The Sense of Coherence in Adjustment to Widowhood

Nora Dorothy Hartung
Western Michigan University

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THE SENSE OF COHERENCE IN ADJUSTMENT TO WIDOWHOOD

by

Nora Dorothy Hartung

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
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The study would not have been possible without the consent and assistance of Robert W. Littke, Ph.D Executive Director of Senior Services Inc. of Kalamazoo for allowing me to interview the widows at various centers in Kalamazoo. A special thank you to the late Ann Thoms who encouraged the Meals on Wheels volunteers and employees to take me with them when they delivered meals to senior centers in the Kalamazoo area. The volunteer/employees were instrumental in reassuring widows to put their trust in our research and become involved in its data collection. My appreciation to the fifty widows who made this research possible. We could not have accomplished this insight to widowhood without these ladies.

I am very grateful for the interest and consideration that my children Michel Hamilton, Daniel Hartung, Diane Spence, Julie Hart-
Acknowledgments--Continued

Hutton, Donald Hartung, Scott and Angela Hartung showed in the on-going work of this thesis.

Nora Dorothy Hartung
The purpose for this study is to discover if a feature of personality, the Sense of Coherence, is a factor in the adjustment of women to widowhood. It has been suggested that women with a strong Sense of Coherence (SOC) will use adaptive behaviors and resources in their transition to widowhood. My observation at the church I attend is the reason for this inquiry.

The method used in this research is a questionnaire administered at six senior centers of Senior Services Inc., in Kalamazoo, Michigan. A sample (n = 50) of widowed women were tested.

A questionnaire was administered to a total of 50 widowed women selected from six senior service centers in Kalamazoo, Michigan. A significant relationship was found between a strong SOC and depression and loss of self.
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CHAPTER I

INTRODUCTION

Statement of the Problem

The final career for one in seven elderly women in America today will be widowhood; this career is much different than their previous life roles of wife, mother and wage earner (Lopata, 1988). Women born in the 1920s-1930s grew up in a patriarchal, male dominated culture; and as a result of the technology, mass media, and ideologies coming from diverse sources these women have learned to “function individualistically with role flexibility” (Lopata, 1995, p. 43). Consequently, widows’ wishing to take on new responsibilities, must be knowledgeable prepared to recognize roles available to them at this life stage when social barriers allow it to happen (Lopata, 1995).

The research was designed to measure a small sampling of elderly widows’ (50 respondents 60 years of age and older) and their perceptions of gains/losses during the transition from wife to widow. Because when an elderly woman loses her husband it can be a blow to her emotional equilibrium, her daily abilities/requirements, and her overall health and livelihood

This study focuses on a sample of elderly widows, their emotional recovery and resumption of social activities in adjusting to widowhood. For this investigation it is hypothesized that a
satisfactory adjustment to widowhood is related to a strong sense of coherence.

When women transition from the conjugal state to widowhood, they often encounter catastrophic experiences that can generate new challenges and obstructions that alters and change the widow’s present and future life. Elderly women may particularly find adjusting to widowhood to be both distressing and traumatic. And when individuals have to struggle with demands that cannot be easily met or resolved, the resulting stress can be a particularly powerful negative factor to overall health following the death of the spouse (Ferraro, 1997).

The objective of this research is to identify responses and change coping mechanisms elderly widows (the sample group) utilize when managing the resulting status of widowhood. This will be done by investigating the ways the sample group advantageously dealt with their losses, without feeling compounded by elements of abandonment, displacement and avoidance of stress.

The self reported method used in this research revealed the sample group’s losses in adjusting to widowhood. The self-assessment survey investigated relationships between women’s sense of coherence (how one views the world) and their position/relation to that world, by a questionnaire that was designed to identify changes in income; health; and emotional deprivation.

The sample group’s responses to questions determined the individual methods, resources, and application of stress coping
processes widows use to cope with personal and environmental stimuli. The responses were weighted and provided quantification of a strong or weak sense of coherence (SOC) in adjusting to widowhood, and the resulting effect(s) on elderly widows' quality of life in the widowhood surroundings.

The research tests four hypothesis:

1. Widows with a strong sense of coherence are less likely to manifest depression.

2. Widows with a strong sense of coherence are less likely to experience a loss of self.

3. A direct relationship exists between levels of depression and Deprivation of Intimate Exchange.

4. A direct relationship exists between levels of depression and Deprivation of Goals and Activities.

Women adjust to widowhood in different ways, and have a choice of many roles available to them in society (Lopata, 1996). There is a strong opinion that these choices significantly influences widows' adjustment, and corresponding emotional and physical health after the event of the husband's death (Atchley, 1991).

Fuehrer and Cozart (1988), declare that "widows have three common concerns during the grief process. How long does it take to recover? Are my feelings normal? How do I know if I should get professional help?" (pp. 23-25).

According to Arbuckle and de Vries (1995) "the bulk of the research shows most widows recovering from the event after a year of
grief work” (cited in Ferraro, 1995 p. 125). While Silverman’s (1987) study states that after the initial shock wears off “some widowed women learn to enjoy being alone a lot of the time--responding to their own needs rather than--the needs of others” (cited in Lopata, 1996 p. 125). If past resources are not there anymore, widows modify old needs by creating and defining new ones. Later, after the “grief wears off, many widows enjoy the sense of relief and the freedom from responsibility, that comes with widowhood” (Atchley, 1991 p. 123). It reunites them with friends who are also widowed.

This study centers on the responses provided by members of the sample group assessing women’s emotional recovery and resumption of social activities in their adjustment to widowhood. Following this line of exploration a questionnaire was administered to 50 elderly widows (60 years of age and older) during the first six months of 1997 in Kalamazoo, Michigan.
CHAPTER II

REVIEW OF LITERATURE

In this chapter I review major contemporary literature relating to the study of adjustment to widowhood. The purpose of this study is to suggest that the sense of coherence is a path where adjustment to widowhood can be measured by information from consequential areas, by examining current relative data on the cultural status of widowhood. For the purpose of this study the salutogenic orientation and the sense of coherence in adjusting to widowhood is associated with health and depression issues; and review of available socio-demographic analysis is relevant in determining the sample group’s adjustment to widowhood. A questionnaire will quantify the data.

Cultural Status of Widowhood

Widowhood is one of life’s stressful events that ends marriages, lowers income, changes women’s lives, and often leaves women to cope with stress alone. A concept of the sociology of widowhood is that women adjusting to widowhood bear in mind that they are going through a process that is not of their choosing. "Widowhood is a more existentially challenging event because of the lack of control over its happening" Holmes and Rahe study (cited in Ferraro, 1997, p. 125). The resulting stress can contribute a major harmful impact on the physical and emotional health of widows, exacerbating a painful
adjustment to widowhood (Pearlin, Mullan, Semple, & Skaff, 1990). The changes, alterations, and reconstruction in social roles and loss of status experienced by widows often have a negative influence on the elderly women causing them a loss of much needed self-esteem and previous concepts of individuality (Hooyman & Kiyak, 1988).

Widowhood is the most likely condition where older women will be found living alone; 77% of widows between 65 and 74 years of age, and 88% of women over 78 years are single. "There begins an initial decline with the general population of the ratio of older men to older women at approximately 65 to 69 years of age—this trend is expected to continue and increase with the addition of the aging baby-boomers" (http://seniors-site.com/widow/women/html, November 4, 1999). O'Bryant and Hansson (1990) assert that due to the large number of elderly women in the population today "single older women vastly outnumber single older men" (p. 449). Table 1 shows the aging ratio of elderly women to elderly men in the United States today.

Table 1
Population Ratio of Elderly Women to Elderly Men

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Women to Men</th>
<th>% Women to Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 and younger</td>
<td>58 100</td>
<td>.58</td>
</tr>
<tr>
<td>65 to 69</td>
<td>100 83</td>
<td>1.2</td>
</tr>
<tr>
<td>Over 85</td>
<td>100 40</td>
<td>2.5</td>
</tr>
</tbody>
</table>

n = 50
As the general population ages, the disparity of the number of elderly single women to elderly single men predisposes a large majority of women to widowhood. This is supported by the present imbalance of the number of widows to widowers. Some rationale for this situation according to Bedford and Blieszner (1995) is that men marry younger women, and women as a group live longer than men (p. 442).

Moreover, Schoen and Weinick (1993) state that women are widowed earlier than men. And because of the “earlier age at widowhood women spend an average of 15.3 years as widows, whereas men live only 8.4 years in widowhood” (quoted in Ferraro, 1997 p. 46). Thus, there is a 70% greater possibility that women will outlive their husbands and their assets by approximately ten years. The death of a spouse can be a catastrophic blow to a woman’s future, expectations, health and livelihood.

Salutogenesis and Resilience

Aaron Antonovsky’s Salutogenic orientation focuses on one’s state of health and the environmental factors that influence health (1979). When a person believes he/she is sick they should be regarded as sick. Patient’s circumstances should be contemplated to observe what relative personal, situational, and social factors are accessible to confront or engage the sickness (Justice, 1987).

When looking for answers why some widows become very depressed while others had fewer depressive episodes the study looked at sick-
ness and disease in its relationship with the whole person. This inquiry has used the salutogenic orientation in defining the resilience of the respondents to the death of their spouse at the onset of widowhood. Accordingly, the salutogenic orientation encourages us to "think salutogenically—compelling us to devote our energies to the formulation and advance of a theory of coping" (Antonovsky, 1987, p. 13).

During the last century when infectious diseases were rampant in the world, Kosa, Antonovsky, and Zola (cited in Lazarus & Folkman 1984) recount that Louis Pasteur’s discovery of the Germ Theory explicated three interactive disease entities; the host, the agent, and the environment. At the time, this enlightening conceptual breakthrough energized understanding of the etiological, therapeutic, and behavioral appearances of health.

Following upon this was the twentieth century’s rapid scientific medical advances, where many previous mysteries of pathological conditions have been diffused by applying new ever-increasing knowledge to a clinical conquest of pathology (Kosa, Antonovsky, & Zola, 1969). Antonovsky suggests that medical personnel should look beyond the strict etiological and therapeutic approaches, and develop greater adaptive therapeutic measures that will assist/facilitate individuals towards health, and away from depression and sickness.

Disabling health changes can occur at different times in different individuals, unfortunately sometimes family members and health care professionals attribute chronic conditions to aging
(Hooyman & Kiyak, 1988). On the other hand Dychtwald (1983) and Filner and Williams (1979) studies (cited in Hooyman & Kiyak, 1988) suggest that as many as 80% of chronic illnesses that affect the elderly "are estimated to be related to social, environmental, and behavioral factors, particularly poor health habits" (p. 172). And abnormal degrees or duration of stress can predispose widows to disease, health, or morbidity in their psychosocial and sociocultural milieus (Antonovsky, 1987).

**Supporative Salutogenesis Studies**

The data’s significant concise search for a basis of conflict between the pathogenic and salutogenesis approaches, defines the boundaries of the salutogenesis concept (Antonovsky, 1987). Studies that support the salutogenic model are Coser’s (1963) study that redefined a hospital ward of terminally ill patients a rehabilitative ward; Cassell’s investigation of the early discharge of knee-surgery patients who had to be readmitted to the hospital (Antonovsky, 1987); and Wagenfeld, Baro, Gallagher and Haepers’ Belgium study of caregivers care given in owners homes (cited in McCubbin, Thompson, Thompson & Fromer, 1994). Results from the authors of these studies define pathogenic situations that can be improved by applying Antonovsky’s salutogenic measures.

Brooks’ salutogenic research on successful aging of the elderly identifies older people’s health problems as limitations to adaptations (McCubbin, Thompson, Thompson & Fromer, 1994). Justice’s
(1987) approach to medical practice and philosophy of disease is that physicians have a "mind-set concept of disease that is clearly limited, and in many cases unhelpful" (p. 20). Justice contends that it is our vulnerability, rather than external sources that cause us to get sick.

As Antonovsky's salutogeneis concept directly addresses the origin of individual's health, D. W. Strumpfer's (1995) concept of fortigenesis emphasizes health, strength, and fortitude; a particular salutogeneic philosophy of life (p. 87). The fortigenesis concept endeavors to empower one with a sense of well-being, a sense of hope that enfolds the widespread origins of psychological strength (Strumpfer, 1995). And Kohn and Schooler's (1982) example of strength in a work related study of occupational self-direction declares, "self-directness implies the beliefs that one has the personal capacity to take responsibility for one's actions and that society is so constituted as to make self-direction possible" (cited in Strumpfer, 1995, p. 84). This is supported by Antonovsky, Maoz, Dowty, and Wijsenbeek's (1971) research on women who found the strength and fortitude to make a new life. Twenty-five years after being in concentration camps in World War II women survivors found the "strength to deal with general concerns, like finances, growing old--satisfaction with family roles--as well as friend, neighbor, and volunteer" (Strumpfer, 1995, p. 81).

Atchley (1991) citing Lopata's (1972) report that addresses widows' adjusting to widowhood, states that women can adjust in
different ways because women have choices of many roles in society. While Atchley agrees with Lopata, he posits that there is a strong opinion that one’s choices of these roles significantly influences adjustment and corresponding emotional, and physical health, after the death of the husband.

As this study investigates the resilience of widows in the sample group and their adjustment to widowhood, of special interest were the inherent strengths some widows display in making changes in their lives. As widows move through the trauma of loss, they find new or alternate strengths and resources to efficiently meet personal and social challenges. On the other hand it appeared that some widows have a difficult time moving past traumatic events that impedes their progress to adjusting to widowhood.

Summary

The salutogenic perspective suggests healthy ways to cope with losses. Although disease and illness is part of life and pathology explaining why people get sick, salutogenesis encourages people to use whatever external help they can access to aid in getting well, and to stay well. For widows, the salutogenic concept is the quality and strength of feelings of self worth and individual perspectives of the relationship between the self and the outside world in general. This association between one’s internal and external strength of self, directly affects adjusting to widowhood and staying well. In studying respondent comments, this is analogous to
what facilitates a successful adjustment to widowhood. The salu-
togenesis philosophy promotes health and health care, illustrates
personnel resiliency, and expounds upon how people manage to stay
in an acceptable state of health despite overwhelming hardships.

Loss of Roles

Frequently people are confronted by stressful events that
cause loss/change of social roles. Traditionally for women, the role
of wife is central in their lives, and the loss of the spouse is the
loss of the person who knew them well and supported their self-esteem

Life for widows adjusting to new roles via relational loss can
at times be traumatic. The demands on older widows to deal with
loss and transitions caused by death changes the structure and
composition of relational networks (Hansson & Carpenter, 1994).
Spousal death causes many widow's to abandon conjugal goals and
expectations, that in turn affects widow's physical, cognitive
and environmental milieus.

The Sense of Coherence

The salutogenesis philosophy that promotes health and health care, explores how people manage to stay in an acceptable healthy
state of mind and body (Antonovsky, 1979). The Sense of Coherence
concept is "the core of the answer to the salutogenesis question"
(Antonovsky, 1987, p. 13). The salutogenesis principle and sense of
coherence concept contend how one can overcome normal occurrence of sickness, recover, and move towards the healthy end of the wellness continuum.

Antonovsky’s three core components of the sense of coherence are, comprehensibility, manageability and meaningfulness. Antonovsky (1987) maintains these core mechanisms are the primary substance of the Sense of Coherence concept. This document borrows from McCubbin, Thompson, Thompson, and Fromer (1994) a suggestion that people (widows) who use strong SOC to engage in successful coping behavior patterns, rather than reactive coping behaviors, can and do improve their quality of life (p. 230).

Other health models similar but different to Antonovsky’s SOC concept are Kobasa’s Personality-Based Hardiness Model (Antonovsky, 1987). The hardiness model incorporates a commitment to become involved in a situation; a personnel control to influence events; and a challenge to the individual to accept active involvement to effectively grow personally with life’s changes.

Antonovsky (1987) cites Thomas Boyce’s (1983) “Sense of Permanence” approach to the many life-changes people have to go through. Boyce contends that changes don’t have to be interpreted as harmful and damaging. Only those changes that negatively impact the foundations of one’s life, or “changes that damage one’s feelings of permanence--which subtract from a consciousness of one’s self” (Antonovsky 1987, p. 40).

Rudolf Moos’ Health and Wellness Model is representative of
how individuals function at different levels in response to circumstantial stimulus. For instance how individuals subjectively evaluate stimulus directly influences health, and the measures that can be employed to bring about beneficial health results. Moos’ workplace study found a direct link between the degree of stressful life circumstances and personal social network resources where resources and the stressors both had the potential to “direct positive and negative effects on personal functioning” (Antonovsky, 1987, pp. 40-43). Subjective feedback resulted in healthy or unhealthy outcomes. This presupposes that the inter and intra milieu of individuals that silhouette stressors, resources, and life experiences are socially-structured by cultural, psychological, and physical characteristics. After perceiving what is happening in one’s personal and social space, one maybe alerted to take action that affects coping behaviors, preferably resulting in good healthy outcomes.

Life Experiences and Resources

Pearlin and Johnson (1977) said that marriage, although it can’t prevent economic or social problems from happening to people, can function as a barrier “against distressful consequences of external threats” (cited in Lazarus & Folkman, 1984, p. 19). Antonovsky (1974) states that when elderly single women have to confront stressful stimulus that are emblematic of widowhood, they access life experience resources to accommodate and adjust to life situations and successful coping (cited by McCubbin, Thompson & Fromer,
1994). Thusly, it can be said that the Sense of Coherence is found-
ed on life experiences where "widows" beneficially manage their
depressive episodes while maintaining a consistent and healthy
life balance (Antonovsky, 1987).

Concept of SOC

The SOC is a global social orientation: it is not exclusive to
American society. Its components exist in various ways in many
civilizations, and its universal concept may be utilized throughout
all the life stages within diverse cultures (Antonovsky, 1987). The
sense of coherence (learned early in life and operating in the
background), can enable a person with inclusive dynamic feelings of
self-confidence, to confidently find satisfactory answers and solu-
tions to adversities in life.

Antonovsky's (1987) definition of the sense of coherence
follows:

The Sense of Coherence is a global orientation that expresses
the extent to which one has a pervasive, enduring though dy-
namic feeling of confidence that (1) the stimuli deriving
from one’s internal and external environments in the course of
living are structured, predictable, and explicable; (2) the
resources are available to one to meet the demands posed by
these stimuli; and (3) these demands are challenges, worthy of
investment and engagement. (p. 19)

While it is suggested that the SOC is "an important way of
overcoming and growing through stress" (cited in Aldwin, 1994, p.
269); Antonovsky declares that "although there are some people who
have a strong qualitative SOC, a strong Sense of Coherence is not a
particular coping style" (Antonovsky, 1987 p. 138). On the other
hand the person with a strong sense of coherence does tend to select
the most suitable coping strategy to confront anxiety and tension,
choosing the most appropriate combination of specific Generalized
Resistance Resources (GRR's) at his or her disposal (Antonovsky,
1987).

General Resistance Resources and General Resistance Deficits

General resistance resources (GRRs) and general resistance
deficits (GRDs) can be defined as wealth, ego-strength, cultural
stability etc.; resources whereby a person can be ranked on the high
or low end of a continuum (Antonovsky, 1987). According the differ­
ence between GRR's and GRD's is how one acts/reacts to "chronic
stresors, major life events, and acute daily hassels" (Antonovsky,
1987 p. 28).

Antonovsky maintains that GRR's come from consistent positive
life experiences which shape and balance life outcomes, promoting
development, maintenance, and strength of one's sense of coherence.
McCubbin, Thompson, Thompson, and Fromer (1994) citing Antonovsky,
maintain that people who use GRR's to consistently engage in suc­
cessful coping behavior patterns, rather than reactive coping beha­
viors, can and do improve their quality of life. This can be gen­
eralized to widows adjusting to widowhood.

General Resistance Deficits Tension and Depression

People who use the three cognitive components of the SOC
(consciously or unconsciously) when confronted by stress/depression are looking for clarity and direction. Antonovsky states that SOC’s confrontation and expected predictability of future conditions can generate resourceful help, support and expedient means to challenge stress/depression. However one has to weigh the costs versus the gains of the emotional involvement invested in depressive situations (1987). Although the components of the SOC are necessary, they are not centrally equal.

For some rational understanding of confrontations that threaten to upset their lives, widows comprehensively investigate discords and conflicts. Thereby making the most of managing their environment and their place in it. When sufficient knowledge of the situation is presented SOC widows’ feel they can expect future confrontations to be orderly, structured, managed and resolved satisfactorily. Widows with a strong sense of comprehensibility reason there is “a high probability that things will work out as well as can be reasonably expected” (Antonovsky, 1979, p. 17). Consequently, (widow’s) adjusting to new roles would undergo a smoother transition in comprehending and managing widowhood.

The manageability element of the SOC encourages people to investigate their life experiences, and to review all the resources they can command to deal with life events or life changes (Lazarus, 1999). Beneficial coping resources may be controlled by the individual widows themselves or, they can be under the control of others. Some examples of beneficial coping resources are: family, friends,
religious communities, public and private social organizations; or anyone or anything widows could approach for support and help in the readjustment and adjustment to their lives (Antonovsky, 1987). Reassurance and assistance widow’s feel would be given to them willingly.

When considering the non-predictability of life, SOC’s last component meaningfulness, is most significant as it involves widows’ emotional commitment to their self of being and having a sense of control of their lives (Antonovsky, 1987). Widows who recognize meaningful situations are prompted to question how much of their emotional self they are willing to invest in diffusing stressful situations. Unfortunately, widows who perceive no control in their lives get depressed and sick, with little sense of purpose, meaning or competence in their lives (Justice, 1987). This may be true especially if the situations involve prolonged episodes that generate feelings of hopelessness and depression, leaving widows vulnerable to sickness or disease (Justice, 1987).

Summary

There are other models that are comparable to Antonovsky’s sense of coherence orientation but function in diverse ways to the SOC. Salutogenesis and the sense of coherence are the pathways that link coping, resources and health to adjusting to widowhood. As the Sense of Coherence is a global, social, and individual orientation, its core composition of comprehensibility, manageability, and mean-
ingfulness may be used to quantitatively scale a determination of a strong or weak sense of coherence.

Widows who apply/utilize general resistance resources (GRR’s) to manage and resolve conflicts, will be better prepared to make cognitive sense and understanding out of contentious, challenging situations and associated tension. Assessing and defining an individual’s utilization of GRRs, may lend insight into causes of stress in that individual. Prolonged stress has a negative impact upon an individual’s health and social functioning, and may lead to depression.

If widows feel confident with the sense of coherence concept and use it on anxiety and stress organization, it could aid their management skills, coping strategies, and rouse positive emotional responses. The sense of coherence is the innate perspective of self worth and perceptual working relationship with the exterior environment. It is one’s personnel attributes and not a coping strategy, thus it could be construed that a widow with a strong personality most likely has a strong sense of coherence.

Stress and Coping

Traditionally for women the role of wife is central in their lives, and the loss of the spouse is the loss of the person who knew them well and supported their self-esteem (Atchley, 1991). Widows adjustment to new roles via relational loss can at times be traumatic. The demands on older widows to deal with personnel and social
transitions caused by spousal death, can have even greater impact upon the structure and composition of relational networks (Hansson & Carpenter, 1994). Considerable attention has been focused on role loss and life adjustments in the area of sociological research. It is not unusual for people to be confronted by stressful events that cause loss of personal and social equilibrium (short term--long term). For example some elderly widows are stressed by the loss of the wife role (Ferraro, 1990).

It has been found that widows role losses can create social isolation, reduction in health, and life crises, accompanied by declines in individual and social functioning (Ferraro, 1997). Life event death of a spouse is often more traumatic for older women who have been married for many years. As the loss of the supportive backing of the spouse they depended upon to help them assess and mediate events, is no longer present.

Life Experiences

Contemporary social literature shows there are many ways of adjusting to widowhood. Caroline Bird (1995) believes we learn by experience and we make corresponding adjustments. She contends that the older one gets the more they differ from their contemporaries because of the personal life challenges and crises one experiences. Betty Friedan (quoted in Bird, 1995) adds that elderly women often find dramatic loss of economic security or social status through the processes of widowhood or divorce.
Ferraro’s (1990) longitudinal research cites Gass (1987) and Vachon (1976) that shows social support from relatives, helpers, and other people can be both positive and negative. And consistent with similar studies of widow’s coping with the husband’s death, the research established that “quality support is related to lower levels of depression, better self-assessed health, higher life satisfaction and better coping ability shortly after the death and, to some degree, 2 years after the death” (cited in Ferraro, 1990, pp. 349-350). Appropriate coping abilities increase widow’s social participation with other women who have experienced the same event.

P.B. Bates observed that widowhood, in some instances, triggered mental and personal growth that could be advantageous to widows seeking positive psychosocial adjustment to widowhood (cited in Bird, 1995; O’Bryant & Hansson, R., 1990).

Lopata’s 1972 study of widows recounts that 48% of widows had recovered from their husband’s death within one year, but 20% said that they have not healed, and did not think they would (cited in Atchley, 1991). According to Antonovsky it could be beneficial to widows, when searching for meanings and coping responses to crises, to bear in mind “that the beneficial strength of the SOC has direct physiological consequences, through certain pathways, [that] affects health status” (1987, p. 154). On the other hand Hansson and Carpenter (1994) citing Gallagher, Thompson, Futterman, Farberow, Thompson and Peterson, (1993); Lund, Caserta, and Diamond, (1993); Strobe, and Strobe (1987) studies of recurring relational demands
that focus on the symptomatology and sequence of bereavement, found that they often involve a broad array of emotional, cognitive, and behavioral disturbances (p. 31).

According to Cumming and Henry (cited by Atchley, 1991) the early 1950’s sociology of aging theorized that society’s aging population disengaged from their societal roles and activities due to retirement or widowhood. It was said that the elderly distanced themselves from public roles, withdrawing into personal and or family roles (Bedford and Blieszner, 1995). Atchley (1991) quoting Havinghurst, Neugarten, and Tobin’s (1986) Activity Theory of Aging believes this is not what happens. Atchley is of the opinion that older people have the same psychological and social needs that middle-aged people do. Atchley contends that decreases in social interaction that occur with age are the result of a withdrawal of society from older people not older people’s withdrawal from society. Older people do not want to be disengaged from society. Consequently, if widows are disengaged with the environment it may be due in part to society’s withdrawal of opportunities and interests; this could be a challenge to even strong SOC widows to seek ways and resources whereby they could stay in society’s mainstream. Achieving a positive physiological and psychological environmental balance could be accomplished by recruiting other people’s social encouragement.

As stress is produced by pressure of conflicting overwhelming demands, people find they cannot always adequately cope with unex-
pected negative life circumstances. Under such circumstances Strieb and Schneider's (1971) *Differential Disengagement Concept* (quoted by Atchley, 1991) could prove a satisfactory locale for widows. A process where, when it was timely, widows could withdraw from futile roles and activities, and redirect their focus on increasing and maintaining involvement in areas of personal, psychosocial, and environmental interests (p. 265).

An early concept of stress is Cannon's 1939 (mentioned in Aldwin, 1994) construction of tension of the sympathetic nervous system arousal of the 'fight-flight' reaction. Organisms using the "fight-flight reaction associated with anger and fear, can effectively mobilize mental and physical abilities to respond to stressful threats" (p. 27). If, however, widows focused on anger (of the husband dying) and fear (of being alone in the future) for an extended length of time, this could be physically and psychologically stressful (Lazarus, 1999).

The early writings of Harold G. Wolff (cited in Lazarus & Folkman, 1984) in the nineteen thirties indicates that stress and disease in medicine was limited to a body state; Wolfe wrote:

I have used the word stress in biology to indicate that state within a living creature which result from the interaction of the organism with noxious stimuli or circumstances, i.e., it is a dynamic state within the organism; it is not a stimulus, assault, load, symbol, burden, or any aspect of the environment, internal, external, social, or otherwise. (p. 3)

Since then, Hans Selye (Lazarus & Folkman, 1984) has taken Wolff's observation further with his 1974 *General Adaptation Syndrome* (GAS) that proposes two types of stress: (1) distress depicted by
anger and aggression; and (2) eustress that embodies a dynamic state that’s constructive and beneficial to the community, and advantageous to individuals health.

The GAS looks at stress through three stages; (1) alarm reaction stage, (2) resistance stage, and (3) exhaustion. Selye’s research demonstrates that physiological stress and the psychology of stress could advantageously prepare widows to challenge stress (brought about by the spouse’s death) to select general resistance resources versus general resistance deficits to cope with environmental and personal stress. When interviewing widowed women, their verbal communication of losses and discouragement (GRDs) when trying to resist/cope with stressors, tended to produce episodic depression.

Kaplan’s (1996) work suggests that stress may be perceived as a negative evaluative circumstance that’s threatening and challenging to an individual’s personal resources (p. 347). It can defeat important goal commitments and violate highly valued expectations. Thus, stress due to spousal death may cause widows to abandon conjugal goals and expectations, disrupting widows’ physical, cognitive and environmental situations.

Kaplan (1996) writes that “psychosocial stress’s influence on psychological distress reflects a subject’s inability to forestall or diminish their perception, recall, anticipation, or imagination of the devalued circumstances” (p. 4). In reality or fantasy, psychosocial stress signifies a great or increased distance from a
desired position or state(s); thus the experience of unfilled needs is subjective stress. It is generally agreed that stress is subjective but individual reactions to the same stressful events will be different, personal, and explicit. No two individuals' perceptions of similar stress patterns will be alike.

Dohrenwend and Dohrenwend (1974) (cited in Antonovsky, 1987, p. 55; Hooyman & Kiyak, 1988, p. 250) state that psychosocial stressor events can lead to illness, but using mediators or buffers as interventions appropriate for the problems at hand, can result in successful adaptations. Lazarus believes there is a need for more research to expand the psychosocial stressor process as it is subjective and changeable, stating that the two ways by which psychological stress is defined are both inadequate (Lazarus, 1999, p. 49).

Lazarus (1999) defines psychological stress as (1) focusing on the stressor, stimulus or disturbing event; or (2) focusing on the mental/body/response/reaction created by the stressor. Lazarus suggests that people's appraisal of cognitive mediation, or the subjective meaning of a situation, is the way they more or less accurately respond to the realities of life. Organisms instinctively act/react to the stressor, stimulus or disturbing events by applying personal goals and beliefs in recognition and identification of the happening, and in working towards putting resulting events in the best possible light.
Environmental Stress

Environmental stress conditions cannot be defined in an objective way without reference to the characteristics of people, the nature of relationships, reaction patterns, and adaptive patterns and results (Lazarus and Folkman, 1984). Lazarus and Folkman (citing Altman & Wohlwill, 1977; Proshansky, Ittelson, & Rivlin, 1970; Stokuls, 1977) positions that "stress depends, in part, on the social, mental, and physical demands of the environment" (p. 11). Then elaborating on the social and physical demands of the environment, Lazarus and Folkman suggest that there are three types people who are affected by stressors.

1. Large populations affected by major changes; i.e. widows influenced by loss of status, social, financial, and health losses. 2. Small groups of people i.e. widows who feel lost without their spouse and have a difficult time being alone. 3. People who don't see daily hassles as challenges to be met and resolved; i.e. widows who are too overwhelmed by daily responsibilities to makes decisions for themselves. (p. 11)

Meanwhile Howard Kaplan (1996) suggests that a large amount of research that focuses on "short-term stress may make avoidance coping appear more successful than it generally is" (p. 84). People who use avoidance coping, instead of using confrontation, may not make sufficient cognitive and emotional efforts to anticipate and manage their problems. Kaplan, (1996) citing Cronkite and Moos (1984); Felton, Ravenson, and Hinrichsen, (1984); and Quinn, Fontana, and Reznikoff, (1987) studies of people who continuously use avoidance instead of confrontational strategies are psychologically vulnerable to adverse reactions from stressful conditions. It would
not necessarily be deemed avoidant strategy if widows' used emotion-focused avoidance coping to deal with spousal death, especially if the husband had suffered a lingering illness. Effectiveness of any strategy could be cognition reappraisal, approach strategy, or avoidance strategy; or anything that worked in a given situation. Mattlin 1990 (cited in Aldwin, 1994) says that although reappraisal was found to be most effective in dealing with losses due to death, reappraisal strategy was counterproductive in coping with everyday problems if the reappraisal strategy was not linked to problem-focused coping.

Consequently, there are many different, but similar types and reasons for widow's stress found in the literature. Many contemporary theorists have attempted to explain the kinds and types of stress. Noting changes in adaptive strategies one theorist maintains that age was "indirectly related to depression through its effect on stress appraisal" (Aldwin, 1994, p. 236). Then again, older adults who report better mental health than younger people, consider that its due to ways elderly people manage, appraise and cope with stress.

**Summary**

Antonovsky maintains that the SOC assists a person with a high SOC in managing environmentally affected situations. It is hypothesized that high SOC people are more likely to define stimuli as nonstressors and are better prepared to beneficially manage stress-
ful situations. Widows with a strong SOC will manage contentions/stressful situation(s) by identifying appropriate resources for confronting and resolution of the negative stimuli. Subsequently, appropriate resource responses to tension and stressors may be singular, or a composite of diverse coping strategies. Although all definitions of anxiety and stress encompass the field of stress, fundamental to this study is Antonovsky’s construction of stressors as demands to which there are no readily available or automatic adaptive responses (Antonovsky, 1987).

Health and Depression

Antonovsky asserts there is a relationship between adequate health regulation and the maintenance of health. Health implies an interaction and integration of body, mind, and spirit according to Hooyman and Kiyak (1988). One of the most important factors contributing to the well-being of senior citizens is good health, its maintenance and its preservation (Senior Services, 1997). Aldwin’s (1994) study on age and depression showed that one’s health problems were something that older individuals felt they could handle and handle well. Older adults appraisals of coping with loss and health problems in the face of health downturns was associated with less distress. In this context, widows may be encouraged to observe Antonovsky’s (1987) salutogenesis orientation which encourages people to look at sickness from a different, broader perspective.

The salutogenesis concept focuses on the disease by looking at
the person as a whole entity. By asking different questions and searching people’s life histories, this concept seeks to identify and utilize supplementary restoratives for sickness. Thus, older people may live longer, healthier lives. And according to Ferraro (1997) who cites (Fries, & Crapo, 1981; Fries, Green, & Levine, 1989) people are living longer lives, and furthermore the prediction is that "everyone will survive to an advanced old age, and significant [aged] infirmities and disabilities will not occur until shortly before death" (p. 306).

In many instances this can be credited to advances of scientific medical and drug research and government subsidized health programs, in which the elderly may participate if they meet certain standard government criteria. Social Security and Medicare is a government supported supplementary program, which many widows solely rely on for health coverage. Meanwhile, according to Atchley (1991) older widows who have acute and/or chronic health conditions, and have limited physical and economical resources wonder how they can resolve their health and financial dilemmas. Elderly widows’ incomes do not always cover costly needed medications that improve and stabilize health. One’s subjective happiness, life satisfaction, and strength of SOC can influence one’s general health, that’s contingent on one’s psychological, and psychosocial resource variables (Ferraro, 1997).

Some people assume health is the elderly widow’s greatest preoccupation. But a survey by the National Center for Health
Statistics (cited in Hooyman & Kiyak, 1988) showed that 65% of the elderly said their health was "excellent, very good, or good, compared to their age peers--only 35% reported their health as fair or poor" (p. 144). Fulfilling promises of a healthy advanced old age is being accomplished in some government institutions, senior services, and communities, by broadly concentrating on health promotions for older people. These contemporary comprehensive, community-based, intergenerational, lifestyle-change programs that focus on nutrition and community self-help, are essential health improvements for older people (Ferraro, 1997).

Women and Depression

Weissman and Klerman 1977 (refer to Mechanic, 1989) state that in recent years the epidemiological study of depression has received wide attention and there is "strong and consistent evidence that depressive illness occurs more commonly in women than in men" (p. 27). The results showed that women are more likely to hold stress inward while men act out their stress in anti-social behaviors. Justice’s (1987) sample of 458 women who lost their mothers when they were young, discloses that when people experience a loss, and perceive they have no support or resources; they are at a significant high risk of depression.

Coyne, Aldwin, and Lazarus 1981 (cited in Aldwin 1994) testing the Learned Helplessness Theory of Depression, found that people who were labeled depressives were less likely to take action to assert
control over their environment, versus nondepressive individuals who were more likely to blame themselves when things went wrong. But today as older people have numerous health problems, a death is more likely to be contributed to multiple causes rather than to a singular source (Ferraro, 1997).

In the health domain of older adults, Minkler (1983) and Walker (1994) (quoted in Ferraro 1997) call for a "broader systems-centered approach to health promotion for the elderly that would include interventions for individual and environmental change" (p. 319). Significantly, within the social context of health, society sometimes blames the victim for health problems that are caused by environmental forces, over which the person has little or no control. While Walker (1994) (see Ferraro, 1997) proposes that the responsibility for older adults' preventative health care and health maintenance, must be borne by individuals, health care providers, and society (p. 319).

Summary

Good health involves positive personal and environmental management of what is happening to/around a person. Considerable research upholds the opinion that active older people with good health enjoy a higher level of life satisfaction than people who are sedentary and/or have infirmities. Today, many elderly are likely to have chronic illnesses that represent further impairments in daily functioning. Consequently, elders' health status may be
measured by Activities in Daily Living (ADL’s) i.e., personal care tasks.

Chronic negative health conditions that limit a person’s functioning, contribute to conditions that tend towards depression. While the nature of depression is episodic, between episodes, people can function normally. It has also been reported that depression is more relevant to the elderly, who as a representative group, are particularly vulnerable to depressive moods. A dominant reason for depression in older people is bereavement. Another complexity of life for the elderly is the possibility that a history of depression is a cause of low social support, and a high stress exposure to loss events.

Health is a viable characteristic for widows; their lives encircle many milieu lifestyles. Widowhood causes many changes for older single women, while life patterns still persist; and disability and aging cause specific physical changes to which widows have to adjust.
CHAPTER III

METHODS

Events

The overall purpose of the investigation is to study widows’ sense of coherence in their adjustment to widowhood. There is a need to explore widow’s methods of adjustment to widowhood to observe if widows were able to make new lives for themselves in the present. This study shows through observation, personal interviews, and the collection of data, how older widows cope with life problems after their partners die and they are alone. Thus, to gain insight to older widows’ sense of coherence in adjustment to widowhood, a confidential questionnaire was administered to widows for positive and negative perceptions to changes in their lives.

According to Kaplan (1996) as people get older they use past memories and life events that are discrete, observable, life change outcomes to create lifestyle patterns they consider acceptable and satisfactory. Thus the assimilation of participants interpretations of intervention data of satisfactory solutions to stressor contacts was a focus of the study.

In addition, inquiries were made to see if widows had modified unintentional changes of plans they previously had shared with their deceased husbands. Letting go of plans and goals leave widows with feelings of loss of control over factors that are part of life’s
maintenance processes (Lazarus, 1999). Sometimes reactions to change can be negative, fearful, and/or resistant. But, on the other hand, and under certain circumstances, a husband’s lingering illness could influence some widows to change their plans and goals, rationalizing that the event produced a threshold of opportunity to understand what was happening.

Many avenues were researched for collection of data of how widows in the same geographical area, with comparable socioeconomic levels, appear to make a smoother transitioning to widowhood while others do not. Various methods considered for the research were a telephone survey; a questionnaire mailing to a large number of women in Calhoun County, Michigan; or random contact with widows attending the Burnham Brook Senior Center in Battle Creek, Michigan. Ultimately the decision was made that an individual approach establishing personal contact with widows would be the most advantageous instrument for the Sense of Coherence in Adjustment to Widowhood questionnaire.

It was decided that widows who consented to meet with the primary investigator for the purpose of supplying answers to the questionnaire would do so voluntarily. The interviewer guaranteed volunteers anonymity to encourage respondents to be willing to divulge individual and personal information to the interviewer. Ultimately, after progressing through many changes a questionnaire consisting of relative information and scales was assembled that allowed for qualitative responses.
The survey was subjected to two pre-test exercises. A feedback from respondents critiquing the content, format, and design of the questionnaire was duly noted and minor modifications and changes were made to the instrument. Finally, when the information of the completed survey was assembled into a twenty-page questionnaire it required widows' responses to 131 questions. Included was Aaron Antonovsky's orientation to Life Questionnaire (sense of coherence) of 29 items in its entirety (1987, pp. 190-194). The SOC questions gives widows one to seven possible choices to test the SOC's relationship in adjusting to widowhood. The make-up of the SOC scale noted that responses to thirteen selected SOC questions be reversed. And upon totaling the scale's twenty-nine responses, figures show the strength of a widow's sense of coherence.

The sample for this analysis comes from the mid-western County of Kalamazoo, Michigan with a population of 230,000. The study was accomplished with the cooperation of Senior Services Inc., Kalamazoo, Michigan, a non-profit organization that dispenses services to the elderly in the Kalamazoo and Portage area. Senior Services mission is to assist the elderly in Kalamazoo County by linking them to accessible local, state, and federal institutions and organizations that provide benefits and support to the elderly.

Study respondents were recruited from Senior Service Centers that encourage socialization with other senior citizens, and with the courtesy and cooperation of the volunteers who deliver Senior Services Meals on Wheels to these Centers in the Kalamazoo area. Widows
at all the locations were encouraged to be part of the investigation by meeting with the primary investigator to arrange times to complete the questionnaire. Accordingly, with the approval of the Directors, interviews were administered at three Senior Day Centers and two Senior Apartment Housing Complexes. The guidelines set for participation in the study required that participants should meet two requirements: (1) Women were widows, and (2) Women had to be in the age cohort born before 1935. The three day centers involved were very cheery places with lots of plants and pictures. One of the centers had a huge fish aquarium in the middle of a very large sitting area where people could sit and watch the fish from each side of it. One of the day centers had a large enclosed area for birds to nest in and another place had an aquarium full of frogs. These types of things gave the residents here a very calming sense of security and a source of peacefulness.

Respondents' participation in this study was voluntary but an incentive of five dollars was offered for each completed survey. Thus, over a period of two months fifty widows (n = 50) agreed to be interviewed. At the last minute two women were unable to fulfill their questionnaire obligation due to prior commitments with family members; thus it was necessary to recruit two more respondents for the research of n = 50. Since a primary focus of this project was privacy and confidentiality of all data collected for the research, no names, addresses, or telephone numbers were recorded.
Data

After the data was collected it was organized into grouped scales; Antonovsky’s Sense of Coherence (SOC) and Radloff’s Self-Report Depression Scale for Research in the General Population (CES-D). Pearlin scales are Deprivation of Intimate exchange, alpha = .80 (DIE), Deprivation of Goals and Activities, alpha = .67 (DGA), Loss of Self alpha = .76 (LOSSELF), Expressive Support alpha = .87 (EXPSUPT) and Your Health widow’s subjective view of their health (YOUHELT).

Question items in the scales touched on personal characteristics, demographics, feelings, behaviors, and reactions to daily happenings in individual widow’s lives. The administration of the questionnaire varied from forty-five minutes to over one hour, depending on the widow’s state of health.

Our investigation used Antonovsky’s (1987) complete Orientation to Life Questionnaire (SOC). According to Antonovsky the SOC scale is divided into three sections. These sections cover the three components of the sense of coherence concept, comprehensibility, manageability, and meaningfulness.

The twenty-nine questions of the SOC scale covered answers to aspects of widow’s lives. Each question offered a choice of seven responses of the degree, it never happens to--it always happens. Responses (I) and (7) were the highest or the lowest score depending on their position in the survey. Responses to questions 1, 4, 5, 6, 7, 11, 13, 14, 16, 20, 23, 25, 27, were reversed when tabulated
as was directed by Antonovsky.

Some sample questions were--When you talk to people do you have the feeling they don't understand you? Has it happened that people whom you have counted on have disappointed you? Do you have the feeling that when you are in an unfamiliar situation you don't know what to do? How often do you have the feeling that there's little meaning in the things you do in your daily life? The scores for a widow with a high or strong sense of coherence could be 203 for the twenty-nine questions.

**CES-D Depression**

This scale is Radloff’s (1977) CES-D scale of self-reported stress where respondents report on their actions and reactions to various incidents that happened the previous week. The scale consists of twenty-two questions that queries widows about their feelings and behaviors the previous week. Questions were about happenings that affect most people. Samples of questions were "I was bothered by things that usually don’t bother me," ‘I felt depressed’, and ‘I felt people disliked me.”

The CES-D self-report scale of depressive symptomatology measures the current level of a widow’s depressive mood by her responses chosen from a five point Likert scale. Scale responses are used to calculate a widow’s level of depression the previous week using (1) rarely or none of the time, less than one day; (2) some or little of the time, 1 - 2 days; (3) occasionally or a moderate amount
of time, 3 - 4 days; (4) most or all of the time, 5 - 7 days; and (5) no response. Relating widow’s depression from losses, to widow’s sense of coherence in adjusting to widowhood, we hypothesize that widows with low levels of depression have a high sense of coherence; while widows with high levels of depression have a low sense of coherence and experience difficulty in adjusting to widowhood.

Deprivation of Intimate Exchange

Life involves us all in significant losses of different magnitudes, but for elderly women the loss of a husband, with whom they have spent a great number of years, can be a devastating event. As we age, although the specter of death is unavoidable, it is not always rationalized as an eventuality. Thus, widows relational damage is due to the loss of the spouse and the destruction of the marital relationship (Sterns, 1984).

The questionnaire asked widows to address three questions about their losses i.e., (1) the person you used to know; (2) having someone who really knew you well; and (3) being able to confide in a relative. By selecting from the response categories (4) completely; (3) quite a bit; (2) somewhat; (1) not at all; widows’ emotional reaction to the sense of loss was recorded as data. It is a fact of life that as one ages the likelihood of relational loss and frequency of death among friends and relatives increases (Pearlin, Mullan & Semple, 1992).
Deprivation of Goals and Activities

Questions about the future were presented in this section of the questionnaire. We inquired to what extent widows personally feel the loss of (1) the personal things the husband did for you? (2) chance to do some of the things you both planned? And (3) the contact you both had with other people? (Pearlin, Mullan & Semple, 1992).

The response categories for deprivation of goals and activities were the same as deprivation of intimate exchange i.e., (4) completely; (3) quite a bit; (2) somewhat; (1) not at all.

Losses caused by death not only affect the widow, they reflect on the family and social structures. The death of a relative distresses familial survivors who have special and emotional needs resulting from the death; and according to Martocchio, 1985; Parks, 1970; Kalish, 1982; and Schulz, 1978 (cited by Hooyman & Kiyak, 1988) special emotional needs require addressing. Reactions from the grief of spousal loss can cause anxieties about one's ability to carry on with life.

On the other hand, Lazarus and Folkman (1984) say that some people grow through stress, gaining strength they can use in future crises. This study advocates that widows with both a strong sense of coherence and a strong sense to survive on their own, will make the best transition to widowhood. This is especially true for the cameo of widows who use the dynamics of the SOC to rebuild their environments, since in life they need to "maintain an ever-challenged

Loss of Self

The Pearlin, Mullen and Semple (1992) scale that measures loss of one’s individuality and/or loss of oneself is the focus of this section. Situations propel widows to search for their self; looking at new elements in their lives. For some widows it is a priority to discover who they are individually, as most of their lives they have been a “we.” But now its time to get in touch with themselves as an “I” (Lieberman, 1996). After much self-searching many widows in Lieberman’s study showed improvement within one year of the husband’s death, with significant decreases in symptoms associated with bereavement; i.e., anxiety, depression, intensity of grief, abuse of alcohol and drugs, and bodily complaints.

Personal Gain

This segment of four questions sought to discover if widows (1) became more aware of their inner strengths? (2) became more self-confident? (3) have grown as a person? (4) learned to do things they didn’t do before? In other words how much had these older single women learned about themselves since being widowed. Response categories were (4) very much; (3) somewhat; (2) just a little; (1) not at all.
Expressive Support

The Pearlin, Mullan and Semple (1992) scale consists of eight questions that asked widows the degree of help and support they received from relatives and close friends. According to Ferraro (1997) "families provide the main support for their elders in the community" (p. 223). Ferraro (1997) cites Barbara Silverstone’s (1985) description of an informal support system, as a rich fabric of informal relationships that’s bonded by marriage, generational, and peer relationships.

Thus, we asked widows for responses to eight questions about the extent they agreed or disagreed with the statements about support. Some of the questions are; "there really is no one who understands what I am going through"; "do those near you care about you?"; "do you have people in your life who see to it that you feel good about yourself?"; "do you have at least one friend or relative you want to be with when you are feeling down or discouraged?" The response categories of (4) strongly agree; (3) agree; (2) disagree; (1) strongly disagree registered data for widow’s social support.

Strengthening widows’ sense of coherence with reinforcement from a friend or relative, could/would deactivate stress. McCubbin, Thompson, Thompson, and Fromer (1994) citing Janice Post-White contend that when widows can make sense of what is happening around them (comprehensibility); understand reasons for environmental situations (manageability); and use friends and relatives as GRR’s and resources to cope (manageability), the knowledge strengthens
widows sense coherence with mediating aptitudes (GRR’s) to deal with stress (p. 281).

Inquiring about widows in their present milieu was the focus of these ten questions. Responses were anchored to important things that happened to the widow, her health, family, and friends since the death of the husband. We asked if any relatives or friends had died, separated or divorced the previous year; and asked questions about the widow’s health compared to friends health, since the spouses’ death.

Justice (1987) reminds that we are all vulnerable, no one factor determines who gets sick or who stays well, and that the mind has a lot to do with physical illness. Consequently, what befalls one’s cohort of friends and relatives makes an impression on others in the group. This is especially true as the cohort ages, and spouses, relatives, and friends get sick and die.

Hannson and Carpenter (1994) believe that elderly widows already are vulnerable because the death of the spouse lessens their support network. This unprotected state may affect and "reflect a deterioration of physical health" (p. 29).

Summary

Respondent widows were volunteers who wished to help the interviewer gather data for completing fifty questionnaires. The questionnaire assembled as the instrument for this study was designed to cover many topics of a widow’s former and daily life.
Widows were requested to share memories and personal information with us and there were times when it was upsetting to some of the women. Using the various scales especially the sense of coherence and Radliffs CES-D scale of self-reported depression, generated a lot of data for our study. The Pearlin scales were helpful in getting the widow women to share their feelings with us. And we are indebted for being enlightened about widowhood and what it can be like to be a widow.
CHAPTER IV

RESULTS

This study presents evidence supporting the hypothesis that adjusting to widowhood can be influenced by widow’s sense of coherence. These are the variables I have chosen to look at when widows adjust to widowhood; sense of coherence; CES-depression (widow’s feelings about themselves); deprivation of intimate exchange; deprivation of goals and activities; losses/gains; self esteem.

As previously stated there are criteria for inclusion in the study; i.e., women had to be over sixty years of age; women had to be widowed. After deciding the criteria it was appropriate to construct tables showing an age distribution scale of our study cohort, a scale of how long women had been married to their spouses, and a scale of how long women have been widowed. Table 2 shows the distribution of widows’ ages in our study in three increments.

For our research we used terms borrowed from Atchley’s (1991) Social Forces and Aging where the elderly were arranged into three groups i.e., young-old (60 - 65 years) middle-old (66 - 75 years) and the old-old (76 years - and over). Table 2 indicates there are 10% of young-old widows. We speculate the reason is that married men are staying healthier and living longer than previous generations. The middle-old widows 66 to 75 years of age accounted for
nineteen women or 38% of respondents in the second category. This covered a ten-year span from the middle sixties to the middle seventies. And 50% or twenty-five old-old widows of the sample who live in Kalamazoo made up the greatest number of widows. The old-old widows were the majority.

Table 2
Participant Age Distribution

<table>
<thead>
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<th>Years</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
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<td>10</td>
<td>10</td>
</tr>
<tr>
<td>66-75</td>
<td>19</td>
<td>38</td>
<td>48</td>
</tr>
<tr>
<td>Over 75</td>
<td>25</td>
<td>50</td>
<td>98</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>98</td>
<td>98</td>
</tr>
</tbody>
</table>

\[ n = 49 \]

Table 3 addresses how long widows have been married before losing a spouse.

Table 3
Length of Marriage Prior to Widowhood

<table>
<thead>
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<th>Years</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
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<tbody>
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<td>12</td>
<td>12</td>
</tr>
<tr>
<td>11 - 20</td>
<td>8</td>
<td>16</td>
<td>28</td>
</tr>
<tr>
<td>21 - 30</td>
<td>4</td>
<td>8</td>
<td>36</td>
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<tr>
<td>31 - 40</td>
<td>5</td>
<td>10</td>
<td>46</td>
</tr>
<tr>
<td>41 - 50</td>
<td>11</td>
<td>22</td>
<td>68</td>
</tr>
<tr>
<td>Over 50</td>
<td>15</td>
<td>30</td>
<td>98</td>
</tr>
<tr>
<td>Total</td>
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</table>

\[ n = 49 \]
Thirty percent of marriages in this cohort had spanned more than 51 years. The longevity of these marriages, and 22% of marriages that lasted from 41 to 50 years could be an indication of the stamina and resilience of both partners in the marital relationship. Thus the marriage experience can be categorized as a general resistance resource that widows make use of when adjusting to widowhood.

Study widows believed that the length of time in the marriage relationship shaped the decision-making course of action in their lives. The conjugal relationship had been instrumental in ways of coping in the marriage environment that was satisfactory to both partners. It had worked then and they hoped it would work now. Although the women talked about missing their husbands as we were asking probing questions that illuminated memories in their lives, most widows thought the previous role of wife helped them to adjust to their present single status.

Table 4 shows how many years it had been since they had been widowed.

### Table 4

<table>
<thead>
<tr>
<th>Time</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the last year</td>
<td>5</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>1-3 years</td>
<td>13</td>
<td>26</td>
<td>36</td>
</tr>
<tr>
<td>More than 3 years</td>
<td>31</td>
<td>62</td>
<td>98</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>98</td>
<td></td>
</tr>
</tbody>
</table>

n = 49
Table 4 reports that within the last three years, 10% (last year), 26% (1-3 years), or 36% of the group had lost their spouses. But the majority of respondent widows (62%) had experienced spousal loss much longer than three years. It is important to know when the husband died to discover how the women have been adjusting to widowhood. The date of the spouse’s death presented our study with the length of time respondents have spent in widowhood. Unfortunately, due to the limitations of the table the study did not get records of the exact number of years all the women had been widowed.

Antonovsky (1987) categorizes death as a life event while Atchley (1991) states “death is both an end state and a physical and social process” (p. 254). Thus, since the death of the husbands our widows had/have been working through the disarray in their lives without their spouse. But, Antonovsky (1987) proposes that mobilizing and using general resistance resources (children, income and education) will assist widows to deal with the disarray of stressors. Consequently, we have tables of these variables.

According to Table 5, the widows in the study looked forward to their children visiting them. The family link was demonstrated when two widows cancelled appointments to complete the questionnaires because their family came to visit. Widows felt it was important to keep communication and contact (especially with daughters) and other family members as much and as possible. But on the other hand, one widow said she depended on her son to take care of her important things in an orderly manner.
Table 5
Widow’s Children

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43</td>
<td>86</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>96</td>
</tr>
</tbody>
</table>

n = 50

Among individuals income often varies as lifestyles differ. Atchley (1991) suggests that "a great deal of what we experience in life is shaped by the resources available to us—and they greatly affect our sense of independence" (p. 158). Thus, it was reasonable to ask widows about their gross incomes.

Table 6 shows that 26% of the widows had an income of less than $5000.00 a year; and 30% had an income that was less than $20,000 a year. Widows in this study lived in senior high-rise housing units where eligibility for residency was by a government-assisted means-test program. A percentage of widow's income (33%) was taken for their housing. For many widows this was a good government resource as a number of the women had very low yearly incomes. It seems difficult to understand how these widows could live on such small incomes. What was interesting was that three women did not know their income; a daughter, son or some other person took care of their financial needs. Then there was one woman who articulated she did not have to pay income taxes as her gross
income was too low. Another widow did not know her total income, but remembered she received social security, a pension from the James Rivers Company and Medicare. Five widows declined disclosing their income to the interviewer. It was not unusual for a woman to say that a daughter, son, niece or nephew gave emotional and financial support.

Table 6

Distribution of Gross Income

<table>
<thead>
<tr>
<th>Amount</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below $5000</td>
<td>13</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>$5001 - $19,999</td>
<td>15</td>
<td>30</td>
<td>56</td>
</tr>
<tr>
<td>$20,000 - $34,999</td>
<td>9</td>
<td>18</td>
<td>74</td>
</tr>
<tr>
<td>$35,000 - $49,999</td>
<td>5</td>
<td>10</td>
<td>84</td>
</tr>
<tr>
<td>Other/No Response</td>
<td>8</td>
<td>16</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

n = 50

Education is a generalized resistance resource; as a result Table 7 was designed to list the various levels of education of widows in the study. Many of the women in this cohort did not graduate high school. Table 7 demonstrates that 34% of the women progressed as far as the twelfth grade. These women had various reasons for not finishing school. It was not unusual (in the time frame of their adolescence) for young women to be married soon after leaving high school. Many of these widows said they married in their late teens.
On the other hand 22% graduated from high school and 24% went to college. There are respondents who had some college education, from one to four years but again did not get the Bachelor degree.

Table 7

Education

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades 7-12</td>
<td>17</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>High school</td>
<td>11</td>
<td>22</td>
<td>56</td>
</tr>
<tr>
<td>Some college</td>
<td>12</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>4 year</td>
<td>4</td>
<td>8</td>
<td>88</td>
</tr>
<tr>
<td>Bachelor</td>
<td>4</td>
<td>8</td>
<td>96</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>96</td>
<td></td>
</tr>
</tbody>
</table>

n = 48

As this study has listed children, income and education as GRR's we reiterate Antonovsky's (1987) counsel that GRR's are an asset. And it's the number and variety of GRR's that one can mobilize that's advantages a strong SOC widow.

To find where most of the scores were in the study of widows adjusting to widowhood a table was assembled. Table 8 provides the means and standard deviations of the six scales used in the study of widow's adjusting to widowhood.

Antonovsky says that a score can be dissimilar for different studies. For our study of widows' sense of coherence in adjusting to widowhood the mean was 154.67.

This scale consisted of twenty-nine questions that have a
total score of 203 points. There was hesitancy on the part of some widows in their answers to questions. It seemed to be the gradient of 1 - 7 answer choices. But inevitably, all respondents recorded answers to each question.

Table 8
Means of Major Variables

<table>
<thead>
<tr>
<th>Scales</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Coherence</td>
<td>154.67</td>
<td>20.21</td>
</tr>
<tr>
<td>Center of Epidemiologic Studies Depression Scale</td>
<td>75.40</td>
<td>20.71</td>
</tr>
<tr>
<td>Deprivation of Intimate Exchange</td>
<td>23.34</td>
<td>7.51</td>
</tr>
<tr>
<td>Deprivation of Goals and Activities</td>
<td>6.00</td>
<td>2.87</td>
</tr>
<tr>
<td>Loss of Self</td>
<td>5.34</td>
<td>1.97</td>
</tr>
<tr>
<td>Gain</td>
<td>13.20</td>
<td>2.50</td>
</tr>
</tbody>
</table>

\( n = 50 \)

The distribution of Orientation to Life (SOC) scores is recorded in Figure 1. The bar chart shows respondents scores ranging from the highest to the lowest points on the SOC scale. One widow in the study scored a high 202.

The distribution of respondents' SOC scores produced a mean of 154.7 and a median of 156.5. Thus the outcome for widows with an effective sense of coherence score is linked to success in coping with life's challenges. But widows with low scores need to
strengthen their SOC. Hooyman and Kiyak (1988) suggest they can do this by getting back their own identity and self-esteem.

![SOC Distribution](image)

soc = 158.0; median = 156.5; std. dev. = 20.

n = 50

Figure 1. Distribution of Respondent Sense of Coherence Sources.

The following hypothesis’s were tested for relationships between the sense of coherence and adjusting to widowhood.

1. A strong sense of coherence is positively related to low depression.

2. A strong sense of coherence is inversely related to experiencing loss of self.

3. There is an association between deprivation of intimate exchange and the sense of coherence.
4. There is an association between deprivation of goals and activities and the sense of coherence.

Table 9 investigates the correlation of five variables used in the research to test hypotheses that one’s sense of coherence can make a difference in adjusting to widowhood. A strong or weak sense of coherence influences a widow’s adjusting to widowhood.

Hypothesis 1 illustrates there is a negative relationship between SOC and CES_D ($r = -.35$, $p = .006$ (see Table 9). This relationship between the SOC and CES_D supports our hypothesis that the stronger a widows sense of coherence the lower their depression level. Illustratively, looking at individual CES-D items the table reveals from questionnaires responses there was 86% of widows in the study who feel they are not failures; 64% who did not have the blues the previous week; and 78% who were not fearful about what was happening around them. On the other hand 56% felt depressed, 24% were restless, and 20% talked less than usual. While 32% respondents thought people around them were unfriendly to them three to seven days the previous week. Conversely, respondents who do have many depressive episodes tend to register a negative relationship and a weak sense of coherence. Table 9 indicates a low SOC is correlated with high depression.

To illustrate what widows go through to adjust to widowhood, we refer to Antonovsky’s (1987) use of a metaphor that illustrates how some individuals trying to recover from stressors keep ‘losing their balance’ (p. 89). This metaphor is applicable to our study.
widows, who after spousal loss keep trying to regain and restore some equilibrium in their lives. They experience ups and downs, loss of balance in life situations and often miss their safety nets. But they do not become disillusioned, and they keep on trying to prevail. Eventually, they achieve success when they are able to encounter the 'exhilaration' of ultimately ending their feelings of sadness and loss and feel they are not swimming upstream anymore.

Hypothesis 2 records an inverse relationship between the sense of coherence and loss of self (.05) (see Table 9). Widows responding to the question about loss of self, were asked how much they felt they had lost a sense of who they are since the husbands death. Responses from twenty-six (52%) said they experienced no loss at all and seven (14%) said they missed their spouse a little. But five (10%) missed the husband rather much and twelve (24%) missed him very much; thus it appears that 34% of widows were still despondent over his loss. One woman who had been widowed for eighteen years said she still missed her husband every day. Lopata,s 1972 study (cited in Atchley 1991) said that 48% of widows in her study were over the spouse's death within a year, while 20% had not recovered and did not think they would.

As previously noted (see Table 9) there were many widows whose husbands had been deceased for a long time. This study suggests that 66% of widows who did not miss, or missed their spouses a little. The questionnaire asked for responses to the question "do you miss your spouse because he was an important part of yourself?"
Eight respondents (16%) said they did not miss him at all; three (6%) missed him a little; six (12%) missed him rather much; and thirty three (66%) said they missed him very much. Many widows missed the companionship they had with their husbands, and now he was gone they were lonely. It is suggested that the inability to cope with loneliness, depression, separation and loss is associated with mortality, and widows who are unable to adjust, are at risk of having a depressed immune system that will not be capable of combating disease and illness. Many widows voiced their concerns about being alone. They stated that being single made them feel socially limited and restricted in civic gatherings.

Hypothesis 3 reveals there is a relationship between deprivation of intimate exchange (DIE) and depression (CES-D) at the .028 level (.27) (see Table 9). The greater the loss a widow feels of deprivation of intimacy, the higher the level of depression. In this study widow’s said they missed the loss of companionship and communication with their husbands’; 48% revealed that they missed their husband because they trusted him as a friend; thirty-three widows missed the husband as he was the person they knew very well and had been a very important part of their lives. But on the other hand 30% replied they did not miss the husband’s companionship, communication, or trust, anymore.

Hypothesis 4 reveals that widows who are deprived of future goals and activities experience depression of some kind and at some level. This is evident from Table 9 of SOC and Deprivation of Goals and
Activities ($F = .39, p = .003$). When widows were asked if they missed the practical things their spouse did for them 38% replied not at all, and 28% responded that they missed it a little. But 26% of the women did miss (very much) not having the spouse around to do practical things. When the investigator queried respondents about the future plans the couple had made when the spouse was alive, 80% of widows replied they did not miss those plans very much, and some women reported they did not miss those plans at all. It appeared that at present, widows were satisfied and happy with their social position as 72% of the women had no problem making contact with other people although the length of time they had been widowed varied.

Meanwhile, the high personal loss to some widows, because their future plans were no longer available, was associated with depression. They felt discouraged now the husband was no longer with them, and were having a difficult time looking to the future.

The sense of coherence concept encourages widows to access resources and to confront stimuli that are encroaching on their environment. It is expected that social support networks give widow’s information and personal assistance, emotional support and affirmation, and be available in times of crises (Atchley, 1991). Aldwin (1994) suggests that getting help and advice from one’s family, friends, and acquaintances is a good strategy that supports a strong SOC. But Aldwin said that if widows (specifically) are going to complain about situations, and don’t use some kind of
problem solving strategies to resolve situations, nothing will be accomplished; an example of a weak SOC.

Table 9

Pearson Product Moment Correlation of Sense of Coherence and Related Variables

<table>
<thead>
<tr>
<th>Scale Sense of Coherence</th>
<th>Epidemiological Studies</th>
<th>Depression CES-D</th>
<th>Deprivation of Intimate Goals and Exchange</th>
<th>Deprivation of Activities</th>
<th>Loss of Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Coherence</td>
<td>-0.349**</td>
<td>-0.144</td>
<td>-0.179</td>
<td>-0.279*</td>
<td></td>
</tr>
<tr>
<td>Center of Epidemiologic Research</td>
<td>0.006</td>
<td>0.159</td>
<td>0.107</td>
<td>0.025</td>
<td></td>
</tr>
<tr>
<td>Deprivation of Intimate Goals and Activities</td>
<td>0.028</td>
<td>0.032</td>
<td>0.000</td>
<td>0.030</td>
<td></td>
</tr>
<tr>
<td>Deprivation of Exchange</td>
<td>0.745**</td>
<td>0.728**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deprivation of Activities</td>
<td>0.386*</td>
<td>0.745**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of Self</td>
<td>0.728**</td>
<td>0.416**</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (1-tailed)
*Correlation is significant at the 0.05 level (1-tailed)

n = 50

Religion and a Higher Being was mentioned by the majority of the respondents when giving data for the questionnaire. Pargament (1997) suggests that a religious orientation approach, where people use religion as a means and ends, the means and ends come together
to form a comprehensive orientation to life. While Antonovsky (1987) adds that providing a person with a set of life experiences and general resistance resources that produce an under-load-overload balance, helps shape life outcomes. Both are emblematic to a helpful adjustment to widowhood.
CHAPTER V

DISCUSSION

This study supports the hypothesis that a sense of coherence is positively related to a 'good' adjustment to widowhood, i.e., depression; deprivation of intimate exchange; deprivation of goals and activities; and loss of self. The results from testing the hypotheses show there are relationships between a sense of coherence and adjusting to widowhood.

What is a Widow

A widow, according to Webster's Dictionary is a woman whose husband has died and has not remarried. Lopata (1972) claims that the widow role is principally a long-term role for older women. The role is vague and its ambiguity results in widows facing the potential of an identity crisis of episodes of loneliness and depression. The loss of a spouse is often sudden and unexpected and can put elderly widow's physical and mental welfare at risk, as widows' grief over losses is individually timed. Many older widows say they miss their spouse when they feel alone and lonely.

When widows find that friends and acquaintances are reluctant to talk about the loss of the departed husband it's because people feel uncomfortable about dealing with other people's tragedies. AARP's Grief and Loss Programs (2000) suggests that it is best for
widows to say how they feel if they want to talk to others about the partner’s death. This will reassure and help people from making imagined social mistakes or inappropriate comments.

There are times when widows experienced bereavement overload because of the death of the husband, family members and friends. Such times could account for widows giving up and becoming helpless because they felt they lacked control over solving difficulties. However, widows in the survey who survived bereavement said they were helped through contact with other women who were experiencing the same type of grief. One widow in the study said she never reads the obituary notices in the newspapers because she is afraid that she may read about a relative or friend’s death.

**People Should Prepare**

Death takes away life and although death gives a meaning to our existence, society evades, ignores, or denies its occurrence. But death has different cultural messages for different people. As individuals maturate they use Erikson’s developmental life stage theory as a tool to chart their lives through childhood, adolescence, adulthood, and old age (Atchley, 1991). People plan for retirement, but unfortunately people do not plan for the last lifestage widowhood.

As there are more older single women than older single men in society today the majority of women will spend many years of their lives in widowhood. It is forecast this rapid increase in the aging
population will escalate until it peaks in 2010 when the cohort of post World War II babies will be in their sixties/seventies. Consequently, elderly couples should have arrangements in place when one spouse dies and the other is left to face life alone.

**Things To Do That Might Help**

Elderly people should take charge of their lives while they are able to seek the resources that are available to seniors in the Kalamazoo area. A visit to Senior Services Inc. 918 Jasper Street, Kalamazoo (616) 382-0515 will get senior citizens in touch with services that are available to them in and around Kalamazoo. For example the free reference booklet *Best of Care Catalogue* lists all the services and senior centers in Kalamazoo County.

Additional senior services in the Kalamazoo area can be accessed through Bronson Methodist Hospital 252 East Lovell Kalamazoo (616) 341-7902 that has an outreach program for women and senior citizens. In Marshall, Michigan, Oaklawn Hospital 200 North Madison (616) 781-4271 (ext. 3395) has Senior Care Services plus information available through a Social Worker. In Battle Creek Michigan Burnham Brook Senior Center 200 West Michigan Av. (616) 966-2566 can connect senior citizens to available services in that city.

National information maybe requested from the Social Security Administration (SSA) where one may order any number of books (free) over the telephone (1-800-772-1213). Two booklets that SSA recommends women should order are *Social Security What Every Woman Should
Know and Social Security Basic Facts.

The American Association of Retired People (AARP) 601 E. St. Washington, DC 20049 is a golden source of social outreach and support for people 50 years of age and older. AARP often have offices in local senior centers that gives information directly to seniors in their area. Booklets that widows should find beneficial are On Being Alone: Guide for Widowed Persons, Helping Women Turn Longer Lives into Better Lives and The Social Security Book: What Every Woman Absolutely Needs to Know.

Research Information

Although there is a variety of information on widowhood available in the surrounding communities the most recent data assembled from this analysis of widows’ adjusting to widowhood needs to be easily accessible to the public. As a result of this research it is planned to construct a concise, compact handbook summarizing the findings to help women in their adjusting that will be offered to AARP for inclusion in its widow prospectus. This study is interested in putting such a text together for distribution to the public.

Findings

Women in the survey who used many of the same types of means and resources when adjusting, found that it was important to take control of their financial and money management. Thus they can budget for living expenses and set new goals and objectives for
themselves. Taking control of finances expanded widow's wisdom about gross income and assets to cover their living expenses.

**Decisions**

Decisions that affect widow's lifestyles should be given time and thought before being determined. For example a widow's biggest asset may be her home. But at the beginning of widowhood it could be a sad lonely place with painful memories. When one considers mortgages, maintenance, repairs and yard work, the alternative to sell the home and move may seem a tempting option to living alone. Before making decisions single women should consider and check out opportunities at banks, senior organizations (AARP), Displaced Homemakers, and/or talk with other widow women who have made the changes they themselves are contemplating.

One aspect of this study was widows' expression of a faithful trust in A Higher Being who was part of their daily lives. Several women volunteered that they did not make decisions without first talking to/with a Higher Being. Widows believed their religious faith accounted for their optimistic outlook on life, and confident the future would be safe and secure.

Then again the longevity of widows in the study was astounding. Some women had been married more than once and had outlived previous husbands. Other widows had children who had preceded them in death. It appeared that time had healing qualities because the longer women had been widowed the healthier the woman appeared to
adjust to her widowhood state. Many widows expressed confidence in making changes in their lives and improving their life situations.

Widows in the survey responses lamented the loss of their husbands saying the loss was detrimental to their basic needs, impairing their emotional, social, and psychological wellness. Their greatest loss however is the loss of a future without a husband, a loss that threatens their desire for a stable way of life. Memories of past repetitions of everyday activities, supported their beliefs that certain elements of their life experiences had been, and still would be stabilizing and enduring.

This investigation explains that the sense of coherence does have characteristics widows use when living through personal crises. The study discovered that with the death of a spouse and the ending of the marital relationship, older women suffer depressive episodes over the deprivation of loss. Loss of intimate exchange with the deceased spouse that contributed to widow’s loss of self. Obviously for a time after the partner’s death these losses slow down adjusting to widowhood.
Appendix A

Protocol Clearance From the Human Subjects Institutional Review Board
Date: 29 October 1997

To: Morton Wagenfeld, Principal Investigator
   Nora Hartung, Student Investigator

From: Richard Wright, Chair

Re: HSIRB Project Number 97-10-08

This letter will serve as confirmation that your research project entitled “Sense of Coherence in Adjustment to Widowhood” has been approved under the exempt category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 29 October 1998
Appendix B

Consent for Conducting Sociological Surveys at 
Senior Services Inc., Kalamazoo, Michigan
Senior Services, Inc.

August 26, 1997

Dr. Morton Wagenfeld
Principal Advisor
Department of Sociology
Western Michigan University
Kalamazoo, MI 49008

Dear Dr. Wagenfeld:

This letter is to inform you that Senior Services, Inc. is in support of Nora Dorothy Hartung, student, conducting sociological surveys here with our seniors.

Senior Services is willing to allow Ms. Hartung to do person-to-person interviews with our seniors, beginning in the first week of August, and continuing on until all interviews are completed.

Senior Services is a prime location to conduct such a study, due to the fact that our population consists of people 60 and older. Many women come here for socialization because their spouses have passed on. We wish Ms. Hartung luck in her studies.

Sincerely,

Robert W. Dunnigan, Ph.D.
Executive Director

RL/d
Appendix C

Research Project Sign-up Sheet
RESEARCH PROJECT

ADJUSTMENT TO WIDOWHOOD.

WIDOWS 60 YEARS AND OLDER

Women in widowhood are called on to make decisions that affect their lives. My hope is to discover how women deal with these problems now they are alone.

The goal of the study is to be able to take the information gained from the questionnaires and give it to widow's groups and organizations. This will help them plan and schedule different activities for widows. The study is designed to find new ways and programs that will improve and enrich widow's lifestyles.

The questionnaire will be a face to face interview with Nora Dorothy Hartung and will take approximately 30 minutes. Your answers will be strictly confidential and I will not take your name.

Each person completing the questionnaire will receive an incentive of $5.00.

This project is for my Master's Degree at Western Michigan University,

There is a sign-up sheet for

location: name: telephone number

Nora Dorothy Hartung
616-781-7114
BIBLIOGRAPHY


Senior Services, Inc. (1997). Best of care catalogue. 918 Jasper Street, Kalamazoo MI.

