

GENDERED STRATEGIES FOR COPING WITH WIDOWHOOD:
A LIFE-COURSE PERSPECTIVE

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ABSTRACT


Elderly widowed men and women must deal with various personal, social, cultural and situational difficulties associated with the life-course stage of widowhood. The experience of widowhood in old age is often very traumatic, requiring the widowed individual to respond with a set of different coping strategies to readjust to the new demands of life as a single person after many years of coupled coexistence. While it cannot be successfully argued for whom, men or women, widowhood is more difficult, I propose that the nature of difficulties, at least in some aspects, differs according to gender.

Emerging from my study is the general finding that elderly men differ from elderly women in their life-course experiences, not least of all childhood, education, marriage, parenting, employment, and friendships. The gendered experience of these life-course events leads to differences in coping with widowhood and its accompanying stress. The dimensions of the gendered difference and the links between life-course experience and that of widowhood are explored through in-depth interviews with six widows and six widowers. The findings are discussed in relation to such themes as social and cultural elements in Canada, role of religion in widowhood, marital experience and its effect on widowhood, and, ultimately, loneliness.

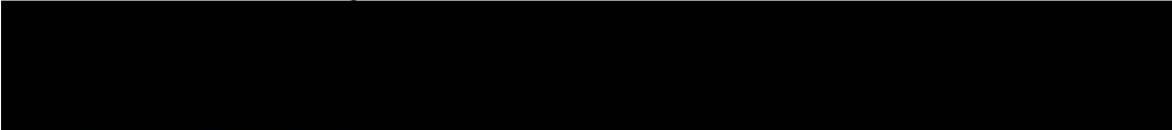
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INTRODUCTION

Widowhood today is being experienced by an increasing proportion of the Canadian population. The pattern of widowhood in Canada, as well as in other industrial nations, is characterized by age and gender specific dimensions (Scanzoni et al., 1988:556; Stone, 1981; Heinemann, 1983; Matthews, 1987b). Due to the difference in life expectancy between males and females and the gender gap in age at marriage, there is a considerable sex-ratio difference among the widowed population (Gee, 1987:270). In Canada, women's life span expectancy in the 1980s was 79 years, whereas for men it was nine years less (Baker, 1984: 138). Moreover, the cultural tradition, where women marry men several years older than themselves, resulted in widows outnumbering widowers almost five to one in the 1981 Canadian population (Matthews, 1987a:344). Coupled with the trend towards increased longevity and the fact that the majority of Canadian men and women get married, stay married, or re-marry after divorce, the experience of widowhood will be a life event faced by most aging Canadians in general, and aging Canadian women in particular (Gee, 1987).

In brief, widowhood today is predominantly an elderly female-related phenomenon. Yet both widows and widowers, although not in equal proportions, must deal with the

difficult life transition to widowhood. In order to fully understand widowhood, the experiences of both genders need to be probed and analyzed. Study of widowhood is not adequate without a specification of gender, because both men and women are producers and products of the culture in which they are socialized and live out their lives in a close union (Cool & McCabe, 1985:1090).

The life-cycle of a married person tends to be characterized by several key events; these include marriage itself, childbearing, departure of children from parental home, retirement from paid work and widowhood. Widowhood is not only a predictable life event of a married person (Matthews, 1987a), it is also one of the most stressful of all role transitions experienced by an individual (McFarlane et al., 1980; Wan, 1982a). The death of a spouse is emotionally devastating, often ranked as one of the most traumatic event on "a life event scale", with only the loss of a child ranked higher (Beck, 1987).

Widowed men and women must deal with various personal, social, cultural and economic difficulties associated with widowhood. On the one hand, it has been documented that the type of problems and their intensity differ considerably across the widowed population (Harvey et al., 1987; Scott & Kivett, 1985); on the other hand, loneliness seems to be the number one problem among widowed persons (Matthews, 1987a; Bock and Webber, 1972; Arling, 1976). Loneliness is preceded

in the early stages of widowhood by a period of mourning. Weizman and Kamm, in their handbook About Mourning: Support and Guidance for the Bereaved (1985), construct the definition of mourning as "the mental and emotional 'work' following the loss of a significant person through death". The authors theorize that mourning is an expression of grief and is characterized by several phases: initial shock, followed by confusion and often denial. They also point out that such overwhelming feelings as guilt, self-blame, powerlessness, anger, sadness, self-pity, and depression are present at the initial stages of mourning. In addition, other acute symptoms of grief are often present, including physical distress brought about by sleep disturbance, loss of appetite, weight loss, fatigue, confusion, mood changes and hallucination (Weizman and Kamm, 1985; Lopata, 1973:271; Silverman, 1986:3-7).

The research literature suggests that there are some differences between widows and widowers in their approach to widowhood and associated problems, not least of all loneliness (Keith, 1983; Bock and Webber, 1972). It is not clear however, why widowed men and women are dissimilar in regard to their coping strategies when dealing with similar problems accompanying the death of their spouse. Some authors maintain that differences in socialization patterns in terms of socially-appropriate gender roles for males and females, as well as differences in individual role

perceptions in marriage and perceived level of control over loneliness, might be associated with gender specific strategies in response to widowhood (Keith, 1983; Brown, 1985; Moore & Schultz, 1987). Yet most existing research is oriented towards observing and reporting "for whom the transition is more difficult" (Matthews, 1987a). The issue of widowhood in relation to the gendered strategies for coping with widowhood has to date been left unexplored. There is a need to provide understanding of how elderly widows and widowers utilize such resources as family support and community based programs in order to deal with loneliness and other related problems of widowhood (Matthews, 1987a). This study is concerned with identifying, in addition to loneliness, the various problems experienced by widowed persons, as well as with the gendered process they utilize for coping with the problems mentioned.

Given the exploratory nature of my study, my aim is to provide a qualitative understanding of the similarities and differences in utilizing support resources by elderly widows and widowers in coping with widowhood. The data are viewed in a context of gender-related life-course experience, in order to provide an understanding of the relationship of gender to the experience of widowhood. I propose that across the human life-course, from childhood to death, social relations are organized and structured in important ways along gender lines (Rossi, 1985:xiii). I maintain that it is

crucial to deal with both constructs, widowhood and gender, simultaneously. My study focuses on the reasoning and reflections of widowed individuals and their use of resources when dealing with loneliness and other related difficulties they experience as a result of widowhood. In particular, my research project is guided by several pivotal questions:

1. What are the different strategies used by widowed individuals when coping with widowhood?
2. Does the utilization of social support resources differ among elderly widowed males and females when dealing with widowhood?
3. If there are differences, what are the different strategies utilized by each gender?
4. In retrospect, "how" and "why" is a particular pattern of social support selected by individual widows and widowers when coping with widowhood?

Chapter One

LITERATURE REVIEW: THEORIZING WIDOWHOOD

This literature review provides the basis for the relevant concepts and theoretical orientations that loosely guide my study. I divide the discussion into four sections: 1) relevance of gender; 2) situational differences; 3) widowhood and loneliness; and 4) social network ties. Analysis of each of these concepts in relation to widowhood and gender has been guided by the theoretical framework of the "life-course" perspective. Details of this framework are presented in the last section of this chapter, followed by a brief conclusion. Relevant terms used in this and following chapters of my thesis are summarized and presented in Appendix A.

1.1 Relevance of Gender

A typical marriage between a man and a woman, initiated in the time period between 1930 and 1950, is characterized by a more durable union and a less flexible division of labour than the marriage among young adults initiated in the last decade (Backer, 1984). Within the aging population of Canada today, persons born between the years 1900 and 1926 were typically socialized into adulthood roles in the social environment where the dichotomy between genders was strictly defined and strongly emphasized (Lopata, 1987; Hartley,

1959). This was true of not only the family sphere but also extended into all aspects of social life. To a lesser degree, the gendered patterns of socialization are still evident in contemporary Canadian society. Even today, many males and females are subjected to a different modification process at a very early age. Members of each gender are socialized by various social institutions, such as family, schools, and religious institutions, to fit the conventional mold that is socially considered appropriate to their gender. Through traditional gender role socialization, men and women are taught what sets of behaviours are appropriate to, and expected of, their gender (Scanzoni, 1988: 18-32).

Gender-role socialization, as defined in the feminist literature, is a process by which people learn the cultural norms, attitudes and behaviours appropriate to their gender; that is, they learn how to think and act as men and women (Martin, 1984; Weitzman, 1984). Furthermore, cultural assumptions about what is "natural" for a boy or for a girl may be so deeply ingrained that parents and educators may treat children differently without even being aware of it (Weitzman, 1984). Feminist literature on gender formation deals with sex-role socialization as a process that starts at the time of infant birth, well before the child is aware of a sexual and gender identity. Parents, educators, and society at large provide encouragement and reward for gender-appropriate behaviour. Lenore Weitzman (1984) reviews

a large body of mostly American research on gender-role formation and concludes that men and women do not face life with "equal desire for self-gratification". In her opinion this is largely a result of basic socialization processes, whereby young boys are encouraged to be independent, active and aggressive, while young girls are encouraged to be dependent, verbal and social. Sex-role differentiation in the socialization process increases with age, achieving momentum during the teen years of the child (Block, 1978). The primary stage of sex-role socialization, known as "behaviour reinforcement", is accompanied by more complex socialization process, that of "cognitive learning". It is a Gender-role learning where children, through their cognitive abilities, observe and practice ways of distinguishing between men and women. Children learn to identify what kind of behaviour is characteristic of each gender, and they eventually behave in accordance with culturally established standards.

Educational literature for young children plays a significant role in transmitting messages to children about the world around them. A study published by Weitzman et al. in 1972, reviewing several hundred award-winning children's picture books published in the U.S.A between 1938 to 1970, found that there is an overwhelming gender-role differentiation present in children's literature. The books reviewed in the study, reveal that female characters are

under-represented in titles, stories, and illustrations. The books are about boys, men, and male animals, and tend to deal with male-oriented adventures depicting independence and self confidence. Attention to female characters is minimal; if they appear in the stories at all, it was in insignificant roles, usually "loving, watching and helping" key male characters. Children's literature encourages girls to have low aspirations, by indicating that there are only limited opportunities available to them while the world of boys is portrayed as exciting, filled with adventure requiring self confidence and independence (Weitzman et al., 1972).

The question remains whether such gender differences are upheld and continue throughout adulthood, including marriage and widowhood? The elderly population of Canadian widows and widowers of today bring with them into widowhood a specific set of values and strategies that are instrumental in their daily activities. These were forged through childhood as well as adulthood, leading us to believe that males and females differ not only in their approach to life events but also in their experiences of such events as marriage, family life, paid labour, income, health, leisure time, friendship, retirement and widowhood (Marshall, 1987; Dobson, 1983; Richards, 1984; Landsberg, 1985; Nett, 1984).

Yet it has been documented that gender differences

strongly apparent in the younger adult life seem to blur to some degree in the later life of elderly persons (Cameron, 1968; Dobson 1983). Linda Cool and Justine McCabe (1985) argue that the power enjoyed by males is tenuous. The "fragile nature of the foundation of [men's] authority is increasingly exposed and eroded" over the life-cycle span. By contrast, women typically begin life from the position of relatively limited power. Yet over the life-cycle, as women age, they tend to increase their mobility and their power. Despite this equalizing process in the final stages of the life cycle, gender may still be relevant in understanding widowhood, because society at large and families in particular continue to provide different protective functions for males and females (Keith, 1983). Evidence indicates that gender identification has been linked with such resources as close friendships, activity levels, education, and income. These resources have been identified as important stress-buffers in such traumatic life events as widowhood and associated loneliness (Keith, 1983; Wan, 1982a).

Several studies reveal differences between males and females even in early adult life concerning utilization of these key resources. Although widowed females of the 1980's appear to maintain a higher level of social interaction than their male counterparts (Scott & Kivett, 1985), aging female widows tend to be financially in a less favourable

position than aging widowers. This is largely due to women's historically lower participation in paid employment, as well as to their lower education (O'Laughlin, 1983) (problems which will be less apparent for the subsequent generation).

Also, although widows tend to be economically disadvantaged compared to widowers, female widows are more capable of dealing with stresses related to widowhood. Bock and Webber (1972), in a study of suicide among elderly widowed males and females of Alabama, found that widowed persons have higher suicide rates than their married counterparts. However, this finding was mostly relevant to the population of widowers. The suicide rates for widows were, in fact, the same as for married women. This finding is supported by a second study of suicide rates in Denmark, United States, and England. All three countries report that suicide rates are highest among older men, especially ones who have lost a spouse, or have experienced a loss of mental or physical agility (Townsend et al., 1968). These findings suggest that 1) widowhood is more stressful for men and 2) there are significant differences between the experiences of widows and widowers, due to such factors as different cultural expectations and gender-role definitions for men and women.

1.2 Situational Differences

Attention must also be given to possible situational differences among widowed persons. In order to understand diversity among widows and widowers in their approach to widowhood, it is sociologically relevant to consider situational reasons that go beyond socialization processes and gender role formation. The literature suggests that the experience of widowhood is influenced, in particular, by three major factors: health, education, and financial security (Arling, 1976; Wan et al., 1982; Matthews 1987a; Lopata, 1973:19).

Health: Greg Arling (1976), in his study of elderly widows, reported that physical health is directly related to the level of social activity. Comparatively healthy elderly widows report higher levels of involvement with friends, neighbours and family members than widows experiencing ill-health. Physical illness is reported in other studies as a limiting factor in performance of some activities (O'Bryant, 1987) and as having a negative influence on morale of widowed individuals (Scott & Kivett, 1985; Lopata, 1973). In terms of gender related differences in health status, older women appear to display greater vitality than men of an equally advanced age, although women report more serious health problems than men do. These contradictory findings may be related to a perceived threat to men's self-esteem, which is closely connected to an idealized image of

masculinity as an active and healthy presentation of the whole body (Turner, 1985). This socially-constructed threat tends not to present itself as relevant to female self-esteem.

Education: Helena Znaniecki Lopata (1973), in her study of Chicago area widows, found that education is also related to the level of social participation among widows. A widowed woman with a low level of formal education tends to be passive, uninvolved, and often lacking the necessary skills for re-engagement into society after her husband's death (Caravaglia, 1984a). To some extent this finding is supported by Greg Arling's study (1976). The author found that widows' education is indeed related to reading activities and attendance at meetings, although education seems to have little influence on the levels of involvement with family members, friends and neighbours. In other studies, education is likewise reported as a significant predictor of morale and psychological well-being among widowed male and female individuals. Education is often reported as a relevant predictor of financial status as well (Scott & Kivett, 1985; Matthews 1987a).

Financial Status: Finally, the financial status of widowed persons has also been associated with life satisfaction (Lopata, 1973; Scott & Kivett, 1985; Marris, 1958:127). Ann Matthews' study on widowhood (1987a) supports this notion. She and others found that while loneliness and

isolation are the primary problems associated with widowhood, insufficient financial security is identified as another major problem (Robinson, n.d.; O'Laughlin, 1983). All of these factors, in fact, are often reported as related. Lopata, for example, found that Chicago area widows became isolated and could no longer maintain a high level of social interaction mainly because of their poor financial status (1973;266). The literature dealing with the well-being of the elderly also recognizes socio-economic status as an important factor in relation to life satisfaction. Although a low income does not necessarily mean low satisfaction, a greater level of financial security is related to a higher level of life satisfaction among elderly persons (Wan et al.,:1982b). In terms of differences between married and widowed elderly persons, married persons enjoy a higher level of financial security than their widowed counterparts (Harvey et al., 1987). When looking only at the widowed population in terms of financial security and gender, widowed males are economically more secure than widowed females, who may often live on incomes below the poverty line (Lopata,1973; Matthews, 1987).

1.3 Widowhood and Loneliness

The literature on widowhood in contemporary North American society reports that experiences of social isolation and loneliness are the central problems associated

with widowhood. Arling (1976), in his study of elderly widows, refers to widowhood as the major source of social loss in old age. The trauma of widowhood, especially for elderly females, is influenced not only by the loss of a partner, but also by the loss of a specifically-defined social role. It leaves the widowed individual in a socially-abandoned position, which often leads to individual sense of isolation and loneliness (Arling, 1976; Lopata, 1973; Caravaglia, 1984b;).

Peter Townsend (1968), in his analyses of loneliness among old people in three industrial societies (Denmark, the United States and Britain), reports that the feeling of loneliness is more prevalent among the older segments of the population. Townsend, however, found that the women feel lonely more often than the men. Townsend found that this difference between men and women is related to the fact that a much higher proportion of women are widowed, compared to the majority of older men who are married and thereby more able to rely on the protective functions of marriage. Townsend maintains that loneliness is attributed to age-related "isolation or social desolation". This concept refers to a person who has lost a "social intimate", usually someone he or she loves, such as a husband or wife (1968:275). Loneliness, subjectively defined, is related to the loss of the loved one rather than to a physical isolation. Similarly, Lopata (1973) in the study of

widowhood in American cities, defines loneliness as dissatisfaction with the present level of social interaction. This consists of social reactions that are inadequate in quality or quantity. Lopata (1973:67) employs the term "situational loneliness", referring to widowed individuals who had been not able to retain or reproduce the intensity of their former interactions.

Other studies examining loneliness suggest that it is substantially affected by the inner makeup of the individual. Wayne Moore and Norman Schultz (1989) found that personal responsibility for loneliness and individual perception of control over loneliness are two factors that affect the intensity level of loneliness among the elderly. The study concludes that elderly individuals "who take responsibility for their loneliness may develop more effective coping strategies which in turn reduce loneliness and enhance feeling of competence" (222).

1.4 Social Network Ties

According to the sociological literature, bereavement is perhaps the most stressful and socially isolating experience in old age. Widowed individuals are in the need of emotional, cognitive and practical support (Vachon et al., 1980). This is the case especially in the initial stages of widowhood which are characterized by passivity, emotional numbness and depression (Lopata, 1973:51-52;

Worden, 1982). Yet in most instances older persons, even those in advanced industrial societies, have access to some form of social support, in the form of family, community or both (Wan, 1982:76-78). In this sense the myth, or the stereotype, of the isolated elderly person is not fully supported in the recent literature (Wan, 1982a; Wellman and Hall, 1986; Matthews, 1987b; Lopata, 1978; Gottlieb, 1983:177-206).

The social network or the social support system of an elderly widowed individual is rarely static. Rather it tends to be a dynamic process, often changing as the result of the individual perception of the needed help and the interaction itself (Fine & Kleinman, 1983; Wellman & Hall, 1986).

Individuals typically have to manoeuvre between several ties in order to obtain the needed support. Lopata (1978), in her study of Chicago area widows, organized these support systems into four categories -- economic, social, emotional, and service support systems -- each fulfilling a different set of needs and each often consisting of different set of individuals. In this sense, the social network is best seen as a set of relationships between individuals, where the ties are dynamic, flexible and open (Fine & Kleinman, 1983).

Social network systems can provide, as well as deny, support to the individual under stress. Network systems transmit values and norms about help-seeking and they play a vital role in determining where the distressed individual

turns for help (Gourash, 1978). Lopata (1973) reports that relatives did not provide much comfort or support for widows of any class or race. Moreover, children, she reports, provide relatively little companionship to the widowed mother who lives alone. There are no similar data, of this scale, available for widowed men. It appears that since women, and perhaps men as well, do not rely on their children for support they need to seek support from other sources, such as friends and the community at large.

In my thesis I have chosen to focus on categories as identified by participants themselves, and allow the different sets of ties that constitute a support system to emerge from the study rather than narrowly defining them before hand.

1.5 Life-course Perspective: Theoretical Notes

Life-course perspective is an offshoot of "age stratification theory" (Riley et al., 1972). The life course may be defined as "the pathway through the age-differentiated structure in the major role domains of life" (Rossi, 1985:7). These pathways have been studied by social science researchers in such disciplines as sociology, psychology, demography, and history.

In psychology, the focus has been on the study of the "life-span" rather than of the "life-course". This difference in terminology reflects a difference in

intellectual focus of each of the fields of study. Psychologists, who are concerned with intrapsychic changes or psychological growth that occurs in individuals as they age, study the life-span (Norris, 1980); sociologists, who direct their attention to the social determinants of age-related transitions, study the life-course of individuals (Gee, 1987).

From a sociological perspective, the life-course framework is built on two main assumptions: 1) pathways comprising the life-course are socially-created, socially-recognized and socially-shared; and 2) significance of the process of ordering of life-course events in accordance with age-linked expectations, sanctions and options (Elder, 1978). One dimension of social time encompasses what is known as "social timetables". The social timetables are, as the term implies, socially constructed and as such they structure the individual's relationships into major social institutions (Neugarten and Datan, 1973). Examples of socially-erected timetables include: entrance to and exit from school or paid labour, or the ideal time to get married or to start a family.

Individuals are affected by various types of life events depending on their stage in the life-course. According to Baltes et al. (1980), there are three categories of life-events:

1) Age-related life events refer to events that are strongly

linked to chronological/biological age (eg. giving birth to an offspring).

2) History-related life events encompass such events as those that are a product of a particular period in a particular culture (eg. wars, political movements, or culturally assigned gender roles).

3) Normative life events are less susceptible either to biologically-based changes or to widespread cultural influences (eg. widowhood).

In the present study of widowhood the life-course perspective allows for consideration of the complete interdependence of individual happenings and various life events experienced by the widowed persons during their life-course. The life-course framework is instrumental because it helps to determine which variables or life events may be most salient for the formation of other life experiences, including loneliness in widowhood. This perspective allows for an examination of how variations in social-structural conditions affect the human life course, illustrating interplay between social structures and individual life passages (Hess, 1988). Widowhood is best examined as a dynamic part of a life-long process where the experiences of one cohort or gender may differ from that of another cohort or gender. The life-course patterns are affected by the social, cultural and environmental changes to which people are exposed and also by the character of the cohort to which

they belong. In turn, the experiences of individuals and cohorts may lead to a large-scale change in social and cultural structures (Campbell et al., 1985).

1.6 Summary

Sociological research on gender, aging and widowhood tends to support the notion that there is a difference along gender lines in the way widowed individuals subjectively approach the crucial events that shape their lives after loss of a spouse. A majority of contemporary widows and widowers residing in industrial countries today have been socialized in a social environment where gender-specific roles are strictly defined and emphasized. Because of this gender-based socialization system, the existing literature suggests that the transition to widowhood is more difficult for widowers than widows. An account of coping strategies, discussed by female and male participants in retrospect, might prove useful in providing an understanding of how gender and various life events are inter-related with the experience of widowhood.

In recording and analyzing data on the personal experience of widowhood it is important to look at: a) the complete surroundings of individual widows and widowers as reported by them; b) their interpretation of their behaviour "as meaningful"; and c) their actions as resulting from these interpretations (Marshall, 1986:18). I view widowhood

in this work in terms of individual definitions.

My analysis is guided by the "life-course" perspective. This theoretical perspective is most appropriate for framing my study because it allows for identification of various life events that may prove to be influential in the formation of later life experiences, including problems accompanying widowhood.

Chapter Two

RESEARCH DESIGN AND PROCEDURES

Since the main objective of this exploratory field study is to provide an in-depth examination of widowhood, the methodology employed has been qualitative and descriptive. The main body of data has been generated through observation, participation, and in-depth interviews. This section will delineate the methods and procedures used to investigate the research problem as outlined in Chapter One. Explained below are the methods of selection, sampling techniques, construction of instruments, procedures for collecting and analyzing data, problems encountered in the field, as well as the potential weaknesses of the study. But first I present an overview of existing studies of widowhood and my own methodological approach.

2.1 Quantitative Studies of Widowhood

Widowhood as a topic of scientific interest appeared only recently in academic work. The reasons behind the current interest in widowhood are diverse and can be attributed to increase in the widowed population in industrialized countries due to increased longevity, and the recent involvement of female scholars in intellectual circles (Scadron, 1988:x).

While sociological research on widowhood per se is

relatively new, discussion of the concept appears in numerous empirical studies of old age. Yet such studies are largely survey-based and variable-oriented and their research designs and modes of data analysis tend to be conducted within a positivist model of social science. Employed are relatively representative, probability and non-probability, sampling techniques in various survey designs, such as static-group comparison, panel survey or cross-sectional pseudopanel design. Studies by Shanas et al. (1968), Bock and Webber (1972), and Keith (1983) reflect this method and, as do other studies in this area, all aim at providing empirical support for a specific hypothesis about the existence of a relationship between certain characteristics of the aged population and the quality of life and life satisfaction in old age. In particular, these studies have focused on the relationship between marital status, widowhood, and the level of individual well-being.

Although many of the empirical studies of old age mentioned above have employed different measures of individual well-being or feeling of loneliness, they are consistent in reporting a decrease in quality of life and level of individual satisfaction in widowhood as compared with married or never married elderly. Keith (1983) measured loneliness through self-assessment, whereby the subjects categorize themselves into ordinal level categories as being either never lonely, occasionally lonely, or often lonely.

Bock and Webber (1972) measured psychological well-being in terms of presence or absence of suicide among elderly persons. Shanas et al. (1968), in their cross-national survey, measured loneliness in terms of activities performed by elderly and the number of personal contacts or telephone conversations.

Likewise, research on widowhood to date tends to rely heavily on the survey research design, either in the form of questionnaires or structured interviews, or combined with content analysis of official statistics and records. In terms of sampling strategies, the research on widowhood mainly regards the female experience, largely an effect of widowhood being predominantly an elderly female related phenomenon.

As mentioned in Chapter One, one of the earliest and most comprehensive studies of the life of American widows was undertaken by Helena Znaniecki Lopata in the early 1970s. In her study of Chicago area widows, Lopata (1973; 1978) employed a combination of methodological options, including non-participant observation in natural settings, taped interviews with friends and relatives of widows, exploration of diaries, surveys, in-depth interviews with widows, and analysis of official statistics and records. Some of these measurement instruments, such as questionnaires and interview schedules, were also employed by Canadian researcher Ann Matthews (1987a,b) in her survey-

based research on Canadian women in widowhood.

In brief, both Canadian and U.S. research on widowhood has been predominantly influenced by a positivist approach to social science. It relies heavily on statistical analysis to explore the relationship among variables. Data collected either through survey techniques or official records are coded and then statistically analyzed, representing aggregates rather than individual behaviour in order to provide an understanding of the social system in which the behaviour is located. Canadian research, in particular, is still largely dependent of official statistics as its main data base (Marshall, 1987). Recent research on morale among Canadian widowed persons (Harvey et al., 1987) uses data from the Canadian Health Survey collected in 1978 and 1979. This allows researchers to achieve representative samples of both widows and widowers across Canada, but not to go beyond documenting the existence of a relationship between morale in widowhood and the group of independent predictors (eg. demographic and structural conditions, activities, and religion).

No doubt, a positivist approach to widowhood research and quantitative statistical analysis of data have their benefits. Not least of all, they identify relevant social forces that shape the experience of widowed individuals and uncover the issues and problems facing widows and widowers in their everyday existence. However, the quantitative

approach to data collection and data analysis does not capture the individual meaning of problems and issues as understood by widows and widowers themselves; instead researchers must supply their own beliefs and attitudes in order to interpret the interaction between identified variables (Norris, 1987). Moreover, primary reliance on female samples as the main base for information has often been a logical and convenient choice, but it has created a one-sided and limited account of widowhood.

2.2 Methodological Issues: Emerging Qualitative Research

Over the last decade many Canadian researchers in the field of gerontology, including those who have researched widowhood, have developed their own data bases and improved their methods (Marshall, 1987; Matthews, 1987a). The scientific community is more receptive to qualitative research than it was a few years ago. In a recent publication, Aging in Canada (edited by Marshall, 1987), many contributors made a plea for qualitative research in gerontology. Although the variable-oriented approach in comparative social sciences is viewed by mainstream sociology as highly sophisticated, the need for a qualitative method is now being recognized. Qualitative design is useful in exploratory research where emphasis is placed on generating hypotheses rather than testing them.

Qualitative approach is able to provide descriptive analysis for a greater depth of understanding.

Since the main interest of this study is to probe into "how" and "why" a particular pattern of social support is experienced by individual widows and widowers when coping with loss of spouse, I have chosen a qualitative design for its strength in generating an in-depth illustration of this process. The present study concentrates on interviews, among other sources of information, in order to better understand the social and cultural aspect of widowhood in the context of the life-course perspective. Through qualitative analysis, I focus on the individual reasoning and reflections of widows and widowers with regard to their use of resources when dealing with such realities as loss of a spouse. I would not have been able to obtain an account of these realities and experiences as viewed by individual participants if a quantitative research design had been employed. This is because, as mentioned above, quantitative research is variable-oriented and is not equipped to incorporate the voices and in-depth accounts of experiences of individual participants as it has a low tolerance for such complexities (Ragin, 1987:54).

2.2.1 Choice of Setting

The research site for this study is Victoria, British Columbia and, in one case, Powell River (located

approximately 200 kilometres North of Victoria). Victoria was selected not only because of convenience but also because it has an ideal population composition to suit the purpose of this study. The ratio of seniors in the Victoria population is one of the highest among Canadian cities. In 1991 the Greater Victoria Regional District had 13,665 widows and 2,625 widowers 65 years or older (Statistics Canada, 1991b). Victoria represents, on a small scale, what will eventually be a fact of life in other Canadian cities.

2.2.2 Strategy for Entering the Field

The first contact with the community of widowed men and women was accomplished through the Victoria Volunteer Bureau. I was provided with a list of several organizations that serve the elderly in Victoria. From this list, I randomly selected two seniors' residence homes and one senior citizen's activity centre. I contacted all three establishments by telephone and was invited for an informal meeting where, in more detail, I explained my interests and answered any of their questions concerning my project.

At this initial stage, my aim was to make contact with three or four widowed individuals in order to identify and loosely explore some of the issues relevant to the experience of widowhood. For a period of several weeks, I established a rapport with two widowed females and one widower. The aim of this initial stage of the study was to

gain sufficient insights into the lives of widowed men and women in order to construct strategies and instruments that would effectively guide the next research phase.

Through regular visits, amounting in all to more than forty hours of active participation, I gathered information from unstructured conversations about the many aspects of a widowed person's life. The emphasis of this preliminary stage was to familiarize myself with widowed elderly, to discuss directly with them the issues relevant to widowhood and old age, to observe directly their various home environments, and to explore some of the facilities that provide services for the elderly in Victoria. These data were subsequently compiled and employed in the construction of a semi-structured interview schedule for use in the main phase of my research on widowhood.

2.2.3. Strategy for Selection of Participants and Settings

The three informants who participated in the preliminary stage were all living in Victoria. Two of them, one male and one female, were living independently in their own home and one female was residing in a small, intermediate care facility. The selection of these three participants was guided by a few overriding characteristics found in their demographic histories: 1) gender, 2) marital status - being widowed for a period of more than one year,

and 3) place of residence - living alone or in a care facility. My aim at this point was to visit with one widowed male and one widowed female living alone in their own home and, for a comparison, one widowed individual, of either gender, residing in a care facility. All other characteristics of these informants including education, income, health, and ethnicity, were incidental.

The guiding principle behind this selection process was to visit a minimal yet sufficient number of widowed individuals in order to be able to identify some of the issues that are relevant to the elderly population of widowed males and females in Victoria. On the basis of the information obtained through informal visits with these three widowed elderly, as well as from the existing sociological literature on widowhood, a set of guidelines was laid out with respect to the selection of participants.

In the second -- and main -- stage of informant selection, certain factors identified as theoretically important determined to some extent the criteria for selection. Although there were some "instrumental" theoretical principles that guided the selection process, the study was largely designed as exploratory fieldwork, also referred to as a "data - driven" rather than "theory - driven" framework (Glaser & Strauss, 1967).

The informants for this study were thus selected on the bases of attributes that were identified as relevant in the

preliminary stage of this fieldwork. In very broad terms, I sought out participants that differed from each other, to varying degrees, on the following social characteristics and normative life events:

- socioeconomic status
- ethnicity
- religion and level of participation
- length of widowhood
- number of children, having adopted children, or being childless by choice or circumstance
- variation in the degree of marital problems
- degree of physical limitations, including the presence of a terminal illness
- being identified by others as very lonely or, on the contrary, as being well adjusted to widowhood
- stressful marital experience, eg. deceased spouse was an alcoholic or mentally ill
- presence or absence of relatives in Canada

As an addition to these characteristics, the informants had to be widowed, 65 years of age or older, and residing alone in their own home or apartment.

Having these guidelines in mind, informants for this study of widowhood and loneliness were selected through several formal organizations serving seniors in Victoria, through referrals by friends, as well as through other participants themselves. In total, I conducted interviews

with 12 participants, 6 males and 6 females. While this number of informants was loosely determined at the outset of the study, the selection of participants was guided by the theoretical saturation method, whereby interviewing is concluded when it becomes apparent to the researcher that no new significant information will be generated with further interviewing (Glaser and Strauss, 1967).

Of the females contacted to participate in the study, only one declined. At first she too expressed an interest in participating but later changed her mind, saying that she was too busy taking care of her ninety-year old mother. Females, overall, were very willing to participate and showed no difficulties in sharing personal information. When contacting widowed males, the scenario was quite different, however. First of all, it proved difficult to obtain names of widowed males. Secondly, for each male participant that took part in the study, one declined, saying that he was not interested or that he had nothing interesting to share or, most often, that the topic of widowhood was too private to be shared. The difficulty in obtaining participation from widowed males residing in Victoria resulted in the inclusion of one widower from the nearby town of Powell River.

From my preliminary findings, I discovered that it was essential to carry out the interviews in participants' homes, not least of all because the home environment is

filled with a wealth of information useful when analyzing interview data. In all cases but one I met the participants in their own homes, the exception was an out-of-town participant visiting his daughter in Victoria. In this case, the interview took place in my own home.

2.2.4. Research Instruments

The data for my study were collected using a variety of research tools: a) questionnaire; b) semi-structured in-depth interviews; c) a scale measuring responsibility for loneliness and perceived control over loneliness; d) respondents' diaries; e) analysis of artifacts; and f) observations. In addition, I interacted with respondents while taking walks together, movie watching, listening to music, or sharing a meal. After each of these outings I would record all information that seemed relevant to my study in the form of field notes.

The questionnaire (see Appendix C) was designed to obtain demographic information about each participant and their deceased spouse, information on post-marital history, social network characteristics, health history, as well as information about their experience of widowhood and loneliness.

In-depth interviews were semi-structured, following an interview schedule (see Appendix D). The interview schedule consisted of a large number of issues grouped into seven

themes: 1) marriage; 2) daily life together during the last year prior to widowhood; 3) events surrounding spousal death; 4) experiences of widowhood; 5) experiences of loneliness; 6) life changes that resulted from widowhood; and 7) level of individual awareness of gender and its impact on the experience as a spouse, family member, parent, friend, and widow(er). At the end of each interview, participants were asked if they would like to add anything else that was of importance to them but not covered in the conversation. The choice of an "open ended" form for the interview was beneficial for it allowed participants to reflect, in a relatively unconstrained way, on issues relevant to them but not asked about by myself (Kidder and Judd; 1986:236-278).

Several questions in the interview schedule were direct repeats from the questionnaire. These questions, pertaining to experience of widowhood, were asked twice: the first time at the outset of the interview and the second time several days later. This was done to see if there were any differences in answers and, if so, whether it was discrepancy in content or just difference of wording.

A seven point Likert-type scale, measuring individual responsibility for loneliness and the level of perceived control over loneliness, was used in this study (see Appendix E). The scale is composed of two factors: 1) a four item responsibility scale, and 2) a four item perceived

control scale. The scales and the wording of the items were adopted from an empirical study carried out by Dewayne Moore and Norman Schultz (1987). The study was designed to examine the implications of perceived control and responsibility for loneliness among elderly men and women. According to Moore and Schultz, the tendency to take personal responsibility for loneliness is associated with: a) lower intensity of loneliness (as measured by UCLA Loneliness Scale); b) shorter duration of loneliness episodes; c) lower frequency of loneliness episodes per month; and d) higher level of life satisfaction. Similarly, it was predicted that perceived control over loneliness is associated with: a) lower intensity of loneliness; b) positive self-esteem; and c) lower frequency of depression episodes. The authors concluded that elderly individuals "who take responsibility for their loneliness may develop more effective coping strategies which in turn reduce loneliness and enhance feeling of competence" (Moore & Schultz, 1987:222). However, the study did not provide any indication on how individuals who differ on the responsibility dimension and perceived control dimension react to, and cope with, loneliness-provoking events. The present research is designed to uncover, among other things, how individuals deal with loneliness and what strategies they rely upon.

In addition to these different techniques of data gathering, each respondent was asked to write a diary of

daily social interaction over a period of seven days (see Appendix F). The purpose of this diary was to obtain information about the network characteristics of each respondent, about the size of this network, and about the quality of recorded interactions (Gottlieb, 1981). The informants were asked to record in their diary the date, place, time, type of interaction, who initiated the interaction, with whom they interacted, and the feeling it left them with.

Finally, in qualitative research it is common knowledge that the researcher plays a very central role; he or she is often viewed as the primary instrument for acquisition of data (Locke et al., 1987). This was also so in my own case. I obtained a considerable body of information through observation, while doing the interviews or participating in activities. The data were subsequently recorded in my field notes. The observations were not guided by any specific protocol but were instead dictated by the circumstances of each case. In addition to observations, interviews, and diary notes, I also used family photos or other artifacts, including personal letters, as sources of material to be used in the final analysis of the data.

2.2.5. Data Collection and Procedures

Contact with participants was initiated only after approval was obtained from the Ethics Committee of

University of Victoria. The names of subjects were generated through various means. They were referred to me either through formal organizations serving seniors of Victoria, or through a friend, and later on in the study, through participants themselves. First contacts with potential participants were made by telephone. In these first conversations, I introduced myself and briefly explained how I obtained their name and why was I contacting them. If they expressed an interest in participating, a time for a first meeting was arranged. This first meeting had a twofold purpose: it was set in such a way as to provide the participants with detailed information about the rationale of my study. It also served to create rapport between the informant and myself. Establishing a relaxed and trusting atmosphere was essential to this project since the respondents were asked to share intimate and often painful life experiences. At this time, I also provided assurance that all information collected would be treated with care and with confidentiality. I took time to explain that participation was voluntary and that they were free to withdraw from the study at any time, for any reason. Only after they agreed to participate were they asked to sign a consent form that provided a summary of the study, their role in it, and the voluntary nature of their involvement (see Appendix F).

I met with each participant at their convenience.

Interviews, except for one case, took place at their residences and the length of each visit was largely determined by the participants themselves. The depth and quality of obtained information depended on the willingness and often the verbal ability of each participant to share their experience. On average, I met with each participant three or four times and the average visit lasted two to three hours.

Since the main body of information has been obtained through open-ended interviews, a word about the manner in which the interviewing occurred is in order. I aimed at achieving what is known as "a naturalistic interview". This involves creating a friendly and relaxed atmosphere in the natural setting, in my case, the home of individual informants (Douglas; 1985:11). In the naturalistic type of interview there is a high possibility of achieving relaxed communication that is essential when discussing sensitive or painful life experience. Furthermore, the setting itself provides naturalistic background to the interview as well as rich ground for observation.

Conducting interviews in the informant's home made participants more relaxed and less distracted since they were in familiar surroundings. This was loosely confirmed when one out-of-town subject was interviewed in my home. He appeared more nervous than other interviewed participants, and he himself admitted that he felt "out of place and

nervous". As soon as I became aware of his discomfort I stopped the interview and suggested we have a coffee break in the kitchen (purposely moving from the living room into a more welcoming environment of the kitchen). In the kitchen, while making sandwiches, I shifted attention from him to other non-research oriented issues. Subsequently, the participant appeared more relaxed and more open, and continued to be so throughout the remainder of the interview.

In each interview, I tried to maximize friendly feelings, cooperation, comfortable disclosure, and mutual understanding. It would be foolish to say that this was done in a systematic or scientifically-controlled manner. In this respect, my tactics were highly personal, based on my intuition and individual assessment of each situation. Some subjects were more timid and appreciated a slow and careful approach, whereas some participants had no problem sharing intimate or painful events with me. Even with open and uninhibited informants, I never took for granted their cooperation and stayed alert and appreciative of their openness.

As mentioned above, the preliminary, exploratory stage of the study consisted of 40 hours of fieldwork, averaging 13 hours of conversation with each participant over a period of a few weeks. I visited with three participants, one male and two females. Out of these three, only one female took

part in the study of widowhood and loneliness. One female died and the widower felt uncomfortable sharing his private life experience. All information from this exploratory stage was recorded and used in the selection and the construction of the research instruments used in the study of widowhood.

In the main stage of the research, I interviewed 12 widowed participants, six males and six females. Except for one female, all completed the study. This particular participant withdrew at the final stage of the study due to illness. In terms of the male participants, one participant was not comfortable answering some of the questions pertaining to marital experience; another man used the phrase "I don't know" several times; and only three of the six male participants provided a diary report of their daily interaction. One widower declined to write in the diary due to lack of time, another due to illness, and one felt uneasy about the assignment.

During the first meeting, I started the interview by administering the seven point scale measuring participant's responsibility for loneliness and their perceived control over loneliness. I then continued by asking the questions outlined in the questionnaire. Whenever possible, the questions from the interview schedule were not presented until the second meeting. In the case of one out-of-town participant, the whole interview was carried out in one day. From the experience gained at the exploratory stages of this

study, I observed that questions concerning sensitive issues were better asked at the later stages. At the second meeting, participants appeared more relaxed and usually had no problem talking about intimate experiences associated with widowhood. At the conclusion of the interview, I asked participants to write a diary of their daily interaction. Approximately ten days later, I phoned each participant to see if they had completed the diary and, if so, I arranged a time to come to their home to collect it. In the case of the out-of-town informant, the diary was mailed to me in a stamped and self-addressed envelope. During the diary pick-up, I expressed my gratitude to each participant for the time and energy they had devoted to this study and I mailed a letter of thank you to the out-of-town participant.

Throughout the interviews, I chose to use the family name when addressing participants. This was done in all the cases, unless they themselves asked to be called by their first name. I made this choice because there was an age gap of forty or more years between myself and participants, and because many of the participants were born and raised in Europe where this is customary as a sign of respect.

2.2.6 Methodological Problems and Personal Bias

There is a vast number of texts on how to construct an effective research instrument, such as an interview schedule or questionnaire. However, there is little information in

terms of direct and specific guidelines for the interviewer on how to control and minimize any personal preconceptions, on the part of the informant as well as the interviewer, that might taint the data gathering process. Since the interviewer is one of the main measuring instruments in the process of interviewing (where the interviewer and informants have diversified backgrounds of experiences), it is not possible to know and prepare for everything that can have an effect on the answers provided by informants. The multitude of known and unknown forces in play is not possible to account for with any certainty.

To strengthen the validity of data obtained through interviews I took several precautions.

1) I minimized variation in my behaviour as well as appearance as much as possible. I dressed in an unobtrusive and conservative way so as to deflect attention away from myself and minimize any chance of inhibition on the part of the informants. I always made sure that I was not tired for the interview and was able to pay attention to everything that was happening. I asked questions in sequence and employed similar wording.

2) I took great care in recording my field notes precisely and to make additional notes as soon as possible after each interview. Usually within two hours of each interview, I wrote notes on everything that had been observed in the field as well as about my personal impressions of the

interview process itself and the informant.

3) I checked several times throughout each interview for consistency in answers. Every participant was asked several questions twice at different times in order for me to observe if they delivered answers of the same contextual meaning. Since my findings are based on life stories that I have no means to verify, this was the only possible avenue to find out how consistent participants' reports were.

2.2.7. Problems in the Field

When I started this field study, I had virtually no direct experience with elderly people. My paternal grandparents died when I was young and I lost close and regular contact with my maternal grandparents when I moved to Canada from Czechoslovakia more than a decade ago. The initial, exploratory stage of this study was designed to inform me, through direct interaction, what it is like to be 65 years of age or older and widowed. I formed relationships with a few elderly widows and widowers in Victoria and interacted with them over a period of two months. Because the design of this exploratory stage was largely an unstructured participant observation, it left room for unanticipated perplexities. Working with human subjects is demanding, unpredictable and often highly emotional, posing more complex dilemmas of relation with participants than those generally encountered with other research methods such

as a questionnaire survey (Foote Whyte, 1984:193-223).

In any field work the researcher depends upon research participants for research data. In order to obtain information he or she needs to establish "a reciprocity relationship" with the research participants, which can create a special obligations on the part of the researcher toward participants (Foote Whyte, 1984:200). In this section I will briefly discuss some of the difficulties I encountered in the field, as well as their relevance to this research.

In the exploratory stages, visits with informants were unstructured and took on a form of a "social call", where my role evolved into that of a companionship rather than an authentic researcher. In some instances when, for example, the participant was not feeling well or was dealing with difficulties, I was asked to stay longer in order to give emotional support and comfort. These visits proved to be far more time consuming than initially anticipated, but beneficial in terms of the rapport I was able to establish with informants.

In a regular, task-oriented relationship, where roles are defined, there is a little room for personal exchange of feelings. However, in intensive fieldwork, things tend to work differently. Roles of the subjects and researcher are less clearly defined, especially from the viewpoint of the subjects. For example, on my first visit with one female

participant, I was asked for a hug before I left. With this participant the hugs became a regular form of good-bye for us. I did not mind. After all, I was seeking information about her personal life and she was sharing with me intimate stories about herself which probably made her feel closer to me. This type of closeness prevailed throughout the entire study and several participants, mostly women, hugged me on departure.

In the case of the male participants, only one exhibited this type of closeness. He kissed me on the cheek and gave me a strong hug when I arrived to his place the very first time. It was rather unusual, since we had only just met, but within the few hours we spent together I found out that he was a caring and affectionate man.

Another unforeseen occurrence which I, at first, did not know how to deal with, surfaced when participants wanted to know things about my private life. For instance, one female participant, when we were talking about her marriage, wanted to know the same about my marriage. Over the course of the exploratory stage, I learned how to answer these questions. I chose to be open with them and I always answered their questions with care. I thought that any inhibition on my part might have a boomerang effect: they might withhold some facts from me.

The majority of the people who agreed to participate in this study of widowhood and loneliness showed no inhibitions

in revealing their experiences and feelings. In some of the participants, in fact, I noticed a great desire to share their story with me. This was more prevalent among the female subjects. Similarly, women were far more likely to ask questions about my life than male participants. Furthermore, some of the female participants sought my suggestions and opinions regarding their personal problems, often involving family members or friends. In such instances, I chose to be very cautious and abstained from making any suggestions. I felt unqualified to do so.

Similarly, I was initially not prepared to perform services, including accompanying them to the washroom, cutting their fingernails, or tidying their room. These are services, I believe, of a quite personal nature. However, I did take these tasks on, when asked, observing that they felt comfortable with me and they did not mind asking me to assist them with things they would probably not ask a stranger to do. After all, I wanted to be a part of their life and I feel satisfied with the way our rapport developed. All participants, in their own way, allowed me to enter their lives and to learn about their experiences of widowhood, loneliness and old age, for which I feel very grateful.

Another interesting problem that presented itself to me regarded participants' motives for collaboration in the study. One of the male participants agreed over the

telephone to see me and participate in the study. When we met we had the most delightful visit together. For almost five hours we talked about politics, history, and art. He was very inquisitive when it came to myself but he skillfully avoided any self-disclosure. Soon it became apparent that he felt uncomfortable talking about his life, but he insisted that I should come again. He said that next time he would give more attention to my questions. After three unsuccessful meetings, he finally admitted that he had difficulties with the whole concept of research participation. However, he said that he liked my company and would appreciate if I could come and visit. At this point I told him that I would not ask any more questions and that he had no obligation towards this project or to see me again.

Although I was able to discuss the topic of death freely with the participants, I was touched by deep sadness when one of them died. I became aware that these people were not subjects nor participants any more (though that is how I address them in this report). They had, in fact, become my friends.

2.3. Summary

The method selected for this study was primarily qualitative in nature. After reviewing the existing inquiries into the phenomenon of widowhood, I found that they are mainly survey-based, sometimes combined with

content analysis of official statistics and records and often lacking the individual meaning of problems as understood by widowed men and women. My study, in contrast, is an exploratory inquiry with emphasis on uncovering rather than testing hypotheses. For this purpose, I applied a qualitative approach to the analysis of widowhood. To obtain an in-depth illustration of the widowhood experience several research instruments were used to complement the interview schedule. I believe that qualitative research design for the with-in cohort analysis offers well-rounded means to explore the lives of widowed men and women.

Chapter Three
CANADIAN POPULATION TRENDS AND
PROFILE OF THE PARTICIPANTS

3.1 Introduction to Data Analysis and Interpretation
of the Results

The various data obtained via the different research techniques, discussed in the previous chapter, were treated in a systematic and structured way. The analysis of collected data is presented in this and the following chapters of the thesis. The basic pattern for management and analysis of data was adopted from the constant comparative method, proposed by Glaser and Strauss (1967), and from the methodological writing of Kirby and McKenna (1989). The overall analytical scheme consisted of the following steps: 1) raw data, field notes and information on the collection of the data were separated into individual files; 2) in order to prepare for coding and cross-referencing, the data were divided into loose sections of information that were in some way related to a specific category; 3) the loose sections of data were used to facilitate categories, their properties and the links between categories; and 4) the emergent relationships and patterns were recorded and are presented in this and the succeeding chapters of this thesis.

The data were collected and analyzed in order to

provide a critical reflection of the social context surrounding each participant and his or her experiences accompanying widowhood (Kirby and McKenna, 1989:129). More in-depth analysis facilitated answers to the questions: "how" do individual males and females experience widowhood and associated problems such as loneliness; "why" do they deal with the demands of widowhood in the way they do; and what are the structural realities of the social, as well the personal climate that have an effect on participants' experience of widowhood?

The analysis and interpretation of the data assured intersubjectivity -- "an authentic dialogue between all participants [and all information] in the research process" (Kirby and McKenna, 1989). In this way, all participants were given a voice in the final analysis.

This chapter opens with a brief overview of the cultural and demographic characteristics of Canada. This provides a background understanding of the country in which the experience of widowhood, analyzed in this study, takes place. The second section of the chapter presents a brief profile of each of the participants. The profiles highlight some of the major social forces and events in individual's life course that influence the experience of widowhood. They are intended to function as background information for the interview analysis which is presented in the following chapters of this thesis.

3.2 Canada: The Country

In order to provide an understanding of the culture in which the widowhood experience described in this study, took place, attention is given to Canada as a culturally-diverse country. The information has been generated from secondary sources, mainly from Canadian Census Data and historical accounts. This section provides a brief historical overview of the population trends in Canada, with special attention to the population characteristics in the province of British Columbia and, in particular, those of the capital city of Victoria. This section also documents trends in marriage, remarriage and the family structure throughout the twentieth century Canada. The purpose of this section is to illustrate the social climate in which the life course of the participants has evolved and in which the experience of widowhood has been shaped.

3.2.1 Population Trends

Canada is a country that covers a large geographical territory with a relatively small population base. The total land area is more than 3.5 million square miles inhabited by 27.3 million people. While in 1871 the Canadian population was merely 3.7 million, it has steadily grown due to a large influx of European settlers up to the first half of the 20th century and, more recently, due to Asian immigration. Many of the participants from this study are,

in fact, emigrants directly from Europe or are children of European settlers.

Through the 19th and early 20th century, Canada was largely an agricultural society, but also with a strong economic base in mining, fishing, trapping, logging and forestry. Most of the population at the time clustered in the Eastern and Central parts of Canada. Only in the first quarter of the 20th century did the Western parts gained a significantly greater share of the population. This was largely the result of the completion of the Canadian Pacific Railway, making available new land and thus an influx of more settlers from Europe. By 1931 the population in Canada grew to 10 millions, with almost 30 percent of the population living in the four Western provinces (Overbeek, 1980:12).

At the outset of the 20th century, 80 percent of the Canadian population lived in rural areas, whereas by 1980 the ratio had reversed and close to 80 percent of Canadians lived in urban centres (Overbeek, 1980:27). A majority of the Canadian-born participants in this study were born and raised in rural areas, often farming communities, but over their life course they moved from rural to urban centres. From a pre-dominantly rural background, Canada emerged as one of the world's most urbanized nations, reflecting the development of industrial opportunities and growth of urban centres. Similarly, as in other industrial nations, with the transition from a rural to a mainly urban population base,

the fertility rate declined and the population base began to age. According to Statistics Canada, by the year 2031 people aged 65 and over will constitute 25 percent of the total population in Canada.

3.2.2 Province of British Columbia and the Capital Regional District

British Columbia, separated from the rest of Canada by the physical barrier of the Rocky Mountains, has only recently become a favoured location for inter-provincial, as well as international, migration. In 1881, the population base was less than 50,000 people, the smallest of all provinces in the Dominion of Canada at the time. By the end of the 19th century the population in British Columbia had doubled; since then it has been rapidly expanding, reaching 3.3 million in 1991 (Statistics Canada, 1991a). The bulk of the population is clustered in the Lower Mainland (Vancouver) and Victoria.

Capital Regional District, which includes Victoria, has a population of 299,555 with a large proportion of elderly persons. There are 56,265 people 65 years of age and older in the Capital Regional District, which is 18.8 percent of the total population. This figure is rather high when compared to the national average of 12 percent. In 1991, the average age of the population in the Capital Regional District was 40 years old, compared to the provincial

average of 36 years, with 20.2 percent aged 65 and over, compared to 13.1 percent for the province of B.C. (CRD Health, 1992).

In the Greater Victoria Area there are presently 16,290 widowed persons 65 years of age or older. The proportion of widowed elderly females is relatively high in relation to elderly widowed males. Presently there are 13,665 widowed females 65 years of age or older. This is 43 percent of all women 65 years of age or older. By comparison, there are only 2,625 elderly widowers in Greater Victoria, or 12 percent of all men 65 years of age or older (Statistics Canada, 1991a).

3.2.3 Marriage: the Continuing Tradition in Canada

The typical life course of a Canadian can be divided into four stages: single, married, divorced and widowed. According to the Statistics Canada Report (1988) on "Marriage, Divorce, and Mortality", the average Canadian man or woman spends a certain percentage of his/her life in each of the four life-course stages. All start as single. Although some individuals never marry, the majority of Canadians choose to formalize their relationship through marriage. However, as noted below, in recent decades new trends are observed in the marriage patterns of Canadians.

In the first half of the 20th century, marriage stood at the core of the Canadian family. Most couples entered a

legal marriage contract. In the population born between the years 1912 to 1926, the years that represent the birth dates of the cohort of this study, approximately 90 percent of males and 92 percent of females entered formal marriage unions. Similar numbers have been recorded in many countries of Western Europe (Gee, 1987:271-2).

In the early 1970's, a new trend emerged across the country. Fewer Canadians entered legal marriage contracts, and fewer continue to do so. Another change in marriage-related behaviour is the shift in median age at marriage. Over the last 80 years, the difference in median age among Canadian couples at marriage averaged 3.3 years, ranging from 2.6 to 4.4 years, with males having the higher median age. Since the 1970's a minor but continuous drop in median age at marriage for men and a rise in median age for women has been observed (Rodgers, 1981). A steady continuation in this trend would, in the future, narrow the age difference at marriage between men and women. The end result would likely be a narrowing of the gender-ratio imbalance among the population of widowed man and women.

Although there has been a downward shift in numbers of married couples, Canadians are still choosing to marry in relatively large numbers. According to Statistics Canada reports (1988), roughly 15 percent of Canadians will never marry, leaving 85 percent of Canadians who expect to marry sometime during their life. Although a large number of

marriages (approximately 50 percent) end in divorce, people tend not to stay divorced. In the 1980's, 65 percent of divorced persons remarried (Statistics Canada, 1988). These data lend themselves to the tentative conclusion that, although marriage and remarriage has declined in the last decades or so, marriage seems to remain the most popular way of formalizing a relationship and remains an important stage in Canadian family life.

3.2.4 Widowhood and Remarriage Trends in Canada

Since there has been a historical trend toward increased longevity in the Canadian population, and due to the fact that most Canadian men and women get married (once or more times) and tend to stay married, the experience of widowhood is a life stage faced by a large number of aging Canadians in general, and aging Canadian females in particular (Gee, 1987; Matthews, 1987b). Widowhood in Canadian society today is characterized by two dominant factors: its sex-selected ratio and age-related nature (Matthews, 1987b). As already mentioned in the previous chapters, the imbalance between widowed females and widowed males is due to several cultural factors, as well as to the fact that women's life expectancy at birth is higher than that of men's. In Canada, women's life span expectancy in the 1980s was 79 years, whereas for men of the same age cohort it was nine years less (Nett, 1984:138). In

combination with the cultural tendency of women to marry men several years older than themselves, the age gap of life-expectancy among spouses deepens even further.

According to a Statistics Canada reports (1988), the typical Canadian man is expected to live half of his life cycle in a married union, whereas the typical Canadian woman is expected to spend just 43 percent of her life cycle being married. The average length of widowhood is almost 50 percent higher for women than for men. In present-day Canada, the average span of widowhood for men is 8 years, whereas for women it is 15 years. The sex-ratio imbalance is further enhanced by the differential practice of remarriage among the widowed men and women in the later stages of their life-course. Widowed men remarry more readily than widowed women; thus men are spending a greater proportion of their life in various married unions than women.

On the other hand, recent Canadian studies of widowhood indicate that the present population of widowed Canadians is less likely to remarry than that of a few decades ago. This trend is especially evident among the present population of widowed females. Matthews (1987a), in her study of widowhood and remarriage in Canada, observes an interesting difference between males and females in their attitudes toward remarriage. The experience of sorrow during bereavement appears to lead to gender-specific attitudes towards remarriage. Sorrow is linked to a desire to remarry among

Similarities

widowed men, yet not observed among their female counterparts. Reports by Statistics Canada (1988) support this finding. Since the early 1970s, the desire for remarriage among widowed females has been on a steady and sharp decline, compared to the male population. In the 1970s, one in ten widowed females remarried compared to one in four remarriages for widowed males. A decade later the trends remained virtually unchanged for widowed men, where one in five chose to remarry; however, the trend to remarry among females went down to only one remarriage for every twenty widowed women.

This distinct difference among the widowed population of men and women in remarriage trends is shaped by social as well as demographic forces. First, marriage offers fewer rewards for women than it does for men (Bernard, 1972; Keith, 1983), and the structural and cultural underpinnings of marriage tend to place women in a disadvantaged position. When sociological studies began to explore the union of marriage they found that women made far more adjustments than men, they continuously evaluated their marriages as less satisfying than men did and they had poorer physical and mental health than unmarried women (Bernard, 1972a). Women have been socialized to accept this less favourable position at a younger age but are more reluctant to remarry in their later stages of the life course.

The second explanation for the difference in remarriage

patterns among widowed males and females lies primarily in the gender-ratio among those over the age of sixty-five. Widowed females outnumber males almost five to one in present-day Canadian population (Matthews, 1987:344). Behind the imbalance in gender-ratio in the Canadian population of the elderly lies the fact that women enjoy a greater longevity (Denton et.al., 1987). At the age of 65, woman today can expect eighteen more years of life on average, whereas men have less than fourteen years left (Nett, 1984). Thus, from a demographic point of view, there is also an issue of availability; there are simply not enough men of suitable age available to remarry the large population of widowed females. The men who are available for remarriage often marry females several years younger than themselves.

3.2.4 Family Structure

The term 'family' is quite ambiguous and can represent different things for different people (Nett, 1984). However, sociologists (as well as Statistics Canada) distinguish between households formed of unrelated persons or of only one person and family households formed of related persons. Family households are normally established by marriage in a conjugal system and often change in composition over the life course of the couple (Nett, 1984).

The majority of Canadian families formed in the late 19th century and the first half of the 20th century roughly

fit into one of the following four categories: 1) the nuclear family, consisting of husband, wife and their unmarried children (if any); 2) extended family, consisting of husband, wife and unmarried children, as well as married children together with their spouses and children; 3) transient extended family, where husband and wife together with their unmarried children share a dwelling with one or more widowed parents and/or their unmarried siblings; and 4) dissolved family, where one spouse is missing due to separation or death or other circumstances (Heisel, 1987).

Besides these aspects of external typology that characterize family life in Canada there are important elements of internal family structure that need to be considered in order to obtain a more complete picture of the family institution in Canada. The internal family structure of contemporary Canadian marriage, as well as of marriages initiated in the early decades of the 20th century, appear to be based on principles of equity among husbands and wives. However, in reality the status of a married woman in relation to her husband has been found to lie anywhere along the continuum from wife as property to wife as an equal partner (Scanzoni et al., 1988:241-273). Empirical evidence, as well as historical accounts, assert that in all Western cultures wives were more often situated on the property end of this continuum (Steil, 1984). In Canada a wife's property status was based on the English common law, well illustrated

by the notes from the case of Phillips vs Graves dating back to 1870:

"The legal existence of the wife is merged in that of her husband so that, in law, the husband and wife are one person.... She [the wife] is utterly incompetent to contract in her own name. He [the husband] is entitled to her property.... In consideration of his married rights the husband is bound to furnish the wife a home and suitable support."

Some popular accounts of the family structure in the modern Canadian culture give an impression that the situation of equity has improved considerably in recent years. Although in present-day Canadian society there is a trend towards a greater level of independence for wives, the concept of an egalitarian family structure is still a myth in many marriages since the cultural norms are changing slowly and reaching only a limited segments of the population (MacLeod, 1987; Landsberg, 1985; Baker, 1984).

3.2.6 Summary

Historically, Canada has been an agricultural country with a large territory and small rural population. Today, Canada is a highly urbanized country with a majority of its citizens living in urban centres. Due to such factors as decline in fertility rates in recent years the population base has been changing, shifting towards a higher ratio of those 65 and over in the population. Even more so than in the rest of the country, Victoria has a high number of elderly residing in the city. Almost 19 percent of all

residence in Victoria are elderly (far exceeding the national average of 13 percent) and 62 percent of them are widowed, with widowed females substantially exceeding the number of widowed males.

Since the institution of marriage has enjoyed a great level of popularity for most of the 20th century, a large number of Canadians experience widowhood sometime during their life course. Once widowed, the tendency to remarry diminishes considerably, especially among elderly females. Only one in twenty widowed females in Canada enters another marriage, whereas one in five males remarry after the death of their spouse. The substantially lower rates of remarriage for widowed females is attributed to such forces as low availability of suitable males and the unequal nature of many marriages which advantage husbands over wives. Although in the last decade women have enjoyed more equity in marriage, by and large the institution of marriage is far from being an egalitarian union, providing a fewer rewards for females than for males.

3.3 Profile of the Participants

This section provides profiles of each of the participants. Two subjects who participated only in the exploratory stage are not included here since a complete set of data was not collected from them at that time. Only one female from the preliminary stage agreed to participate in the main part of the study and provided the body of data required for the final analysis. The other female participant from the preliminary stage has since died and a male widower declined further involvement.

This section is constructed in such a way as to provide background information for each participant. Taken together, the profiles provide circumstantial references for the analysis of widowhood and gender. I maintain that in order to understand the social functioning of the widowed men and women in their later life, it is necessary to explore, in a detailed form, the context of their life experience (Norris, 1987). This section is therefore important, not only because it sketches the demographic profile of each participant, but also because it highlights some of the major social forces that influenced their individual experiences of widowhood.

The construction of profiles has been guided by sociological approach known as 'the life-cycle' or 'life-course' analysis (Scanzoni et al., 1988:3-12). The use of the life-cycle perspective allowed for a systematic approach to the construction of each profile, where different stages

in an individual life cycle, as well family life-cycle, are noted. The individual life-cycle refers to the order of roles from infancy to death. It is not only a reference to the biological process of maturation, but also to the various transitions of an individual from birth on through socially-constructed categories of aging. The sociological concept of 'family life-cycle' refers to and encompasses the various stages of formation, growth, and dissolution of the nuclear family (Hodson and Sullivan; 1990: 63-95). When dates are included and analyzed the individual life-cycle and the family life-cycle can be seen as belonging to a particular historical time.

Each profile provides information about the participant's age, education, occupation, religion, marriage history, events surrounding the death of the spouse, and subsequent widowhood experience. The profiles also make reference to the physical appearance of each participant and give a brief description of their living place. The section on profiles is organized into two groups: 1) female participants and 2) male participants. Within each section participants are listed in alphabetic order and each section is introduced by a brief demographic summary.

3.3.1 Female Participants

Six widowed females participated in this study. Except for one female, all of them completed every stage of the

interview and provided a hand-written personal diary.

As summarized in Table I (see Appendix B), the female participants were born in the years from 1911 to 1921, were married between 1939 to 1951, and were 24 years of age or older at the time of marriage. All of them completed ten or more years of education, the highest attained degree being three years of nursing training. Except in one case, the husband exceeded the wife's formal education by two or more years. Three of the participants were born in Canada and three were born in Europe.

Four of the six female participants had children of their own. Of the two remaining women, one adopted two children and the other stayed childless. All, including the childless participant, stayed at home after marriage to take care of the family and home. Only after the children were grown up did they resume paid employment. In the case of the childless participant, employment was resumed only later in life when it was more common and socially acceptable for a married woman to hold paid employment. Although all female participants had full-time employment while single, none of them returned to a full-time position, on regular bases, once married. They all, except one, returned to some type of employment, to supplement the family income, once the children were grown up, but only on part-time bases. Only one out of six female participants, a childless woman, intermittently held a full-time sales clerk position. All

people live on social assistance". The trailer was bought by her late husband and, although she does not particularly like the area, she does not want to move to an apartment. Her home is meticulously clean, nicely decorated and furnished with new furniture in the living room. The walls are covered with numerous pictures of her immediate and extended family, but excluding her late husband. On her night stand she has a wedding picture of her parents and a picture of herself before she married Mr. Derrick. She said that she enjoys and appreciates the quiet and peace of her home after 32 years of turbulent marriage.

Mrs. Derrick was born in 1921 into a Catholic family of German and Ukrainian descent in a small town in rural Saskatchewan. She completed ten years of education and worked as a waitress until she married in 1951. She married at the age of thirty and bore four children in all. Mrs. Derrick said that her husband "did not allow" her to work outside the home, "which was fine when the children were small" but later "I felt imprisoned". According to her husband, Mrs. Derrick's main activities during their marriage should be to take care of her children, husband and their home. Her husband worked as a manager of a supermarket in Winnipeg where they lived for four years. In 1955 they moved to Victoria where her husband worked as manager of a small hotel.

"He was the head of the home in every way, made all

the decisions, distributed finances, disciplined the children, and what he decided was always final". The home situation was strained and deeply affected by the fact that Mr. Derrick was an alcoholic, usually coming home drunk. Mrs. Derrick, as well as the children, were afraid of his "bad temper". He had been irascible, strict with discipline, verbally abusive and when intoxicated he was violent -- breaking furniture or dishes. Mrs. Derrick said that there was no physical abuse but plenty of verbal and emotional abuse. She eventually experienced a nervous break-down and was plagued by frequent migraines. "I used to have terrible headaches, so bad that I pulled my hair out and threw up...but since he died I am completely fine."

Secretly, without her husband's knowledge, Mrs. Derrick sought counselling in order to cope with the high level of stress in her marriage. When I asked her to comment on the satisfactions and dissatisfaction in her marriage, she said that "I felt very unhappy about his drinking, bad temper, and lack of money", but "I stuck it out and kept the family together".

Mrs. Derrick reported that when her husband was diagnosed with cancer, one year prior to his death, he started to resent her. He was angry that she was healthy and he was dying. His resentment and increased drinking proved to be the major sources of stress in their last year together. Socially, he completely isolated her. "I could not

go anywhere or do anything". Ultimately, Mrs. Derrick herself began to feel guilty about her physical health and was not able to enjoy life. "He was continuously angry with me and on one occasion I did not sleep at home out of fear for myself. It left me bitter and I did not want to be close to him at all."

Nine years ago, when her husband died Mrs. Derrick went to her home town in Saskatchewan, where most of her extended kin still reside. She stayed there for a period of four months "enjoying life". Upon her return to Victoria, she found employment (at the age of 62) as a cook in a local hospital. She made "a lot of friends", a few close ones, and since then is "always busy socializing". She keeps close contact with all her four children; however, she feels "disappointed" and "often worried" because the oldest son has a drinking problem and the youngest daughter has a physically-abusive spouse.

Mrs Derrick reports that her life has changed since she was widowed. She feels that she gained freedom from an abusive spouse, despite the fact that there are times when she feels lonely. She said that the feeling of loneliness was much more prevalent at the beginning of widowhood, where-as now she knows "how to overcome and snap out of it". If she is having a really difficult time she relies on her friends who "always come to [her] aid".

Mrs. Derrick reported that she is "lonesome for a male

companion" but would not consider remarriage. Rather "I would like to have a male companion to go out with and socialize". For now, she feels more secure relying on her women friends, than a man. She said that she does not miss her husband. If she feels lonely, it is for her extended family, mostly siblings, in Saskatchewan. She does not know if she should move there since all her children are in British Columbia. At the moment, she spends most of her time with friends and her children. She, together with one of her close friends, volunteers twice a week in a local nursing home where they assist in the personal care of elderly residents.

Mrs. Leno

Mrs. Leno is 81 years old, born in Glasgow, Scotland in 1911. She grew up in a close-knit family and still maintains close contact with all her living relatives in Scotland, through letters and occasional visits. She completed ten years of education and then held a secretarial job until she married at the age of 28. In 1939 she married a man of the same religion, a Protestant, and they both were active in their church, which played an important role in their life. Mrs. Leno still remains active in her church, devoting many hours of volunteer work to the parish.

During the Second World War, her husband served five years in the military. Mrs. Leno looks back at this time as

a very difficult period of her life. "I worried about my husband day and night. I felt very lonely without him, raising two children alone with very little money. My parents as well as my in-laws were very helpful, but it still was not easy.... When I received a telegram that he was coming home, I passed out". When her husband returned home the difficulties were not over. According to Mrs. Leno, he suffered serious injuries and his health proved to be an ongoing problem. Shortly after his return he had a nervous break-down and later they had to amputate his leg.

In 1952, already in their early forties, the Lenos immigrated to Canada with their three children. They settled in Toronto, Ontario, where they established two service stations. Unfortunately, due to Mr. Leno's poor health, this venture proved financially unsuccessful and they had to sell the business. Mr. Leno took on a job at the local library and Mrs. Leno worked part-time at a bank in order to "subsidize [their] income".

In their early seventies the couple moved to Victoria. A few years later, quite unexpectedly, Mrs. Leno suffered a serious heart attack. She thinks that this was a result of her highly stressful life, effected by the war and her husband's poor health. Mrs. Leno said that she worked "very hard" her whole married life and was often in charge of all the business affairs, household chores and child rearing. Here in Canada she did not have her family's support that

she had relied on in Scotland. In retrospect, Mrs. Leno feels that perhaps they should not have immigrated to Canada, "but I always had a faith in my husband's decisions". Yet she did not oppose to the move. On the other hand, their life in Canada was financially unsuccessful and she feels sorry that she was separated from her family in Scotland. Mrs. Leno sees herself as a family-oriented person, devoted to her three children, grandchildren and the extended family in Scotland.

Mrs. Leno said that she has several friends in Victoria, two of whom she considers close. Yet neither is a "confidant", with whom she could feel free to share personal and emotional events. In Mrs. Leno's opinion the sharing of personal matters is only done within the family circle. For Mrs. Leno, her family takes priority over friends in intimate relationships. Her children live in Vancouver and visit regularly, about once every two months, and she speaks to them on the telephone weekly. Her apartment is filled with photographs of her husband, children and grandchildren, of whom she speaks often.

Mrs. Leno's husband died three years ago, having been diagnosed with cancer a year prior. During his illness they talked openly about his upcoming death and they made all of the necessary arrangements. When her husband died, Mrs. Leno was prepared for it. Three years later, Mrs. Leno does not consider remarriage. She feels that after "living fifty

years with such a wonderful man like my husband was, I would not be able to conceive the idea of another man in my life".

Presently, Mrs. Leno lives in a spacious one-bedroom apartment in a quiet Fairfield neighbourhood. Her apartment is located in a well established building with grounds full of flowers and trees. Her place is furnished with only a few pieces of older, but well preserved, furniture. The apartment gives the impression of modesty but neatness.

In terms of activities, Mrs. Leno is busy with volunteer work at her church and at one of the seniors centres in Victoria. Since widowhood, she keeps occupied with volunteer work, whereas before she devoted all her time to her husband and the family. She would like to retain this type of independent living as long as possible. However, she is worried about the future since she is losing her vision and is unable to read anymore. Lately her vision has deteriorated so much that Mrs. Leno believes that soon she will have to give up her apartment in Fairfield and move to a retirement home in Vancouver. She is not considering moving in with any of her children but would like to live closer to them.

Mrs. Marrion

Mrs. Marrion is 76 year old. She was born in Alberta in 1916 into a family of Ukrainian immigrants. Mrs. Marrion was raised as a Roman Catholic but, upon marriage, accepted her

husband's Anglican denomination. She completed 12 years of education and, although she was outstanding at school, she could not continue her education due to lack of funds in her family. She trained as a sales clerk at Eaton's and worked there until in 1940 she married at the age of 24. Her husband had a few years of university education and worked for a newspaper.

The Marrions could not conceive and were reluctant to consider adoption. Although Mrs. Marrion would have enjoyed employment, her husband felt uncomfortable with the idea. He felt that it would appear as though he was unable to support his wife. Later on, however, when it was more common and socially acceptable, Mrs. Marrion returned to paid work as a sales clerk.

According to Mrs. Marrion, she and her husband enjoyed 44 years of a good and loving relationship, respecting each other's idiosyncrasies. She had free access to money and was able to purchase things without consulting her husband. They made decisions together and, if they did not agree, they tried to compromise. They had many friends and led quite a busy social life. Mrs. Marrion feels that since she became widowed, she is no longer included in social gatherings involving couples.

Her husband died unexpectedly 8 years ago. Mrs. Marrion reported that for a period of seven months after his death she was unable to control her emotions. She lost her

appetite and did not know how to cope with day-to-day life. She was afraid that she would never be able to live without her husband. Slowly, and painfully, she started to cope with the loss of her husband, realizing that the void would not cease. She said that she still cannot eat in the kitchen where they shared most of their meals together. Yet she feels that she is doing fine emotionally. She reports that she has six female friends "but I am not able to create a feeling of closeness with them and they can never replace the relationship I had with my husband". When asked if she has any close friends, she said "no". In terms of her extended family, she keeps in close contact, mostly through written correspondence, with her siblings in Alberta and Manitoba. She has one niece and a nephew in Victoria who visit occasionally.

According to Mrs. Marrion, she keeps busy most of the time, usually with volunteer work at her church, her craft work, or babysitting free-of-charge for friends. For the most part, she manages her own affairs but "I never feel secure that I am doing the right thing". She was accustomed to consulting with her husband on almost everything and now has to rely upon her own judgment. She said that she seeks advice from her relatives in order to make sure she is doing the right thing. Her brother manages her finances and she appreciates his service.

Mrs. Marrion is a petite woman with grey hair and an

impeccable appearance. She lives in a quiet residential neighbourhood in a more exclusive district of Gordon Head -- a Northern suburb. The house is nicely arranged and she employs a gardener to take care of the grounds. Similarly, the interior of the house is well kept, decorated with many pieces of antique furniture. In the living room there is a small up-right piano that her husband used to play. Mrs. Marrion does not play but she prizes the piano, as well as other memorabilia left by her late husband. The den is full of pictures of her husband and various trophies he won during his years at the newspaper.

Mrs. Miedema

I met Mrs. Miedema in the summer of 1991, at the time I was starting this study. She approached me at a bus stop, asking about the sweater I was wearing. She wanted to know who made the sweater and if I had a pattern for it. We talked, while waiting for the bus, and she gave me her phone number and asked if I would call her with the information about my sweater. She was very friendly and pleasant. Unobtrusive in appearance, she was dressed in a light grey, quite worn-out dress. Later, when I found out that she was widowed, I told her about my study and she said she would be happy to take part. She participated in the preliminary stage and agreed to take part in the main stage as well. Unfortunately, Mrs. Miedema did not complete the entire

process as she fell ill.

Mrs. Miedema was 76 years old at the time of the interview. She was born in Amsterdam in 1915, into what she called a middle class family. Her father was a newspaper editor. She was brought up as an atheist and she married one. As a child, she was quite musical and excelled when she took piano lessons. Her parents were supportive of her love for music, but pulled away when she decided to study music seriously in order to become a professional pianist. Her parents discouraged her, saying that it was not an appropriate position for a woman. Up to this day Mrs. Miedema feels disappointed because she think that she would have made a fine pianist. Instead, she completed three years of Business College, at the age of 24 married a carpenter in 1939 and had a relatively large family of five children.

Her husband had very little formal education and had a hard time making enough money in Holland. In 1957, already in their forties, they moved to Canada in the hope of a better financial future, settling in Sidney, British Columbia. Unfortunately, it was not easy for her husband to find employment so she had to do housekeeping for other people. Although they lived in poverty, Mrs. Miedema never resented the fact that she married her husband. She said that "he was the best husband, father, and provider... I only feel sorry that I never had enough money to buy a second pair of shoes for my children".

Her husband died in 1988 after a three year long illness, all of which he spent in a hospital or in an extended care facility. During this 3 year period, after 49 years of married life, Mrs. Miedema started to prepare for a life alone. After her husband died she moved to a one bedroom apartment in Gordon Head. Her place is nicely decorated and she enjoys financial independence. For the first time in her adult life she has enough money coming to her from insurance and a pension plan. She said "I am not rich but I have more than I ever had. Too bad that I do not have my husband to share it with". Mrs. Miedema said that she is proud of her new apartment in a recently built complex. Her place is very clean and modern. Her kitchen and living room give a very home-like feeling, decorated with craft objects from Holland. The windows are draped with a traditional Dutch lace. In the living room she has several pictures of her children, grandchildren and her late husband.

According to Mrs. Miedema she has a good relationship with her five children, two of whom live in Victoria. She visits with them and her grandchildren quite often, especially on Sundays, which is her "family day". In terms of her extended family, Mrs. Miedema corresponds with her brother in Holland, but they do not have a close relationship. She reports that she has a sister in Holland as well, but they have no contact at all, due to some type

of a family feud. Mrs. Miedema has, in her opinion, two close friends. She goes for a walk every day, spends a lot of time reading or knitting, and often goes out for dinner or for a glass of wine. Together with one of her friends she took a cruise to Alaska. For years, on and off, she has been a member of a diet clinic that she visits in order to maintain her weight. She was planning to put a personal ad in a seniors paper. She was interested in meeting a man of similar interests with whom she "could share various activities, except sex".

In the fall of 1991, Mrs. Miedema returning from her Alaskan cruise, informed me that she would not be able to finish the interviews because she was not feeling well. She said that she did not know what exactly was happening to her. We agreed that she would give me a call when ready to continue. More than a year later, I received a Christmas card from her and thus established a new contact.

I found out that after her cruise to Alaska she fell into a deep depression. Her family physician arranged for her to receive help from Victoria Health Project and she joined a therapy program. A year later she claimed that she was feeling much better, although "I am not out of the woods". When we met she was looking much older, had lost some weight, and her vibrant and enthusiastic personality has mostly disappeared. Mrs. Miedema believes that her depression was a result of delayed grieving. "I did not

allow myself to grieve when my husband died. I tried so hard to be strong for my family and for myself. I pushed my feelings aside for a long time until I couldn't hold them any more and I started to miss my husband very much. I felt so depressed I did not want to live any more. There was nothing I wanted to do, there was nothing to look forward. My children were very concerned about me but they were not able to help me. They were nice to me but they didn't understand what was happening to me. I didn't know myself at the time".

We did not continue the interview because Mrs. Miedema still was not feeling well, but I was glad to reestablish our contact.

Mrs. Parson

Mrs. Parson was born in London, Ontario in 1920. At the time of the interview she was 72 years old, a very frail looking woman, living in a small, one-bedroom apartment in a busy district of Victoria. Her place is filled with second-hand furniture. Mrs. Parson believes her money should be put to a better use than just buying personal comfort. She wears glasses glued together with scotch tape, saying that they are perfectly functional. All the money she is able to save, through a frugal way of life, is donated to various charities -- mostly to Christian missionaries working in other parts of the world. It appears that she saves on

virtually everything in order to donate as much as possible to Christian organizations that "teach the Lord's word". She said that she has virtually no savings but she is not worried because she has "trust in the Lord". Besides her money, she also donates all her time to volunteer work organized through various Christian denominations in Victoria.

Since the very early age of ten, Mrs. Parson has had a distinct feeling that "spreading the Lord's word" was her calling. After completing nursing training, she enrolled in a three year program at a Bible College in Ontario. Until her marriage in 1946, at the age of 26, she led an independent lifestyle often filled with church and missionary work. She married a man of a same denomination, a United Church minister, and stayed home to raise their six sons. They lived in Ontario for a few years and later moved to Saskatchewan, Alberta, and than to British Columbia, often living on reserves where her husband worked as a minister and a teacher in native schools.

At the beginning of the interview, Mrs. Parson described her husband as "a loving and respectable man". Later on in the interview, after we had spent more time together, she talked more frankly about her husband and her marriage. She described him as "an intellectual and a respectable man of the community, [who] was never home, always busy preaching or helping others....And when he was

home he was reading the Bible". In their marriage "he was the head of the home, ...he made most of the decisions, ...[and] he disciplined the boys".

Throughout her life, Mrs. Parson suffered from chronic anaemia, feeling tired and often unable to cope with the demands of raising six children and attending to all the social duties of a minister's wife. She said that she resents that her husband did not help her more and that he made all the decisions for her.

In her opinion, there was one marital disappointment after another. When her mother-in-law fell ill, without consulting Mrs. Parson her husband invited his mother to live with them. "He only informed me when it was all settled. I just gave birth to our last son when I found out that she was going to live with us." Mrs. Parson said that the four years her mother-in-law lived with them, were "very unhappy and stressful" for her.

Mrs. Parson described the 42 year long marriage as difficult but "marriage is forever if there is no violence". When the minister pronounced them 'husband and wife' it was the happiest day of her life, said Mrs. Parson. "I was so much in love with him. I gave him control over everything and he took advantage of me. As a proper Christian wife I did not speak up. I was happy just to be married to him. I enjoyed when people told me that he was handsome and when they showed respect for him. I was proud that I married a

man who was so smart and active in social life.... I gave him a lot of admiration and praise which he enjoyed, but he never told me that he appreciated me."

She revealed that at times he was "sarcastic and even mean" to her, getting angry with her because "[she] did not wash the dishes properly or something else". She said that she has often wondered how someone like him could preach to other people. She enjoys not being continuously criticized and she sees her independence as something special. She also said that when her husband died it was hard to take responsibility and do everything on her own. Her brother offered to come and help her "to organize [her] life", but she refuses saying: "I have been controlled my whole life and I need a break. I don't need a brother running my life I am happy to be by myself, the Lord is my husband now".

Her husband died unexpectedly of a heart failure in 1988. At first, Mrs. Parson was "shocked", as it was so sudden. She says that she is fine now and does not feel lonely any more. "If it was not for all the sad things my husband did to me I would be heartbroken now but I am not." At the time of the interview, Mrs. Parson had been widowed for four years. She enjoys her freedom, has many friends and keeps close contact with her sons. Two of her sons live outside of B.C., two live in Nanaimo, and two are in Victoria - one of them is her family doctor. Her place is filled with many large photographs of her sons and their

families. There is only one very small picture of her late husband however Mrs. Parson says she would consider remarriage as she misses being intimate with a man, but "it would have to be someone very special, who shares my ideals".

Mrs. Slon

Mrs. Slon is 74 years old, was born in England in 1918, received 10 years of education, and worked as a nanny until she married in 1945, at the age 28. In 1949, already in their thirties, they immigrated to Canada and established their home in Victoria. Mr. Slon was trained as a piano tuner but was unsuccessful finding employment in this field. He worked as a sales clerk in a second hand furniture store. Although feeling unsatisfied with this employment, he nevertheless retained this position until his death in 1984. According to Mrs. Slon their lifestyle was frugal.

Mrs. Slon learned to drive a car only when her husband suffered his first heart attack in 1974. While her husband was healthy, Mrs. Slon likewise and had no access to their finances. She was allocated a weekly allowance from her husband for housekeeping needs. When it came to decision-making, Mrs. Slon reported that they consulted each other, in order to avoid argument, but when there was a difference of opinion, Mrs. Slon gave in. As she reflects, "I gave in because it made him happy and I would do anything to keep

him happy".

According to Mrs. Slon, their 39 years of life together was "full of joy and love for each other". However, there was difficulty and friction in their home caused by their adopted son. At the age of nine, he started to inhale nail polish and other household substances. At the age of fifteen, he had an addiction problem and, at the time of the interview, he was serving a three year jail sentence for armed robbery of a local store. Mrs. Slon feels that they did everything to give their son a happy home but there was always a tense atmosphere between parents and child, despite their efforts otherwise. Mrs. Slon keeps only minimal contact with her son and his common-law wife. Since her husband died, her son has been asking for money more frequently and in larger and larger amounts. For many years she provided him with financial help, but decided to stop since she is on a fixed income and her son never pays his debts to her, despite his promises.

Mrs. Slon's relationship with her adopted daughter was very different. It was warm and close. Unfortunately, her daughter died in a tragic car accident in 1972. Looking back, Mrs. Slon feels that dealing with the death of her daughter was easier than dealing with her husband's death. "I got over her death because I had my husband, we were together. When my husband died I was alone. My son was not much help. I was alone." Mrs. Slon has no relatives living

in Victoria. She does have one niece in Vancouver but they "do not care for each other". Of her five siblings, only one brother is still alive, living in England. There is virtually no contact between them.

Throughout her marriage, Mrs. Slon did not have any close friends, saying that her husband was her priority and she had no need for friends. Since her widowhood, she has developed friendships with several women, but of limited closeness. Although she refers to them as "close friends" Mrs. Slon does not consider her female acquaintances to be her confidants and she does not disclose her problems to them. Nor does she seek console in them when lonely. "I do not confide in my friends and I do not burden them. When I feel sad I cry but I do it alone, in my own home. It is my husband who I really need."

Since her husband's death Mrs. Slon spends several hours a week doing volunteer work; it keeps her busy and she feels satisfied when she can help other people. The volunteer work is organized through her local Baptist church, which is the main source of her socializing. She feels that her church was her "saving grace" when her husband died. Although Mrs. Slon enjoys her friends and her volunteer work, she guards her privacy and leads a rather solitary life, seldom inviting her friend to visit. She likes to stay home, either watching TV, putting a jigsaw puzzle together, or reading a romance novel. She never goes

out for dinner, nor does she invites anyone to share a meal with her. She likes to spend time alone in her home filled with memories of her husband.

Mrs. Slon is a diabetic, quite overweight, and, due to pain in her legs, is limited to walk with a cane. She expresses a dislike for any type of exercise and does none. She appears not to care about her health saying, "I hope I will die soon to follow my husband".

Mrs. Slon lives in a rather neglected looking neighbourhood where she owns a modest two-bedroom house. The neighbourhood was established in the forties, with a minimal attention to landscape. There are no flowers, only a few shrubs and dry lawns. The interior of her home is rather dark, filled with second-hand furniture her husband purchased many years ago. Mrs. Slon likes to keep everything as it was when her husband was living there. In the bedroom and in the TV room there are many photographs of her late husband but none of her adopted children or any other family member.

3.3.2 Male Participants

Six widowed males participated in this study. Contrary to female participants, the men were less open about their experiences. Only three of the male participants provided a diary of daily interaction. Others declined, either due to lack of time, unwillingness to commit to the task or because

they felt intimidated to write about themselves. The interview itself seemed not to be a problem for them, although the description of their experiences was shorter than that of female participants and they confined themselves to concise answers. This contrasts to the story-telling strategy common among the female participants. Overall, the information obtained from the male participants is not as rich in detail as that of female participants.

The men participating in this study were born between the years 1908 and 1924, ranging in age from 68 to 84 (see Table I in Appendix B). Three of the participants were born in Canada, one in U.S.A., one in Western Europe and one in Eastern Europe. Their education varies from 8 years to a doctoral degree. Most of them married in their mid-twenties and early thirties. Three of the participants had no children of their own.

The wives of the participants who had children were homemakers. All of the men in the study considered themselves "head of the household" and responsible for earning the income. Only some of them saw their wives as equal in decision-making. There was considerable variation among the male participants in their perceptions of marital satisfaction/dissatisfaction, as well as in their experience of widowhood. The length of widowhood for male participants was as short as three months and as long as 24 years.

Mr. Adamek

Mr. Adamek is 79 years old, cheerful and energetic, always talking and inquiring. When we first met he asked so many questions that we had no time to even start the interview.

Mr. Adamek was born in the Ukraine in 1913, where he attained a master of science degree in geology. After the Second World War he moved to England. In 1946, at the age of 33, he married a 23 year-old school teacher. Together, in 1948, they immigrated to Canada and bought a farm on the prairies. The farming was not successful. They lost their savings and were eventually forced to sell the farm. After several odd jobs, Mr. Adamek enrolled in university and completed his Ph.D. in geology. During this time they had limited income and were often faced with financial difficulties. Yet Mr. Adamek expresses the opinion that education is far more important to him than money.

In 1955 they moved to Victoria where Mr. Adamek attained a post with the provincial government. When their son was born in 1959, his wife stayed home. In Mr. Adamek's opinion, it was his wife's duty to stay home and raise their son and it was his duty to support them financially. His wife had no objection to this arrangement and, according to Mr. Adamek, she took good care of the family. His wife abstained from decision-making, although Mr. Adamek said that he encouraged her to participate. She felt that her

husband was superior and far more qualified to make decisions.

In 1968, at the age of 45, his wife suffered a fatal heart attack. Her death was completely unexpected since there was no medical history of any problems. From this point on Mr. Adamek took sole responsibility for the upbringing of their son, only ten years of age at the time, refusing any help from relatives and friends. Mr. Adamek never remarried. Mr. Adamek feels that he was so happy with his wife and "it would have been impossible to replace her", or imitate the 22 years of happy marriage. Furthermore, from the beginning his son was deeply affected by the loss of his mother. According to Mr. Adamek "my son started to be very possessive of me". Mr. Adamek feels that his son was rather a difficult child to raise. Today they have a close relationship. His son is married and lives in Victoria. They visit each other at least once or twice a week. Mr. Adamek has been widowed for 25 years and is not planning to remarry. He feels that he is too rooted in his single style of life and he "enjoys things as they are". He reported having a few intimate female friends, as well as many other friends, leading a relatively busy life. He lives in a nice, quiet suburban neighbourhood where he owns a house.

Recently Mr. Adamek commissioned a renovation project for his kitchen, installing new cabinets and flooring. He is

happy with the outcome, saying that, although he is living alone, he cares about his home and enjoys hosting his friends, often spending "a substantial amount of money on entertaining".

Mr. Adamek loves being around people and claims having a large number of acquaintances and as many as "twenty very close friends" who play an important part in his life. In terms of extended family, Mr. Adamek has only distant family in Ukraine, with whom he has no contact. He has many interests and said that "[he] never sit[s] home being bored". He takes classes at the University, goes mushroom picking in season, and participates in several volunteer projects. His home is filled with artifacts of his very productive life. On the coffee table there are several books he has published and the walls are decorated with his oil paintings. There are also pictures of his wife and son. Mr. Adamek gives impression of being cheerful, full of energy and interests, often wearing a silk scarf of bright colour around his neck.

Mr. Arnet

Mr. Arnet was born in London, England in 1920, completed eight years of schooling and worked as a clerk in an insurance company. Later, he opened his own restaurant in London, England. In 1951, at the age of 31, he married a 47 year old waitress. They were both Roman Catholic at the

time, although religion even then was not a part of their life. After the wedding, Mr. Arnet sold his restaurant and accepted a post as a police inspector in Malaysia, where they stayed four years. In 1964 Mr. Arnet and his wife moved to Canada. In Victoria Mr. Arnet found employment as a restaurant chef and as a bookkeeper. He alternated these two types of employment, according to job market demands.

When I met Mr. Arnet he was 74 years old. He had a typical "British gentleman" appearance, tall, slim, reserved and dressed in grey slacks and a white shirt, complemented by a cashmere scarf around his neck. For several years he has been living in a subsidized housing complex for seniors. His apartment is a small bachelor unit, basically one room with a division for a small kitchenette. The apartment is dark, furnished with a filling cabinet, desk, and sofa bed. It is bedroom, dining room and office all in one, with no personal decorations or photos. The place appears more like an office than a home, closely reflecting Mr. Arnet's lifestyle.

Mr. Arnet is busy with various volunteer functions. He serves on many committees and holds membership in several charitable organizations. According to Mr. Arnet, his present life is in direct contrast to the level of social involvement during the quiet and private marital life of 34 years. His wife died seven years ago, at the age of 81. Up to that time, he was a "family man". They had no children

since his wife was past the child-bearing age when they met, and they never considered adoption. They were "very involved with each other", had virtually no friends and felt no need to socialize. Mr. Arnet was very satisfied with his marriage: "I was very happy to stay home and had no need for activities outside of our home". While still in England they kept close ties with extended family. Here in Canada they had only one relative, his wife's sister. Mr. Arnet said that while his wife was still alive they kept in close contact with the sister and her husband. After his wife's death, however, he felt no need for this relationship. It ceased to exist.

His wife became ill in 1980. She became confined to a wheel chair and required extended care. She had been advised by her doctor to move to a long-term home but instead they opted for home care. Mr. Arnold took an early retirement and cared of his wife for five years. Mr. Arnold feels that although it was strenuous, it was his duty: "I was very tired taking care of her. I had to get up twice every night.... I tried to nap during the day....I never considered a care home for her. First we were lovers and then friends and this was our agreement." Mr. Arnet refused any type of help from his sister-in-law, dealing with everything on his own. "There was no social life, it was a 24 hours a day job for five years, and if I had some free time I preferred to sleep."

A year ago, at the age of 72, Mr. Arnet considered remarriage. He met a women, one year his senior, and they started to spend a considerable amount of time together. He was not in love with her but he was fond of her. "After careful deliberation I proposed to her. She said that it was too soon, so I broke it off. If she would have agreed I would have resigned from a lot of my activities. When she said 'no' I was very relieved because I did not have to change my lifestyle of six years. And I felt guilty to my first wife....I did not want to just go out with her because it was taking too much of my time.... Going out with someone for entertainment is a waste of time."

Mr. Clement

Mr. Clement is 68 years old and lives in Powell River, B.C., where he made his home upon his return from the Second World War. Before the war he lived in Manitoba, where he was born in 1924 and completed ten years of education. He was born into a Protestant family of European decent. When he was eighteen, Mr. Clement married and had one daughter. After his return from the war his wife divorced him and he lost all contact with his daughter. In 1949, Mr. Clement married for a second time, he being 25 and his wife 19. They had six children together. Mr. Clement worked in the local industry as a unionized welder and his wife stayed home taking care of their large family. During their 42

years of marriage, Mr. Clement saw his family role as a breadwinner and head of the home. He made the decisions and he disciplined the children. He was more involved with his sons, while his wife "prepared their daughters to be wives and mothers". According to Mr. Clement, his wife was always busy with children and housework and she had no time to participate in any of the issues concerning family finances and investment. Only later, when the children were older, did she take a more active role in decision-making.

Mr. Clement was quite a busy man; besides his full-time employment, he had a side business building houses. Hence, he says, he was seldom home. He feels that he did all this for his wife and children. He is proud that his family was always well provided. Similarly, he feels proud of his wife for being able to create a nice home and look after the family so well. However, Mr. Clement admits that there were communication problems in his marriage. He was "extremely disappointed" when his wife left him on several occasions. He feels that "she should not have done this". Mr. Clement says, that his wife always returned because he insisted that "her place is at home with [him] and the children". According to Mr. Clement, his wife was dissatisfied with married life and "she often talked about a divorce but never did it". Mr. Clement thinks that "she was not fair" because he "tried hard to keep her happy and look after her needs". Yet he admits that he was away from home too much and did

not know how to communicate with his wife. There were additional tensions in their marriage, such as lack of money and time. While the children were growing up they did not socialize much or take holidays.

At the time of the interview, Mr. Clement had been widowed only three months. His wife died of heart failure unexpectedly in her sleep. He was deeply shattered but hopes that, with passing time, the void in his life will ease. Most of the time he keeps busy in his garden. During the evening hours, he leaves his home. This is the most difficult time for him. He visits his sister or his married daughter, both living in Powell River. He also spends time with his friends, which according to him, are very supportive in the time of bereavement. Mr. Clement feels that he is not about to dwell on his grief, because "life goes on". He is considering remarriage but at the present time does not know anyone suitable. He has a strong desire to regain emotional stability in his life. Accordingly, he is trying to take care of himself as well as possible. He looked well-groomed, with a fresh hair cut, pressed shirt and trousers.

Since Mr. Clement is from Powell River and he was in Victoria visiting his daughter, the interview took place at my home. At the beginning, Mr. Clement was quite nervous but later on was able to relax. He was looking sad and at several occasions he tried to hold back his tears,

especially when he was showing me a picture of his wife and children that he carries in his wallet. He said, that he is "very proud of [his] family" and that "[his] family mean[s] a lot him.

Mr. Ford

Mr. Ford is 77 years of age, born into a family of Scottish immigrants in Manitoba 1915. He graduated from university, majoring in civil engineering. In 1940, at the age of 25, he married a 29-year old school teacher. His wife was from a very strong Roman Catholic family, whereas Mr. Ford adopted the philosophy of atheism. They settled in Calgary and had two children together. After his wife's death, in 1981, Mr. Ford moved to Victoria where he bought a condominium in Fairfield. Mr. Ford reports that he has a comfortable monthly income, allowing him to do what he wants. He spoke of several major investments.

Mr. Ford is tall and slim man, neatly dressed in brown slacks and light cotton shirt. He has slight difficulties walking, due to a sport injury that happened ten years ago. He has an artificial hip, but says, that he feels no limitation and does what he wants. In Victoria he lives within close proximity of his two sisters, who he visits at least a few times a week. He says that he dines out almost every night, together with his close, but not sexually-intimate female friend, Anna. They have been friends for

many years, travelled the world together, and do a lot of volunteer work now. The volunteer work keeps him busy from early morning until mid-afternoon. He drives seniors to different appointments, using his own car but getting reimbursed for gasoline.

Mr. Ford does not have many friends. He knows many people but is not in close contact with them. The only person he considers to be his friend is Anna. Mr. Ford does not invite anyone to his apartment. When he is home, he wants to be alone. He does not like housework nor cooking. His one bedroom condominium is in a nice and well established building. However, the inside of his condominium is very frugal in appearance, sparsely furnished with an old and worn sofa and lazy boy chair.

There were pictures of his daughter and son on his TV set. When I asked about his wife, he went to the bedroom and from a drawer of a dresser pulled out a picture of himself and his wife which was taken shortly after their wedding. When I made a comment about the picture, Mr. Ford started to talk about his wife and the 41 years of "very unhappy marriage" they shared together. Unintentionally, I placed the framed photograph on the table, so that it was facing Mr. Ford, while listening to his story. After only a few minutes, he stopped talking and put the picture back into the bedroom dresser before continuing.

Mr. Ford had great difficulty talking about his wife

who had suffered from schizophrenia. He did not reveal too much about his wife and their marriage together. He said that "her death has been a great relief" for him. One day he came home from work and found his wife dead, laying on a kitchen floor, and that is all he was willing to say. He enjoys his freedom and he has never considered remarriage, saying: "I had a tough time with the first [wife]; it was enough. I have been widowed for eleven years and I feel satisfied with my life".

Mr. McKay

I received Mr. McKay's name from the North Park Volunteer Centre. They thought that he would be an interesting person to interview since he has no family contact, lives on a very limited income and is dealing with a terminal illness. I called Mr. McKay and tried to explain the purpose of my call. It was in vain; he kept asking what it was I was selling. Then he said that if I want anything from him I have to come and see him in person because he cannot hear what is said on the telephone. He has great difficulties with hearing and is in a need of a hearing aid but says, that he cannot afford to buy one.

Mr. McKay has lived in subsidized housing since 1991. Before this he lived in an apartment on Cook Street where the rent was higher, leaving him with limited funds to cover other needs. Even now, he said, he has little money for

extras but enough to cover food and transportation. Mr. McKay has no savings, except for a small sum to cover his funeral expenses. This is of great importance to him and he hopes "that it will be done right".

Mr. McKay's place is a new, one bedroom spacious apartment filled with old furniture, a television set and many pictures of his extended family (parents, siblings, aunts and uncles, as well as his own photo); however, there was no photograph of his late wife. When I asked if he, by any chance, had a photo of his wife, he went to look for one in the bedroom. After searching for a few minutes he said that he could not find any.

Mr. McKay was dressed in a shirt with many missing buttons and pants with many food stains. His clothing was wrinkled and it did not fit, his shirt was half way pulled out and his whole appearance gave an impression of neglect. He was coughing a lot while smoking one cigarette after another. His fingers were yellow from the cigarette stains, his voice was raspy and he walked slowly with his back bent forward. When I asked how many cigarettes he smokes on average a day, he replies, "many", and adds: "I have lung cancer but I do not believe that smoking causes cancer and if someone does he must be crazy".

At the time of the interview Mr. McKay was 78 years old and had been widowed for twenty years. He had difficulties answering some of the questions, usually saying that he does

not remember, or does not know. He was born in Alberta in 1914, completed eight years of education and worked since he was fifteen at various tail-end jobs, earning low pay. He started as a farm hand, working on several farms for three years. Then he laboured on oil fields in Alberta. In 1948, at the age of 34, he moved to Victoria where he held employ with the Empress Hotel as a doorman. In 1950, at the age of 36, he married a divorcee with one son. His wife worked at the Empress Hotel cleaning rooms, earning low wages. They had many friends and went out once or twice a week, although they only had enough money for "a ticket to a dance and a few drinks". According to Mr. McKay, they had "a hundred percent marriage". They were equal. After the wedding his wife worked only part-time while taking care of the home and family.

Two weeks after they were married, his wife was diagnosed with multiple sclerosis. In 1965, her illness progressed to the level that she had to go to an extended care facility. She stayed there for seven years, until her death in 1972. Mr. McKay visited his wife once a week on the weekend. At the time of his wife's hospitalization, he was still working. He received no support from his parents and other family members living in Victoria. They did not get along and had a long history of discord.

At the present time, Mr. McKay says he has no friends and has no contact with his relatives, except for one of his

sisters who phones him once a month. His step-son, an accomplished lawyer, lives in Victoria but has no contact with Mr. McKay. He knows that his step-son is married and has two or three children but he has never met either the wife or children. Mr. McKay feels saddened, not understanding why his step-son never visits. He feels that he took a good care of him and his mother.

Mr. McKay reports that he spends most of his time at home, either watching television or sleeping. He is not involved in any type of organized activities, nor does he go to church. He said that he "feels lonely". "I am tired of sitting here alone day after day." During the twenty years of widowhood, Mr. McKay did not consider remarriage, saying that "once is enough for anybody".

Mr. Paul

Mr. Paul is 84 years of age, was born in Montana, U.S.A., in 1908 and moved to Canada with his family of origin when he was two. After high school, he completed a two-year program at Business College in Saskatchewan. In 1937, at the age of 29, he married a school teacher, two years his senior. They did not have any children and were reluctant to consider adoption. In 1946 they moved to British Columbia, settling in Victoria where they opened a grocery store with the financial help from Mr. Paul's father-in-law. They owned the business together and had an

equal partnership, making all decisions in conjunction, said Mr. Paul. They led a busy social life and travelled all across Canada and the United States. Mr Paul feels that they had very good life together, respecting and caring for each other. According to Mr. Paul, they had many mutual friends and felt that friends were more important than extended family. Mr. and Mrs. Paul were active members of a local Protestant church, where they met most of their friends.

Eight months ago his wife died, ending 54 years of "happy marriage". Her death was not completely unexpected. One year prior to her death, she had a serious heart attack. Upon her return from the hospital, Mr. Paul nursed his wife back to health for six months. He took this "duty" very seriously. Although he never did any housework prior to his wife's illness, now he did everything, from cooking and shopping, to cleaning and ironing. Mr. Paul refers to this period as a "stressful time", not because of the housework, but because he was constantly worried about his wife. He was afraid of her death. He recalls that when his wife died he was less stressed since he did not have to worry about her health any more. Because of the trauma of her death, however, he suffered from sleeplessness for a long time, admitting that only recently has he regained emotional stability.

Mr. Paul feels thankful to his friends from church who were the major force behind his recovery. Since he has no

family in Victoria, he relies on his friends for assistance. He feels that "[he] will need [his] friends even more in the future". Since his wife's death he befriended a middle aged couple, Sue and Frank, from his church and entrusted them with the power of attorney over his affairs. This couple will look after his needs when he is no longer able to do it himself. This gives him peace of mind. Every Sunday morning, Sue and Frank pick Mr. Paul up for the church service and afterwards they go for lunch. When I asked about remarriage Mr. Paul said that he would not mind if he could find someone like Sue, although she is forty years his junior.

Mr. Paul reported that he has "at least a hundred close friends". He meant it. He is a man who genuinely likes people and enjoys socializing. In the early stages of his widowhood he withdrew from active socializing. He reports that he is now getting more involved and plans to enjoy life with his friends for some time. His two bedroom condominium is literally filled with photos of his friends and his wife. There are no photos of extended family members. His condominium is located in a very exclusive area of the city, on a water front property. Mr. Paul says, that it is one of the most prestigious place in the city. His flat is filled with many pieces of furniture and antiques. It gives an impression of being cluttered and rather neglected, with piles of things on every table and in every corner, stuffy air, and furniture covered with dust. In the living room

there are two large television sets, usually both going on at the same time, "just in case one would stop working".

Mr. Paul is a tall and heavy man. He limps when walking, due to chronic problem with blood circulation in his legs. During the two-week period while the interview took place, Mr. Paul always wore the same pants and shirt, covered with food spots. He complains of skin rash, saying that he cannot take a bath due to infection on his legs. While these health problems are apparently not improving, Mr. Paul reports that emotionally he has recovered from his wife's death quite well.

3.3.3 Summary

The construction of each of the profiles has been guided by the life-cycle approach. This method of analyzing the experience of widowed men and women at different stages in their individual life-cycles, as well as that of their family life-cycles, provides information of a wide range. The individual life-cycle gives chronological account of the various transitions of an individual's life, where as the family life-cycle reflects up on the various stages of formation, growth, and dissolution of the nuclear family unit. Each profile has been constructed as a retrospective reflection of life events as revealed by participants themselves. The profiles provide useful background information for the interview data which follow.

Chapter Four

DATA ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter analyses and discusses my findings obtained from interviews, questionnaires, and diaries of daily interactions provided by the participants. The findings have been organized into three main themes that emerged as important throughout my study: 1) social and cultural elements; 2) experience of widowhood; and 3) gender. As will become apparent, all themes are interrelated; although classified into categories, their interrelatedness is thus reflected in the discussion.

As mentioned at the outset, this study is guided by a general hypothesis that men and women differ in their life-course experiences, not least of all childhood, education, marriage, parenting, employment, and friendships. The gendered experience of these life-course events leads to differences in coping with widowhood and its accompanying problems, including loneliness. My goal is to explore the dimensions of this gendered difference, and to substantiate, if possible, the link between other life-course experiences and the experience of widowhood. The findings address the earlier proposed questions of: how do widowed men and women experience widowhood; what are their problems during widowhood; why do they cope with these problems the way they

do; and what are the structural forces underlying their lives that affect their experience of widowhood? All of these elements are viewed from the perspective of the life-course model, as outlined in Chapter One of the thesis.

4.2 Social and Cultural Elements and the Experience of Widowhood

The experience of widowhood is different for widowed men and widowed women. While it possibly cannot be successfully argued for whom widowhood is more difficult, it can be stated that the nature of difficulties, at least in some aspects, differs according to gender. In this section two sources of inter-related and often overlapping influences are analyzed: family structure and gender socialization.

4.2.1 Family Structure: The Status of Men and Women within the Institution of Marriage

In the years between 1930 and 1950, a historical period that closely represents the years of marriage of the cohort of participants in my study, almost 90 percent of Canadians chose to marry, leaving only 10 percent of all adults single (Nett, 1984). A majority of the marital units that were formed in the second quarter of the twentieth century were nuclear-type families. In other words, for a greater part of the family life-cycle, the family was "a simple household",

consisting of husband and wife with or without children (Baker, 1984). When this cohort of people reached the age of 65 and older, only 39 percent of the females remained married, as opposed to 74 percent of the males. Only about one percent of these marriages, for both men and women, ended in divorce. By contrast, almost 50 percent of marriages for this female cohort ended in widowhood, compared to 15 percent for male counterparts (Nett, 1984).

Voluntary childlessness among this cohort was virtually nonexistent. These are the families that in Canada and elsewhere in the Western world produced the generation of the baby boomers (Kalbach and McVey, 1971:97). The fact that these couples aspired to have several children, usually at the early stages of marriage, resulted in certain culturally-based restrictions. For instance, men were expected to provide economic support for their families, whereas women were expected to forgo career opportunities and restrict themselves to the domestic sphere. Women were envisioned by the society of their time to be mothers and wives. They, in fact, often saw themselves as the passive partner whose true vocation was that of mother and wife (Silverman, 1986:23). Culturally, it was accepted that mothers should not work for pay and, if they did, they were expected to work part-time jobs rather than in full-time careers. This clearly reflects cultural attitudes that women's occupational role was viewed as secondary to their

familial and, particularly, their motherly role (Rothschild, 1972:179). Inevitably, providing each gender with a distinctively different set of socially-formed realities influenced their respective experiences through the various life stages, including widowhood.

Similarly, among the participants of this study the females identify themselves as mothers, wives and home-makers, whereas the male participants see themselves as providers and breadwinners (see Table XV in Appendix B). For many male participants, the term husband and/or father is considered parallel to that of economic provider. Even more revealing, all participants, male and female, view the role of the economic provider as synonymous with that of "the head of the household". The ability to provide for the family financially results in power, as well as the right to make most of the decisions with regard to family matters. The following are a sample of the descriptions male participants provide concerning their perceived role and status within the family, which impacts on their experience of widowhood. "...I brought income home and I was the head of the house"; "...I took care of [money], I was the disciplinarian in the family and I made the decisions"; "...My wife was my assistant"; "It was my duty to support [the family] and make decisions...I was more qualified to make decisions". Despite these comments, two of these men subsequently report that their spouses had "equal status"

within the family. This discrepancy should be viewed in relation to other comments made by these two men in the course of the entire interview. For example, one man notes that his wife had equal power and rights within the family. Yet he then goes on to say: "I made the decisions because I was more qualified" and "I would not allow my wife to work".

I observe a similar discrepancy regarding spousal equality among some of the female participants. All of the female participants, without hesitation, see their husbands as the "head of the household". Three of the women express satisfaction with the situation and report having an equal say in the decision-making process. Yet although these three women view their marriages as egalitarian, they too make contradictory statements: "[when making decisions] I always gave in because it made him happy"; "now, that I am widowed it is hard for me to make decisions alone. It is hard for any woman to make decisions alone and feel confident that she has made a good decision"; "when I was married I felt that I had to consult my husband". It appears that the women in this study rely heavily on their husbands in term of decision-making. Some women see themselves as free and equal in their marriage; however, they often consult their husband and follow his advice. Other female participants report having little decision-making power. Among the three participants reporting that their husbands made all the decisions, only one woman expressed satisfaction with the

situation. The other two express resentment and feelings of oppression.

Because of their gender position within the family, both male and female participants hold different sets of life experiences. Their experience of marriage, moreover, results in different problems associated with widowhood, as well as different coping strategies. Yet the findings do not confirm conclusions of previous studies that the realities of widowhood are more difficult for one gender than the other (Bock & Webber, 1972; Townsend, 1968). Rather, I argue that the experience of widowhood is, in different ways, difficult for both genders. For instance, all six females report that the difficulties they faced with the death of their spouse include decision-making and attending to such chores as banking and handling financial and legal issues. These are activities that formerly were their husbands' responsibilities. None of the males mention these as concerns, however. On the other hand, they identify such problems as no one to welcome them home, no one to take care of them when ill, and no one to attend to housework. Females, by contrast, did not see these concerns as problematic for them. Thus, marriage and its accompanying gendered structure provides males and females with different strengths and weaknesses that are carried forward into widowhood. The sets of problems are different for widowed females and widowed males, yet similarly stressful.

4.2.2 Socialization: The Enhancer of the Difference between Genders

The observed imbalance in status, power and decision-making between men and women in the family is not surprising when viewed in light of the research evidence presented in the first chapter of this study. Chapter One documents that the cultural climate of the historical time concerning the cohort of the participants in this study was particularly unfavourable to women's freedom of choice and access to power within the family (Weitzman et al., 1972, 1984; Martin, 1984; Block, 1978; Hartley, 1959; Bernard, 1972). Wives are not viewed as equal partners in marriage; they are expected to "follow" their husbands. As observed in this study, this submissive attitude is often held by women participants themselves. They are raised to believe that imbalance in power between spouses is just, ordained by God or nature, and in the best interest of family.

The cultural climate of the time is well illustrated in a U.S. study carried out in the 1950's, a time when the participants of this study were raising their families. In this study Ruth Hartley (1959) examines gender role formation among young boys. She reports that young boys growing up in the 1950s perceive their fathers as active and intelligent and their mothers as less intelligent and capable of performing only menial tasks. The boys maintain that an adult man must be able to fix things, economically

support his family and have a good business sense. They view men as heads of families, with the authority to dispose of finances. On the other hand, women are understood as indecisive, afraid and fussy. These young boys, then, have quite a fixed image of women and men, acquired through the socialization process carried out by family members and educators of their time.

Although today there is evidence that women are capable of success in fields that have been traditionally considered part of a "male domain", we need to remember that the women of this study grew up in a very different environment. They are reared to believe that they are not capable of succeeding in such areas. All female participants are raised to be wives and mothers and they are expected to rely on their husbands for guidance and financial support, even those women aspiring to have a career outside their home. Recall the female participant profiled in Chapter Three who grew up in what she calls a middle class family which encouraged her to take piano lessons. When at the age of fifteen she wants to pursue music professionally, however, she is discouraged, especially by her mother. She is told that piano playing, an art-oriented career, is not a suitable profession for a woman. Instead, this participant is encouraged to enroll in home economics and secretarial training. This participant is born and educated in Europe, at the time when ideas such as the ones published by the

well known German historian, Karl Scheffler, shaped the cultural climate towards men and women. In 1908, on the topic of 'women and art', Scheffler says: "...Nature has denied her [the woman] two of the most essential prerequisites for artistic practice: the fanatical forward driving will and the force that we call talent. In an Amazonian state there would be neither culture, history nor art." Scheffler is not alone among popular thinkers of the time in viewing women as incapable of higher, more refined, insights and thus not suitable to or capable of creating true art, or anything else of substance. A similar understanding of the difference between men and women is expressed by one of the male participants when stating that men and women are equal in many respects but, up to the present time, "there are no great female architects, composers, painters or engineers."

Not only does this example illustrate that women of the generation under consideration are perceived as incapable of creating anything of substance; they are also prevented by their families and society at large from pursuing career interests. Females' positions within the family, as daughters, wives and mothers, are characterized by minimal control to negotiate their ascribed statuses. Several of the female participants validated this finding by stating that since widowhood they enjoyed aspects of independence that were denied them in marriage. One female participant put it

this way: "Now [since widowhood] I do things for myself and I can speak for myself. I am independent and I am proud of myself. In my marriage, I often felt obliged to consult with my husband before I did anything." This woman reports that she never felt oppressed or coerced by her husband yet always consulted with him; and usually did what he suggested.

In brief, transition into widowhood, and widowhood itself, is difficult for both the men and women participants of this study, but in different ways. The women are not socialized to cultivate skills necessary for independent living, whereas the men have acquired these skills more readily. All female participants reported that decision-making is a considerable problem for them at the initial stages of widowhood. They express feelings of incompetence when making decisions without consulting someone else. Yet over time all of them, except one, manage to make decisions for themselves and to feel comfortable, to varying degrees, about living independently.

In contrast, none of the male informants in this study view decision-making in widowhood as problematic. Nor do they report having difficulty when attending to financial or legal issues (see Table VI in Appendix B). Yet there are other concerns identified by the male participants as of special concerns. "Male problems", including "house work" and "not having someone to welcome [them] home upon

arrival", stand out, in the data, for male participants.

Theoretically, these findings reflect the fact that much of the lived-experience of individual widows and widowers is a product of their social-cultural milieu. Their life strategies are embedded in particular family patterns and role sets for men and women within the family and in the larger society. It is not surprising, then, that men and women differ in regard to the nature of their problems in widowhood.

Family patterns can be seen as products of historical periods, directly affecting the experiences of widowed men and women. All of the females in this study, for example, report at some point in the interview that they miss a male companion (not referring to their deceased spouse) for such occasions as "going to places", including to restaurants, bars, the theatre, or when travelling. In contrast, none of the men express desiring female companionship in order to "go places". The males, on the other hand, maintain that they "miss a woman's touch at home", necessary in their view, to make home life more "intimate" and "cosy".

The women of the cohort under consideration, moreover, feel that there are places where a "respectable woman" should not go without a male companion. One female participant used to go for a drink at a local bar with her husband on Saturday nights. Today, as a widow, she no longer continues this long-lived ritual. Although missing the

activity, she feels that "it is not socially proper" for a woman, or even a group of women, to go for a drink at a bar without a male chaperone.

4.2.3 Summary

In summary, I find that family patterns and gender socialization, as experienced by the participants of this study, have some level of influence on the gendered experiences of widowhood. The participants come from a generational cohort that aspires to get married and settle into a single-family male-breadwinner household. Inevitably, this segment of the life-cycle, characteristic of this population, furnishes both genders with different sets of social realities extending into other life-cycle stages, including widowhood. Regarding the experience of widowhood itself, there are two main types of female responses: 1) female widows who resent the power imbalance in their marriage report that some aspects of widowhood are liberating, allowing them to enjoy a new freedom and often a confidence in their personal abilities; 2) females who do not object to such a power imbalance, or at least do not recognize that it was present and subsequently express anxiety over being alone and left responsible for major decisions.

In widowhood, female participants, as oppose to male participants, feel more comfortable within the "domestic

sphere" yet are more "anxious" to handle financial and legal demands. Male participants, on the other hand, are more comfortable with decision making and handling finances yet lack confidence in areas that are traditionally considered to be the "female domain". Widowed females miss male companionship to socialize with the outside world, whereas the male participants miss a "female touch" in their private lives.

4.3 Religion, Gender and the Experience of Widowhood

Regarding widowhood in relation to religion, three main themes surfaced: a) the difference in religious beliefs between female and male participants; b) the effect of religious faith, or lack of it, on the grief recovery process in widowhood; and c) the role of religion in widowhood.

4.3.1 Gender Differences in Relation to Religion

As summarized in Table XIV (see Appendix B), all participants, except for one male and one female, consider themselves religious. The two non-religious participants identify themselves as atheists. Among the persons who view themselves as belonging to a particular religion, the intensity of religious beliefs, and the level of active participation in church, varies considerably, however. There is a notable difference, especially along gender lines, when

the level of participation in church activities is examined. Four out of the six females identify themselves as active church members, whereas only one male participant out of the six reports attending church regularly. Four of the males are passive church members, holding religious beliefs but attending church service only occasionally, a few times a year, or less than once a year. Only one of the four passive male believers identifies religious beliefs as an "important force" in his life. Yet even he does not feel that going to church is beneficial to him or central to his life beliefs. He reports he is not an active church-goer, although he is heavily involved in volunteer work organized by various church denominations in Victoria. He nevertheless identifies his belief in God as an important part in his life that brings him "a great level of console in times of need". He reasons "I am not lonely because I have strong Christian beliefs and if you believe in Jesus you cannot be lonely". The other three passive male believers report that religion is not overly important to their lives. Among the female participants, only one of the five religious females fit into the category of a passive believer; for her alone religion was not an intricate part of daily life.

Religion seems to generally have a positive effect on the lives of widowed individuals, serving the role of "stress buffer" in this time of emotional crisis. This is particularly true when examining the benefits of religion

among female participants.

Four female participants identify religion as a major means of coping during the initial stages of bereavement. The following is a sample of the statements they employ to describe the role of religion in their life as widows: "Church was my saving grace when my husband died"; "It [the church] gave me strength"; "In God I found comfort"; "Serving God is my life now". In contrast, the two other female participants, one a passive believer and the other a self-identified atheist, report that depression is a frequent visitor during widowhood. By contrast, the females active in church maintain that depression is not an issue for them, although they might feel "alone" sometimes. When these two groups of females are compared regarding social network ties, there are no observable differences, however. The two widowed females identifying depression as a problem indicate having as many or more social contacts as their religious counterparts.

When analyzing religious data on male participants, gender again emerges as the overriding variable. Only one male reports to be an active church member, viewing church, especially church socializing, as an important part of his present as well as his past married life. Among the other four male participants who see themselves as "passive believers", only one views religion as relevant to the extent that it is the focus of his involvement in church-

volunteer activities. Interestingly, both men, identifying religion as in some measure important, claim that depression and loneliness are not part of their widowhood experience.

Only two male participants indicate that depression and loneliness are serious problems in their present life. Both of these men hold religious beliefs; however, one of them is widowed for a short period of three months, an initial period that almost all participants of both genders identified as difficult. The other man experiencing significant depression and loneliness has no active contact with family or friends and lives in the absence of close and intimate relationships.

I found, in sum, that religious beliefs and the level of activity in religion-oriented activities affects the perception of life-cycle events such as widowhood. All of the participants, except for one female -- a self-professed atheist -- are raised in religious environments favouring strictly defined gender roles believed to be ordained by God and not open for questioning (Scanzoni & Scanzoni, 1988:26; Beck, 1987:95). Sons, according to all the major religions represented in the study (see Table XIV in Appendix B), are socialized for strong leadership roles; daughters, by contrast, are socialized for supportive and subordinate roles. The women in this sample report that they perceive themselves to be givers and emotional supporters in the family, gaining their strengths from God and the church.

Furthermore, these women are the major religious educators for their children and it is they, more often than their husbands, accompanying their children to church services. This is the case even when the husband is a minister; his wife is the main transmitter of religious beliefs while he is preoccupied with his career, spending little time at home.

Moreover, the female participant exhibiting the greatest enthusiasm about religion, who is far more involved in church activities than any of the others, also communicates being most satisfied with her life. She sees herself as "fully fulfilled" through church work, maintaining that "religious interaction is my life goal". Similarly, another church-devoted female participant, who taught Sunday school prior to her marriage, relates that since widowhood she has more time to participate in church. She highlights this change as the most positive outcome of widowhood. She points out that her renewed devotion to church gives her "a lot of comfort and true meaning to life".

By contrast, the woman participant raised as an atheist and who maintains that she remains one even today falls into a "deep depression" after her husband's death. She says that there is "nothing to look forward to anymore". Through professional counselling she has become stabilized yet nevertheless relates that she does not enjoy life much

anymore. The female participant reporting belief in God but identifying herself as a passive Catholic hints that depression too is an ongoing personal problem: "there are days I feel depressed and lonely, [although] I can always call my girlfriends who come to my aid".

My findings on religion as a coping strategy during widowhood find support in the sociological literature. Rubye Beck (1987), in her study of a sample of American elderly widowed persons, suggests as well that church attendance is correlated with individual well-being. The more frequently a widowed person attends church, the higher life satisfaction and the greater is her/his overall happiness. Beck relates that of those participants who suggest that religion is important to them, 80 percent are either very happy or fairly happy. Of those who report that religion is not important 75 percent are unhappy, 25 percent are fairly happy and not one person is found to be very happy. However, Beck's study, although inclusive of both genders, did not draw any comparisons between male and female subjects. The present study, on the other hand, does examine differences and similarities between active and passive church participation in relation to gender, and suggests that the level of religious participation alone does not provide a sufficient understanding of religion and personal well-being.

4.3.2 Summary

In brief, I analyzed above how men and women of this study differ from each other in relation to religious participation; what are the effects religion, or the lack there of, has on their passage to widowhood, and the role religion continues to play in the life of a widowed person.

In doing so, I have discovered that there is, in fact, a difference in the way each gender views, practices and benefits from religion. Among the participants identifying themselves as religious, women participants are more likely to highlight religious involvement as an integral part of their recovery from bereavement. By contrast, the male participants are more likely, than females, to report that religious participation is not overly important during their bereavement process.

I found, in addition, that the level of involvement in church activities is related to the continuing level of personal happiness, as reported by the participants themselves, especially among the female respondents of this study. According to them, religion provides several functions, including a meaning to life and death, and, in some instances, a belief of reunion with their deceased spouse. Furthermore, religion helps grief recovery at the initial stages of widowhood and, later on, serves as an aid when dealing with widowhood-associated loneliness. For the active believers in my study, there is an additional benefit

of strong community ties formed through religion-oriented social relationships.

4.4. Marriage, Gender and the Experience of Widowhood

Apart from family structure, socialization processes and religious beliefs and practices, my findings of the participants' experience of widowhood suggest that the nature of marital relations also emerges as important. The data indicate that virtually all of the participants' marriages have at least occasional conflicts and problems, although most also maintain general satisfaction. However, in some marriages, conflicts and hardships are prevalent and sometimes intense, resulting in a detrimental effect on the personal well-being of the married individuals. I note that all marital traumas are linked with current choices of the widowed individuals.

This section compares the experiences of widowhood with marital experience. The findings suggest that marital experience impacts on widowhood and the perception of one's widowhood experience. The findings are discussed under various marriage themes: widowhood after a difficult marriage, after a prolonged or difficult illness of the spouse versus unexpected death of the spouse, and perception of remarriage in relation to the previous marital experience. In the analyses of the first theme, gender does not emerge as highly relevant variable, whereas in regard to

the two other themes gender plays a more prominent role.

4.4.1 Widowhood After a Difficult Marriage

Participants who identified their marital relationship as difficult share certain similarities with each other.

In this study there are two participants, one male and one female, who describe their marriage as "difficult and stressful". Another female participant views her marriage as "disappointing". All three marriages are characterized by different sets of problems yet share common themes, including resentment, disappointment and anger towards the deceased spouse. These feelings associated with the deceased spouse, moreover, appear to have an effect on the way the surviving spouse comes to terms with widowhood. For these three participants, widowhood is seen largely as a liberating process; they are finally free from obligations to stay married and able to lessen the stress brought upon them by disfunctional marital relations.

These three participants differ from the other participants only to the extent that the former maintain that they do not miss their deceased spouse. While the three acknowledge that they miss some of the activities associated with being in a couple relationship, these feelings seem not to be directly related to their deceased partners. In the case of the two female participants, both report experiencing initial grieving for a companion, but not

specifically missing their spouse. As one of the females reveals: "If it was not for all the sad things he did to me I would be heartbroken, but I am not". The male participant does not indicate grieving at all; he maintains instead that his wife's death is "a great relief" for him and a way out of "a difficult situation".

Yet unpleasant memories of the deceased can complicate the grieving process for some. If there are not enough pleasant memories of the deceased to soften the unhappy ones, the mourning can become complicated (Weizman, 1985:201). In complicated marital relationships, negative feelings make the difficult grieving process, at least at the initial stages of widowhood, even more confusing for the widowed person. This is the case for one female participant whose husband was an alcoholic prone to frequent fits of rage directed at her and their children. This particular woman has to deal with feelings of guilt and anger, as well as grief, with the passing away of her husband. While she feels relief that her "oppressor" is dead, as it means freedom for her, at the same time she expresses guilt for having such uplifting feelings. Directly after the funeral, for example, she chose to leave Victoria for a period of several months to visit her extended family in another province, people who are not part of her immediate family circle and who do not share her traumatic experience of marriage. She relates that she is not able to rely on her

children for comfort, although they have a "good relationship" together, because they themselves experience a similar guilt-ridden grieving. Even now, three years later, the oldest son refuses to speak about, or be part of a conversation, about his father.

Both of the female participants who report not missing their deceased partners note that, although their marriages have been difficult, they are "proud and glad" that they were able to go through it without a divorce or separation. For the two of them, the main reason they stayed with their spouse is to keep the family together. They both also express the belief that marriage is "forever" and they feel that it is their duty to keep the family together, despite the high personal sacrifice on their part. Much the same can be said about the male participant mentioned at the onset of this section, who had been married for 41 years, much of the time taking care of his mentally-ill wife. Yet he is not willing to talk about his marriage, supplying only a few details.

4.4.2 Widowhood after an Extended or Difficult Illness of the Spouse vs Widowhood after an Unexpected Death of the Spouse

Death in a family is never easy. Regardless of the nature of marital relations it causes unusual stress for a surviving spouse. However, there are observable differences

among my study's participants in their reaction to the death of their spouse. Differences in reaction to death are observed amongst those participants whose spouse suffers from a prolonged or difficult illness prior to death, those who have some level of warning of their spouse's death, and those whose spouse dies unexpectedly.

For those who enter widowhood at a later stage in their life-course, it is most likely that the deceased spouse suffered from illness prior to death. For them the last stage of marriage is marked by their spouse's illness (see Table XVI in Appendix B). It can be a stressful and a trying time for both spouses and this experience tends to be carried forward and integrated into the initial experience of widowhood, and beyond.

An extended period of illness and/or a difficult illness prior to death appears to soften the initial impact of death for the surviving spouse. Long and/or difficult illness is often stressful for the spouse, extended family and actively-involved friends. They can become physically "exhausted" from care duties, frequent trips to hospital and, more significantly, from the emotional strain of watching a loved one suffering. In some instances, death of a spouse brings "relief" or "liberation from stress".

Three female participants and two male participants report having extensive levels of difficulties with their spouse's terminal illness. They also indicate that their

personal level of health has improved since the ill spouse died. A female participant, whose husband suffered from cancer, says that she lost 40 pounds in one year while taking care of him. She, herself, was recovering from a heart attack when her husband fell ill and thus was not really well enough to take care of her husband at home. Yet she nevertheless "feels guilty" to have him taken care of in a hospice. As a compromise to her dilemma, she chose to take care of her ill husband a few days a week at home and then have him stay a few days in a hospice, while she rested to renew her strength: "It was not much of a life for me but I was glad to help him". Only after her husband died did this participant concentrate on her own health and personal concerns.

A male participant, whose wife suffered from progressive bone deformation, took care of her at home for five years until her death. His wife was confined to a wheelchair or bed, and thus in need of "extensive care". This participant speaks of physical exhaustion, not only from all the work required to care for his wife at home, but also from lack of sleep, since he had to get up twice every night for the five-year period. Another male participant, whose wife suffered a heart attack one year prior to her death, reports that from the onset of her illness up to her death "I lived in fear of losing my wife". Her death puts an end to this fear since "I did not have to worry about [her]

anymore".

All of these participants note that they knew that only death itself would bring an end to their difficult circumstance. For them, anticipating the death of their spouse means that the actual death is a less tragic experience than for those participants whose spouse dies unexpectedly. I observe, then, that illness of the spouse is a form of prelude for the next, emotionally difficult stage -- death -- providing time and warning for the surviving spouse. As one female participant explains: "I dealt with widowhood little by little. At first [he] got sick and I was [visiting him] in a hospital a lot; then he had to go to a nursing home, and then he died." In the case of a female participant whose marriage was "difficult and stressful", the time from the onset of illness until death of her spouse was a time of enhanced tension between them, making widowhood an appealing escape from a difficult situation.

In comparison to the participants who, through the illness of their spouse, are warned of the upcoming widowhood, the participants without warning have to deal with a period of shock at the initial stages of widowhood, making the actual grieving and healing process more complicated and prolonged. A female participant whose spouse died of a heart attack, without prior diagnosis of a heart problem, points out that it took her several months to come

out of shock and "realize that I have to make life for [myself]" without her husband. She says: "I was numb for seven months. I visited with people but I did not hear them. I felt sorry for myself and I developed ulcers from all the sudden worries of being alone." Another woman, upon finding her husband dead unexpectedly, also from a heart attack, notes that it was one of the most shocking experiences in her life: "For a long time I was just existing, not feeling life. No one was able to help me. I do not remember a lot that happened... I just wanted to die for a very long time."

When comparisons are drawn between the female and male participants whose spouse died unexpectedly, a slight but distinct difference is observed in terms of reaction to the shock associated with sudden widowhood. All three male participants who experienced an unexpected death of their spouse relate that they buried themselves in work/activity in order to deal with the sudden shock. As one of them expresses: "I numbed myself through work". The males maintain that the best way to deal with sudden death of a spouse is through a lot of work, to the point that there is no time "for oneself", no time to "think" and no time to "dwell". The approach of these men was to block out feelings through work and hope that, over time, these feelings would go away: "time is the best doctor". Females' response to the "shock", in contrast, was that of withdrawal, passivity, and inability to function.

4.4.3 Marital Experience and Remarriage in Widowhood

For a majority of persons widowhood is a stressful transition from life as a couple to life as a single person. There are many difficulties associated with life without a spouse in Canada today, one of the most obvious and immediate being the role change from spouse to widowed person. A way out of this new life-course stage is via remarriage. As discussed in Chapter Three, previous research findings indicate that not all widowed individuals consider remarriage and fewer actually remarry (Lopata, 1979; Gentry, 1987). While there is little research on remarriage in widowhood in Canada, Statistics Canada report that remarriage in widowhood is declining, especially among females. Yet it is not exactly known why, other than a low availability of suitable male partners, such decline occurs (Matthews, 1987b).

In this study, I ask participants "Would you consider remarriage? Why and why not?" All participants appear to have a firm stand on the notion of remarriage, although in some cases the answer is not a straightforward "yes" or "no" (see Table V in Appendix B). Out of six males, two answer "yes" to considering remarriage, three answer "no" and one answers "not anymore" (meaning that he had considered remarriage at an earlier time). Out of six female participants, two women answer "maybe" and four answer

"never" to the consideration of remarriage.

Looking at the answers it appears that there are no differences regarding remarriage among the genders. Out of each group, two members express a positive inclination towards remarriage and four participants of both genders report negative views on remarriage. I would like to point out, however, that none of the female participants choose the words "yes" or "no". Instead of "yes", they use "maybe" and, instead of "no", they use "never". The understanding of these word choices becomes apparent only when the question "why" is posed and when the reasons to this question are examined. The reasoning of individual participants sets the two genders apart in their views on remarriage.

Among the four female participants not considering remarriage as an option, three communicate that they would "never" remarry because they had a "wonderful" relationship with their deceased husband, to the extent that they would not be able to live with another man. They provide explanations such as the following to lend support to their position: "If I cannot have my husband I do not want anyone else. No one can take his place"; "...nobody compares to my husband"; "...my husband was so wonderful. I could not conceive of the idea of another man in my life". The fourth female answering "never" to remarriage, reasons differently from the other three "never" females. After an unsatisfying marriage to an alcoholic, she says: "I do not want to look

after anybody. I want my freedom and I want to do as I please. I am afraid of commitment." While all these females maintain that they miss male companionship on some occasions, they nevertheless report "never" having considered remarriage and "never will".

The two women from the "maybe" category relate that they might consider remarriage, but only under specific conditions. One says: "I would not mind having a man in my life with whom I can share various activities, but I really would not want sex." The other "maybe" participant notes that she would consider sharing a life with a dedicated Christian man, but she feels that she is "too busy spreading the Lord's word" and "really would not want to change [her] life for a man". Five out of the six female participants express such feelings as not wanting to cook for, clean after, and take care of another man. It appears that being married, for these women, means a lot of time spent with activities that are not now (if ever) desirable, even to the extent that male companionship will not compensate for these "costs" of remarriage.

Male participants' reasons for a "yes" or "no" to the question of remarriage significantly differ from those of female counterparts. Out of the four male participants who express "no" to remarriage, only one notes that it is because his deceased wife is "so wonderful that no other women can take her place". Yet even this participant reports

that he is having a close and intimate relationship, for the past twelve years, with a woman friend whom he does not plan to marry. Another male relates that he considered remarriage at one point in the past but he was turned down by a widowed female he was dating at the time. Since then he says that he "neither desires" nor has "time" for another serious relationship. He maintains that romancing a woman at this point in his life is a waste of time for him. Another participant, who also gave a "no" to remarriage, simply explains that "once is enough for anybody". This man points out that he has never considered the idea. His wife was diagnosed with multiple sclerosis just three weeks after they were married and, after 15 years of marriage, she was hospitalized until her death seven years later. He notes "that was enough" for him. The last male participant not considering remarriage maintains that he enjoys a close but not intimate relationship with a female friend of many years. He says that after a difficult marriage to his mentally-ill deceased wife, however, he would not want to marry again.

It appears that, although for different reasons, both widowed men and women participants are reluctant to commit to a new marital relationship. If their first marriage is identified as a satisfactory experience, women participants express difficulty envisioning themselves having an intimate relationship with another man. The participants for whom

marriage is not a satisfactory life-stage experience decline the possibility of any new marital commitment out of fear associated with the previous marital experience. Among the participants who view remarriage as a possibility, male participants express more conviction about the positive aspects of entering into a new marital commitment, whereas their female counterparts remain doubtful, at best viewing remarriage as a "maybe" rather than straight a "yes" option. My findings indicate that a lack of suitable males for remarriage is not the sole explanation of the low remarriage rate among female widows, as the research literature tends to suggest. Although there is indeed a shortage of suitable male partners, it appears that low desire to enter into a new marital relationship also deserves consideration.

4.4.3 Summary

When examining the experience of widowhood, it appears that the nature of marital relations between husband and wife extends its influence into widowhood. The memories of the marital experience are linked to the way participants come to terms with widowhood. Participants, both, women and men, who identify their marriage as "difficult, stressful, or disappointing", see widowhood as a liberating experience. Participants from these marriages maintain that they do not miss their deceased spouse, contrasting the widowhood experience of participants from satisfactory/happy

marriages.

Similarly, the last stages of marriage, and the process of spousal death itself, are also found to influence the experience of widowhood. Differences between participants who lose their spouse to illness and participants whose spouse dies unexpectedly, are observed in terms of individual levels of acceptance of the new life-course stage of widowhood. Participants whose spouse is ill prior to death walk into the role of a single individual more prepared. In contrast, participants who face an unexpected spousal death report "shock". Yet males and females react differently to the shock of unexpected death. Females disclose emotional numbness and inability to function, often remaining passive for a period of several months. Male participants respond by increasing their level of activity in order to avoid the painful reality of unexpected death.

I found, moreover, that former marital experience influences the perception of remarriage in widowhood. If the first marriage is viewed as satisfactory/happy, female participants have difficulties envisioning themselves being married to another man. In different way, participants reporting difficult marriages also view remarriage in a negative light, mainly out of fear associated with previous marital experience. Among the participants considering remarriage, men express more conviction about the positive benefits of remarriage than their female counterparts.

4.5 Gender and the Experience of Loneliness in Widowhood

The issue of loneliness in widowhood is complex, not only because of the elasticity of the term, but also because of close integration of various situational elements that interact with it, not least of all gender, health, social class and education. My discussion on loneliness in widowhood is organized into several themes. It opens with a definition of loneliness as discussed in the scholarly literature and as provided by the participants themselves. Loneliness in relation to such themes as networks ties, friendships, and the level of involvement is then analyzed and related to gender.

4.5.1 Defining Loneliness

As note in the introduction of this work, in the literature on widowhood, the theme of loneliness is identified as the number one problem among the elderly (Matthews, a; Bock & Webber, 1972; Ailing, 1976). Helena Znaniecki Lopata's study of urban widows, for example, found that 48 percent of her random sample identify loneliness to be the "major problem in widowhood" and additional 22 percent refer to loneliness in conjunction with other problems (Lopata, 1973a). Left unanswered by this and other studies of this sort is the discussion of what loneliness really means for the individuals themselves.

Robert Weiss (1973) takes us towards a more grounded definition by distinguishing between two types of loneliness: 1) emotional isolation - resulting from the loss of or lack of intimate ties, usually with spouse, lover, parent, or child; 2) social isolation - involving low level or no involvement with peers, colleagues, kinfolks, neighbours, or friends. This distinction is useful because it allows us to illuminate the complexities of loneliness for the individuals involved. For example, one can experience a deep sense of loneliness when lacking ties with colleagues or neighbours in a new town, yet nevertheless fully enjoying a satisfying relationship with a spouse and/or children. By contrast, a widowed individual can experience feelings of loneliness while enjoying a dense network of ties with friends and/or extended family. In this understanding, loneliness is not simply a desire for company but rather a state of being without some definite and needed relationship or set of relationships (Weiss, 1989; Perlman, 1989).

In this study I use this two-fold definition of loneliness. My central concern is not to frame a logical concept or definition of loneliness but rather to provide a description of the phenomenon as experienced and understood by the participants. I ask both genders to provide an individual definition of loneliness that reflects their own experience of being lonely in widowhood. Answers to this

question are diverse in formulation and illustration, but nevertheless convey two leading themes: 1) loneliness resulting from dissatisfaction with the degree/number of social contacts; and 2) loneliness brought on by the lack of emotional fulfilment and satisfaction from present social network ties.

Gender, once again, emerges as significant. Male participants are more inclined to define loneliness as dissatisfaction with the physical intensity of the social network ties; female participants tend to explain loneliness as dissatisfaction with the level of emotional intensity provided by their existing social network ties. For example, four out of six male participants relate loneliness to physical aloneness. Here are some of their comments: "not desiring to be alone; no one to talk to; no one to watch TV with; being alone when you are not used to being alone; being dissatisfied with the fact that you are alone; doing things alone; and miss[ing] people. Only two male participants relate the feeling of loneliness to desire to be with their deceased spouse: "Not being able to forget that I lost the closest person to me, [one] who loved me and cared for me. [Loneliness is] a feeling of missing [my wife]".

By contrast, female participants typically perceive loneliness in widowhood as an emotional deficiency. They report being satisfied with the density of their present

social network ties but feel that their social contacts are not able to provide full emotional satisfaction for them. These are some of the female participant comments on loneliness in widowhood: "Loneliness is sadness [which comes] when I think of all the good times I had in the company of my husband; loneliness comes when I wish [my husband] was here; I am not lonely for friends [or] another man; I am lonely for my husband; loneliness is to miss my husband". These comments are made by females who report good or satisfying marriages. An interesting slant on loneliness is provided by the two females with unsatisfying marriages. They are not, like the other female participants, missing the company of their particular deceased spouse but rather another (yet unknown) man. "When I see a couple I feel alone [and] I miss having a man in my life; I feel lonesome for a man".

In brief, all female participants relate the feeling of loneliness to being without an intimate male companion. The women with satisfying marriages miss their deceased husbands and the women with unsatisfying marriages miss "a man" in their life. These findings contrast to those of male participants who are more likely to see loneliness as a result of physical deprivation of social contact rather than missing a special person. Only two males define loneliness as related to their deceased spouses.

Once more, the life-course perspective provides a frame

for understanding difference in the definition of loneliness between the genders. The females in this study are raised to find their identity through their husbands. Their life, from the onset of marriage, derives importance from the activity of being a wife and mother. The male participants' sense of being comes not only from economically providing for their families but also from their work life outside the household. Once their marriages ended with widowhood, the female participants, more so than their male counterparts, tend to experience difficulties in securing emotional fulfilment from their subsequent non-marital social relationships.

4.5.2 Volunteer Work and the Experience of Loneliness in Widowhood

All of the participants relate that they know what loneliness is and what it means for them personally. Similarly, they all mention having a conception of what causes the feeling of loneliness in their life and are knowledgeable about resources available to them in order to prevent or soften the unwanted feeling. No participant is a stranger to loneliness. Yet, for the great majority of them, loneliness does not loom as the overriding problem in widowhood. For many, the reality of being a single person after many years of coupled existence is difficult, but this reality does not necessarily translates into a pervasive

feeling of loneliness. Loneliness, as they reveal, "comes and go"; it is not a permanent or prevailing state of being.

I asked the participants whether loneliness is "a major problem for them" (see Table VIII in Appendix B). All of the participants, except for two males, answer "no" to this question. The two males who identify loneliness as a serious problem in their present life are distinct from the others on several situational as well as normative life events. One man, at the time of the interview, is widowed for a period of three months (the shortest time-period among all the participants), and still feels "emotionally overwhelmed" by the sudden death of his wife. While still grieving, this participant seems to be aware of his present situation is unique: "over time [loneliness] will go away". He reports having strong network ties with his married children, grand children, as well as with siblings that are residing in a same town where he maintains a daily contact with them. He consciously employs several techniques to overcome the feeling of loss and loneliness. He goes out in the evenings, he visits with friends or family and often joins organized groups for out-of-town trips. However, he does not partake in any volunteer work and never has done so.

The other man identifying loneliness as a serious problem in his life is also unique from all the others, but in a different way. This man lives a relatively passive life, has no friends or family in town and lives virtually

without meaningful contacts: "I do not like to sit here alone day after day". He never volunteers his time and although widowed for 20 years, he avoids group participation of any sort. He relates that he used to have friends, but none of them came to visit him in the past year.

Furthermore, this man, in comparison to the other participants, has fewer economic and social resources and serious health concerns; he lives in subsidized housing with little disposable income, has the lowest level of formal education, and suffers from a terminal illness.

The other four male participants, as well as their six female counterparts, all reporting that loneliness is not a serious problem in their life, are well aware that overcoming loneliness is not an effortless task. They employ several techniques to prevent or overcome the feeling of loneliness (see Table X in Appendix B). The most acknowledged technique, for both genders, is to "keep busy". Among the female participants, "keeping busy" means doing volunteer work. Five out of the six females engage in volunteer work on a regular basis (see Table III in Appendix B). Three of the females perform up to 10 hours a week in volunteer activities; two of them work as much as 20 hours a week as volunteers. The volunteer work among female participants is organized through the church they attend. The self-identified atheist female participant does not belong to any organization nor does she partake in volunteer

work. As noted earlier, for this participant depression is an ongoing problem.

All female participants who volunteer their time maintain that volunteer work brings fulfilment to their present lives, especially a sense of "being needed by others". "If I could not do [the volunteer work] I am doing, I do not know what I would do; I have been doing [volunteer work] for eight years [since my husband's death] and I can honestly say that it is [volunteer work] that kept me sane; I benefit so much from [volunteer work]; it is rewarding to give myself".

Only two male participants indicate that volunteer work is a regular activity in their lives; both devote approximately 20 hours per week to the cause. One man is motivated through religious beliefs to do volunteer work; the other, an self-identified atheist, enjoys helping other and wants to be busy. Two other male participants perform volunteer activities only occasionally; due to declining health they have slowly withdrawn from their regular volunteer commitments.

In sum, widowhood and living alone motivate many of these participants to pursue volunteer work. The involvement in volunteer work is largely a result of the free time available to the participants since their spouse passed away. For both genders, interactions with their spouse took priority over other interactions with the outside world,

including friends and extended family. This is especially noticeable among the female participants, and two of the male participants, who report that none of them were involved in volunteer work prior to widowhood. In contextual terms - volunteer work can be understood as an activity encouraged by the presence of widowhood; volunteer work has a clearly defined meaning in the life events of the many elderly widowed persons. Volunteer work, especially for female participants, is one of the main tools used to combat loneliness. However, the natural progress of aging and declining health will no doubt reduce the volunteer work possible for many of them; at some point, loneliness may indeed become more of a problem than it is now.

4.5.3 Social Network Ties and the Experience of Loneliness in Widowhood

Beside volunteer work, participants utilize other techniques to prevent/control loneliness in widowhood. One such strategy is to seek companionship in others. They identify two types of companions: 1) a friend - a person who is more than an acquaintance but is not considered by the participants to be an intimate and close friend, with whom they do not share private or emotional moments; 2) a confidant - a friend of a deeper sort, who plays a significant role in their lives, with whom they share intimate and private concerns and someone they can rely upon

in times of crisis.

Friend and/or confidants are the main sources of daily interaction for the widowed participants of both genders. Female participants have between 5 to 20 friends and up to 4 confidants. In contrast, male participants have a higher number of both friends and confidants (see Table IIIc in Appendix B). Two of the males report having 50 friends, and one male participant maintains having close to one hundred friends. Two other male participants have between 6 to 10 confidants and the remaining two indicate as many as 15 to 20 confidants. This is 3 to 4 times more than the number found among female participants.

The sociological literature does not provide a well-rounded understanding of friendship network ties and their significance in the lives of widowed elderly. In general, it seems that women have greater numbers of friends and confidants than elderly men, although both genders are likely to have no confidant in their network. Other findings indicate little or no difference between the genders in their friendship ties (Chappell, 1992:14). Among the participants of this study, however a difference does exist between the genders. I suggest that this difference is best explained by examining the multitude of factors across the life-course of individual women and men. Such life-course events include the quality of marital relations, presence or absence of children, lengths of widowhood, and nature of

extended family ties. Male participants with high numbers of friends are men who have only a few or no family contacts in Victoria. Two of these men are childless and another male participant has only one child, no extended family in Victoria, and is widowed for 24 years - the longest period among all the participants. These distinctions are not observed among the female participants. The woman respondent most involved in volunteer work records having only 5 friends and no confidants. This participant meets many people during the course of her day, as recorded in her daily diary, yet she does not refer to them as friends. It appears that women of this study are very selective concerning whom they name as "friend".

It seems, then, that friends and confidants play significant roles in the lives of my participants of both genders, although males report having more of each type of companionship. Yet satisfaction with companionship is not dependent on number alone. Individuals with only a few contacts can feel very satisfied, whereas those with large friendship networks may nevertheless experience loneliness and emotional dissatisfaction.

Friends and/or confidants in fact are fundamental to the participants' capacity to successfully deal with and/or prevent loneliness in widowhood. This is true especially among female participants (see Table XI in Appendix B). Male participants, in contrast, identify their own person as the

main source of strength when dealing with or preventing loneliness in widowhood. The same men also indicate having the highest number of friends and confidants. Again, these men are socialized and encouraged across their life-course to be independent decision-makers within their family, as well as in the outside world. Female participants reveal that they rely upon their husbands for opinions and support. Similarly, in widowhood, females seem more prepared to accept help from others, perhaps because they have been doing this throughout their life. Male participants, on the other hand, choose to rely upon themselves, even when the help from friends and family is available.

For both genders, family relations are important but do not take precedence over friendships. My findings find support in the literature. Robert Bell (1981) finds that friendships for the elderly are fundamentally important in their day-to-day life. For those persons over age of 65 with friends, 91 percent see those friends almost every day. Although there is little research on the role and the nature of friendships among the widowed elderly, my research and a few other studies suggest that friendships play a far more important role in the lives of the elderly that has previously been recognized (Chappell, 1992:18).

In this study, only one male and one female participant identify family to be the most instrumental source of interaction when dealing with loneliness. The female

participant views herself as "a family-oriented person" and believes that personal issues such as health, loneliness or financial problems are to be dealt within the family circle only. The male participant is only recently widowed. The importance of family during the initial stage of widowhood seems to be generally the case. As summarized in the Table XIII (see Appendix B), five of the female participants identify family as the most helpful contact when dealing with bereavement. Only one female sought out church friends during this period; her only family in Canada is her son who, she maintains, is unreliable and often a source of grief for her.

The situation is different for the male participants. Only one, as mentioned above, sought out family support in bereavement. Three male participants maintain that they relied upon themselves. As for the rest of the male participants, one has no family in Victoria and, in any case, indicates preference for friends over family relations, and another man reports that there was nobody available to help. This participant, in contrast to all others, does not consider himself to be in control of his life: "There is not much I can do when I am lonely".

In actuality, only one man suggests having an ideal family support system available to him when in need. This participant maintains close contact with his married daughter, his grandchildren and son-in-law. Similarly, he

has daily contact with other kinsfolk, including his brother and sister. He reports that, since widowhood, he has developed closer relationships with his siblings, notably his sister. For him, family, rather than friends, is more central in his network. As for the other male participants, family support is not fully available to them, and they "choose" to rely upon themselves. It is not clear, from the interviews, if these men would have chosen family support in the time of bereavement if it was readily available. The importance of family support over friendship in the time of bereavement, especially among the female participants, can be explained in regard to the distinction between two types of contact: friends/confidants versus family. Friendship bonds are characterized by voluntary involvement and consensus rather than obligation, which is more often part of family relations (Chappell, 1992:18). A distinction needs to be drawn between social support and social network. Active and frequent interaction with others does not necessarily translate into support, either physical or emotional. At the onset of widowhood, the grieving individual is not only in need of emotional support but also of practical assistance in order to reorganize/begin a new way of living. Often, the grieving person has no strength to effectively deal with the demands of day-to-day life.

For the participants with family support available, most often provided by grown-up children and/or siblings,

this indeed took precedence, during this initial stage of widowhood, over support offered by friends and/or confidants. Although friends later emerge as the main source of day-to-day interaction for these participants, family, when available, continues to remain central in crisis situations and during important decision-making periods. This observation is important for it suggests that widowed individuals of both genders, as they age, will require more help and support in their day-to-day existence. It will be most likely that family, rather than friends, will provide this assistance. Yet none of the participants express a desire to reside with their grown-up children. One woman, for example, is planning to move to Vancouver where her daughter lives. She wants to live in a seniors' home, close to her daughter; yet this participants plans remain in Victoria as long as she is able to live independently. Other participants of both genders who have children reveal that they would be uncomfortable living with any of their children. This is not least of all because of perceived lack of privacy, feelings of obligation and even resentment which this type of co-habiting can create for both parties.

4.5.4 Responsibility and Control over Loneliness

In sum, the majority of participants, with the exception of two males, see themselves as not lonely and do not believe that loneliness is a problem in their present

life. They have a variety of tools and techniques to deal with or prevent loneliness. They see themselves as active, either through volunteer work, church-oriented participation, hobbies or socializing. When asked the question "In your opinion, is loneliness a major problem for other elderly persons?", all of the participants, except for one female, answer "yes" (see Table VIII in Appendix B). By and large, participants of both genders believe that other elderly people are, more than they, suffering from loneliness in widowhood.

The reasoning behind their perception of other widowed elderly is quite diverse, yet a distinct theme runs through the interviews on this issue. All participants perceive other elderly to be not as capable as themselves in overcoming or preventing loneliness in widowhood. These are some of the reasons the participants provide as answers to "why" they think that other elderly are lonely: "[It is] their own fault. I have to force myself to go out and be active. It is up to the individual to deal with loneliness. Other women never learned to be independent [in widowhood]. I have friends who are lonely but they are not motivated to help themselves. [Widowed] people have to go to the right places and learn how to make friends. I see loneliness as a tremendous problem for other widowed people, they have no ability to restore their life and they do not know how to take advantage of things that are available to them. They

lived sheltered lives in marriage and never readjusted to [widowhood]. They have no confidence in themselves, they do not know how to organize their life and [how] to reach out to others."

I observe no gender difference in this regard. Both male and female participants believe that they deal with loneliness successfully, whereas others they know, in their view, do not. Interestingly, when locating participants for this study, I received referrals accompanied by such comments as "this would be an interesting person to interview for she/he is lonely". However, out of the several persons referred to me as lonely, only one identifies loneliness as a problem in widowhood. When loneliness is indicated by the participants it is referred to as "an occasional" problem that can be overcome.

As a comparative measure to the qualitative description of loneliness, I also asked participants to rate their experiences with loneliness on a seven-point Likert-type scale measuring "responsibility for loneliness" and "perceived control over loneliness" (see Appendix E). This measure is incorporated in order to see if the obtained scores correspond with the qualitative accounts of loneliness, as presented by each participant.

The scores obtained from the two item scales indicate that female participants have a lower level of responsibility for loneliness and lower level of control

over loneliness than male counterparts. Yet both males and females report higher levels of responsibility for loneliness, compared to the level of control over loneliness.

For the majority, the recorded scores within each gender category are in agreement with in-depth comments made by the participants about loneliness in widowhood. However, two female participants, whose scores are relatively low on both measures, maintain to be lonely only occasionally. In these two cases, the scores are not indicative of the reports provided by these two female participants nor with the accounts revealed in their daily diaries. The two males who identify loneliness as a problem in their life also show low levels of responsibility and control over loneliness. The participants who devote more hours than other participants to volunteer work show higher levels of responsibility and control over loneliness.

Dewayne Moore and Norman Schultz (1989), in their implementation of the two-item scales conclude that the tendency to take responsibility for loneliness is associated with lower intensity of loneliness, shorter duration of loneliness, lower frequency of loneliness, and higher level of life satisfaction. The perceived level of control over loneliness is associated with higher self esteem and lower frequency of depression. In the present study, female participants have lower scores than males on both item

scales, yet it is not apparent from the interviews that they are more lonely than the male participants. Perhaps it is not very useful to compare scores across genders since, as I argue throughout my thesis, loneliness means different things for each gender. From my findings it is hard to conclude for whom, males or females, widowhood and loneliness are more stressful. Both genders confront loneliness in widowhood and both genders use coping strategies, more or less successfully, to lessen the pain of being left alone.

4.5.5 Summary

Studies of widowhood present loneliness as the most prevailing difficulty faced by the widowed elderly. Similarly, studies of loneliness report that the general perception of the widowed elderly is associated with that of loneliness (Mullins et al., 1989). This study lends support to this literature but with qualification. Eleven out of the 12 participants express that, in their opinion, other widowed elderly are lonely, usually because of their own inability to readjust to widowhood, to seek help, to increase social activities and establish new friendships. Yet the majority of my participants maintain that loneliness, for them, is at most only an occasional visitor. Living a life of a single person after many years of marital life is not easy, often requiring a complex re-adjustment.

However, life alone or the desire to be with the deceased does not automatically translate into the feeling of loneliness.

Loneliness in widowhood is a complex phenomenon related to a multitude of factors, rather than a singular state such as widowhood. It is essential to understand loneliness in relation to a whole spectrum of life-course experiences, not least of all the nature of social network ties, level of social involvement, friendships, and individual perception of loneliness. Loneliness, as revealed by the participants, is most intense in the initial stages of widowhood but manageable later on, usually through conscious efforts and awareness on the part of the widowed individual. Both genders are aware of loneliness in their widowed life; however male participants are less ready to admit the presence of loneliness and they are less likely to seek help from family and/or friends.

I am, however, aware that this study is not fully representative of the aging widowed population of Canada nor the remainder of the industrial world. In particular, analysis of variables of social class, ethnicity, race are missing from my study. The issues of lower social class and education were noted in the case of the "lonely" male participant mentioned in this chapter and these factors appear to affect his experience of loneliness in widowhood. The limitations of this study as well as the effects of

situational factors on the experience of widowhood will be more closely reviewed in the following and concluding chapter.

Chapter Five

SUMMARY AND CONCLUSION

This thesis began with the question of the relationship between widowhood and loneliness for older men and women. The analysis of an assortment of primary data, including questionnaire, in-depth interviews, personal diaries and field observation, suggest that loneliness is just one among a number of problems confronting an elderly person left without a spouse at the late stages of their life cycle. What does emerge from my data as significant, however, is the importance of gender in helping us to investigate the different coping strategies women and men call upon when confronting widowhood.

Although gender emerges as an important variable in understanding widowhood, its analysis proves to be rather difficult because gender is multidimensional, encompassing biological, psychological, social, economic, cultural as well as political components. Gender, moreover, is so basic to our everyday life, defining for us and others who we are, what we do and how we feel, that we take it for granted, overlooking its sociological significance (McLaren, 1988:1-27). Rather than analyze the various causes of gender difference, my data highlight some of the links between other gendered life-course experiences and that of widowhood. I will conclude this thesis with a summary look

at the phenomenon of gender and its relevance in the analysis of widowhood, followed by suggestions for future research.

5.1 Theorizing Widowhood and Gender

Feminist theory places gender at the centre of social science inquiry (Lengermann & Niebrugge-Brantley, 1988:293). It is apparent that the two genders, emerging as distinct in this study, differ not only biologically but also socially. Social differences, moreover, are enhanced by cultural understanding of the biological differences between males and females (Lengermann & Niebrugge-Brantley, 1988; Ehrhardt, 1985; Romer, 1981; Rossi, 1985).

Empirical research motivated by theories of gender-role development, in particular, proposes that gender roles do not mainly result from natural/biological traits or instincts but rather tend to spring from the socio-cultural expectations of the larger society (Weitz, 1976; Powers & Bultena, 1976). Social interactionists, for example, hold that biological differences between males and females do not directly produce gender-role differentiation; role differentiation observed throughout the life course of men and women is, rather, an indirect effect of social reaction to biological differences (Cahill, 1983).

Life-experiences for women and men likewise differ across historical time and from one culture to another

(Marini, 1988:379). Yet despite such historical and cross-cultural differences, social formation of gender categories retains a stable mechanism of their transmission, that of socialization (Weitzman, 1984; Scanzoni et al., 1988:18-32). Through socialization, each culture as a socially-constructed body of practice reinforces chosen predispositions or socializes against them or reverses them (Rossi, 1985). Socialization, as a social shaping process, transmits to children gender-appropriate role models, enforced by means of rewards and punishments. Such observed gender differences, furthermore, tend to be seen as "natural and functional" by the participants themselves. Social behaviour, then, shaped by acquired roles, always occurs in a larger cultural and historical context in which individual women and men are influenced by their "reference groups". Yet while adjusting their actions to fit what they believe are appropriate "standards", individual men and women also play an "active part" in their own socialization (Backer, 1984a:11). Any theoretical account of gender and widowhood needs to recognize "the active and creative subjectivity" of widows and widowers negotiating with their social-cultural environments (Morris, 1987; Weedon, 1987).

In this study, the process of socialization is conceptualized by using a life-course perspective. The experience of widowhood, I suggest, is best viewed in the context of dynamic, life-long, processes in which the coping

strategies used by the widowed men and women are not fixed at birth or at any other particular life stage. Rather such coping strategies are formed, shaped and re-shaped across the entire life cycle of the individual. The life-course perspective allows for an understanding of key events, such as widowhood, as broadly affected by social, cultural and environmental changes, as well as by the characteristics of the historical cohort under examination.

Socialization is a process that reflects and encompasses the social climate in which people are born and educated, where they form their families and how they experience their life as men and women. In this study the focus is on their experiences as married individuals, their role within the institution of marriage, and their subsequent experiences in widowhood.

5.2 Widowhood and Situational Differences

Studies of widowhood and old age that include gender in their analyses often attempt to answer the question of who fairs better, widowed men or widowed women (Bock and Webber, 1972; Townsend et al., 1968; Scott & Kivett, 1985). While important for their contribution in identifying different gender-specific situational forces such as education, financial status, and friendship networks, these studies nevertheless are limited in their portrayal of the everyday reality of widowed women and men. Qualitative data gathering

techniques are helpful for filling in the gap in social understanding of the underlying meanings of widowhood for the persons involved. From this study it appears that ranking experiences of widowhood on quantitative scales, without qualitative input of the widowed men and women themselves, can actually provide misleading portrayals of the widowed population.

Yet in-depth interviewing and observation tend to be more time and resource-consuming than survey based research. It is also difficult, in qualitative studies, to incorporate and control for a large number of factors. The findings of this study, therefore, do not fully represent the widowed population of Canada nor, for that matter, of the Greater Victoria Area. While addressing gender differences, my study remains weak regarding understanding how race, ethnicity, social class, education and health interweave with gender during widowhood. Likewise, while I give some attention to the variables of health, financial status, and education, further study is needed in order to substantiate my findings in this regard.

Comparisons made in relation to the level of physical health and the level of involvement in social activities do not indicate a strong relationship between the two. Gradual decline in physical health, including loss of hearing, limited vision, heart disease, arthritis, arteriosclerosis, and limitations in walking, does not seem to be related in

this study to the level of involvement with friends/confidants nor to the presence or absence of loneliness in widowhood. Rather, participants' own perceptions of friendship and its role and benefits to them, as individual women and men, are seen as the crucial motivator of social involvements.

Male participants recount having more friends and confidants than female participants. Yet, in time of difficulties, male participants perceive themselves to be the main source of strength, whereas females are more inclined to turn to friends for help. Participants of both genders who see friendships as beneficial and important to them interact with friends/confidants, despite the presence of health limitations. Participants of both genders who place a high value on friendship are also aware of the necessity to actively maintain their social contacts. Both genders believe that it is up to them to create new friendships in widowhood, as well as to maintain existing social ties.

Studies on health and friendship point to the fact that with increasing age and declining health the world for many widowed elderly shrinks, and their life is reduced to aloneness (Bell, 1981:188). Although this scenario may be true for many elderly, except for one male participant, it is not the case for my sample. Yet more serious health problems not affecting my participants might in the future

inhibit their mobility and agility and, indeed, ability to carry out volunteer work -- an integral element of social interaction among my widowed elderly participants.

Similarly, the findings of this study regarding financial status and level of education are inconclusive. A female participant with lower income available to her than to other female participants donates considerable part of her income to charities. She, in essence, spends little money on herself and feels pride in doing so. Her devotion to a "higher purpose" (serving God) and her altruistic frame of mind appears to give her more personal satisfaction than using her income for improving her living standards, travelling, or personal entertainment. On the other hand, the case of the "lonely male participant" in my study, who presents a picture of low income, poorly educated widowed elderly, lends support to the existing sociological literature. In this particular case, deficient finances and low education, compounded by health problems, seem to be contributing factors to loneliness. In contrast, some of the other participants, roughly on par in regard to income, education as well as health status, demonstrate abilities to create and maintain supportive social network ties and to resolve the pressures of widowhood, including the feeling of loneliness. These contradictory findings suggest that it is important to explore why some widowed people are capable to cope with loneliness better than others with similar social

and demographic characteristics.

5.3 Gendered Coping Strategies in Widowhood

As mentioned throughout the analysis, abilities to cope with the pressures of widowhood are found, to a large extent, to be gender-specific. Each gender displays special coping strategies that have been shaped across the life-course. Because of their gendered positions within the institution of marriage and parenthood, men and women tend to approach widowhood with different sets of perceptions and coping skills. Yet while gender-specific, the data do not support the view that the realities of widowhood are more problematic for one gender than the other. Rather, my findings suggest that the experience of widowhood is difficult for both genders and that the level of difficulty is at least partly determined by the nature of marital relationship previously experienced.

Research shows that the way widowed persons react to the death of their spouse also affects their personal sense of physical and emotional isolation (Bell, 1981:191). If their marriage is difficult and stressful, then widowhood appears to be comparatively less traumatic than for marriages which are fulfilling. Similarly, an extended period of spousal illness preceding death tends to soften the initial impact of widowhood. In this situation, the care-giving spouse is usually physically and emotionally

exhausted; only with the onset of widowhood can (s)he begin to look after her or his own needs.

The gendered experiences of widowhood are also a product of social-cultural milieu that shapes the circumstances of wives and husbands within the family and larger society. The life-course perspective places individuals in historical time while granting special relevance to present experience (Heinz, 1991; Gee, 1987; Baltes et al., 1980). My female and male participants are of a generation that aspired to get married, set up nuclear families and, if biologically possible, beget several children at the early stages of marriage. This pattern of choices enhances and validates already present cultural restrictions placed upon both genders. Wives are expected to stay and work at home, taking care of family members and their needs, whereas husbands bear the burden of financial support. For men, the culturally-based responsibility, as well as opportunity, to provide monetary support tends to translate into more power within their families. In contrast, wives are expected to depend on their husbands for economic resources, and to restrict vocational desire to serving kin. If women work for pay outside the home at all, it is usually on a part-time or episodic basis (Silverman, 1986; Rothschild, 1972). For the women of the cohort under study, marriage and motherhood are often their only sources of identity. Hence the shock many of them experience when

their spouse dies and they find themselves taking on "male" responsibilities in order to guarantee personal and family survival, is tremendous. In opposite fashion, a similar situation is faced by the widowed males of my study. The new reality faced by both genders due to their situation of sole responsibility over all family matters can bring about extensive anxiety, subsequently more easily overcome for some than for others.

In sum, the life stage of widowhood, for both older men and women is rooted in gendered, life-long experiences. Female participants' coping strategies are more service-oriented than that of male counterparts. Females, at least until recently in industrial countries such as Canada, tend to devote their lives to assisting others, not least of all their husbands and children but also the wider volunteer community. In widowhood, the female participants, not surprisingly, find console in church-oriented activities now that their husbands are deceased and children grown. The male participants, by contrast, tend to look elsewhere when attempting to cope with widowhood. For example, they are far more likely to derive satisfaction and console from personal resources. Male participants, in fact, tend to identify their own person to be the main source of strength in widowhood, while females tend to identify with others, usually family members or members of the religious community, in their gendered attempt to find emotional

strength to cope with widowhood.

There is at least one way in which the women and men in this study are similar, however. In the sociological literature on widowhood the concept of loneliness is noted as most prevalent problem among widowed elderly (Matthews, 1987a; Bock & Webber, 1972; Lopata, 1973a). However, the participants of my study --both women and men-- maintain that they know how to deal with loneliness successfully. Loneliness, for them, is only an occasional issue. On the other hand, the participants maintain that other elderly are lonely, usually --in the view of the participants-- because of the inability of their own to readjust to the pressures of widowhood and to seek help.

It seems to me, rather than accompanying a singular life-course stage, such as widowhood, loneliness is a complex phenomenon influenced by a multitude of social and individual factors. It would be useful to analyze the theme of loneliness in widowhood in relation to other life-course experiences, including marriage itself. While, as mentioned above, loneliness is not prevalent for either gender in this study, female participants appear more willing to admit to occasional loneliness as compared to the male participants, who are as well less likely to seek help from family and/or friends when confronting problems in widowhood. It seems, then, that loneliness is at least sometimes experienced by even relatively privileged widowed elderly, such as the

participants in this study, and/or that there appears to be a difference in how each gender "talks about" loneliness in widowhood.

5.4 Future Directions

Although it is difficult to draw general conclusions from qualitative --small sample-- studies like this one, such research can be valuable in generating hypothesis and conjectures about the human condition. These conjectures, in turn, can be carried forward and probed by undertaking a vigorous examination involving larger cohorts of participants.

One emergent theme in need of further research is the relationship between gendered marital experiences and the subsequent strategies for coping with widowhood. Should widowhood be understood in relation to marriage and, indeed, as an extension of marriage itself? Widowhood in relation to old age is another important theme requiring deeper investigation. Most persons in Canada today entering widowhood are elderly. Old age itself may bring a new dynamic into this relationship. Moreover, the relationships between widowhood and such variables as geographical location, socio-economic standing, education, health, race and ethnicity also need to be exposed. This is especially the case for such a culturally and geographically diversified country as present-day Canada. Comparative

analysis of widowhood among several ethnic groups, including Canada's Aboriginal peoples might prove useful in exploring the influence of varied cultural definitions of widowhood and their effect on the actual experiences of widowed men and women. But probably the most pressing area requiring further research of all is the question of social network ties among the widowed population of industrial countries such as Canada. It is essential to know who widowed individuals include in their social networks and what exactly is the role of such persons in terms of both emotional and physical support.

A thorough understanding of this multitude of variables affecting the lived experience of elderly widowed women and men may also be of practical use in helping individuals to prepare for this, often stressful if not overwhelmingly lonely, life-course stage.

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APPENDIX A: DEFINITION OF TERMS

DEFINITION OF TERMS

The definitions that follow are from Websters's New World Dictionary, Second College Edition and from Funk & Wagnalls Canadian College Dictionary, unless otherwise stated. These terms will be used frequently in the data analysis section and throughout the discussion chapter of this report.

GRIEF - Intense emotional suffering caused by loss, disaster or misfortune; acute sorrow; deep sadness. The word GRIEF has a Latin base that means 'to burden'.

ISOLATION - The act of isolating, to set apart, as from a mass, group, or situation; cause to be alone. The state of being isolated; aloneness; solitude.

LONELY - Unfrequented by human beings; deserted; desolate. Sad from lack of companionship or sympathy; lonesome. Characterized by the sadness of solitude.

LONELINESS - The act of being lonely. Unfrequented by human beings. Sad from lack of companionship or sympathy. Characterized by or including the sadness of solitude.

Having no companions or associates; habitually or frequently alone; solitary. Robert Weiss (1973) in his book Loneliness: The Experience of Emotional and Social Isolation provides a distinction between two sorts of loneliness: 1) **emotional isolation** resulting from the loss or lack of a truly intimate tie usually with spouse, lover, parent, or child; and 2) **social isolation** which is the consequence of lacking a network of involvements with peers such as fellow workers, family, neighbours or friends.

MOURNING - The act of one who expresses grief or sorrow, especially for the dead; lamentation; sorrow. The symbols or outward manifestations of grief (the wearing of black dress, etc.).

MOURNING PROCESS - Weizman and Kamm (1985) in their publication About Mourning: Support and Guidance for the Bereaved defined **mourning process** as an ongoing psychological experience and the expression of grief. The mourning process is an expression of sorrow, anger, emotional suffering, and this process is continuous and changing.

SUPPORT - To carry or bear the weight of; to keep (a person, mind, etc.) from falling, slipping, or sinking; hold up; to give courage, faith, or confidence; help or comfort; to give

active aid; prevent failure. Weizman and Kamm (1985) define support as an aid to mourners that reduces the loneliness of the grief experience; it is help that coaches the bereaved to have faith in recovery.

SOCIAL SUPPORT - For the purpose of this study the term social support has been defined as support pertaining to society or its organizations. It encompasses support given by persons living in society or by the public as an aggregate body, including such basic elements as family, friends, and neighbours.

APPENDIX B: SUMMARY TABLES

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TABLE I
DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

Demographics	Participants	
	Female	Male
Year of Birth	1911 to 1921	1908 to 1924
Years of Education	10 to 15	8 to Ph.d
Age at Marriage	24 to 30	25 to 36
Year of Marriage	1939 to 1951	1937 to 1951
Number of Years Married	30 to 50	21 to 54
Number of Children	0 to 6	0 to 7
Year the Children were born	1941 to 1959	1943 to 1959
Year of Spouse's Death	1983 to 1989	1968 to 1992
Age at Widowhood	62 to 78	55 to 83
Number of Years Widowed	3 to 9	0.25 to 24
Country of Origin		
Canada - Alberta	1	1
Manitoba	0	2
Ontario	1	0
Saskatchewan	1	0
U.S.A. - Montana	0	1
Poland	0	1
England	1	1
Scotland	1	0
Holland	1	0

TABLE II
MAJOR OCCUPATIONS HELD THROUGHOUT LIFE

Occupation	Number of participants	
	Female	Male
No Employment after Marriage	1	0
Part-time Employment	4	0
Full-time Employment	1	6
Small Business Owner	0	2
Professional	0	2
Secretarial	1	0
Blue-collar	0	1
Unskilled Labour	1	1
Nurse	1	0
Sales	1	0
Waitress/cook	1	0
Home-maker	6	0
Occupational Priority		
Bread-winner/Economic Provider	0	6
Home-maker	6	0

TABLE III (a)
SOCIAL NETWORK CHARACTERISTICS: CHILDREN

Network	Number of Participants	
	Female	Male
Number of Children		
0	1	2
1	0	1
2	0	1
3	1	0
4	1	0
5	1	0
6	1	0
7	0	1
Adopted Children		
2	1	0
Step Children		
1	0	1
Children Living in Victoria		
	3	3*
Relatives Living in Victoria - other than Children		
	1	3*
No Relatives or Children in Victoria		
	2	1

* One of the male widowers in this study is an out-of-town participant, living in Powell River. He is counted into this category since he and his adult children, as well as his other kinfolks reside in the same town.

TABLE III (b)
 SOCIAL NETWORK CHARACTERISTICS OF THE PARTICIPANTS: CONTACT
 WITH CHILDREN

Network	Number of Participants	
	Female	Male
Telephone Contact with Children		
Once a day	0	1
2 to 3 times a week	3	0
Once a week	1	1
Once a month	1	1
No contact	0	1 *
Childless	1	2
Visit with Children		
Once a day	0	1
Once a week	3	1
Once in two months	1	0
Once a year	1	1
No contact	0	1 *
Childless	1	2

* Referring to a relationship with a step-son (this male participant has no biological children).

TABLE III (c)
SOCIAL NETWORK CHARACTERISTICS OF THE PARTICIPANTS: FRIENDS

Network	Number of Participants	
	Female	Male
Regular Contact with Friends * and/or Confidants **		
Yes	6	5
No	0	1
Number of Friends *		
No friends	0	2
5 to 6 friends	3	0
10 to 20 friends	3	1
50 friends (approximate)	0	2
100 friends (approximate)	0	1
Number of Close or intimate Friends/Confidants **		
No confidants	2	1
1 confidant	0	1
2 to 4 confidants	4	0
6 to 10 confidants	0	2
15 to 20 confidants	0	2

* Friend in this usage refers to a person who is identified by the participants to be more than an acquaintance but is not considered to be an intimate and close friend. With this person they do not share private and emotional moments.

** Close or intimate friend/confidant is defined by the participants as a person who plays a significant role in their lives and on whom they can rely in the time of crises.

TABLE III (d)
 SOCIAL NETWORK CHARACTERISTICS OF THE PARTICIPANTS: THE
 LEVEL OF INVOLVEMENT

Network	Number of Participants	
	Female	Male
Membership in Organizations and Level of Involvement		
No membership	2	1
Active member	4	2
Passive member	0	3
Involvement in Volunteer Work		
No volunteer work	1	2
Occasionally a few hours a year	0	2
Regularly up to 10 hours a week	3	0
Regularly up to 20 hours a week	2	2

TABLE III (e)
 SOCIAL NETWORK CHARACTERISTICS OF THE PARTICIPANTS:
 SOCIALIZING AROUND FOOD

Network	Number of Participants	
	Female	Male
Going out to Dinner with Friend(s)		
Shares dinner only with family	2	0
Does not like to dine with others	1	0
Almost every day	0	1
A few times a week	0	3
Once a week	1	1
Once or twice a month	2	0
Has no friends to dine with	0	1
Having Friends Over for Dinner		
Does not invite other than family	2	0
Does not invite others for meal	1	2
Once a week	3	0
Once or twice a month	0	2
Occasionally	0	1
Has no friends to invite	0	1

TABLE IV
PERSONAL HEALTH

Level of Personal Health	Number of Participants	
	Female	Male
Chronic Illness		
Yes	4	6
No	2	0
Terminal Illness		
Yes	0	1
No	6	5
Physical Limitations		
Yes	5	4
No	1	2
Exercise Regularly		
Yes	5	3
No	1	3
Contact with a Family Doctor		
12 times a year or more	2	2
6 times a year	1	1
4 times a year or less	3	3
Regular Contact with Medical Specialist	5	3

TABLE V
VIEW OF REMARRIAGE IN WIDOWHOOD

Remarriage	Number of Participants	
	Female	Male
Do You Consider Remarriage		
Yes	0	2
Maybe	2	0
No	0	3
Never	4	0
Not any more	0	1

TABLE VI
LEADING PROBLEMS/DIFFICULTIES ASSOCIATED WITH WIDOWHOOD

Problems/Difficulties *	Number of Participants	
	Female	Male
Loneliness as a major problem	0	2
Loneliness as an occasional problem	3	2
Doing everything alone	0	2
Not having a partner	3	0
Lack of companionship	3	2
Missing the deceased	2	2
Wanting to speak with the deceased	3	1
Doing everything without the deceased	2	2
Depression at times	2	2
Inability to recover from bereavement	1	0
Loss of appetite	1	0
Loss of sleep	0	1
Worries about future alone	0	1
No one to welcome me when coming home	0	3
No one to care for me when ill	0	1
Attending to house-work	0	2
Making decisions alone	6	0
Attending to financial/legal matters	3	0

* Not all participants listed the same number of problems.

TABLE VII
THE MOST MISSED ACTIVITIES AS A RESULT OF WIDOWHOOD

Activities *	Number of Participants	
	Female	Male
Family life	0	1
Everything we did together	1	2
Participating in family gatherings as a couple	1	0
Socializing with friends as a couple	2	0
Friendship with the deceased spouse	0	1
Travelling with the deceased spouse	2	2
Eating meals with deceased spouse	1	1
Watching TV with the deceased spouse	0	1
Affection/intimacy	2	2
Sex	1	0
Company of the opposite sex	2	0
Going to a dance	1	0
Going out for a drink with a man	1	0

* Some participants reported more than one activity.

TABLE VIII
LONELINESS AS A MAJOR/SERIOUS PROBLEM IN WIDOWHOOD

Loneliness	Number of Participants	
	Female	Male
Is loneliness a major/seriousr problem for you?		
Yes	0	2
No	6	4
In your opinion, is loneliness a major/serious problem for other widowed elderly?		
Yes	5	6
No	0	0
Undecided	1 *	0

* The set of questions summarized in this table was asked twice, on two separate occasions. In the case of this participant the question was answered 'NO' the first time and 'YES' the second time. This duality has been classified as 'UNDECIDED' rather than 'DO NOT KNOW'.

TABLE IX
CIRCUMSTANCES WHEN FEELING MOST LONELY

Circumstances *	Number of Participants	
	Female	Male
Major holidays and family celebrations	6	1
Coming home from a family gathering	1	0
Coming home to an empty place	1	3
When ill	1	0
Listening to music liked by the spouse	1	0
Winter time	1	0
Weekends	2	0
Sundays	1	0
Evenings	2	2
Going to bed at night	1	1
Not a specific time	0	2

* Some participants identified more than one circumstance.

TABLE X
 ACTIVITIES MOST HELPFUL IN PREVENTING AND/OR REDUCING
 LONELINESS IN WIDOWHOOD

Activities *	Number of Participants	
	Female	Male
Being with or talking to children	2	0
Being with or talking to friends	3	2
Keeping busy	4	5
Hobbies	1	0
Shopping	1	0
Reading or listening to talking books	1	0
Writing letters	1	0
Getting out of the house	1	1
Going for a walk	1	0
Church related activities	3	2
Volunteer work	2	2
Watching TV or listening to radio	1	2
Listening to music	0	1
Sleeping	0	1
Not much	0	1

* Some participants reported more than one activity.

TABLE XI
 PERSONS MOST HELPFUL IN PREVENTING AND/OR REDUCING
 LONELINESS MOST OF THE TIME

Person(s) *	Number of Participants	
	Female	Male
No need to rely on others	0	3
Family members	1	1
Friends from Church	2	1
Friends (in general)	3	0
There is nobody available	0	1

* Each participant identified only one of the categories listed in the table.

TABLE XII (a)
NEGATIVE CHANGES IN PARTICIPANTS' LIFE AS A RESULT OF
WIDOWHOOD

Changes *	Number of Participants	
	Female	Male
Negative Changes as a Result of Widowhood		
Constant loneliness	0	1
Most of the time feeling a void for the deceased spouse	2	0
Some times/at some occasions feeling a void for the deceased spouse	3	1
Living and doing things alone	3	3
Lack of sex and intimacy	2	0
Not being able to go to certain places without a spouse	6	0
Losing a best friend	0	1
A need to rely and accept help and companionship from outside world	0	1
No negative changes	0	1

* Some participants identified more than one negative change resulting from the situation of widowhood.

TABLE XII (b)
 POSITIVE CHANGES IN PARTICIPANTS' LIFE AS A RESULT OF
 WIDOWHOOD

Changes *	Number of Participants	
	Female	Male
Positive Changes as a Result of Widowhood		
Meeting more people	1	1
Establishing a closer relationship with extended family members	1	1
Re-establishing a more active contact with a Church	1	0
Independence and/or freedom	2	1
Health improvement	1	0
Improved self-confidence	4	1
No need to worry about the deceased's health any more	0	2
No positive change	0	1
Do not know	0	1

* Some participants identified more than one positive change resulting from the situation of widowhood.

TABLE XIII
 MOST INSTRUMENTAL PERSON(S) IN HELPING TO DEAL WITH
 DIFFICULTIES ASSOCIATED WITH THE INITIAL STAGES OF WIDOWHOOD
 AND BEREAVEMENT

Person(s) *	Number of Participants	
	Female	Male
Myself	0	3
Family member(s)	5	1
Friend(s) from Church	1	1
Friend(s)	0	0
Nobody	0	1

* Each participant identified only one of the categories listed in the table.

TABLE XIV
RELIGION

The Role of Religion	Number of Participants	
	Female	Male
Religious Faith		
Has religious faith	5	5
Atheist	1	1
Denomination		
Anglican	1	0
Baptist	1	0
Christian	0	1
Protestant	1	2
Roman Catholic	1	0
United Church	1	2
Atheist	1	1
Level of Involvement in Church		
Active Believer	4	1
Passive Believer	1	4
Atheist	1	1
Religious Faith as an Important Factor in Life		
Yes	4	2
No	1	3
Atheist	1	1
Importance of Religion in the Time of Bereavement		
Important and helpful *	4	2
Not important or helpful **	1	3
Atheist	1	1

* These participants listed their religious beliefs and Church participation as an important element of their recovery process from bereavement.

** These participants reported religion not to be of significance in their life and they did not identify religion to be an instrumental part of bereavement recovery.

TABLE XV
FAMILY STRUCTURE

Status within the Family *	Number of Participants	
	Female	Male
Decision-maker in the Family		
Husband	3	3
Wife	0	0
Joint/egalitarian	3	3
Head of the Household		
Husband	6	4
Wife	0	0
Joint/egalitarian	0	2
Responsibility for Income **		
Husband	6	6
Wife	0	0
Joint	0	0
Responsibility for House Work		
Husband	0	0
Wife	6	6
Joint	0	0
Responsibility for Child Rearing ***		
Husband	0	0
Wife	6	6
Joint	0	0

* Status within the family when both spouses are present.

** Some wives held part-time paid employment that was considerably less profitable and was considered, by both genders, as secondary to husbands' income.

*** In some cases husbands held the role of a disciplinarian of the children but they were not considered, by the participants, to be responsible for child rearing.

TABLE XVI
CIRCUMSTANCES PRIOR TO THE DEATH OF THE SPOUSE

Circumstances	Number of Participants	
	Female	Male
The Length of Spouse Illness Prior to Death		
No illness was diagnosed	3	2
6 months to one year	2	1
5 years	0	1
6 years	1	0
7 years	0	1
More than 7 years	0	1
The Cause of Spouses' Death		
Not revealed	0	1
Cancer	2	0
Bone deformation	0	1
Heart attack	3	3
Multiple sclerosis	0	1
Stroke	1	0
The Level of Difficulties with Caring for the Ill Spouse		
No difficulties	2	2
Some difficulties	1	2
Extensive difficulties	3	2
The Level of Preparedness for Widowhood		
Not prepared	3	3
Some-what prepared	1	1
Prepared	2	2

APPENDIX C: QUESTIONNAIRE

APPENDIX D: INTERVIEW SCHEDULE

APPENDIX E: ITEM SCALE

APPENDIX F: DIARY

APPENDIX G: CONSENT FORM

APPENDIX C: QUESTIONNAIRE

- 1. Demographic characteristics of the participant & deceased spouse**
 - gender
 - date and place of birth
 - nationality (ie., citizenship)
 - religious background
 - racial/ethnic background
 - level of education
 - occupations held through out life
 - residential patterns
 - the length of residence in Victoria
 - income

- 2. Post-marital History**
 - date of the last marriage
 - the length of widowhood
 - number of children and their age
 - children's location
 - family members living in Victoria and elsewhere
 - number of siblings and their age
 - frequency of phone/physical contact

- 3. Social Network Characteristics**
 - number of close friends in Victoria and elsewhere
 - type of membership and levels of involvement
 - volunteer work
 - social networks around cooking and eating
 - frequency of contact with physician and other health or social workers

- 4. Personal Health History**
 - type and extent of chronic illnesses today
 - type and level of physical limitation
 - exercise habits

- 5. Personal Experience**
 - identification of three leading problems or difficulties associated with widowhood
 - the most missed activities as a result of widowhood
 - is loneliness a major/serious problem for you and why
 - in your opinion is loneliness a major/serious problem for other elderly persons and why
 - would you consider a remarriage and why

6. Evaluation of appearance and living space

- neighbourhood
- type of dwelling
- living space and personal appearance

7. Evaluation of artifacts

- photoalbums
- correspondence

APPENDIX D: INTERVIEW SCHEDULE

The semi-structured interview schedule covered the following areas of inquiry:

1. **Marriage:** roles perceived as a spouse and parent; main activities performed; level of involvement in decision making; feeling of control over one's life; level of social involvement; extended family contacts; friendships; holidays and special events; hobbies; satisfaction; dissatisfaction; disappointments; resentments; most memorable events; economic stability; paid employment.

2. **The last year prior to widowhood:** social life activities; friendships; family contacts; satisfaction with life; source of difficulties; level of personal health; feeling of loneliness and isolation.

3. **Events surrounding the death of the spouse:** circumstances; levels of preparedness.

4. **Experience of widowhood:** family interaction; friendships; social activities; involvement with neighbours; membership in organizations; contact with physician and/or other health workers; satisfaction/dissatisfaction with social contacts; the most often received help or service from family members, friends, neighbours, and others; the most often sought help and interaction; the most often missed activity and interaction; holidays and special events; most performed activity; involvement in hobbies; performance of domestic chores.

5. **Loneliness:** individual definition of; loneliness in relation to growing old; loneliness in widowhood; identification of the times and circumstances where feeling most lonely; identification of activities and/or persons helpful in reducing the feeling of loneliness; is loneliness a major/serious problem for you and why; do you think it is a major/serious problem for other widowed elderly and why.

6. **Changes:** identification of various positive and/or negative changes as a result of being widowed.

7. **Gender:** the level of individual awareness of gender; the advantages of being male or female in relation to marriage experience, social life, employment, family, friendships and widowhood.

8. **Additions:** would you like to add anything else that was not covered in our conversation?

APPENDIX E: ITEM SCALE**RESPONSIBILITY FOR LONELINESS AND PERCEIVED CONTROL OVER LONELINESS (Moore and Schultz, 1989)**

Responsibility and perceived control items are rated on 7-point scale from strongly disagree to strongly agree.

Responsibility for loneliness

1. If person does not feel close to any one it is usually their own doing.
2. If nobody understands you it is because of your own doing.
3. When people feel lonely it is usually their own responsibility.
4. If someone is lonely it is usually because they have not tried to make friends.

Perceived control over loneliness

5. When someone feels lonely it is just part of the normal up and down cycle of everyday life.
6. Many times, no matter what you do you feel lonely.
7. Sometimes when you feel lonely there is not much you can do about it.
8. There is nothing you can do to prevent being lonely some of the time.

Scale

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Moderately Disagree
- 4 = Don't know
- 5 = Moderately Agree
- 6 = Agree
- 7 = Strongly Agree

1. If a person doesn't feel close to anyone it's usually because of their own doing.

- | | |
|-------------------------|----------------------|
| 1 = Strongly Disagree | 5 = Moderately Agree |
| 2 = Disagree | 6 = Agree |
| 3 = Moderately Disagree | 7 = Strongly Agree |
| 4 = Don't know | |

2. If nobody understands you it's your doing.

- | | |
|-------------------------|----------------------|
| 1 = Strongly Disagree | 5 = Moderately Agree |
| 2 = Disagree | 6 = Agree |
| 3 = Moderately Disagree | 7 = Strongly Agree |
| 4 = Don't know | |

3. When people feel lonely it's usually their responsibility.

- | | |
|-------------------------|----------------------|
| 1 = Strongly Disagree | 5 = Moderately Agree |
| 2 = Disagree | 6 = Agree |
| 3 = Moderately Disagree | 7 = Strongly Agree |
| 4 = Don't know | |

4. If someone is lonely it's usually because they have not tried to make friends.

- | | |
|-------------------------|----------------------|
| 1 = Strongly Disagree | 5 = Moderately Agree |
| 2 = Disagree | 6 = Agree |
| 3 = Moderately Disagree | 7 = Strongly Agree |
| 4 = Don't know | |

5. When someone feels lonely it's just part of the normal up and down cycle of everyday life.

- | | |
|-------------------------|----------------------|
| 1 = Strongly Disagree | 5 = Moderately Agree |
| 2 = Disagree | 6 = Agree |
| 3 = Moderately Disagree | 7 = Strongly Agree |
| 4 = Don't know | |

6. Many times, no matter what you do you feel lonely.

- | | |
|-------------------------|----------------------|
| 1 = Strongly Disagree | 5 = Moderately Agree |
| 2 = Disagree | 6 = Agree |
| 3 = Moderately Disagree | 7 = Strongly Agree |
| 4 = Don't know | |

7. Sometimes when you feel lonely there's not much you can do about it.

- | | |
|-------------------------|----------------------|
| 1 = Strongly Disagree | 5 = Moderately Agree |
| 2 = Disagree | 6 = Agree |
| 3 = Moderately Disagree | 7 = Strongly Agree |
| 4 = Don't know | |

8. There is nothing you can do to prevent being lonely some of the time.

- | | |
|-------------------------|----------------------|
| 1 = Strongly Disagree | 5 = Moderately Agree |
| 2 = Disagree | 6 = Agree |
| 3 = Moderately Disagree | 7 = Strongly Agree |

APPENDIX F: DIARY OF DAILY INTERACTION

Please record your daily interaction for a period of one week. In this diary you are asked to record the date, place, time (from - to), the type of interaction, who initiated the interaction, with whom you interacted, and the feeling it left you with.

Please list all interaction either by phone or in person with family members, friends, neighbours and acquaintances.

EXAMPLE

DATE: January 17/92

PLACE: my home

TIME: 2:30 PM - 4:15 PM

TYPE OF INTERACTION: a visit

INITIATOR: myself (I invited several friends and my daughter)

WITH WHOM: 2 female friends from Vancouver and my daughter from Victoria

FEELING: Overall it was a pleasant visit. I was happy to see my friends as I see them only a few times a year. However, I felt mildly upset because of a minor argument with my daughter.

APPENDIX G: CONSENT FORM

Investigator: Eva Vido (Graduate Student), Sociology
Department, University of Victoria,
(604) 721-7583.

INVESTIGATOR'S STATEMENT

Purposes and Benefits: The main purpose of this study is to investigate the differences and similarities in utilizing support resources by elderly widows and widowers in coping with widowhood and associated problems such as loneliness. I hope that the results of this project will increase the understanding of "how" individual males and females experience widowhood; "why" they deal with the demands of widowhood in the way they do; and what are the structural realities of the social climate in which their experience has occurred.

Procedures: Each participant will be asked to complete a questionnaire concerning the demographic characteristics. In the second part of the study participants will be asked to complete an interview session of 2-3 hours. The semi-structured interview will inquire about participant's experience of widowhood.

Both, questionnaire and interview sessions will be arranged at the convenience of participants. Participants will be free to refuse to answer any question at any time with no explanation necessary. All information collected will be treated with great care. Identity of all participants will remain strictly confidential. Only the investigator will have access to the file containing names and identification codes. Participants may withdraw from the study at any time, for any reason.

Signature of Investigator

Date

PARTICIPANT'S STATEMENT

The research described above has been explained to me, and I voluntarily consent to participate in this research. I have had an opportunity to ask questions and understand that any questions, about the research or my rights as a participant, I may have in the future will be answered by the investigator.

Signature of Participant

Date

VITA

Surname: Vido

Given Names: Eva

Place of Birth: Kremnica, Slovakia

Date of Birth: February 10, 1959

Educational Institutions Attended:

University of Victoria	1989 to 1994
University of New Brunswick	1985 to 1989

Degrees Awarded:

B.A. (Honours) University of New Brunswick

Honours and Awards:

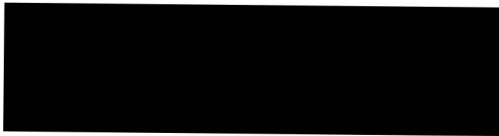
University of Victoria Fellowship	1989-90, 1991-92
Sandra Budovitch Memorial Prize	Encaenia 1989
Jack R. Longstaffe Memorial Bursar	1987-89
Alumnae Undergraduate Scholarship	1987-88
Russian Language Prize	1987
University Special Undergraduate Scholarship	1986-87

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Title: GENDERED STRATEGIES FOR COPING WITH
WIDOWHOOD: A LIFE-COURSE PERSPECTIVE

Author:



EVA VIDO

Date: August 30, 1994