a similar experience in dealing with the loss of spouses, and through feeling of being supported in order to overcome the intense loneliness they experienced, these men were encouraged to make connections with others, and to maintain linkages with their world.

Strong ties with family, bereavement support groups, church networks and a cadre of friends seemed to shore up these widowers in ways that supported and strengthened them and allowed a forward direction for their lives. The fact that this lived relation was

maintained with those around them who shared their interpersonal space. According to many who have researched the plight of widowers, elderly men who have lost their spouses often retreat into themselves (Carey, 1977; Brabant, Forsyth, & Melancon, 1992), and repeated studies have substantiated the fact that men seem to be less able to call on their personal resources and possibly “relationality”, than women, and thus have been identified as one of the most at risk groups for illness and even death, following the loss of a spouse (Berardo, 1970; Hansson, 1988, Stroebe & Stroebe, 1988). The stories related by the widowers in this study suggest that their ability to maintain ties with others may have provided them the necessary support needed to move on with life.

Family sustains you and the importance of friends. The family is well documented as the cornerstone of the social support network of most people, and for these elderly widowers this certainly held true. Intergenerational relationships between elderly parents and their adult children are both extensive and important to both parties (Mutran & Reitzes, 1990). And although children provide satisfaction and a feeling of well-being to older parents, it seems that contact with friends and neighbors may be even more closely associated with well-being than contacts with children. In other words, having the support of both family and friends is complementary. This was evidenced through the stories told in this study. The widowers cited their families as giving them a strong sense of well being, but the support and socialization with friends was also noted to be very important to them on a day-to-day basis. This may have been especially true in this research because so many of these men lived in retirement communities in which they shared at least one common meal with others, and had multiple opportunities for friendships and socialization as compared with community-dwelling elders.

Even those who did not have extensive family, as in the case of one participant, their relationships with others became paramount. Visits from the pastor and the pastor's wife were cited as helping very much. Living in a retirement community and/or being active in a church often provided these men with a host of supportive friends as well.

This further exemplifies the concept of van Manen's (1997) "lived other" or relationality in that these widowers maintained and benefited from a connection with those who shared their interpersonal space. This is a necessary and common part of the lived experience, and in this case necessary to their common experience of resilience.

Being other-oriented. Older adulthood is a time of change, not only of body and health status, but often of orientation to the world around you. These men, as a group, were outgoing and oriented to what was going on outside of themselves in contrast to the theory that elders change their focus from looking at the outer world to focusing on the inner world, or "introversion" (Chown, 1968; Neugarten, 1977). This other-orientation is viewed as another positive contributor to their ability to be resilient, in that they maintained interest in what was going on around and about them and were not, therefore, not be as likely to focus on their own problems, obstacles or negativity.

These may well be gifts of understanding that are, in the existential sense, reserved for the later stages of life. By carrying on a discourse with the aged and by listening to the stories of those who want to share their insights, we may learn more about the human experiences of joy and hope and how they are able to manage problems and changes in their lives (Moore, Metcalf & Schow, 2000).

Staying Healthy and Active

Most older people report enjoying their retirement years and typically tell of having good health during the early part of those years. The men included in this study were between 71 and 100 years old, with most of them being in their eighties. These men admitted that maintaining their physical activity level was an integral part of their perceived ability to remain healthy. This is well founded in the gerontology research. Development of healthy lifestyles in people of all ages is likely to reduce age-related disability and premature death (Leigh & Fries, 1992-1993). A U.S. Senate Committee on Aging. (1991) reported that in general the elderly take better care of themselves than do the non-elderly, and this was borne out in the reports of the participants in this study. All reported having accessed their health care providers in order to consult about either acute symptoms or for preventative health check-ups during the previous year. All took matters of their health very seriously, while at the same time not focusing all of their attention on their health.

Van Manen's "lived body" existential is thoroughly in focus through this essential theme. In fact, the two remaining essential themes, staying healthy and active and moving forward, have at their core this corporality or "lived body" experience (1997). The bodies of aging persons tend to deteriorate over time, and staying as active as possible for as long as possible appears to be a deterrent to disability and loss of function and a key factor to staying active in the absence of a disease process.

Keeping active physically and having hobbies and interests. Both of these incidental themes are well established in the gerontology literature as strategies for improving quality of life among the aged. As noted in Berardo's early research with widowers

(1970), even the hobbies or recreation favored by men and women are very different.

Women's hobbies are typically less strenuous and may be carried on indoors even when the woman is not physically strong (knitting, crocheting, embroidery and crafts, for example). Men's hobbies tend to be more physically intensive, as was evidenced by the men in this study (woodworking for example), and as physical vigor declines, their ability to participate in such pastimes also may decline. Still, the habit of having a hobby is a good one and was related by several of the men in this study, hobbies provided a way for them to pass the time in a productive way.

The interests of these men were widely varied. Most volunteered in some way, especially as it related to church activities (ushering, serving on boards, etc.), and one man had completely immersed himself in returning to the mission field as a physician. This was the most radical change reported by these men. However, the physical activities that they enjoyed were wide ranging encompassing walking every day, participation in exercise groups, playing tennis or golf, taking trips, participating in "old timer's" groups and eating out with others.

The lifestyles of those who lived in a retirement community made access to such activities somewhat easier than for those who lived independently in the community, however, those in this study related having no problems in remaining active to this point in their lives. This was reflective of their general good health.

Accessing health care and attending to health challenges. The educational backgrounds of these men were more sophisticated as compared to many of their contemporaries. The fact that most were college-educated most likely assisted them in their ability to access health care resources, in having had good health practices in the

past, and to recognizing and attending to health concerns in a timely manner. While men, especially Caucasians, typically do have higher incomes than do minority groups and women, this group was privileged to have appropriate medical benefits, eligibility for Medicare and a variety of resources available to them in order to maintain a high level of wellness (U.S. Census Bureau: Economics and Statistics Administration, 1995). This fact alone may have influenced their abilities to be resilient in the face of loss.

The majority of Social Security recipients have other sources of income including earnings income from assets, governmental and private pensions, and some from paid employment and public assistance (Matteson, McConnell & Linton, 1996; U.S. Census Bureau: Economics and Statistics Administration, 1995). These men were indeed fortunate in that they had provided wisely for their retirement years and that the health concerns they did have were amenable to treatment.

Again, van Manen's existential of "lived body" could be recognized as these resilient widowers recounted their desire to keep active and to maintain their health. This attention to the basic need to "use it or lose it" was understood as one of the most helpful in preventing the disabilities associated with disuse and old age.

Moving Forward

The ability to go on with productive lives following the death of a spouse was evidenced by those participating in this study. While it is acknowledged that losing a spouse typically has negative implications for the survivor, these widowers reported coping remarkably well. Since the bereavement process involves three distinct tasks: 1) accepting the loss intellectually; 2) accepting the loss emotionally; and 3) realigning the survivor's view of self and the outer world to match the new reality (Gallagher &

Thompson, 1989), it was apparent that these resilient widowers had made great strides. Resilience is evidenced by being able to adapt to changing circumstances, and to embrace what the remainder of life has to offer.

Don't live in the past. Aging is associated with many losses, and not all losses involve an object outside of the self. Certainly losses of role, bodily function, structural changes in the body and of course, significant others are common the longer a person lives. Grief associated with long-term illness or disability differs in important ways from the loss of spouse or significant other. Cleiren (1993) points out that a loved one who dies is gone from one's physical presence. Memories remain, of course, but the constant reactivation of feelings of loss is usually mitigated once the initial period of grief has past. However, losing function of the body is a constant presence, and the reminder is there each time a person tries to do something he/she could formerly achieve but no longer can.

For these men, the loss of a wife had certainly impacted them in a very personal way, however, through a variety of actions they were able to get past the initial grief period and restructure their lives in order to look forward. Individuals with well-developed coping skills, particularly the ability to solve problems rather than use defense mechanisms such as denial or projections, are more likely to resolve a loss successfully (Watson, 1994). This ability to dwell on the past and to solve problems in the here and now, appears to be a part of the resilience these men described.

Being open to opportunities. Many of these men described new ventures that had come their way after the death of their wives. One man became the chaplain for a cruise line, which allowed him to utilize his pastoral gifts while at the same time giving him the

opportunity to travel. Keeping their options open seemed to be attractive to these men. Several spoke of spending time with their adult children, and even attending sporting events in which their grandchildren participated. The need for connecting with “lived other” was apparent.

Although most had relocated to their present “lived space” prior to losing their spouse, at least two of these men had changed their place of living in order to allow themselves more freedom and less responsibility for upkeep of a home. According to a survey of elders living independently in two retirement communities (McDowell & Clawson, 1992), factors that influenced their selection of these facilities included availability of both mental and physical activities, comfort and security, and independence features (among other things). While once such communities were thought to be within the reach of only the wealthy, such living arrangements are increasingly being thought of as within the financial means of the middle class (Matteson, McConnell, & Linton, 1996). The men in this study were primarily from the middle-class and yet many of them resided in such retirement communities.

Being open and ready to embrace life and all of its opportunities is reminiscent of the work done by Flach (1988) as he developed a composite set of attributes possessed by resilient persons. Together with many of the other descriptions of resilience which these men described, it appears that they fit well into Flach’s composite attributes of resilient persons as described early in this study. Also consistent was the fact that these men did not necessarily view themselves as special in any way. Resilience is not a “once and for all thing”, but rather its level is seen to fluctuate over time. This certainly reflected in the stories told by these widowers.

Letting go and moving on. The grief process in older adults is highly unpredictable and highly individualistic, especially as it relates to losing a longtime spouse (Belsky, 1990). Despite this fact, participants in this study reported an ability to accept the loss of their wives and in many cases move forward relatively quickly, going on with productive lives despite their grief. This did not appear to mean that they valued the relationships and the history of their marriages any less, but more that because of a satisfactory marriage they were optimistic about finding happiness and in some cases, even new relationships that would fulfill their needs for companionship again.

Bereavements allow time for reflection and create an imbalance, which is not easily stabilized, forever coloring one's life, thus allowing rich potential for spiritual change. Researcher Margaret Stroebe and her colleagues at the University of Utrecht have put forward a compelling explanation of this ability to move forward, called "the restoration orientation" (Stroebe, Schut, & Stroebe, 1995, as cited in Balk, 1999). The aspect of recovery, which the Utrecht team has coined, involves paying attention to living. It seems that the widowers in this study were able to do exactly that. Restoration provides a means by which one's view of life following the loss is refocused, allowing an individual to go forward by undergoing a transformative process. A zest for life is renewed, and it has been suggested in recent research, that without experiencing the distress of loss, this transformation, which restores meaning to one's experience of human existence, could not take place. Resilience may be a key ingredient that assists in this restorative effort.

Moving forward connotes the ability to exhibit adaptive behaviors and to not only survive but thrive. These men shared ideas that had come to them through self-

examination and reflection. This practice is supported throughout the resilience literature and was exhibited in the life experiences related throughout this study.

Summary

The six essential themes identified: having a strong faith; preparing; doing what you have to do; overcoming loneliness; staying healthy and active; and, moving forward, are all consistent behaviors as identified in the literature. These six themes are compatible with the meta-analysis of the concept of resilience undertaken by Polk (1997). In her four patterns identified, “dispositional pattern” relates directly to the Staying Healthy and Active theme in this study; “relational pattern” can be correlated favorably with the Overcoming Loneliness theme which relies on relationships with others; “situational pattern” may be positively aligned with Doing What You Have to Do with its emphasis on perseverance and determination, and; “philosophical pattern” certainly could be broadly related to “Having a Strong Faith”, though these participants spoke much more strongly of their Christian beliefs and the impact these had on their ability to go forward. By comparison with Polk’s work, the similarities far outdistance the differences. Certainly continued research on resilience is warranted.

The men in this study were, however, a very distinct aggregate whose make up has not been replicated in other research. While other studies have not used exactly the same descriptors provided by these men, there are enough similarities in their resilience experiences to warrant further study.

This chapter has provided a discussion of the findings using both literature and the concepts of van Manen’s four existentials by which we all experience the world. The personal accounts of nineteen resilient widowers regarding their perceptions of resilience

as experienced in their everyday ways of being and in their consciousness as men and survivors have been discussed. These meanings have relevance to nurses and other healthcare providers, to other men who become widowers, and to families and friends who provide support and encouragement for those who lose a long-term spouse to death.

Chapter VI: Reflections on the Study

*Alone, all alone
Nobody, but nobody
Can make it out here alone.
Maya Angelou (1975)*

Understanding the meaning and describing the experience of resilience among elderly widowers became a daunting task. Perhaps because reactions of human beings are so varied, and phenomenological understanding requires us to be able to explicate such phenomena as they present themselves to our consciousness, this became a challenging journey. The lived experience of resilience in nineteen elderly widowers has been thoroughly explored and uncovered layer by layer in this research. The purpose of this final chapter is to conclude the study by reflecting on its strengths and limitations, as well as its implications for the future.

Critique of the Study

The inclusion of nineteen men and the utilization of the phenomenological method to study the lived experience of resilience among elderly widowers are both viewed as primary strengths of this study. Through the philosophical methodology advocated by Max van Manen and his predecessors Husserl, Heidegger, Marcel, Sarte and Merleau-Ponty, interpretive phenomenology has been an excellent and appropriate approach for illuminating the meaning of the phenomena of resilience among this group. While a phenomenological approach typically produces large quantities of data (in interview transcripts, written observational and methodological notes kept by the

researcher and through continuous writing), and the inclusion of nineteen widowers is larger than the smaller number of participants typically advocated for a phenomenological study of this type (Burns & Grove, 1993), the quality of the data has produced an excellent result. This volume of data has definitely added to the richness of the findings.

Another strength of this study was the availability of this health care professional as a interested party who was involved in listening to the stories of these resilient widowers. Many stated that they had not had an opportunity to tell their stories before and each of these men expressed appreciation for being included as a participant in this study. Additionally, when they recounted hospital experiences or problems with their health, it was beneficial to them that a professional nurse was present to act as a sounding board and to validate their health concerns and suggest direction for follow-through.

This study did not introduce additional variants for the men being studied. For example, the ethnic mix of one African American and eighteen Caucasians is not representative of this group, nor of southern California's elder population. These participants were all of a similar socioeconomic grouping as well, each of them having the resources to maintain their own homes and with adequate access to health care. While the purpose was to explore the lived experience of resilience, additional study is needed among men of different racial and ethnic groups, as well as in varied socioeconomic levels.

The nature of qualitative studies of necessity requires the involvement of the investigator which some may interpret as bias. Phenomenology, however, involves interpretive description on the part of the investigator and thus bias with a study such as this would be impossible to eliminate (Thorne, Kirkham & MacDonald-Emes, 1997).

Reduction or bracketing were done at the onset, and thus through consciousness-raising, the biases were mitigated to a large degree.

This study offered insights into what it is like to be a resilient widower following the death of a long-term spouse. Since there still remains a paucity of research regarding widowers specifically and their experiences in general, this information provides significant insights into what the experience of resilience is like through the lenses of nineteen men who had experienced it. The stories provided by these widowers about the times that they felt they were resilient provided a wealth of information not previously explored, and the themes discovered compared positively with some of those identified by LaFierriere and Hamel-Bissell (1994) and by Polk in her meta-analysis of the resilience literature (1997).

Nursing is concerned with the health and well being of all populations. For this reason, determining how the members of this aggregate could be assisted in making a positive adjustment following the death of a long-term spouse is consistent with the mission of the nursing profession. Recognition of the experiences of elderly widowers is a benefit for nurses and other health care professionals who may potentially interact with this group of men. Developing an understanding of how to assist these men in their journey toward continuing to live productive lives is beneficial to anyone working with seniors.

The methodology used in this study proved to be advantageous in working with this aggregate of resilient widowers. This direct interface allowed the researcher to gain insight into not only the lived experience of resilience, but also the emotional reactions, their lived environment, and their interactions with others who happened to be present.

These men responded positively to meeting with the researcher and to the opportunity of having an individual actively listen to their stories. Though other methodologies should not be excluded, this use of phenomenological methods should be continued to explore the lived experiences of elderly widowers of various cultures and circumstances.

Data collected during each of these interviews was reflective of that moment in time, a snapshot taken at one point in the journey. Listening to and understanding these stories - and namely, what the aged can give us, perhaps a better understanding of the finality of life, can be a precious gift to those who are fortunate enough to understand the meaning. The relevance of personal life stories is gaining increasing prominence in the gerontological and psychology literature, both as a method of getting to know persons, but also as a therapeutic approach (Moore, Metcalf & Schow, 2000).

Directions for Future Research

It was particularly notable that so many of these men had been caregivers for their wives. Similar to the lack of attention to widowers in research, virtually no research with male caregivers is found at present in the literature,. Houde (2001) elucidated this fact in her study of research literature relating to male caregivers. In it she noted that although an estimated 28% of caregivers are men (up from 25% in 1987), virtually no studies have been done with this group in spite of the growing numbers. Since little is known about these men or the implications for interventions to support them, this is a definite area that could benefit from further research.

The positive aspects of caregiving, in terms of preparing men (or women) for accepting the death of a spouse, needs further study. There appears to be considerable research devoted to the problems and difficulties associated with caregiving, with little

attention being given to the positive benefits, if any. Findings of the first two waves of the Caregiver Health Effects Study (n = 680) reported by Beach, Schulz, and Yee (2000) yields some preliminary data regarding this, but much more is needed.

Another area warranting further research is how or even if, the attribute of resilience following a death of a spouse can be fostered in those persons who are non-resilient. This type of study would yield considerable benefit to those elderly widows and widowers who suffer bereavement, and would be of assistance to those who care about them.

Utilization of story telling technique and careful attention to the details of these stories can be of potential assistance for nurses in developing an appreciation of older adults, in general. Understanding of the history of the men and women of this generation helps to put their lived experiences into perspective and gives those who interact with them the ability to anticipate patterns that may be of help in working with them, teaching them, and in assisting them toward optimal health practices. Their attitudes and values may be understood when considered against the backdrop of historical events surrounding their lives. As expressed by Dreier (2000), by learning more about the meaning of the lives of our aged population, we may also learn more about the human experiences of joy and hope and what has allowed the human capacity to respond to opportunities and to manage the challenges in their lives. "There may well be gifts of understanding that are in an existential sense, reserved for the last stage of life" (Dreier, 2000, p. 29).

Future studies should incorporate the use of longitudinal designs that obtain a more complete picture of how resilience is affected by life events and over time in the lives of widowers from varied ethnic backgrounds and socioeconomic levels.

Specifically, a study utilizing either phenomenology or ethnography among Hispanic widowers would be a logical next study given the large numbers of men from this cultural background in this region. It would be interesting to see if there are differences or similarities in their experiences of resilience.

Further tool development is needed to adequately measure resilience abilities. This study can offer preliminary information and descriptors that may be of assistance in this development. Further refinement of a tool, possibly that of Wagnild and Young's (1993) Resilience Scale, may be enhanced by the descriptors revealed in this study. Specifically, the five themes identified in this scale should be reexamined in view of this study with widowers. The original RS was developed after validating themes with 24 American women who were deemed to have successfully adapted to major life events. As stated in Chapter 2, the five themes included in the RS included "equanimity", "perseverance", "self-reliance", "meaningfulness", and "existential aloneness" (Wagnild & Young, 1993, p. 167-168). In view of the strong emergence of the importance of faith in this study, I would like to see a spirituality theme somehow added to the RS for future use. The strength that these men drew from their faith does not seem to be sufficiently covered by the "meaningfulness" theme identified by Wagnild and Young, and based on the importance of spirituality in later life this omission on a resilience scale appears to leave a gap in our knowledge.

During several of the interviews conducted during this study, particularly those for whom military experiences played such a key role in their lives, world history came alive. This rich heritage provided the researcher with key insights into what it was like to be a part of the fighting force during the Battle of the Budge, as well as how it was to

experience the terror of having your ship torpedoed and spend six hours in the water waiting for rescue. Ways of capturing these rich narratives should be further devised before men (and women) of this era are lost to death.

Conduct of this research study and interacting with these men was illuminating and a delight. Their willingness and even eagerness to participate was an unexpected personal benefit. The experience of loss is one which touches all of humanity, thus understanding how a person rebounds from a profound loss and is able to move forward with life in the face of the death of a loved one is common to all people. Resilience in elderly widowers following the death of a long-term spouse is, indeed, a multifaceted and complex entity and I hope that this initial effort may open the door to further study regarding how it may be recognized, promoted and enhanced not only in aged widowers, but in all of us.

References

- Allen, S.M. (1994). Gender differences in spousal caregiving and unmet need for care. *Journal of Gerontology*, 49 (4) , S187-S195.
- American Nurses Association. (1991) . *Nursing's agenda for health care reform*. Washington D.C.: American Nurses Association.
- Angelou, M. (1997). *Oh pray my wings are gonna fit me well*. New York: Random House.
- Anthony, E. J. (1974) . The syndrome of the psychologically invulnerable child. In E. J. Anthony & C. Koupernik (Eds.) , *The child in his family: Children at psychiatric risk*, (pp. 201-230) . New York: Wiley.
- Antonovsky, A. (1974) . Conceptual and methodological problems in the study of resistance resources and stressful life events. In B.S. Dohrenwend & B. P. Dohrenwend (Eds.) , *Stressful life events: Their nature and effects*. New York: Wiley.
- Antonovsky, A. (1993) . The structure and properties of the sense of coherence scale . *Social Science Medicine*, 36 , 725-733.
- Armer, J.M. & Conn, V.S. (2001) . Exploration of spirituality and health among diverse rural elderly individuals. *Journal of Gerontological Nursing*, 27(6), 29-37.
- Atchley, R.C. (1989) . A continuity theory of normal aging . *The Gerontologist*, 29, 183-190.
- Balk, D.E. (1999). Bereavement and spiritual change. *Death Studies*, 23, 485-493.
- Baltes, P. B. & Baltes, M. M. (Eds.) . *Successful aging: Perspectives from the behavioral sciences*. Cambridge, MA : Cambridge University Press.

- Beach, S.R. , Schulz, R. & Yee, J.L. (2000) . Negative and positive health effects of caring for a disabled spouse: Longitudinal findings from the caregiver health effects study. *Psychology and Aging*, 15, 259-271.
- Beardslee, W. R. (1989) . The role of self-understanding in resilient individuals: The development of a perspective . *American Journal of Orthopsychiatry*, 59, 266-278.
- Belsky, J.K. (1990). *The Psychology of Aging (2nd Ed.)*. Pacific Grove, CA: Brooks/Cole Publishing Company.
- Berardo, F. (1968). Widowhood status in the United States: Perspective on a neglected aspect of the family life-cycle. *The Family Coordinator*, 17, 191-203.
- Beckingham, A. C. & DuGas, B. W. (1993) . *Promoting healthy aging: A nursing and community perspective*. Toronto: Mosby.
- Benner, P. (Ed.) . (1994) . *Interpretive phenomenology: Embodiment, caring and ethics in health and illness*. Thousand Oaks, CA: SAGE Publications.
- Benner, P. & Tanner, C. (1987) . Clinical judgment: How expert nurses use intuition. *American Journal of Nursing*, 87 (4) , 23.
- Berardo, F. (1970) . Survivorship and social isolation: The case of the aged widower. *The Family Coordinator*, 19, 11-25.
- Bigbee, J. L. (1985) . Hardiness: A new perspective in health promotion . *Nurse Practitioner*, 10 (11) , 51-56.
- Bionda, M & Picardi, A. (1996) . Clinical and biological aspects of bereavement & loss-induced depression: A reappraisal . *Psychology & Psychosomatics*, 65 (5), 229-245.

- Block, J. H. & Block, J. (1980) . The role of ego-control and ego in the organization of behavior. In W. Collins (Ed.), *Development of cognition, affect, and social relations*, (p. 48). Hillsdale, N. J.: Lawrence Earlebaum Associates.
- Brabant, S, Forsyth, C.J. & Melancon, C. (1992) . Grieving men: Thoughts, feelings and behaviors following deaths of wives. *The Hospice Journal*, 8 (4) , 33-47.
- Brokaw, T. (1998) . *The greatest generation*. New York: Random House.
- Burns, N. & Grove, S. K. (1993) . *The practice of nursing research: Conduct, critique & utilization*. Philadelphia: W. B. Saunders Company.
- Caplan, G. (1990) . Loss, stress, and mental health. *Community Mental Health Journal*, 26 (1) , 27-48.
- Campbell, S. & Silverman, P. (1987) . *Widower*. New York: Prentice Hall Press.
- Carey, R.G. (1977) . The widowed: A year later . *Journal of Counseling Psychology*, 24(2) , 125-131.
- Carter, H. & Glick, P.C. (1976) . *Marriage & divorce: A social and economic study* (Rev. ed.) , Cambridge, MA: Harvard University Press.
- Caserta, M.S. & Lund, D. A. (1996) . Beyond bereavement support group meetings: Exploring outside social contacts among the members . *Death Studies*, 20 (6), 537-556.
- Chown, S.M. (1968). Personality and aging. In K.W. Schate (Ed.). *Theory and methods of research on aging*. Morgantown, WV: West Virginia University Library.
- Cleiren, M. (1993) . *Bereavement & adaptation: A comparative study of the aftermath of death*. Washington, D.C.: Hemisphere Publishing Company.

- Detzner, D. F. (1996, Spring) . No place without a home: Southeast Asian grandparents in refugee families. *Generations*, 45-48.
- Donnelly, E.R., Field, N.F. & Horowitz, M.J. (2000-2001). Expectancy of spousal death and adjustment to conjugal bereavement. *OMEGA*, 42(3), 195-208.
- Dreier, T. (1991). Suicide risk in the elderly: An introduction. *Journal of Geriatric Psychiatry*, 24, 147-151.
- Drew, N. (1993) . Reenactment interviewing: A methodology for phenomenological research. *Image: Journal of Nursing Scholarship*, 25 , 345-351.
- Dyer, J. G. & McGuinness, T. M. (1996) . Resilience: Analysis of the concept. *Archives of Psychiatric Nursing* , X , 276 - 282.
- Feather, B.L. , & Dillard, B.G. , (1991) . Addressing personal needs of the elderly in their homes. *Journal of Home Economics*, 4 , 36-39.
- Fjelland, R. & Gjengedal, E. (1994) . A theoretical foundation for nursing as a science. In P. Benner (Ed.) . *Interpretive Phenomenology: Embodiment, caring & ethics in health and illness* (pp. 3-25) . Thousand Oaks, CA: SAGE Publications.
- Flach, F. (1988) . *Resilience: Discovering a new strength at times of stress*. New York: Fawcett Columbine.
- Frankl, V. E. (1984) , *Man's search for meaning: An introduction to Logotherapy* (3rd ed.) . New York: Simon & Schuster.
- Frenn, M. (1996) . Older adults' experience of health promotion: A theory for nursing practice . *Public Health Nursing*, 13 (1) , 65-71.

- Freud, S. (1917, 1956) . Mourning and melancholia. In J. Strachey (Ed.) , *The standard edition of complete psychological works of Sigmund Freud*, 14 (pp. 237-258) .
London: Hogarth Press & Institute for Psychoanalysis.
- Gadamer, H. G. (1989) . *Truth and method* (2nd revised ed. , translation revised by J. Weinsheimer & D. Marshall) . New York: Crossroad.
- Gallagher, D. & Thompson, L.W. (1989). Bereavement and adjustment disorders. In E.W. Busse and D.G. Blazer (Eds.). *Geriatric psychiatry* (pp. 459-473). Washington, D.C.: American Psychiatric Press.
- Giordano, B. P. (1997) . Resilience: A survival tool for the nineties . *AORN Journal* , 65 , 1032-1034.
- Hansson, R. O. (1988) . Bereavement research: An historical introduction . *Journal of Social Issues*, 44 (3) , 1-18.
- Havighurst, R.J., Neugarten, B.I., Munichs, J.M.A. & Thomae, H. (Eds.). (1969). *Adjustment to retirement: A cross-national study*. Netherlands: Van Gorkum.
- Heidegger, M. (1962) . *Being and time*. London: SCM Press. (Original work published 1927).
- Horacek, B.J. (1991) . Toward a more viable model of grieving and consequences for older persons . *Death Studies*, 15 , 459-472.
- Houde, S.C. (2001). Men providing care to older adults in the home. *Journal of Gerontological Nursing*, 27(8), 13-19.
- Husserl, E. (1913/1982) . *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy: General introduction to a pure phenomenology*. The Hague: Martinus Nijhoff.

Hyrkas, K. , Kaunonen, M. & Paunonen, M. (1997) . Recovering from the death of a spouse . *Journal of Advanced Nursing*, 25 (4), 775-779.

Johnson, D.M., Williams, J.S. & Bromley, D.G. (1986) . Religion, health and healing: findings from a southern city. *Sociological Analysis*, 47, 66-73.

Kaplan, M.S., Marks, G. & Mertens, S.B. (1997) . Distress and coping among women with HIV infection: Preliminary findings from a multiethnic sample. *American Journal of Orthopsychiatry*, 67, (1) , 80-91.

Kart, C.S. & Manard, B.B. (1981) . *Aging in America: Readings in social gerontology* (2nd ed.).

Palo Alto, CA: Mayfield Publishing Company.

Knaack, P. (1984) . Phenomenological research. *Western Journal of Nursing Research*, 6 (1) , 107-114.

Kobasa, S. C. (1979) . Stressful life events, personality, & health: An inquiry into hardiness, *Journal of Personality & Social Psychology*, 37 (1) , 1-11.

Kobasa, S. C. , Maddi, S. R. & Kahn, S. (1981) . Personality and constitution as mediators in the stress illness relationship. *Journal of Health and Social Behavior*, 22, 368-378.

Koenig, H.G., Kvale, J.N. & Ferrel, C. (1988). Religion and well-being in later life. *Gerontologist*. 28. 18-28.

LaFerriere, R. H. & Hamel-Bissell, B. P. (1994) . Successful aging of the oldest old women in the Northeast Kingdom of Vermont. *Image: Journal of Nursing Scholarship*, 26, 319-323.

- Lambert, C. E. & Lambert, V. A. (1987) . Hardiness: Its development and relevance to nursing. *Image: Journal of Nursing Scholarship*. 19 , 92-95.
- Langer, N. (2000). The importance of spirituality in later life. *Gerontology & Geriatrics Education*, 20(3), 41-50
- Lawton, M. P. (1991) . A multidimensional view of quality of life in frail elders . In J. Birren, J. Lubben, J. Rowe & D. Deutchman (Eds.) , *The concepts and measurement of quality of life in the frail elderly* (pp. 3-27) . New York: Academic Press.
- Lee, H. J. (1983) . Analysis of a concept: hardiness. *Oncology Nursing*, 10 (4) , 32-35.
- Leigh, J.P. & Fries, J.F. (1992-1993). Associations among health habits, age, gender and education in a sample of retirees. *International Journal of Aging & Human Development*, 32(2), 139-155.
- Leininger, M. M. (1985) . *Qualitative research methods in nursing*. Orlando, FL: Grune & Stratton, Inc.
- Lemon, B.W., Bengtson, V.I. & Peterson, J.A. (1972) . An exploration of the activity theory of aging: Activity types and life satisfaction among in-movers to a retirement community. *Journal of Gerontology*, 27, 511-523.
- Levy, L. H. , Martinkowski, & Derby, J. F. ((1994) . Differences in patterns of adaptation in conjugal bereavement: Their sources & potential significance . *OMEGA*, 29 (1) , 71-87.
- Lichtenstein, P. , Gatz, M. & Berg, S. (1998) . A twin study of mortality after spousal bereavement. *Psychological Medicine*, 28 (3), 635-643.

- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 1944(101) , 141—148.
- Low, J. (1996) . The concept of hardiness: A brief but critical commentary. *Journal of Advanced Nursing*, 24, 588-590.
- MacDowell, N.M. & Clawson, K.R. (1992). Amenities that influence nursing home selection, *Journal of Long Term Care Administration*, 20(4), 13-15.
- Madjar, I. (1998) . *Giving comfort & inflicting pain* . (based on doctoral dissertation Massey University, New Zealand, 1991) . Edmonton, Alberta, Canada: Qualitative Institute Press.
- Matteson, M.A., McConnell, E.S., & Linton, A.D. (1996) . *Gerontological nursing*. Philadelphia: W.B. Saunders Company.
- McCracken, G. (1988) . *The long interview*, Newbury Park, CA: Sage.
- McNutt, F. (1977) . *The power to heal*. Notre Dame, IN: Ave Maria Press.
- Merleau-Ponty, M. (1962) . *The phenomenology of perception*, London: Routledge & Kegan Paul.
- Merriam-Webster's new collegiate dictionary* (9th ed.) . (1987) . Springfield, MA: Miriam-Webster, Inc.
- Moberg, D.O. (1967) . The encounter of scientific and religious values pertinent to man's spiritual nature. *Sociological Analysis*, 28, 22-23.
- Moberg, D.O. (1990) . Religion & aging. In K.F. Ferraro (Ed.), *Gerontology: Perspectives and issues* (pp. 179-205). New York: Springer Publishing Company.
- Moore, S., Metcalf, B, & Schow, E. (2000). Aging and meaning in life: Examining the concept. *Geriatric Nursing*, 21(1), 27-29.

- Munhall, P. L. & Oiler, C. M. (1986) . *Nursing research: A qualitative perspective*. Norwalk, CT: Appleton-Century-Crofts.
- Mutran, E. & Reitzes, D.C. (1990). Intergenerational exchange relationships in the aging family. In K.F. Ferraro (Ed.). *Gerontology: Perspectives and issues* (pp. 149-162). New York: Springer Publishing Company.
- Narsavage, G. & Weaver, T. (1994) . Physiologic status, coping, and hardiness as predictors of outcomes in chronic obstructive pulmonary disease . *Nursing Research* , 43 (2) , 90-94.
- Neill, J.T. and Diaz, K.L. (2001) . Adventure education and resilience: The double-edged sword. *Journal of Adventure Education and Outdoor Learning*, 1(2), 35-42.
- Neugarten, B.I. (1977). Personality and aging. In J.E. Birren & K.W. Schaie (Eds.). *Handbook of the psychology of aging*. New York: Van Nostrand Reinhold.
- Pargament, K.I. (1997) . *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Parkes, C.M., Benjamin, B. & Fitzgerald, R.G. (1969) . Broken heart: A statistical study of increased mortality among widowers. *British Medical Journal*, 1 , 740-743.
- Polk, L. V. (1997) . Toward a middle-range theory of resilience . *Advances in Nursing Science* , 19 (3) , 1-13.
- Pollock, S. E. (1989) . The hardiness characteristic: A motivating factor in adaptation. *Advances in Nursing Science*, 11 (2) , 53-62.
- Rees, C. , Jones, M., & Scott, T. (1995) . Exploring men's health in a men-only group . *Nursing Standard*, 9 (43) , 38-40.

- Rowe, J. W. & Kahn, R. L. (1987) . Human aging: Usual & successful . *Science*, 237 (7) , 143-149.
- Rubenstein, R. L. , Kilbride, J. C. & Nagy, S. (1992) . *Elders living alone*. New York: Aldine de Gruyter, Inc.
- Rutter, M. (1985) . Resilience in the face of adversity. *British Journal of Psychiatry*, 14 , 598-611.
- Rutter, M. (1987) . Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57 , 316-331.
- Saunders, J. M. (1981) . A process of bereavement resolution: Uncoupled identity, *Western Journal of Nursing Research*, 3 (4) , 317-336.
- Schick, F.L. & Schick, R. (1994) . *Handbook on aging Americans*. Phoenix, AZ: Orynx Press.
- Staudacher, C. (1991) . *Men & grief*. Oakland, CA: New Harbinger Publications, Inc.
- Steiner, A. , Raube, K. , Stuck, A. E. , Aronow, H. U. , Draper, D. Rubenstein, L. Z. , & Beck, J. C. (1996) . Measuring psychosocial aspects of well-being in older community residents: Performance of four short scales . *The Gerontologist*, 36 , 54-62.
- Staudacher, C. (1991) . *Men & grief*. Oakland: New Harbinger Publications, Inc.
- Stroebe, M. & Stroebe, W. (1983) . Who suffers more? Sex differences in health risks of the widowed. *Psychological Bulletin*, 93 (2) , 279-301.
- Stroebe, M. & Stroebe, W. (1989-90) . Who participates in bereavement research? A review and empirical study. *OMEGA*, 20 (1) , 1-29.

- Stroebe, M. , Stroebe, W. S. , Abakoumkin, G. & Schut, H. (1996) . The role of loneliness and social support in adjustment to loss: A test of attachment versus stress theory, *Journal of Personality & Social Psychology*, 70(6) , 1241-1249.
- Thompson, L.W., Breckenridge, J.N. , Gallagher, D. & Peterson, J. (1984) . Effects of bereavement on self-perceptions of physical health in widows and widowers. *Journal of Gerontology*, 39 (3) , 309-314.
- Thorne, S., Kirkham, S., & MacDonald-Emes, J. (1997) . Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health*, 20, 169-177.
- Tunstall, J. (1966) . *Old and alone: A sociological study of old people*. London: Rutledge & Kegan Paul.
- Turk-Charles, S., Rose, T. & Gatz, M. (1996) . The significance of gender in the treatment of older adults . In Carstensen, L.L. , Edelstein, B.A. & Dornbrand, L. (Eds.) , *The practical handbook of clinical gerontology* (pp. 107-128) . Thousand Oaks, CA: SAGE.
- U.S. Census Bureau: Economics and Statistics Administration, U.S. Department of Commerce. (1995) . Statistical brief: Sixty-five plus in the United States [On line document: www.census.gov/socdemo/www/agebrief.html] .
- U.S. Senate Committee on Aging, the American Association of Retired Person, the Federal Council on Aging, & the U.S. Administration on Aging. (1991). *Aging America: Trends and projections*. Washington D.C.: U.S. Government Printing Office.

- Valle, R., King, M. & Halling, S. (1989) . An introduction to existential-phenomenological thought in psychology. In R. Valle & S. Hallings (Eds), *Existential-phenomenological perspectives in psychology* (pp. 3-16) . New York and London: Plenum Press.
- van Croft, R. M. (1994, January) . Preventive nursing care: A keystone in health care for the well senior . *CARING Magazine* , 32-34.
- van Manen, M. (1984) . Practicing phenomenological writing. *Phenomenology & Pedagogy*, 2 (1), 36-69.
- van Manen, M. (1997) . *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.) . London, Ontario, Canada: The Althouse Press.
- van Manen, M. (2002) . Homepage at University of Alberta.
<http://www.ualberta.ca/~iigm/>
- Wagnild, G. & Young, H. M. (1990) . Resilience among older women . *Image: Journal of Nursing Scholarship*, 22 , 252-255.
- Wagnild, G. & Young, H. M. (1993) . Development and psychometric evaluation of the resilience scale . *Journal of Nursing Measurement*, 1 , 165-178.
- Weaver, A.J., Flannelly, L.T. & Flannelly, K.J. (2001). A review of research on religious And spiritual variables in two primary gerontological nursing journals 1991-1997. *Journal of Gerontological Nursing*, 27(9), 47-54.
- Werner, E. E. & Smith, R. S. (1982) . *Vulnerable but invincible*, New York: McGraw-Hill.
- Zukerman, D.M., Kasl, S.V. & Ostfeld, A.M. (1984). Psychosocial predictors of mortality among the elderly poor. *American Journal of Epidemiology*, 119, 410-423.

Appendix

Table A1: Description of Participants

Age	Frequency
70-74 years	1
75-79	2
45-49	9
85-89	4
90-94	1
95-99	0
100-104	1

Years Married	Frequency
25-29 years	1
30-34	3
35-39	-
40-44	3
45-49	3
50-60	7
61+	2

Years Since Wife's Death	Frequency
4 - 11 months	2
1-3 years	3
4-6 years	4
7-10 years	3
11-15 years	5
16-20 years	1
21-26 years	1

Caregivers For Wife	% of Total
13 of 19 men	68.4%

Remarried	% of Total
*7 of 19 men	36.8%
* Of these 2 were widowed a second time (10.5%)	

Table A2

Profile of Participants

Widower's "Name"	Age	Profession/ Occupation	Biographical Information
1 - Bill	82	Retired Professor	Widowed in 1994 after 50 years of marriage. He had been caregiver for several years after his wife suffered a stroke. Remarried in 1996. Lives independently splitting time between a condominiums in Southern California and the Mid-West.
2 - Abe	81	Retired Department of Defense Worker	Widowed since 1984 after 32 years of marriage. Had been caregiver for his wife in her last months. Very active in civic organizations and church. Lives alone & maintains his home and yard.
3 - Ed	81	Retired Engineer	Widowed in 1993; Had been caregiver for wife (53 year marriage) for nearly 20 years. Remarried in late 1993. Was a member of the National Youth Administration before serving in the Navy during WWII. Went to college on the G.I. Bill and graduated top of his class. Lives with second wife in a retirement community in Southern CA.
4 - Dale *	86	Retired Professor and Protestant Pastor	Widowed twice. First wife (24 years) died of stomach cancer in 1967. Second wife (30+ years) died of colon cancer in 4/01. Lived in a retirement community. Was caregiver to both wives at end of life.
5 - Art	87	Retired Handyman & Glass Worker	Deaf mute. Widowed since 1995. His wife of 49 years had also been deaf. He lived in "assisted living" area of a retirement community, though he was independent and rides the bus to do shopping. Interview was mostly in writing, though a signer was present for a short period of time.

Table A2 (continued) **Profile of Participants**

Widower's "Name"	Age	Profession/ Occupation	Biographical Information
6 - Dirk	77	Retired Aerospace Industry General Foreman	Married for 55 years when wife died 4 months prior to interview. Had been her caregiver for several years due to Parkinson's disease. Had to admit her in SNF near the end of her life. Had served for 5 years in the Navy during WWII and Korean War. Maintains own home in Southern California.
7 - Jake	82	Retired Naval Officer and College Building Manager	Had been married for 57 years when wife died of ovarian cancer in 2000. Was caregiver for her during her last months. Served for 30 years in Navy, first as enlisted, then as officer during WWII, Korea and Viet Nam Wars. Very involved in church and community functions. Lives alone in mobile home.
8 - Hank	71	Retired Physician/ Administrator & Missionary	Widowed since 1986 after being married 32 years. Wife was a nurse and they had been missionaries in Africa for 7 years. She died after a long battle with cancer. Caregiver for 9 years. Remarried in 1991. Lives in own home in northern San Diego County. Served in Army.
9 - Duane	83	Retired School Plant Director	Married 28 years to first wife when she died in 1975 after an M.I. Raised two sons. Remarried in 1976. Served 4 years in Army (antiaircraft) during WWII. Lives with second wife in retirement community in Southern CA.
10 - Lance	84	Retired Restaurant Supply Sales and Public Works Supervisor	Married for 57 years prior to wife's death in 1996 from liver cancer. Caregiver to her at end of life. Mother died when he was age 11. Raised by grandparents. Served in the Air Force as a mechanic during WWII. Lives independently in retirement community.

Table A2 (continued) **Profile of Participants**

Widower's "Name"	Age	Profession/ Occupation	Biographical Information
11 - Rob	83	Retired Airline Supervisor	Married for 43 years before his wife died in 1993. Last 9 years of her life he had been caregiver since a CVA in 1984 and eventual Alzheimer's. Served in Army during WWII - lost his hearing. Medical discharge. Lives independently in retirement community in Southern CA.
12 - Mel	92	Retired Carpenter/ Contractor	Married 62 years. Wife died in 1996. He had been caregiver at end of life. Son of Swedish immigrants. Lives independently in retirement community in Southern CA.
13 - Rolph	89	Retired Protestant Pastor	Married for 60 years prior to wife's death from cancer in 1996. Pastored numerous churches in Arizona and California. Lives independently in retirement community.
14 - Jaime	81	Retired Career Naval Officer; later Director of Plant Services for a hospital	Wife of 57 years died in 2000. She had beginning Alzheimer's and thus he was her caregiver. Had risen from the ranks to officer status in Navy. Served in WWII, Korea & Viet Nam. Survived torpedoed ship. Lives independently in Southern California retirement community.
15 - Ted	100	Retired Professor	Wife died fifteen years ago - before he moved to retirement community. Native of Croatia (then Austria-Hungary). Speaks 5 languages; Married over 60 years. Lives independently in retirement community in Southern California.
16 - Elmer	78	Retired Personnel & Contracts Manager for a Large Company	Married for 49 years, his wife died in 2000. Caregiver at the end of life. Served for 3 years in the Army during WWII. Lives independently in Southern California in a retirement community.

Table A2 (continued) **Profile of Participants**

Widower's "Name"	Age	Profession/ Occupation	Biographical Information
17 – Wil	85	Former Naval Officer (6 years); then a Mechanical Engineer	Mother had died when he was 8 years old; Father remarried. Married for 43 years. Wife had rheumatoid arthritis, and he was the caregiver and homemaker for many years prior to her death in 1986. Served in Navy after a stint in Merchant Marines. Lives independently in retirement community in So. California.
18 - Walt	86	Retired Protestant Pastor and Cruise Ship Pastor	Married 49 years to first wife. She died of cancer in 1987. Has been remarried for 13 years. Was pastor during WWII in San Diego. Lives independently in retirement community in So. California.
19 - Chuck *	81	Retired Electrician for Large Department Store	Served in the Army during WWII and fought in Battle of the Bulge. First wife died of brain tumor in 1949. Remarried in 1950. 2 nd wife died of cancer in 1990. Lives independently in an apartment in Southern California.

* Widowed twice

Table A3

Essential and Incidental Themes

Essential Themes	Incidental Themes
Having a Strong Faith	<ul style="list-style-type: none"> • Spiritual upbringing and roots • Knowing you are not alone • Prayer helps
Preparing	<ul style="list-style-type: none"> • Experiences from military and war • Talking it over • Caregiver role • Taking care of financial & living arrangements
Doing What You Have To Do	<ul style="list-style-type: none"> • Having a routine helps • Keeping busy
Overcoming Loneliness	<ul style="list-style-type: none"> • Staying connected • Family sustains you • Importance of friends • Being other-oriented
Staying Healthy and Active	<ul style="list-style-type: none"> • Keeping active physically • Having hobbies and interests • Accessing health care • Attending to health-challenges
Moving Forward	<ul style="list-style-type: none"> • Don't live in the past • Being open to opportunities • Letting go and moving on

Appendix A

INTERVIEW GUIDE

This research is being conducted to find out more about resilient people. You have been identified as someone who has rebounded or who is going forward with life, even after the loss of a long time spouse. I would like to ask you about your experiences relating to what it has been like to “go on” after your wife’s death.

Demographic Questions

1. What is your age?
2. How would you describe your living arrangements?
3. Do you consider yourself a member of an ethnic group? If so which one?
4. How long were you married?
5. How long have you been widowed?
6. Do you consider yourself a member of a particular faith community? If so, which one?

Probe Questions:

1. Tell me about going on after your wife’s death?
 - What has it been like for you?
 - What has helped you to move forward with your life?
 - Can you compare this experience of moving forward with others in your life or is it different?
2. What does “being resilient” mean to you?
 - Do you feel you have always been a resilient person?
 - Do you agree with the statement, “Once a resilient person, always a resilient person”?
 - Has this held true for you?
3. Tell me a situation in your life where you felt you were resilient.
 - Do you feel that this quality of resilience has helped or hindered you since your wife’s death?
4. What do you see as the source for your resilience (or strength), and your ability to move forward?
 - What helps you or gives you the ability to face each day?

5. Where do you find meaning for your life?
 - Has this changed since the loss of your wife? In what way?

Is there anything else that you would like to share with me about your experiences as a resilient person?

If, after I review our conversation, may I call you on the phone if I have any questions?

4-30-01

Appendix B

Methodological Outline for Doing Phenomenology

A. Turning to the Nature of Lived Experience

1. Orienting to the phenomenon
2. Formulating the phenomenological question
3. Explicating assumptions and pre-understandings

B. Existential Investigation

4. Exploring the phenomenon: generating “data”
 - 4.1 Using personal experience as a starting point
 - 4.2 Tracing etymological sources
 - 4.3 Searching idiomatic phrases
 - 4.4 Obtaining experiential descriptions from subjects
 - 4.5 Locating experiential descriptions in literature, art, etc.
5. Consulting phenomenological literature

C. Phenomenological Reflection

6. Conducting thematic analysis
 - 6.1.1 Uncovering thematic aspects in lifeworld descriptions
 - 6.1.2 Isolating thematic statements
 - 6.1.3 Composing linguistic transformations
 - 6.2 Gleaning thematic descriptions from artistic sources
7. Determining essential themes

D. Phenomenological Writing

8. Attending to the speaking of language
9. Varying the examples
10. Writing
11. Rewriting: (A) to (D), etc.

van Manen, M. (1984). Phenomenology & Pedagogy, 2 (1), 36-69. Appendix A

Appendix C

Consent Form

Project: A study that examines the experiences of resilience in men 70 years of age and older who live independently.

Researcher: Dorothy Crummy, RN, MSN

Ms. Crummy is a doctoral student conducting research for a doctoral dissertation at the University of San Diego.

The purpose of this research project is to gain an increased understanding of the life experiences of resilience of men who have survived their spouses. Each interview on this topic is expected to last an estimated hour to hour and a half. Unless I notify the researcher otherwise, the interview will be audiotaped. Taping of the interview is requested to provide an accurate account of the interview.

The tapes and transcripts of the interviews will be in the possession of the researcher and kept in locked cabinets. Identifying information will be stored separately from the tapes and transcripts to protect my identity. At the conclusion of this study and any follow-up studies, the tapes and transcripts will be destroyed.

During the interview, I will be asked to describe my life experiences and how I have been able adjust to losses or changes over time. I will be free to telephone the researcher (at 619-445-8466) with any additional information that I wish to add to the interview. Information provided in the interview will be treated in a confidential manner. However, if any evidence of abuse arises during the interview, I understand that the researcher will be obligated to report it as required by professional licensure.

This study will not provide any direct benefits to me, but the results of the study may influence the quality of life of other men in the future. I understand there is no health risk to me due to my participation in this study. However, if an area of discussion should become emotionally sensitive, I can terminate the interview and the interview tape will be destroyed immediately. I understand that neither my willingness to participate in the study nor my request to terminate my participation in this

study jeopardizes my standing with my church, senior center or organization.

I hereby give permission to be interviewed and for these interviews to be tape recorded. I understand that I may be quoted and that the information I provide may be included in presentations and/or published reports, but that my name will not be associated with the research in any way.

I understand that I am free to choose not to participate in the study, or to withdraw my consent at any time. I have been given the opportunity to ask whatever questions I desire, and all such questions have been answered to my satisfaction. There is no agreement, written or verbal, beyond that expressed in the consent form.

Signature of Participant

Date

Location

Signature of Researcher

Date

Appendix D

Summary & Critique of Select Research on Resilience

Author(s)	Year	Study Participants	Method/Tools	Findings	Limitations
Wagnild & Young	1990	24 Caucasian women between 67 and 92 years old	Grounded theory approach. Interviews held after determining that participants scored mid to high levels of morale on the Philadelphia Geriatric Center Morale Scale	The following five themes represent the women's conception of meaning: Equanimity, Perseverance; Self-reliance; Meaningfulness; Existential Aloneness	Participants were all women & Caucasian; No nursing implications were made
Wagnild & Young	1993	801 community-dwelling elders	Factor analysis of the RS validating measures tested with: -Life Satisfaction Index A (Neugarten, Havighurst & Tobin, 1961) -Philadelphia Geriatric Center Morale Scale (Lawton, 1975) -Beck Depression Inventory (Beck & Beck, 1972)	Positive correlations with adaptational outcomes (life satisfaction, morale, and physical health) and a negative correlation with depression supported the concurrent validity of the Resilience Scale (RS)	Caucasian; Mostly female; Needs "low resilience" & negatively worded items. Test-retest reliability?
La Ferriere & Hamel-Bissell	1994	Six women between 87 and 93 years old	Mini-ethnography to explore the "health lifeways & beliefs" of six elderly women. Four to five in-depth interviews & observation in participants' homes. Audiotaped, transcribed & analyzed using content analysis.	Four dominant themes emerged: Being a Woman With Family & Friends; Living Off the Land; Dealing With The Difficult Times; & Working Hard & Staying Alive. Showed need for health promotion & social support for maintaining self-reliance.	Limited to female gender only. More study with other groups needed

Appendix D

Summary & Critique of Select Research on Resilience (continued)

Author(s)	Year	Study Participants	Method/Tools	Findings	Limitations
Detzner, D.F.	1996	40 elders from Vietnamese, Hmong, Cambodian & Laotian refugee families	Grounded theory approach Life history narratives (Ethnograph software utilized)	Dominant themes: Separated families; Conflicted families; Lost families; and Resilient families	One of few studies done with other than Caucasian subjects. More study needed.
Polk, L.	1997	Reviewed 26 articles focusing on resilience	Concept synthesis	Initially identified six attributes of resilience. Four patterns emerged: Dispositional pattern; Relational pattern; Situational pattern; and Philosophical pattern. A mid-range theory of resilience.	The end result middle range theory has dubious applicability, but the four patterns need further study.
Kobasa, S. (Hardiness study included for comparison)	1979	837 Male participants	Correlational study 1. Holmes and Rahe Schedule of Life Events 2. Wyler, Masuda & Holmes Seriousness of Illness Survey	High stress/low illness executives show by comparison with high stress/ high illness executives more hardiness	Male gender Homogeneous Protestant Caucasian 40-49 years old

Appendix E

Summary of Bereavement Literature

Author/Year	Methodology	Sample Size	Major Findings
Parkes, Benjamin, Fitzgerald 1969	Tracked mortality rates via death certificates (age, occupation & cause of death)	N = 4,496 (widowers; 55 years old. & up) Tracked for nine years following death of wife.	1. 213 died in first 6 months (40% above expected rate)
Berardo, 1970	Descriptive	--	<ol style="list-style-type: none"> 1. The aged male survivor experiences a different impact from spousal loss than his female counterpart and that he encounters severe difficulties in adapting to single status. 2. Adjustment problems are compounded by the loss of occupational role, which abruptly removes him from meaningful contact with friends and co-workers. 3. Social isolation among aged widowers leads to a precarious condition which is reflected in unusually high rates of mental disorders, suicides and mortality rates.
Carey, 1977	8-item self-report measure of adjustment-depression was developed.	Widows (n = 78) and Widowers (n = 41) were interviewed 13-16 mos. after death of spouse (mean age 57) 86 married people were also interviewed (mean age 56)	<ol style="list-style-type: none"> 1. Widowers were significantly better adjusted than the widowed. 2. After gender, the most significant predictor of adjustment was the amount of forewarning about the spouse's death

Appendix E

Summary of Bereavement Literature (continued)

Author/Year	Methodology	Sample Size	Major Findings
Saunders, 1981	Participant-Observation; Qualitative; unstructured interviews	17 young widows between 31-39 years old; "Quota sampling procedure"	<ol style="list-style-type: none"> 3 major response patterns of widows were identified within the bereavement process: a) the decedent's continued presence; b) the relationship between reality activities and affective expression; & c) uncoupled identity. Uncoupled identity involved several pivotal tasks: disposal of personal belongings; dilemma of wedding ring; social interaction changes including social invitations and dating.
Stroebe & Stroebe, 1983	Historical review of studies done (both longitudinal & cross-sectional)	Empirical evidence reviewed from research on manifestations of normal & pathological grief: psychological distress & depression, mental illness, physical illness, mortality & suicide	<ol style="list-style-type: none"> If there is a sex difference in conjugal bereavement reactions, it is the men who suffer more. Findings are discussed in terms of selectivity, stress theory, role theory and interpersonal protection theory.
Thompson, Breckenridge, Gallagher & Peterson, 1984	Self-perceived physical health; physician visits; hospitalizations Done at 2 mos. After death of spouse	212 bereaved adults (113 women & 99 men) plus 162 in control group (78 women & 84 men)	<ol style="list-style-type: none"> Poorer perceived health among women; Significantly more recent illness & greater use of medications in the bereaved than control.

Appendix E

Summary of Bereavement Literature (continued)

Author/Year	Methodology	Sample Size	Major Findings
Stroebe, Stroebe, & Hansson, 1988	--	--	<ol style="list-style-type: none"> 1. The bereavement phenomenon is complex and much is needed in the way of conceptual perspectives with which to understand the cultural, socioeconomic, interpersonal, and physiological determinants of grief, mourning, & recovery. 2. Conjugal bereavement is for the most part a woman's problem and one that occurs especially in old age, many of the assessment, treatment, and service implications reflect that population imbalance. 3. Yet - widowed men actually appear to be less prepared for and more traumatized by the event. Old age is additionally a time of health/physical decline
Stroebe & Stroebe, 1989- 1990	Sociodemographic information, interviews and questionnaires	30 widows 30 widowers	<ol style="list-style-type: none"> 1. Depression does indeed affect willingness to participate in bereavement research, but operates differently for males than for females. Whereas widowers who were less depressed agreed to participate in an interview, the opposite was the case for widows: Those who were the most depressed did so. 2. This sex difference is explained in terms of sex roles in coping styles

Appendix E

Summary of Bereavement Literature (continued)

Author/Year	Methodology	Sample Size	Major Findings
Stroebe & Stroebe, 1989-1990 (continued)	--	--	and norms for exhibiting emotion. 3. Empirical studies of bereavement reactions need to take such selection biases in sampling into consideration.
Horacek, 1991	Meta-analysis of existing research on grief	N/A	1. Outlined an alternative model in which griever does not necessarily return to "pre-grief functioning". Most will experience a continuing attachment to & relationship with the deceased, but still remain engaged in everyday life.
Staudacher, 1991	Review of recent related literature and tips for survival.	--	1. The reason for processing grief is not to weaken life, but to strengthen it. Grief must be vented and tears released. 2. Support groups have been, and will increasingly continue to be places of transition for a man who is surviving a death. They are safe environments which allow a man to leave behind more restrictive traditional behavior and allow himself to deal with his innermost painful feelings.

Appendix E

Summary of Bereavement Literature (continued)

Author/Year	Methodology	Sample Size	Major Findings
Brabant, Forsyth, & Melancon, 1992	In-depth interviews exploring thoughts, feelings & behaviors	n = 20 males Ages from 37-79 with an average age of 64.6. Married an average of 37 years	<ol style="list-style-type: none"> 1. Men may be emotionally involved in the conjugal relationship and the death of a wife evokes intense feelings. 2. 42% of men contacted agreed to participate, allowing feelings and thoughts to surface. They hurt and they knew they hurt. They did not reach out to others for help. For the most part they COPEd ALONE.
Levy, Martinkowski, & Derby, 1994	Levels of subjective stress and depression were measured and correlated to	n = 131 114 widows 45 widowers	<ol style="list-style-type: none"> 1. Level of anticipatory grief may reflect the individual's customary level of emotional adjustment and ability to cope with stress.
Levy, Martinkowski, & Derby, 1994 (continued)	anticipatory grief, concurrent stressors, social & spiritual support		<ol style="list-style-type: none"> Concurrent stressors impact the individual's coping ability. 2. Social support and possibly, spiritual support, with which it is not significantly correlated, may be seen as distinct coping resources. 3. Close attention should be given to the assessment of a widowed person's coping abilities and resources and to their enhancement, where it is indicated.

Appendix E

Summary of Bereavement Literature (continued)

Author/Year	Methodology	Sample Size	Major Findings
Rees, Jones, & Scott, 1995	Review of literature in men's health & feedback from participants in the all men group sessions	12 groups have formed over 7 years which meet weekly. The size is 5-8 members whose ages ranged bet. 18-60, with average being 40-50 years old.	<ol style="list-style-type: none"> 1. Images of males revolve around a perceived need, reinforced by expectations of others, to be seen as tough and independent. 2. Men are socialized to keep their emotions to themselves, thus are less likely to seek help for emotional concerns. As a result men have little in the way of social support. 3. Groups of men-only provided a vehicle for interaction through discussion, & provided an opportunity to share difficulties, while at the same time allowed the men to observe and listen to others.
Robinson, Nuamah, Lev & McCorkle, 1995	Secondary analysis of descriptive, longitudinal study data; spousal bereavement & examined validity of Bereavement Risk Index (BRI)(Parkes & Weiss)	46 subjects across five time intervals beginning prior to a spousal death from lung cancer and ending 25 mos. after death using BRI	<ol style="list-style-type: none"> 1. BRI discriminates between bereaved spouses at high and low risk for psychological distress. 2. These findings support the need for early identification of individuals at high risk for negative bereavement outcomes prior to the spousal death.

Appendix E

Summary of Bereavement Literature (continued)

Author/Year	Methodology	Sample Size	Major Findings
Biondi & Picardi, 1996	Review of key research in area of bereavement		<ol style="list-style-type: none"> 1. Loss and bereavement can be regarded as risk factors for development of psychiatric & medical illness. 2. Vulnerability to physical illness & mortality are increased during the first years of bereavement, with men at higher risk than women. 3. Factors such as unexpectedness, absence of social support, concurrent loss or illness, & grief proneness may predict poor adjustment after bereavement.
Caserta & Lund, 1996	Longitudinal experimental design: Assigned to support group or control; Four data collection periods over a 2 year period.	144 recently bereaved spouses between 51-89 years old. Just 24.3% are men.	<ol style="list-style-type: none"> 1. The majority of support group participants engaged in outside social contact with fellow support group members (No encouragement was given in groups) 2. Although frequency of contact was not extensive, the members who had contact found it valuable. 3. Men were more reticent to pursue outside contact, and were often the only male in the group.

Appendix E

Summary of Bereavement Literature (continued)

Author/Year	Methodology	Sample Size	Major Findings
Stroebe, Stroebe , Abakoumkin & Schut, 1996	Structured interviews and self-report scales. (4-7 mos. after loss; 14 mos. after loss; and 26 mo	60 recently widowed (30 men & 30 women) and 60 married men & women	1. Results clearly supported attachment theory, which denies that supportive friends can compensate the loss of an attachment figure. No buffering effects from social support, however, less somatic and depressive symptomatology were experienced.
Turk-Charles, Rose, & Gatz, 1996	Review of the literature		1. Whether the loss of a spouse affects men more or whether the event is equally stressful for both sexes is still a debatable topic. 2. Widowed men report more depression than women (Umberson, Wortman & Kessler, 1992) 3. Bereaved men & women both report difficulty in learning the responsibilities that were once completed by spouse.
Hyrkas, Kaunonen & Paunonen, 1997	Hogan Grief Reaction Checklist & Socio-demographic instrument	N = 242 women & 76 men from 30-77 years old	1. Intensity of grief diminishes with time; 2. Gender is a relatively unimportant predictor of grief reactions.

Appendix E

Summary of Bereavement Literature (continued)

Author/Year	Methodology	Sample Size	Major Findings
Lichtenstein; Gatz & Berg, 1998	Longitudinal	n = 1993 pairs of twins discordant for marital status and n = 35,860 married individuals from Swedish Twin Registry	<ol style="list-style-type: none"> 1. Support of a causal effect of bereavement on mortality. 2. Decrease in risk to long-term young-old women is congruent with reports by widows of psychological growth after bereavement, involving increased sense of mastery & competence after learning to live in new sets of circumstances following loss of their husband.