

TILL DEATH DO US PART: A 10-CASE STUDY OF WIDOW GRIEF FOLLOWING AN  
AMBIVALENT MARRIAGE

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Liberty University

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## ABSTRACT

Using a case study method, the researcher analyzed the coping skills of 10 recently bereaved widows who experienced ambivalent marriages and how they used those learned adaptive coping skills to process loss. The multicase study provided the methodological framework for qualitative inquiry using interpretive phenomenological analysis based on journal entries and brief interviews recorded prior to the death of the spouse and semistructured interviews that took place 4-18 weeks following the spouse's death. The subject of the inquiry was the grief experience of 10 widows, and the object of the study was coping theory. Participants demonstrated cognitive adaptation, problem-focused coping, and restoration orientation as premorbid coping skills, and they used cognitive adaptation, positive reappraisal, and restoration orientation as postmorbid coping skills. This study shows benefit for both the academician and the clinician.

*Keywords:* ambivalent marriage, bereavement, coping, grief, widow

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## CHAPTER ONE: INTRODUCTION

Cognitive stress theory and subsequent research indicate that some widows experience a reduced negatively affective bereavement following an ambivalent marriage in contrast to a more anguished bereavement endured by widows following a nurturing marriage (Abakoumkin, Stroebe, & Stroebe, 2010; Bonanno, Wortman, et al., 2002; Carr et al., 2000; Folkman, Lazarus, Pimley, & Novacek, 1987; O'Rourke, 2004; Stroebe, Hansson, Schut, & Stroebe, 2008; Van Doorn, Kasl, Beery, Jacobs, & Prigerson, 1998; Wheaton, 1990). There is little research explaining why this phenomenon occurs (Bonanno, Notarius, Gunzerath, Keltner, & Horowitz, 1998; Futterman, Gallagher, Thompson, Lovett, & Gilewski, 1990). Conversely, theory in the psychoanalytic tradition of bereavement literature provides that a lack of yearning and intense negative affect is an indication of absent or pathological grief (Freud, 1917/1957; Parkes & Weiss, 1983; Rando, 1993; Worden, 2009). Identification of a legitimate mentally healthy basis (i.e., coping skills) for this diminished form of grief disenfranchises this affective pattern in bereavement. This study examines the phenomenon of widow grief following an ambivalent marriage relative to coping skills acquired within the marital relationship. This study uses multicase diachronic methodology to examine the phenomenology of widow grief following an ambivalent marriage.

Chapter One will assess the background of the problem in terms of existing theories relative to predicting the nature of widow grief following an ambivalent marriage. Key terms germane to this study will be defined and the significance of the study will be projected. This

chapter will conclude with an overview of the theoretical and conceptual methodology to be used in this study.

Chapter Two will provide a four-part review of the scholarly literature. Part one will provide a foundation of patterns of grief processes and tasks and will include a variety of theoretical approaches to bereavement. Part two of the literature review will examine the diversity of responses reported by widows following an ambivalent marriage. Part three will be the investigation of how coping skills developed according to cognitive stress theory. And finally, part four will examine the literature that connects coping theory and bereavement.

Chapter Three will delineate the methods chosen for this investigation, which incorporates a prospective multicase study using interpretive phenomenological analysis for qualitative investigation. Chapter Four will provide an analysis of the data collected from the participants, and Chapter Five will describe the researcher's conclusions and recommendations.

### **Background to the Problem**

Conceptually-conflicting theories persist that predict the nature of a widow's grief following an ambivalent marriage. Bereavement theory, developed in the psychoanalytic tradition, predicts that widows will undergo more complicated forms of grief following an ambivalent marriage (Freud, 1917/1957; Parkes & Weiss, 1983; Rando, 1993; Stroebe et al., 2008; Worden, 2009); whereas cognitive stress theory indicates that many bereaved spouses experience a diminished form of many grief symptoms following an ambivalent marriage (Bonanno, Wortman, et al., 2002; Carr et al., 2000; Stroebe et al., 2008; Wheaton, 1990). Cognitive stress theory provides that individuals learn adaptive efficacious coping skills in times

of adversity and can draw upon those skills in subsequent times of stress (Folkman et al., 1987; Lazarus, 1999a, 2006; Lazarus & Folkman; 1984).

This critical review will explore the interconnectedness of the coping skills developed during times of duress as a wife and the consequent coping skills incorporated as a widow in bereavement. In light of this, two major areas of coping literature will be reviewed critically: (a) how and why coping skills develop in an ambivalent marriage, and (b) which of these coping skills may prove to be most beneficial during the term of bereavement. Deliberation will relate to how wives subsequently adapt to the stresses of a difficult marriage while maintaining their personhood and commitment to the marriage. A review of the literature on bereavement provides an understanding of the stressors of bereavement, while a review of stress appraisal and coping theory provides a context for understanding how widows may cultivate desirable wisdom, skills, and attitudes.

Almost half of women over age 65 experience the loss of a marital partner (U.S. Census Bureau, 2000). In 2010, 40% of women over the age of 65 (8.7 million) were widowed (Administration on Aging, 2011). Although widowhood is a frequent event, individual responses to bereavement vary significantly (Bonanno, Wortman, & Nesse, 2004, Carr, 2008). One of the factors which influences the nature and course of bereavement is the quality of the marital relationship (Abakoumkin et al., 2010; Bonanno et al., 2004; Carr, 2008; Rando, 1993; Stroebe et al., 2008). The National Marriage Project (2010) indicates that marital satisfaction in the United States is on the decline. In this report, only 57% of middle class Americans reported that they were very happy in their marriage compared to 68% in the 1970s study.

One might expect bereavement following a warm and loving marital relationship to be characterized by intense yearning for the lost spouse (Futterman et al., 1990; Parkes & Weiss,

1983). There are opposing predictions relative to how a widow may experience bereavement following a difficult marriage. Freud (1917/1957) and, more recently, Rando (1993) proposed that ambivalence within the marital relationship can complicate mourning, producing guilt and self-reproach and resulting in increased depression. Yet research demonstrated that certain widows display a surprising resilience, even improved mental health, following the death of a spouse in an unsatisfying marriage (Bonanno, Papa, & O'Neill, 2002; Bonanno, Wortman, et al., 2002; Bonanno et al., 2004; Carr, 2008). Cognitive adaptation can impact a widow's adjustment to conjugal bereavement (Dutton & Zisook, 2005; Michael, Crowther, Schmid, & Allen, 2003; O'Rourke, 2004; Stroebe, Schut, & Stroebe, 2008). A widow's view of her widowhood can promote or diminish her quality of life (Bonanno et al., 2004).

### **Purpose of the Study**

The purpose of this multicase study is to identify the adaptation and coping skills that widows use to deal with bereavement following an ambivalent marriage. Stroebe et al. (2008) stated, "Researchers also still need to identify the coping strategies that are effective (and for whom) and to better understand precisely what has to be coped with" (p. 11). Specifically, the researcher's inquiry is to understand how adaptation and coping skills that were developed before the death of the spouse are used during the time of bereavement.

### **Research Questions**

Given that the purpose of this study is to examine the role of coping skills in the bereavement process following an ambivalent marriage, the principal research questions for this study are as follows:

1. How do selected widows develop coping skills to deal with an ambivalent marriage?
2. How do selected widows use those learned coping skills to process their loss following an ambivalent marriage?

### **Assumptions, Limitations, and Delimitations**

The researcher acknowledges two assumptions. First, wives in ambivalent marriages who have decided to remain in the marriage develop coping skills to persevere in the marriage (Lazarus, 1999a, 1999b; Lazarus & Folkman, 1984). Second, widows draw upon coping skills they found to be effective prior to loss of spouse (Carr et al., 2000; Carr & Utz, 2002; Ha, Carr, Utz, & Nesse, 2006).

There are limitations to the case study approach. Although viewed as not generalizable, the case study enables the researcher to replicate the experience, and through interpretive phenomenological analysis, the researcher can discuss with the participant possible interpretations of multiple experiences, including dialogue relative to apparent inconsistencies in behavior and responses over time (Folkman & Moskowitz, 2000; Lazarus, 2000, 2006; Thomas, 2011, 2012). The researcher's bias is a common restraint associated with case study research (Hancock & Algozzine, 2011; Kazdin, 2003; Thomas, 2011; Yin, 2009). Carefully monitored strategies will be used to "bracket" the researcher's preconceived notions related to the subject of the inquiry, including using outside readers to provide alternative explanations and triangulation of the data (Flyvbjerg, 2011; Hancock & Algozzine; Thomas, 2012; Yin). Another limitation of the case study method is the possibility of idiosyncratic findings that are not characteristic of the population from which the sample has been selected. With the incorporation of 10 assiduously selected participants, however, such peculiar findings will be limited (Kazdin; Thomas, 2012).

## Definitions

Because of the potential for misunderstanding and to add precision and clarity to this study, key words will be defined operationally. These terms include *ambivalent marriage*, *bereavement*, *coping*, *grief*, and *widow*.

### Ambivalent Marriage

This study will define ambivalent marriage as a marriage characterized by conflict and disharmony. Ambivalence is broadly defined as “overlapping approach-avoidance tendencies, manifested behaviorally, cognitively or affectively, and directed toward a given person” (Sincoff, 1990, p. 43); in this case, that person is a spouse. Ambivalent marriage is the coexistence of both strong positive and strong negative affect toward the spouse. Individuals participating in this study considered themselves to be or to have been in an ambivalent/conflicted marriage as determined by interview and self-report. Participants described their marriage relationship using terms identifying the conflictual nature of marriage (*difficult, not easy, had our problems*) as opposed to using words that describe a harmonious marriage.

### Bereavement

The terms *bereavement* and *grief* are often used interchangeably in practice, but for the intent of this study, there will be a differentiation between the two. Bereavement is defined as “an objective state of having experienced a loss” (Marwit, 1991, p. 76). Bereavement is a period of time in which a person may be expected to experience negative affect or a depressed state as a result of having experienced a loss.



## **Coping**

Coping has to do with how one thinks, feels, and behaves in a given difficult situation. Lazarus and Folkman (1984) define coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). Or put more simply, coping is “cognitive and behavioral efforts to manage psychological stress” (Lazarus, 1993, p. 237).

## **Grief**

In contrast to bereavement, grief is “the nature of the physiological and psychological reaction to that loss” (Marwit, 1991, p. 76). Grief, a highly subjective condition, is characterized by disruptions in cognitive, emotional, physical, and interpersonal functioning. To state it more simply, bereavement is the unit of time following a loss, whereas grief is the subjective affect experienced by the individual.

## **Widow**

The term *widow* (a married woman whose husband has died) identifies those who have been involved in a long-term legal relationship that we know as marriage. This is to draw attention to the unique nature of the marital bond and the intrapersonal understanding of its loss. Although there are husbands who outlive their wives, this study is focused on the widow’s experience.

### **Significance of the Study**

Several realms will benefit from the significance of this study. For bereavement counselors and therapists, the findings of this study will provide pertinent insight relative to the unique nature of grief following an ambivalent marriage (Bonanno et al., 2004; Carr, 2008; Carr & Boerner, 2009). An atypical grief pattern may be appropriate for these clients (Bonanno et al., 2004; Carr, 2006, 2008; Carr et al., 2000; Carr & Boerner; Wheaton, 1990). Additionally, information supplied from this study may serve to empower widows from ambivalent marriages in their journey of bereavement as they may fear that their personal responses are invalid because their reactions do not parallel those of other grieving widows (Bonanno et al., 2004; Wheaton). Another significant outcome of this study may be the identification of certain coping factors that might be quantifiable for further quantitative grief and/or coping research (Bonanno et al., 2004; Folkman et al., 1987; Stroebe et al., 2008). Further use of the findings of this study may take place in bereavement support groups. Discoveries may provide critical discussion points for comprehension of the varieties of journeys traveled by various bereaved widows (Bonanno et al., 2004; Carr & Boerner; Carr et al.). This study holds promise for both the clinical and academic communities that work with bereavement clients.

### **Theoretical/Conceptual Framework**

The research strategy chosen by the researcher as the best fit for this study is the multicase study using interpretive phenomenological analysis (Flyvbjerg, 2011; Hancock & Algozzine, 2011; Larkin, Watts, & Clifton, 2006; Thomas, 2011, 2012; Wieviorka, 1992; Yin, 2009). This strategy is an intensive analysis of widow grief following an ambivalent marriage. In keeping with the structural conceptualization of case study boundaries (Hancock & Algozzine;

Thomas, 2011, 2012; Yin), the boundaries that define these cases are the relationship factor of ambivalent marriage and the time factor of 6 months or less prior to the death of the spouse and 4-12 weeks following death of the spouse. The analytical or theoretical frame of the study is coping theory (Folkman et al., 1987; Folkman & Moskowitz, 2000; Lazarus, 1993; Lazarus, 2000; Lazarus & Folkman, 1984). The “subject” of the inquiry is the grief experience of widows following an ambivalent marriage. The “object” of the study is the theoretical scientific basis that serves as the lens through which the researcher views the subject of widow grief (Thomas, 2011). The researcher is asking the questions *what*, *why*, and *how*? The explanandum (the thing to be explained) is effectual coping skills in bereavement and the explanans (the thing doing the explaining) is the narrative of the widows (Wallace, 1969).

The case in this study is widow grief following an ambivalent marriage as seen from the theoretical perspective of efficacious coping skills developed in the course of the marriage. The purpose is evaluative. The researcher will analyze the data obtained as it pertains to existing bereavement and coping theories. This study can be viewed as a theory-building or illustrative study (Thomas, 2011, 2012). Multiple participants will be selected and data will be collected diachronically in order to analyze potential change that may occur over time. The participants will be selected and processed in a parallel (concurrent) fashion. There is no presupposition that one participant’s experience will affect another’s.

The case studies of these widows provide a rich, full, and contextual comprehensive examination of the relationship background and development of coping skills viewed through the lens of theoretical constructs. The case study method allows for multiple data times and sources, multiple participants, and a specific perspective from which to view the data (Flyvbjerg, 2011; Hancock & Algozzine, 2011; Thomas, 2011, 2012; Wieviorka, 1992; Yin, 2009). Since

emotions and coping skills are best studied via narratives (Lazarus, 2006), the semistructured interview method is the most appropriate methodology for this study. Emotions are best understood within the context of a marital relationship (Folkman et al., 1987; Folkman & Moskowitz, 2000; Lazarus, 1993, 2006; Lazarus & Folkman, 1984), considering individual differences and relational meanings as defined by the individuals involved.

### **Locating the Researcher**

This phenomenological research develops out of the personal experience and passion of the researcher. As this researcher reflected on a personal orientation developed through her private journey, the idea of adaptation through the use of acquired coping skills became apparent. Bullough and Pinnegar (2001) point out that personal experience can provide insight and resolution for public issues. It is through introspection, rumination, and making meaning of what one has lived through, that one is able to sift through and evaluate the theoretical and historical literature in the field. Eisner (1991) has concluded that self is the instrument that interacts with the situation to make meaning of it. The self interprets what is significant. This characteristic provides unique, individual insight into the experience of phenomenological study. Through trial and error, this researcher learned to cope in difficult situations primarily through positive reappraisal in the wisdom and strength of spirituality.

### **Organization of Remaining Chapters**

Chapter One provides the overview of the study. Chapter Two presents the conceptual framework for the literature review, which is conducted in four parts. Chapter Three supplies the qualitative inquiry methodological structure and case study research design. Chapter Four

presents the results of the data obtained in the inquiry. Chapter Five introduces the conclusions and recommendations of the researcher.

### **Summary**

Chapter One provides the overview of the proposed research study of widow grief following an ambivalent marriage. This chapter includes the background of conflicting theories relative to the grief outcome after a difficult marriage, succinctly states the purpose of the study, and itemizes limitations and assumptions. Chapter One defines terms relative to this present study, clarifies the significance of the study, and describes the theoretical and conceptual methodology used. Finally, this chapter “locates” the researcher in reference to the research. Chapter Two will provide a four-part literature review by looking at bereavement literature, coping theory, and the relationship between the two for the widow following an ambivalent marriage.

## CHAPTER TWO: REVIEW OF THE LITERATURE

In the examination of widow grief following an ambivalent marriage, it is necessary to complete a critical review of current literature. The review will be ongoing throughout the data collection, data analysis, and synthesis phases of the study. This chapter will present a detailed narrative review of the literature related to bereavement and coping skills. To conduct this selected literature review, the researcher used multiple information sources, including books, dissertations, Internet resources, and professional journals. These sources were accessed through EBSCOhost, EZproxy, and Digital Dissertations. This search used no specific delimitating time-frame. The historical and theoretical development of bereavement theory and cognitive stress theory was considered significant; therefore an arbitrary criterion, such as a time frame, might preclude the inclusion of substantial relevant material. Keywords were *ambivalent marriage*, *bereavement*, *coping*, *grief*, and *widow*.

Throughout the review, the researcher will point out important gaps and omissions in particular segments of the literature when they become apparent. In addition, the researcher will identify and discuss relevant contested areas or issues. The interpretive summary concluding the chapter illustrates how the literature has informed the researcher's understanding of the material and how the material contributes to the ongoing development of the study's conceptual/methodological framework.

The review of the literature relative to this inquiry will be conducted in a deductively sequential four-part pattern. Part one of the literature review will examine bereavement literature in general. This literature addresses a variety of theories relative to grief responses and patterns

of grief processes studied through clinical observation, qualitative methods, and quantitative methods. Part two of the literature review will examine the variable responses of spouses following a difficult marriage and will look at how empirically validated instruments measure ambivalence. Part three will explore cognitive stress theory and investigate how and why individuals build coping skills. Part four will investigate literature that discusses the relationship between bereavement theory and coping theory. Implications for needed research will be cited.

### **Bereavement in General**

This evaluation will begin with an analysis of the literature on bereavement in general. Although there have been recent attempts to integrate existing theoretical bereavement models, controversy continues concerning the nature and process of bereavement outcomes for widows. Five relevant topics have been chosen.

### **Grief Work**

Historically, bereavement has been viewed from a theoretical approach as “grief work,” that is, a period of time during which an individual moves through phases of grief (Bowlby, 1961; Parkes, 1972). Bowlby describes bereavement coping in terms of discrete emotional phases (shock, yearning, despair, restitution) that the bereaved passively experiences while adapting to the loss. Bowlby’s model may be viewed as reminiscent of Kubler-Ross’s (1969) five stages through which terminally ill persons may be expected to transition between the diagnosis and the eventuality of the death. These include denial and isolation, anger, bargaining, depression, and acceptance. Parkes defines four phases of mourning: numbness, yearning/anger, disorganization/despair, and reorganization. Sanders (1999) describes the mourning process

through five phases: shock, awareness of loss, conservation-withdrawal, healing, and renewal. Preliminary constructs conceptualized bereavement as a phase of life to be endured, giving little hope to the bereaved as to any personal control over one's ability to adapt.

There are a number of weaknesses in these phase models. First, they fail to accommodate the variability of affect that follows a major loss. Second, they tend to place grievers in a reflexive position. Third, the phase models do not take into account the individual, social, or cultural factors that impact bereavement. Fourth, they direct too much attention to emotional responses and do not provide enough consideration to the individual's cognitions and behaviors. Finally, stage/phase models tend to pathologize individuals who do not pass through the prescribed stages/phases (Neimeyer, 1999).

William Worden introduced another popular "grief work" model (2009). Worden conceptualizes mourning as a large task to be undertaken by attention to four smaller tasks. A more proactive model, often used in grief counseling, describes the four tasks: to accept the reality of the loss, to process the pain of grief, to adjust to a world without the deceased, and to find an enduring connection with the deceased in the midst of embarking on a new life. Rather than seeing bereavement as stages or phases an individual passively moves through, Worden views effective coping in bereavement as the active performance of working through certain tasks to process the grief.

Rando (1993) reasons that viewing mourning in terms of processes rather than tasks allows the therapist/counselor to focus on what the mourner is currently doing, thereby enabling the bereaved more immediate feedback and opportunity for intervention. Neimeyer (1999) advocates the use of narrative strategies, requiring the bereaved to assess and make meaning of personal systems challenged by the loss.



Although this variety of perspectives provides some insight into the phenomenology of grief, the concept of grief work is excessively broad and fails to make a distinction between expression of emotion, confrontive coping, and rumination (Stroebe & Schut, 2001). It is widely assumed that absent grief is indicative of underacknowledged problems related to the loss, yet more than half of the bereaved show every indication that they are coping well with the loss. It is widely assumed that individuals must work through the loss, yet most bereaved show no clear signs of working through the loss at any point following their spouse's death (Bonanno et al., 2004). Additionally, there appears to be no empirical evidence that the outcome of grief work results in improved adaptation (Bonanno & Kaltman, 1999, 2001; Carr, 2008; Stroebe & Schut, 1999). Empirical studies fail to operationalize the construct of grief work beyond the ideas of yearning and pining. Alternate models provide adaptive applications in different cultures (Stroebe, 1992). If bereavement is conceptualized as something to be worked through or stages to be endured, those individuals who do not fit into this pattern may be viewed as pathological (Bonanno & Kaltman, 2001; Bonanno et al., 2004; Carr & Utz, 2002; Stroebe, 1992; Stroebe & Schut, 1999). A better approach would be to view the bereaved from a more comprehensive bio-psycho-social-spiritual model of the individual.

### **Grief Affect**

In addition to developing the theoretical constructs of grief in bereavement, researchers have identified the kinds of affect that are common in bereavement. Consistent with some of the aforementioned phases of grief, one of the earliest symptoms of grief is shock (Sanders, 1999). Even if the death occurs expectedly after a long-term illness, the finality of the resulting loss is often followed by a time in which the widow may behave perfunctorily (appropriately greeting

friends and family at the memorial service) but is unable to feel the intensity of the loss. Rando (1984) notes that, in the early stages of grief, some form of paralysis or uncertainty of action is normal.

Analysis of bereavement studies reveals three outcome patterns that include elevated depression, cognitive disorganization, and health problems (Bonanno et al., 2004). Common symptoms of normal grief include anxiety, hopelessness, loss of purpose for living, slower thinking, and indecision (Stroebe & Stroebe, 1987). According to Bonanno and Kaltman (2001), during the initial months following loss, 50-85% of bereaved individuals experience moderate disruptions in cognitive (cognitive disorganization), emotional (dysphoria), physical (health deficits), or interpersonal functioning (disrupted social and occupational functioning). Negative effects such as sadness and depression are frequently experienced at the time of a loved one's death (Bonanno et al., 2004; Stroebe & Stroebe).

However, there are alternate explanations and alternate affective outcomes in contrast to depression in bereavement. Some individuals experiencing prolonged depression during bereavement may have been depressed prior to the loss, and the negative affect may more accurately be viewed as suffering from chronic depression rather than chronic grief (Bonanno et al., 2004). Although these symptoms are commonly associated with grief, their absence does not necessarily indicate that the bereaved is pathological in any way. More recent studies have identified a proportion of individuals who appear to be resilient in a time of conjugal loss (Bonanno et al., 2004).

## **Absent Grief**

Clinical theorists have widely assumed that the absence of distress following the death of a spouse is a form of denial or inhibition of the normal grieving process (Bowlby, 1980; Rando, 1993; Worden, 2009). Much in clinical literature suggests that individuals who do not grieve are suppressing unresolved grief feelings (Bowlby, 1980; Rando, 1993; Worden). Investigators have also suggested that persons who fail to show grief reactions during the time of spousal loss are either cold or distant people or were only superficially attached to their spouse (Fraley & Shaver, 1999; Horowitz, 1990; Rando, 1993). Horowitz has suggested that those who show little overt grief may be developmentally immature and unable to relate in an adult type of relationship, and so they are unable to exhibit a mature type of mourning at its loss.

Alternative explanations for the apparent absence or delay of grief symptoms include personal resilience, positive reappraisal, or healthy coping skills of the bereaved. Empirical study of the hypothesis that individuals who reported a minimal amount of grief affect were immature and unable to form an adult relationship revealed that these individuals were not underdeveloped in their interpersonal relationships (Bonanno, Wortman et al., 2002). Prebereavement data provided no evidence that these individuals were maladjusted, emotionally cold and distant, or emotionally unattached to their spouses (Bonanno et al., 2004). In addition, on several prebereavement measures suggestive of resilience to loss—acceptance of death, belief in a just world, instrumental support—they received relatively high scores (Bonanno et al.). Together, these findings are consistent with a growing body of empirical evidence suggesting that bereaved individuals who experience little or no overt disruptions in functioning and who evidence a capacity for positive emotional experiences are exhibiting a healthy resilience to loss (Bonanno et al.).

Studies of resilience to loss indicate this pattern is more prevalent than the so-called typical or normal grief pattern (Bonanno et al., 2004). These findings fly in the face of beliefs concerning the grieving process that are firmly entrenched in our culture (Stroebe et al., 2008). This myth of expecting intense grief symptoms can be a source of confusion to those who do not have this experience. These individuals may believe there is something abnormal about them, thinking they did not truly love the deceased.

New data extend the understanding of positive emotion during bereavement. Recent studies have demonstrated that the experience of positive emotion during bereavement is not unusual but is actually relatively common (Bonanno & Keltner, 1997; Ong, Fuller-Rowell, & Bonanno, 2010), and positive emotion does not appear to indicate psychopathology but rather genuine adjustment (Bonanno & Kaltman, 2001; Ong et al.). The capacity to sustain positive emotional engagement in the face of highly aversive events has a link to important preloss factors (Bonanno et al., 2004).

Some individuals displaying a lack of grief may have had a highly stressful marriage and thus experienced marked reductions in depression after the spouse's death (Wheaton, 1990). The spouse's death may represent the end of a long-term stressor rather than the presentation of a new stressor (Wheaton). Study of role history in marriage suggests that even in the absence of prolonged illness, the loss of a strained relationship can result in less distress than the loss of a neutral or positive relationship (Carr, 2006; Wheaton). Some widows enjoy a marked improvement in their mental health following the loss of their spouse (Bonanno et al., 2004). So then a diminished form of grief following an ambivalent marriage may be more of a relief than absent grief.

## **Delayed Grief**

Traditional bereavement theories provide that when a bereaved individual fails to exhibit overt signs of grief or inhibits the work of processing the loss, she may experience delayed elevations of grief symptoms. Delayed grief may function as a defense that serves a psychological purpose while the mourner gradually explores and understands the loss that has occurred. Clinical theorists hold that hindered grief strongly predicts complicated mourning (Parkes & Weiss, 1983; Rando, 1993; Raphael, 1983). Prospective research is needed to examine the possibility of delayed symptom elevations. Researchers have hypothesized alternative explanations relative to why bereaved widows do not report, even after an extended amount of time, a significant increase in depression, confusion, and loneliness (Bonanno et al., 2004; Carr & Boerner, 2009; Wheaton, 1990).

Using a long-term prospective design, early attempts to comprehensively examine the delayed grief construct found a lack of empirical evidence for the existence of delayed grief (Boerner, Wortman, & Bonanno, 2005) and its assumed relationship to reduced emotional processing of the loss (Bonanno & Field, 2001). Wortman and Silver (1989) were among the first to note the absence of empirical support for the existence of delayed or inhibited grief.

Evidence from an unexpected venue implies the existence of a predictive indicator of how one will cope in bereavement as opposed to the idea that grief may be delayed. Research in the area of facial expression indicates that the ability of a bereaved individual to express positive emotion (more laughter and smiling) does not indicate denial but rather the ability to dissociate from distress and enhance social bonds. Early and brief glimpses of emotional processing provide an indication of long-term adjustment (Bonanno & Keltner, 1997; Keltner, Kring, & Bonanno, 1999). This is consistent with other studies that identify positive reappraisal and other

healthy coping techniques as helpful during the time of bereavement. There is a strong probability that these individuals are actually coping well with their loss (Bonanno et al., 2004; Carr, 2006; Ong et al., 2010). A lack of grief affect does not signify future difficulties. Early predictors of grief status are valid predictors.

In the past, researchers initially perceived absent or delayed grief as pathological, maladaptive (Bowlby, 1980; Freud, 1917/1957; Raphael, 1983), or insecure attachment (Fraley & Shaver, 1999; Horowitz, 1990; Rando, 1984, 1993). More recently, researchers have viewed delayed grief as an outcome of positive emotion. Instead of being rare and resulting from denial or inhibition, the absence of grief may actually indicate a healthy resilience in the face of loss (Bonanno & Kaltman, 2001).

### **Instrumental Support/Personal Resources**

Severity of grief symptoms may result from the loss of instrumental support. Lopata (1979) found that widows who reported greater social and psychological dependence on their husbands had more problems adjusting during bereavement. Those who have been married for longer durations may report lower perceived self-competency given the well-established and longstanding dependency between spouses (Carr & Boerner, 2009; Van Doorn et al., 1998). Couples in very close or happy marriages are also likely to have a well-developed and efficient division of labor, leaving the surviving spouse without the knowledge or skills to perform the tasks typically assigned to the deceased spouse (Carr et al., 2000). Conversely, individuals indicating high preloss depression followed by improvement during bereavement reported low levels of instrumental support available to them prior to the loss (Bonanno, Papa, & O'Neill, 2002).

From a behavioral perspective, instrumental support reduces positive reinforcement in the nurturing relationship associated with the lost spouse. Performing tasks the deceased spouse performed increases the severity of grief. Conversely, those who have lost a partner in an unhappy marriage experience the least reduction in positive reinforcement and experience less acute grief (Stroebe & Stroebe, 1987). Characteristics of the marriage such as warmth, conflict, and instrumental dependence have distinct and complex associations with adjustment to the loss of one's spouse (Carr & Utz, 2002; Ha et al., 2006). Therefore, strong instrumental support during the marriage relates to postloss grief severity, and lack of instrumental support relates to postloss reduced negative affect (Carr et al., 2000).

The personal strain is most acute for those who were highly dependent on their spouses prior to death. Women who were highly dependent on their spouses for household management tasks prior to loss evidenced significantly higher levels of postdeath anxiety (Carr et al., 2000).

Perceived competence relates to lower levels of grief, depression, and loneliness (Utz, Lund, Caserta, & deVries, 2011). Those who have more personal resources—particularly income and good health—are the most competent in daily life tasks (Utz et al.). Higher competency is associated with more positive mental health outcomes (Utz et al.). This suggests that the need to enhance and restore daily life activities, in addition to the need to deal with the sadness associated with conjugal loss, complicates grief (Utz et al.). One's perception of personal resources affects the ability to perform routine self-care and household tasks (Utz et al.).

### **Idealization of Marital Relationship**

Whether the marriage was nurturing or ambivalent, surviving spouses tend to idealize their estimation of their marriage and spouse. Retrospective assessments of marital adjustment

tend to idealize the relationship. Lopata (1979) found 89% of her widowed sample agreed with the description: “[My] husband was an unusually good man” (p. 133). Eighty-two percent reported their marriage to be above average. When comparing the marital adjustment responses of nonbereaved and bereaved individuals, the “sanctification” bias becomes apparent (Futterman et al., 1990). Parkes and Weiss (1983) suggest that selective recall of positive aspects of the marriage occurs among the recently bereaved.

Reliance on retrospective marital quality data makes it difficult to know how subjects felt about their spouses before loss, if subjects were depressed before losing their spouses, and if those who were depressed improved or worsened (Futterman et al., 1990). A major factor limiting understanding of the role played by marital closeness in the transition to widowhood is the lack of data regarding the predeath perception of marital closeness (Van Doorn et al., 1998). Reliance on retrospective data for affectively laden experiences is “more construction than reproduction” (Fulton, Madden, & Minichiello, 1996, p. 1354), and a tendency for positive bias in recall most likely reflects a sanctification or idealization of the lost marriage rather than a realistic recollection (Van Doorn et al.). When comparing bereaved and nonbereaved individuals, positive rather than negative judgments of marriage are related to depressive symptoms after partner loss, whereas among the nonbereaved, negative judgments of marriage are positively associated with depressive symptoms (Futterman et al.). Retrospective bias can invalidate studies that examine the effects of marital quality on bereavement.

Over the last 20 years, however, new theoretical perspectives (cognitive stress perspective and social-functional perspective) have developed out of retrospective and, more recently, prospective research (Bonanno & Kaltman, 1999). A major limitation of research using the retrospective method regarding bereavement is that it reflects an unrealistically positive



reconstruction of the marriage. In the appraisal of marital quality, assessing the quality of the marriage while the respondent is still married (based on behavioral, contextual evidence) seems preferable to the studies that have used retrospective, self-report measures to assess the marriage (Futterman et al., 1990; Parkes & Weiss, 1983).

### **Bereavement following an Ambivalent Marriage**

Next, the researcher will assess the literature related to bereavement following an ambivalent marriage (e.g. Abakoumkin et al., 2010; Applegate, 1996; Boerner et al., 2005; Bonanno et al., 1998; Carr et al., 2000; Carr & Boerner, 2009; Futterman et al., 1990; Gamino, Sewell, & Easterling, 1998; Mancini, Robinaugh, Shear, & Bonanno, 2009; Oak, 2000; Ong et al., 2010; Prigerson, Maciejewski, & Rosenheck, 2000; Pruchno, Cartwright, & Wilson-Genderson, 2009; Russell & Uhlemann, 1994; Van Doorn et al., 1998; Wheaton, 1990). A dichotomy exists in the literature relative to the characteristics of the grief affect within the widow after a difficult marriage. The marital quality hypothesis assumes that aspects of the marital relationship will also affect one's adjustment to widowhood. Research demonstrates a connection between marital quality and one's adjustment to bereavement, though there is no consensus on how those factors are connected. Some argue that those in conflicted marriages experience the most severe grief (Freud, 1957/1917; Parkes & Weiss, 1983), whereas others suggest that those in close marriages have more complicated bereavement experiences (Fraley & Shaver, 1999).

## **Increased Grief**

Bereavement theorists in the psychoanalytic and attachment traditions (Freud, 1957/1917; Bowlby, 1961, 1980) predict that bereavement following an ambivalent marriage will be complicated due to feelings of personal helplessness such as guilt (they may feel they could have done more) and loss of self-esteem (they were not as kind as they might have been) (Freud). Bowlby also predicted potential feelings of enabled detachment (reorganization) or the breaking of affectional bonds (1980).

Bereavement theories in the psychoanalytic tradition maintain that following a highly conflicted or unsatisfying marriage, widows will experience dysfunctional or pathological forms of grief due to the impediment of ambivalence, not allowing the spouse to free her ego from her investment in the “lost object.” Survivors of conflicted marital relationships find it more difficult to let go of their spouses, while at the same time they experience anger directed at the deceased for abandonment and subsequent depression (Freud, 1957/1917). The expected grief outcome following a troubled marriage is a problematic course of bereavement (Horowitz, 1990; Shanfield, 1983). Rando (1993) points out these widows are reluctant to acknowledge the negative components of the marital relationship, resulting in “denial, repression, or suppression of some aspects of mourning” (p. 469). Rando explains that negative feelings bond people together in the same way that positive feelings connect people.

Another aspect of bereavement for those who were part of a highly conflicted marriage is the guilt which the mourner feels when she recalls the anger felt toward the deceased. Often the surviving spouse feels responsibility for the death of the spouse subsequent to earlier wishes for the death of the spouse. The surviving partner may feel that she will be punished. The widow may also experience relief or even delight at the passing of the difficult partner. These

thoughts and feelings exacerbate the feelings of guilt that are part of normal spousal bereavement (Rando, 1993).

Parkes and Weiss (1983) found that survivors of conflicted marriages tend to show signs of delayed or prolonged grief typified by guilt and self-reproach for 2 to 4 years after conjugal loss. In grief counseling practice, addressing issues related to guilt is an integral component of surviving the death of a loved one. In spite of the conflict that characterized the relationship, survivors experience guilt because of expectations about themselves and their inability to prevent the death (Parkes & Weiss).

Another bereavement outcome anticipated by those in the psychoanalytic school of thought is the widow's inability to adjust to the world outside of the ambivalent marriage. The widow may have difficulty relating in other relationships, expecting others will react in the same manner in which the deceased spouse used to react (Rando, 1993). The habits formed during the course of a conflicted relationship may serve to contaminate new relationships (Rando).

Pathological grief reactions result from loss of an ambivalent, conflictual relationship. Freud (1957/1917) proposed that self-denigration caused by the conflict of ambivalence would result in the painful "obsessive reproaches" that characterize "melancholia." Conflictual relationships portend greater subsequent levels of depression (Shanfield, 1983; Zisook, Shuchter, & Lyons, 1987). More specifically, poor marital adjustment before the loss has been associated with poor bereavement outcomes, including depression (Parkes & Weiss, 1983).

Marital adjustment is a broad construct involving judgments along significant dimensions of marital interaction, including data like frequency of disagreements and amount of leisure time spent together, and marital adjustment involves judgments of dimensions of marital satisfaction, such as the level of marital happiness (Futterman et al., 1990). Empirical support for this

hypothesis lacks validity in that measures of marital quality were taken retrospectively so that the widow's characterization of the marriage was distorted by the current affective state of the widow (Parkes & Weiss, 1983). Prospective research requires use of a multidimensional measure of marital satisfaction.

### **Reduced Grief**

In contrast to the psychoanalytic and attachment perspective, empirical research conducted prospectively and including a control group suggests that troubled marriages tend to diminish, rather than exacerbate, mourning and grief affect. There appears to be a relationship between the intensity of mourning and the psychological and social benefits intrinsic in the marriage (Carr et al., 2000). The emotional consequences of bereavement may be contingent upon how nurturing or conflicted the marital relationship was prior to the loss (Carr et al.).

An increasing number of bereavement researchers explain a diminished form of grief through a variety of theoretical explanations (Bonanno, 2004; Carr & Boerner, 2009; Wortman & Silver, 1989). Each explains the data from his or her own perspective. Bereavement theorists in the cognitive stress and social-functional paradigms predict a more resilient or depressed-improved occurrence. Conflicted marriages appear to attenuate, rather than intensify, grief responses over time (Carr et al., 2000). Possibly half of the bereaved showed little or no depression following their spouse's death, and approximately 10% of the bereaved reported improved mental health following the loss (Bonanno et al., 2004). These results highlight the importance of maintaining a healthy skepticism toward traditional assumptions in the field and lend credence to the view that we still have much to learn about the variety of ways people cope with loss (Bonanno et al.). Review of the literature relative to the nature of bereavement

following a conflictual marriage revealed multiple explanations for why reduced grief affect may be experienced. This researcher considered the following explanations for reduced grief: a contextual approach to life transitions, positive emotion and trait resilience, the end of a chronic stressor, personal resources, and active coping.

**Contextual approach to life transitions.** Within the study of a contextual approach to life transitions, widowhood following a problematic marriage can be characterized by a reduced level of distress and grief. Factors in the role history mediate the stressfulness experienced following life transitions; in other words, the potentially stressful effect of a life event is less a product of the event itself and more a product of the social environment or context of the individual prior to the occurrence (Wheaton, 1990). This model views life events not as stressful in themselves, but rather it views the event as a time to examine preexisting chronic stress from which one may currently experience more difficulty or possibly even relief (Wheaton). Whether or not an aversive impact marks the transition to widowhood depends to a great extent upon the nature of the relationship prior to the death of the spouse (Wheaton).

**Positive emotion and trait resilience.** Adjustment to loss of spouse may be linked to factors such as positive emotions and trait resilience that precede the loss. There is no significant decline in positive emotion for the widow demonstrating greater preloss trait resilience or indicating greater marital strain (Ong et al., 2010). This substantiates the idea that adjustment to widowhood may be rooted in conditions that long precede actual loss (Ong et al.).

Those individuals who experienced the most conflicted marriages prior to conjugal loss report the greatest increases in postloss positive mood (Bonanno et al., 2004). There is an inexorable link between the emotional affect of widows and the quality of the marital relationship prior to the loss. Persons reporting a high level of depression prior to loss of spouse

showed marked improvement following the spouse's death. These individuals consistently evaluated their spouses and marriages as less satisfying (Bonanno et al., 2004). Regardless of prebereavement functioning, when bereaved individuals exhibit relatively little grief, distress, or depression following the death of their spouse, there is a strong probability that they are actually coping well with their loss and are unlikely to require professional intervention (Bonanno et al., 2002). Many who reported preloss depression in conjunction with a conflicted marriage showed considerable evidence of resilience despite showing little indication of working through the loss. The death of a loved one can actually result in improvements in the survivor's mental health and functioning (Bonanno et al., 2002). It remains crucial to continue to explore the impact of features of the relationship that may create chronic strain, such as whether the spouse was abusive or alcoholic (Bonanno et al., 2004). Clinical bereavement theory needs to better accommodate the idea that there are alternative pathways through which one may emerge from the death of a spouse, evidencing good mental health (Bonanno et al., 2002, 2004; Carr, 2006).

**End of a chronic stressor.** In the case of an ambivalent marriage, a spouse's death may be experienced as the end of a chronic stressor (Wheaton, 1990). The spouse's death may represent the end of a chronic stressor rather than a stressor per se. The loss of a strained relationship can result in less distress than the loss of a neutral or positive relationship (Wheaton, 1990). Thus, these individuals were involved in an unrewarding marriage with someone who, because of illness, may have required help or support, so death may have relieved the caregiving spouse from a challenging set of responsibilities and demands (Bonanno, et al., 2004). Women may exhibit an unambiguously healthy profile during bereavement. The healthy profile is not likely due to denial or inhibition of grief since the women experience occasional grief symptoms early in bereavement (Bonanno, et al., 2004; Carr, 2006; Carr & Boerner, 2009). Although most

bereaved individuals idealize their lost spouse and marriage, those who identify their marriage as conflicted do maintain a less satisfactory evaluation of their marriage (Carr & Boerner). These widows perceive greater benefits of widowhood and evaluate personal coping pride as high. Many report that they are surprised at how well they are doing. Although these individuals find little comfort from positive memories of the spouse in early bereavement, they are able to find increased consolation over time. These widows report coping well and are not in need of clinical intervention (Bonanno et al., 2004).

**Personal resources (income and good health).** Those who have more personal resources (income and good health) are the most competent in daily life tasks (Utz et al., 2011). Financial security and physical health promote wholesome results in bereavement (Utz et al.). A large body of bereavement literature identifies personal resources as correlates for the psychological, emotional, and social outcomes related to widowhood (Carr & Utz, 2002; Ha et al., 2006). Perceived competence after widowhood is a function of one's experiences and resources prior to widowhood. In particular, personal resources and what type of relationship the couple had during marriage are factors that will affect one's ability to transition (Bonanno et al., 2004).

**Active coping.** The ability to manage household affairs, participate in health care matters, actively cope with personal responsibilities, and meet the physical demands required of daily activities all demonstrate high levels of active coping. There is a strong association between competencies in daily life activities and more favorable adjustments to the psycho-emotional aspects of grief. Those who lack the confidence, skill, or experience to accomplish particular daily life activities may not have the energy to also deal with the emotional void caused by the loss (Utz et al., 2011). In contrast, those who more effectively engaged in self-

care could conceivably be in a better position to cope with the negative emotional effects of the loss (Utz et al.). Higher levels of perceived competence strongly and consistently correlate with lower levels of grief, depression, and loneliness among the recently bereaved (Utz et al.).

## **Summary**

The researcher examined five views (a contextual approach, positive emotion and trait resilience, the end of a chronic stressor, personal resources, and active coping) which provide explanations for reduced grief affect following ambivalent marriage. It is a common belief that bereavement is one of the most stressful life events that people encounter in the course of their lives. This may well be correct. Recent findings present a challenge to the traditional psychoanalytic assumption that the loss of a conflicted relationship is, by its very nature, associated with delayed manifestations of grief. Academics and clinicians can obtain a richer and more accurate understanding of late-life widowhood by conceptualizing the process and consequences of bereavement as deeply rooted in the characteristics of the marital dyad and individual-level characteristics of husband and wife. Only when researchers consider the quality of a marriage can they begin to obtain a more precise picture of how conjugal loss affects psychological adjustment (Carr & Utz, 2002).

## **Coping Skills**

This section examines the literature on coping skills (e.g., Folkman et al., 1986; Folkman et al., 1987; Folkman & Moskowitz, 2000; Lazarus, 1991, 1993, 1999b, 2000, 2006; Taylor, Helgeson, Reed, & Skokan, 1992; Tennen et al., 2000). Although considerable empirical



research exists in the area of stress theory, this researcher has selected research which pertains to development of coping skills that will mediate chronic stress and grief affect.

Lazarus and Folkman (1984) define coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). In coping theory, it is not the stimulus or the response that defines stress, but the observed stimulus-response relationship (Lazarus & Folkman). The study of coping requires a descriptive, process-oriented approach in which the outcomes depend on the demands and constraints intrinsic in the context. Coping is a process that changes as a situation unfolds. Coping involves problem- and emotion-focused functions, approach-avoidance functions, and intrapersonal and interpersonal functions (Folkman, 2001; Lazarus, 2000, 2006).

### **Primary and Secondary Appraisal**

The coping process begins with an individual’s beliefs, values, goals, and perceived resources for coping and an event or a condition that signals a potential change in the status of a valued goal (Lazarus, 1999b; Lazarus & Folkman, 1984). When the individual appraises the personal significance of the event or condition (primary appraisal) she considers her options for coping (secondary appraisal) (Folkman, 2001; Lazarus, 1991, 1993, 2000, 2006). The combination of primary and secondary appraisal affects the intensity of the affective experience (Lazarus, 1999b; Lazarus & Folkman). The appraisal process also influences what the person does to cope with the distress and with the underlying problem (Folkman et al., 1986, 1987; Lazarus & Folkman). The mixture of the coping processes the person uses is likely to change as an encounter unfolds because of the shifts in the person-environment relationship (Lazarus,

1999b; Lazarus & Folkman). The shifts may be a result of adventitious changes in the environment, the effects of the individual's coping efforts directed at the changing the environment, or the individual's coping efforts directed at altering the meaning of the event, also known as positive reappraisal (Folkman, 2001; Folkman & Moskowitz, 2000; Lazarus, 1991). Any shift in the person-environment relationship leads to a reappraisal of the situation, which in turn influences subsequent coping efforts (Folkman et al., 1986; Lazarus, 1999b).

When an individual appraises a situation, she assesses it through two means: primary appraisal and secondary appraisal (Lazarus, 1999b; Lazarus & Folkman, 1984). In primary appraisal, she evaluates the relevance and congruence of the situation to her well-being and goals (Folkman, 2001; Lazarus, 1991, 1993, 2000, 2006). Individuals experience different emotions when they view a situation consistent with their goals versus when they regard it as inconsistent (Folkman et al., 1986; Lazarus, 1999b). Secondary appraisal has to do with an individual's evaluation of her resources or options for coping (Folkman; Lazarus, 1991, 1993, 2000, 2006). Secondary appraisal is not actually coping but is usually the cognitive underpinning for coping. Another aspect of secondary appraisal is a person's evaluation of who should be held accountable (Folkman). A hurtful situation may lead to blame while a beneficial situation may lead to praise. Future expectancy, another form of secondary appraisal, provides an expectation of favorable or unfavorable change (Lazarus, 1991, 1999b; Smith & Kirby, 2009).

Once one's cognitive appraisal has categorized a situation as being challenging or stressful, one perceives ways to cope with the situation. If the individual perceives the stressor as one that can be managed or altered (changeable), the individual may choose to use problem-focused coping (Folkman, 2001). If the individual perceives the stressor as one that cannot be managed or altered (unchangeable), the individual may choose emotion-focused coping

(Lazarus, 1999b, Lazarus & Folkman, 1984; Folkman). Once an individual has appraised a situation and finds it threatening to values, beliefs, or goals, the individual chooses either a problem-focused coping technique such as confrontation or planful problem solving, or an emotion-focused coping technique such as self-controlling or positive reappraisal (Lazarus, 1993).

Because of the complexity of person-environment events, most coping techniques do not become stable or habitual responses. Only a few processes have been identified as stable aspects of an individual to the extent that a particular type of coping with diverse stressors over time is likely to function as a moderator (Folkman et al., 1986). Although most coping processes do not become stable aspects of the individual, research shows that positive appraisal and cognitive escape-avoidance can become stable types of coping (Folkman et al.; Lazarus, 1993).

### **Positive Affect**

Although the primary focus in the study of coping has been on the negative outcomes of the stress process, study of positive affect as a stress outcome has revealed the co-occurrence of positive and negative affect during chronic stress (Folkman & Moskowitz, 2000). Positive affect provides an adaptive function during chronic stress (Folkman & Moskowitz). Meaning-based coping processes support positive affect during chronic stress. Even after recognizing the influence of factors such as personality (Carver & Scheier, 1998; McCrae & Costa, 1986; McCrae & John, 1992), controllability (Baum, Fleming, & Singer, 1983), individual and social resources (Holahan & Moos, 1986, 1987, 1991; Pierce, Sarason, & Sarason, 1996), and development over the life span (Aldwin, 1994; Folkman et al., 1987; Strack & Feifel, 1996), the fundamental questions remain, to a large extent, unanswered. How does the coping process help

individuals minimize or avoid the adverse mental and physical health effects of stress? Does coping make a difference? This lack of answers may be attributable to limitations in assessment/measurement techniques (Coyne & Gottlieb, 1996; Coyne & Racioppo, 2000) and the underutilization of qualitative methods (Lazarus, 1999b, 2000, 2006), or a lack of attention to the interpersonal aspects of coping (Lazarus, 2006; Lepore, 1997; O'Brien & DeLongis, 1997).

Historically, coping has most often been evaluated in relation to its efficacy in regulating distress. This orientation is completely understandable given the history of coping and its origins in ego psychology in which the primary concern was the regulation of anxiety. What has been underrepresented in coping research is an approach that looks at the other side of the coin—an approach that examines positive affect in the stress process (Lazarus, 1993). Taylor et al. discussed this approach in relation to the primary appraisal of stressful situations as challenges, which signals the possibility of mastery or gain and is characterized by positively toned emotions such as eagerness, excitement, and confidence (1992).

Positive affect is also a response to the cessation of aversive conditions, a time when people are likely to experience an offsetting positive emotion such as relief (Taylor et al., 1992). In addition, a number of studies have examined other kinds of positive outcomes of stressful events, even though the events themselves may not have had favorable resolutions. Such outcomes include the perception of benefit from the stressful encounters (Affleck, Tennen, Croog, & Levine, 1987), the acquisition of new coping skills and resources (Folkman, 1997, 2001), the perception of growth related to stress (Holahan & Moos, 1987, 1990, 1991; Park, Cohen, & Murch, 1996), and spiritual or religious transformation that results from stressful experiences (Aldwin, 1994; Pargament, 1997). Positive affect can co-occur with distress during a given period. Positive affect in the context of stress has an important adaptational significance

of its own, and coping processes that generate and sustain positive affect in the context of chronic stress involve meaning.

Positive affect co-occurs with distress, often with extraordinary frequency (Wortman & Silver, 1989). People experience positive emotions significantly more frequently than negative emotions within a short time of the occurrence of the negative event that precipitated the chronic stress. This type of co-occurrence (Folkman 1997; Wortman & Silver, 1987) is completely plausible and may serve an important function. Theoretical and empirical work indicates that positive affect can have significant adaptive functions, both under normal and stressful conditions (Folkman & Moskowitz, 2000). Under stressful conditions, when negative emotions are prevalent, positive emotions can provide a psychological break or respite, support continued coping efforts, and replenish resources depleted by stress.

In contrast to the narrowing of attention and the particular action tendencies associated with negative emotions, positive emotions broaden the individual's attentional focus and behavioral repertoire and build bio-psycho-social resources that can deplete under recurrent stressful conditions (Frederickson, 1998; Lazarus, Kanner, & Folkman, 1980). Positive affect promotes creativity and flexibility in thinking and problem solving (Isen & Daubman, 1984; Isen, Daubman, & Nowicki, 1987; Isen & Geva, 1987; Isen, Johnson, Mertz, & Robinson, 1985). Positive affect also facilitates the processing of self-relevant information, even if that information is negative and potentially damaging to self-esteem (Reed & Aspinwall, 1998; Trope & Neter, 1994; Trope & Pomerantz, 1998).

Women who report finding positive meaning in response to a traumatic event have more adaptive hormonal responses to subsequent stressors (Epel, McEwen, & Ickovics, 1998; McEwen, 1998). Positive affect as a result of meaning-based coping in response to traumatic

events may make them more physiologically resilient in the face of subsequent stress and may help protect them from the maladaptive neural, endocrine, and immune responses to chronic stress that can lead to disease (Epel et al.; McEwen). Instances of positive affect throughout stressful circumstances may disrupt and thereby avert a rumination spiral and avoid an emotional decline into clinical depression (Folkman & Moskowitz, 2000). Without the protective effects of sufficient levels of positive affect, people who are experiencing high levels of negative affect are more likely to become clinically depressed (Folkman & Moskowitz).

### **Positive Reappraisal**

Positive reappraisal refers to cognitive strategies for reframing a situation in a positive light. It is akin to the concept of benefit reminding (Affleck & Tennen, 1996), a cognitive coping strategy that enables the individual to appraise a difficult situation more positively. Positive reappraisal can involve deeply held values (submission, respect) that are activated by the stressful situation (Moskowitz, Folkman, Collette, & Vittinghoff, 1996). This kind of coping in which people focus on the value of their efforts and appraise them positively may be especially important in helping people sustain efforts over a long period of time.

### **Problem-Focused Coping**

Problem-focused coping refers to efforts directed at solving or managing the problem that is causing distress. It includes strategies for gathering information, making decisions, and planning and resolving conflicts; it includes efforts directed at acquiring resources (e.g., skills, tools, and knowledge) to help deal with the underlying problem; and it includes instrumental, situation-specific, task-oriented actions (Lazarus & Folkman, 1984). It is quite possible to

identify goals and experience efficacy, mastery, and control in situations that appear uncontrollable and even worsening (Taylor et al., 1992). Additionally, efficacy may occur as a result of relinquishing previous goals that are no longer tenable and turning to new, more realistic goals (Carver & Scheier, 1998; Lazarus & Folkman, 1984; Moskowitz et al., 1996). The increase in problem-focused coping during a chronically difficult time period attests to the need and the ability to assert control in situations that appear uncontrollable. Problem-focused coping is positively and significantly related to positive affect during a time of long-term stress (Folkman et al., 1986; Folkman & Moskowitz, 2000). Problem-focused coping involves two meaning-based functions: (a) identifying situation-specific goals that engage the individual and focus his or her attention, and (b) providing a sense of effective situational control (Carver & Scheier, 1998; Lazarus, 1991, 1993, 1999a, 1999b, 2000). Individuals are capable of creating a positive event or interpreting an ordinary event as positive as a means of coping, offsetting the negative affective consequence of a negative event (Folkman et al.; Folkman & Moskowitz). People are keyed to respond to the adverse sequelae of loss by turning their attention to their resources and looking for positive aspects of their lives (Hobfoll, 1998).

Researchers can learn a great deal about coping that helps support positive affect by asking individuals for narratives about stressful events, including what happened, the emotions they experienced, and what they thought and did as the situation unfolded (Lazarus, 2000, 2006).

## **Summary**

This section reviewed coping skill literature relative to chronic stress in interpersonal relationships. Once primary and secondary appraisal has occurred, the individual has a choice of how he or she will respond in a given situation. The appraised meaning relative to the

individual's beliefs, goals, values, and commitments helps determine one's emotions in a given situation. Studies of positive affect in coping demonstrate that individuals who report high levels of depressed mood retain the capacity to engage in meaning-based coping and experience positive affect. This phenomenon may be critical in understanding how people manage to minimize the negative consequences of stress and produce positive outcomes. Psychologists need to understand more clearly the adaptational significance of positive affect in the midst of stress, and they need to learn how people generate and sustain positive affect under these conditions. Coping models need to be broadened to include not only positive affect but also how coping promotes psychological well-being and other positive outcomes in the context of chronic stress.

### **Bereavement and Coping Theory**

Finally, this section evaluates the sparse literature combining bereavement theory and coping theory (e.g., Bonanno et al., 2004; Bothwell, 1992; Dutton & Zisook, 2005; Folkman et al., 1986; Folkman, 2001; Michael et al., 2003; O'Rourke, 2004). Studies of associations between preloss and postloss coping are limited by their reliance on retrospective self-report coping scales. In research literature, there are no rich, vivid descriptions of the experience of the widow after a conflicted marriage, specifically with a view to coping skills used. Prospective study through narrative inquiry would more thoroughly examine the phenomenon of widow grief. In grief studies, coping refers to processes, strategies, or styles of managing (reducing, mastering, tolerating) the situation in which conjugal loss places the individual. Processing grief is an example of coping (Stroebe et al., 2008).



Cognitive stress theory provides a more finely tuned analysis for understanding the process of coping with bereavement than the grief work model. Viewing loss as a stressor rather than work to be accomplished allows for the specification of what has been lost and what has changed as a result of the loss (Folkman, 2001; Stroebe & Schut, 1999). Applying cognitive stress theory permits the definition of the stressor (bereavement), identification of the process variables, and identification of the outcome variables (Stroebe & Schut). In the last 20 years, the stress and coping approach (cognitive coping approach) has become prominent in the study of bereavement. Stress and coping theorists maintain that major life changes, like the death of a loved one, become distressing if a person appraises the event as taxing or exceeding his or her resources (Folkman; Stroebe & Schut). A significant feature of this model is that it underscores the role of cognitive appraisal in understanding how people react to loss. Lazarus and Folkman hypothesized that a person's appraisal, or subjective assessment of what has been lost, influences his or her emotional reaction to the stressor and the coping strategies employed (1984). There is surprisingly little research on specific coping strategies that people use to deal with loss and the impact of these various strategies on bio-psycho-social health. The appraisal of the loss, as well as the extent of physical and mental health outcomes that result from the loss, may well depend on these factors (Lazarus & Folkman; Stroebe & Schut). Those with fewer risk factors and more coping resources can be expected to recover more quickly and completely (Stroebe & Schut).

Formerly, the stress, appraisal, and coping model focused primarily on negative emotions that were generated as a result of experiencing a stressful life event. As an outcome of a caregiver/bereavement study, Folkman revised the model to incorporate positive emotions, which are believed to maintain coping efforts over time (2001). The ways individuals retain

well-being in a time of incremental losses during caregiving may provide insight into the ways individuals cope with the ultimate loss of the loved one (Folkman).

The principle of identifying and incorporating previously learned survivor coping skills into therapy is a recognized counseling technique. In the case of bereavement counseling, the counselor may draw from coping techniques that the client has used in the past when facing crisis. These strengths and skills can form the basis for the increase of existing coping skills and the development of new ones to address the loss as well as the bio-psycho-social health of the bereaved (Rando, 1984).

### **Grief as Stressor**

Conjugal loss is a life event comprised of multiple stressors (loss of companionship, instrumental support, and financial security). Some of these stressors may be appraised as changeable; others may not. Problem-focused coping would seem appropriate for changeable aspects, while emotion-focused coping would suit unchangeable aspects (Lazarus, 1993; Lazarus & Folkman, 1984). In the case of grief, the emotion itself becomes the stressor, conceivably to a greater extent than in the instance of other stressors because it is difficult to control its overt expression, and lack of control presents difficulties for the bereaved and others (Stroebe & Schut, 1999). In bereavement, problem-focused behavior may be emotion-focused (Stroebe & Schut).

### **Positive Reappraisal**

Loss does not usually occur at one point in time but in increments of weeks, months, or even years before the death of a partner. Positive reappraisal can be implemented by caregivers during the period of caregiving and continued during and after the time of the loss. Positive

reappraisal is especially important in maintaining positive affect throughout and following caregiving (Folkman, 2001). Cognitive strategies may be incorporated for reframing a situation to see it in a positive light. Positive reappraisal has been demonstrated to be significantly and independently associated with increases in positive affect at time of loss (Moskowitz et al., 1996). Positive emotions may provide an important psychological time-out when distress becomes particularly intense (Folkman).

### **Problem-Solving Coping**

There appears to be a consistent relationship between active problem-solving coping and positive affect. Its use gives the individual a sense of control in a context that normally makes people feel completely helpless. While an individual may not have control over the stressor itself, she may manage various tasks over which she does have power. The wife may have little command relative to her husband, but she may delight in domestic responsibilities (Folkman, 2001; Thompson, Nanni, & Levine, 1994).

### **Stability of Coping Responses**

Only to the extent that a particular type of coping represents a stable response to diverse stressors over time is that type of coping likely to function as a moderator. Although most coping processes do not become stable aspects of the individual, research shows that positive appraisal as well as cognitive escape-avoidance can become stable types of coping (Folkman et al., 1986; Lazarus, 1993).

The revised coping model recognizes the multiple important roles of positive affect. Positive affect is an outcome of unresolved chronic stress that is prompted by the need to

experience positive well-being in the midst of distress (Folkman, 2001; Folkman and Moskowitz, 2000). It is maintained by meaning-based coping processes that are distinct from those that regulate distress. Additionally, it functions to sustain coping over the long term (Folkman).

McIntosh, Silver, and Wortman (1993) found that religious importance was related to working through the loss, which in turn was related to increased distress 3 weeks after the loss but decreased 18 months later. Religious importance could therefore be seen as causing distress, which was necessary for the long-term adjustment to the loss. Spiritual and religious beliefs often activate at the time of bereavement (Bothwell, 1992; Bowlby, 1980; Parkes & Weiss, 1983).

### **Restoration Orientation**

Adaptive tasks having to do with restoration orientation are unlikely to be captured by the typical probe asking about a stressful event. Restoration-oriented coping is likely to involve proactive thoughts and actions that have to do with future-oriented planning and goals (Stroebe & Schut, 1999). Restoration-oriented coping is probably more complex than proactive coping because the person engaged in restoration-oriented coping is doing so as a consequence of the ongoing stressor of loss and its sequelae. Thus, restoration-oriented coping involves dealing productively with extant stressors as well as the proactive coping. The coping processes associated with restoration-orientation have yet to be described and catalogued. An important first step is to ask people to tell stories about this aspect of recovery from loss (Aspinwall & Taylor, 1997; Folkman, 2001).

## **Proactive Coping**

As a coping technique, people anticipate or detect potential stressors and act in advance to prevent them or to mute their impact. Proactive coping is what individuals do to avoid and offset potential stressors. Proactive coping requires different skills than does coping with existing stressors. The five stages in proactive coping include (a) resource accumulation, (b) recognition of potential stressors, (c) initial appraisal, (d) preliminary coping efforts, and (e) elicitation and use of feedback concerning initial efforts (Aspinwall & Taylor, 1997). During anticipatory grief (prior to loss), the wife may consider changes that will occur (making funeral arrangements, safeguarding documents, building a support system, and thinking about a new life) and prepare for them.

## **Cognitive Adaptation**

Cognitive adaptation is a means by which a wife may successfully adjust to the death of her husband. Positivity biases in personally relevant information processing (i.e., self-deception, marital aggrandizement, and dispositional optimism) are significantly associated with life satisfaction and the absence of psychiatric distress. The contribution of cognitive adaptation is maintained over and above that provided by personality variables (O'Rourke, 2004).

Phenomenological factors such as the absence of pessimism and perceived control (Stroebe, Stroebe, & Domittner, 1988) appear to predict positive adjustment to conjugal loss. Cognitive adaptation contends that positivity biases in personally relevant information processing and memory significantly relate to well-being in later life (O'Rourke, 2002). Marital aggrandizement is related to marital satisfaction, more so than for those holding both positive and negative perceptions of their spouse and relationship (O'Rourke & Cappeliez, 2001).

Minimization of negative emotion may allow for more active problem-focused coping and facilitate supportive responses from others. If the bereaved are trying to use problem-focused coping, they will elicit more supportive responses from others. As such, the physical absence of the deceased provides the surviving spouse greater opportunity to engage in selective information processing as compared to those in intact relationships where daily interactions are more likely to counteract such idealized tendencies (Bonanno & Keltner, 1997).

Positive information processing biases appear to function as effective buffers to dysphoria (Alloy & Abramson, 1988; O'Rourke et al., 1996). Those exhibiting unbridled optimism, a sense of meaning, and exaggerated perceptions of control have been found to cope with adversity more effectively. These positive illusions also appear to be associated with improved physical health outcomes (O'Rourke, 2002; Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). It seems that the propensity for selective information processing (or cognitive adaptation) has a significant association with the well-being of widowed women as measured by life satisfaction and the absence of psychiatric distress.

The challenge remains to ascertain if the association between cognitive adaptation and well-being is realized over and above the contribution of personality variables. Three personality constructs of cognitive adaptation reflect positivity biases in relation to one's interpersonal past (marital aggrandizement), present (self-deception), and future (dispositional optimism). An additive effect is assumed, however, such that the presence of all three should be associated with enhanced well-being (O'Rourke, 2002). In other words, the propensity to experience negative emotions has an inverse relationship with cognitive adaptation. The relative absence of neuroticism is associated with positivity biases in information processing.

This literature review exists so that clinicians and clients can focus on factors that facilitate healthy adjustment and avoid factors that encumber necessary adaptation. Little research has been conducted examining how individuals actually cope with loss. Few have used longitudinal or prospective studies to investigate what individuals think and do to deal with personal loss and to move forward with their lives (Folkman, 2001). One of the reasons for the paucity of research on bereavement coping may be the absence of theoretical models of coping that specifically apply to bereavement.

Although there is abundant bereavement and coping research, the unanswered question remains: What are the coping skills that widows who have been in a difficult marriage use to deal with the stresses of bereavement? This multicase study is designed to provide answers to this question.

### **Summary**

The literature review creates the foundation from which to launch this inquiry. The literature review addressed four areas: (a) bereavement in general, (b) bereavement with a focus on marital quality, (c) coping theory, and (d) bereavement from the cognitive stress theoretical perspective. Throughout the chapter, the researcher provided evidence of the merit of the researcher's inquiry. Although a plethora of information about bereavement and coping skills is available, there is a dearth of data relative to the coping skills used by bereaved widows following a difficult marriage.

During the review and analysis of the literature pertaining to the nature of grief following an ambivalent marriage, a methodology of study emerged. The study will require premorbid and postmorbid data. The data will need to include narratives of multiple events, the wife's thoughts,

and the wife's behavior. It will be necessary to collect additional data following the death of the spouse as the widow relates to her new situations and challenges. In order to create minimal bias, triangulation will be achieved by the interview of an acquaintance who knows the widow well and is able to view her situation somewhat objectively. This methodology will best frame this study for the purpose of identifying the nature of widow grief following an ambivalent marriage. The purpose of this study is to identify which coping skills developed during the course of the marriage were found to be most useful in bereavement. The proposed methodological direction developed throughout the literature review. The next chapter will present the case study research method selected for this study as well as the justification for its use.



## **CHAPTER THREE: METHODS**

The previous chapters elucidated that there was a research void in the delineation of coping skills that provide instruction and preparation for life after the death of a spouse in an ambivalent marriage. Qualitative research is an appropriate means of exploring this chasm. This chapter provides the qualitative case study research method that was used in this study, along with the rationale for its use. The following defines the case and gives details regarding the research questions, data collection procedures, and methods of data analysis. Lastly, this chapter describes the procedures used to confirm the trustworthiness of the research findings.

### **Research Design**

In an effort to analyze the experience of an individual person with a view to developmental factors in relation to said individual's relation to her environment (marriage), the researcher chose the case study method (Hancock & Algozzine, 2011; Thomas, 2011, 2012; Yin, 2009). Case studies can be descriptive and explanatory (Flyvbjerg, 2011; Hancock & Algozzine; Thomas, 2011, 2012; Yin). Explanatory case studies may be used to explore causation and identify underlying principles (Thomas, 2011, 2012; Yin). As a research strategy, the case study is an empirical inquiry that examines a phenomenon within the context of a person's environment. With the establishing of criteria, cases may be added prospectively as they become accessible.

Thomas (2011) defines case studies as

analyses of persons, events, decisions, periods, projects, policies, institutions, or other systems that are studied holistically by one or more methods. The case that is the *subject* of the inquiry will be an instance of a class of phenomena that provides an analytical frame—an *object*—within which the study is conducted and which the case illuminates and explicates. (p. 513)

In this study the *subject* of the inquiry or class of phenomena was the experience of 10 wives before and after each one lost her spouse. The *object* of the study was coping theory.

The researcher chose the case study method because of its versatility to conform to the research design parameters of this study. The analytical eclecticism of the case study method provides flexibility for the researcher to adapt her purposes, approaches, and processes into a multilayered comprehensive typology (Thomas, 2011, 2012). The two parts of a case study are the subject of the study (the participants) and the object of the study (the theory through which the researcher views the subjects of the study). The case becomes a case of something, some phenomenon (George & Bennett, 2005; Thomas, 2011, 2012). Wieviorka (1992) points out that “if you want to talk about a ‘case’ you also need the means of interpreting it or placing it in a context” (p. 160).

Because surviving spouses tend to sanctify or idealize spouses after the death of the spouse (Futterman et al., 1990; Lopata, 1979; Parkes & Weiss, 1983; Van Doorn et al., 1998), the researcher chose a prospective study. Fulton et al. (1996) point out that reliance on retrospective data for affectively laden experiences is “more construction than reproduction” (p. 1354). In keeping with the ipsative-normative approach to methodology and in observance of a process-oriented measurement of coping, the researcher examined specific thoughts, emotions, and behaviors (Lazarus, 2006). The study of each occurred within the context of the relationship

and was studied over time so that changes were observed relative to thoughts, feelings, and actions as the requirements and appraisals of the encounter changed.

### **Selection of Participants**

Participants selected for this study were local knowledge cases that were available to the researcher in her place of work (Fenno, 1986; Thomas, 2011, 2012). Sufficient knowledge and ample opportunity for identification of participants provided adequate discussion for in-depth analysis. Accessibility of hand-chosen participants did not detract from the validity of the study since “the actors, the decision points they faced, the choices they made, the paths taken and shunned, and the manner in which their choices generated events and outcomes” (Bates, Greif, Levi, Rosenthal, & Weingast, 1998, pp. 13-14) were legitimate subjects for this study. Since case study research does not require representative samples, selection of what might be considered “interesting cases” was appropriate (Thomas, 2011, 2012).

The development of theory is essential to the dynamic of the relationship between *subject* and *object* in case study. The typology used provided the best testing tools of explanation (Eckstein, 1975; Thomas, 2011, 2012). The typology was made up of layers that address the purpose approach (George & Bennett, 2005; Eckstein, 1975; Stake, 2005) and process (Stake, 2005) of this study. These layers of organization provided for synthesis and integration of findings. The purpose of this study was evaluative. The purpose was the understanding that was required—the explanation that was needed (Thomas, 2011, 2012). The approach was theory-building or illustrative (George & Bennett). The theory examined was clearly stated at the outset of the study. A combination of methods (journaling, interview) triangulated the experiences of the participants (Hancock & Algozzine, 2011; Thomas, 2011, 2012; Yin, 2009). The researcher

analyzed notes, anecdotes, and narratives provided by the participants. The combination of methods informed the process of the study and served as the means of understanding the *object* which was refracted through the *subject* (Ragin & Becker, 1992; Thomas, 2011, 2012; Wieviorka, 1992).

The process of the study developed from the boundary decisions that set parameters delimiting the subject of the study. Boundary considerations were person, time period, and event (Ragin & Becker, 1992). Multiple case studies provided for a comparative element in the study (Thomas, 2011, 2012). The focus of this part of the process was the nature of the similarities and differences and the dynamics that led to each. Schwandt (2001) gives the name “cross-case analysis” to this type of case study. When the emphasis of the study is on the *subject* (participant) rather than the case, the number of cases can be singular or plural. In this situation, the multiple or plural case study was considered to be a member of the case study family (Thomas, 2011). The choice of multiple case studies allowed for focus on an important identified theoretical feature.

In order to produce a full, rich contextual portrait of the research participants, the researcher selected a diachronic process (Becker, 1998; Bruner, 1991; Lazarus, 1993, 2000, 2006; Thomas, 2011, 2012). The diachronic process shows change over time. The researcher captured data through a variety of sources and at different points in time with a view to changes occurring over time. Within this multiple case study, the researcher processed and studied cases simultaneously (Schwandt, 2001; Thomas, 2011, 2012). This parallel process approach allowed for multiple cases to be studied concurrently. Sequential studies were not necessary.

Although the aforementioned layers create a unique typology designed to incorporate the researcher’s purpose, approach, and process, and each serves to inform the others, during the

time frame of the actual implementation of the research, all of the layers were integrated and functioned as a whole (Thomas, 2011, 2012). The development of the typology required the clarity and necessity of both the *subject* and the *object*. Each choice was made in light of the researcher's view of the completed study. Case study methodology provided for selection of outlier or atypical cases that revealed more information about the object of interest than a more representative case (Thomas, 2011, 2012). The researcher selected appropriate components of the case study that combine to make a logical, interconnected sequence and contribute to the overall methodological integrity of the study.

### **Why a Case Study?**

Because of the eclectic nature of the case study and the diverse interests of the researcher, the case study was the most appropriate fit for this study. The adaptability of the case study method with a view to examining theory in the light of open-ended qualitative research (Thomas, 2011, 2012) was the best fit. This case study was an intensive analysis of multiple individual units stressing developmental factors in relation to context (Flyvbjerg, 2011).

### **Defining the Case**

The case in this study was widow grief following an ambivalent marriage as seen from the theoretical perspective of efficacious coping skills developed in the course of the marriage. The primary question was: What are the coping skills developed during an ambivalent marriage that are found to be most efficacious in bereavement?

### **Research Questions**

Numerous and varied resources (journal documents, personal interviews, and relationship interview data) were used to formulate the case and answer the research questions. The principal research questions binding this case were: (a) What adaptations and coping skills did the wife develop during the ambivalent marriage? (b) How did the widow use or not use these adaptations, adjustments, and coping skills to adjust to widowhood?

### **Data Collection Procedures**

In this study, the researcher addressed the research questions by collecting and analyzing data from journal documents, personal interviews, and relationship interviews. Participants were selected for their capability to articulate what they had learned about coping to exemplify the analytical object of the inquiry. At the time of recruitment the researcher screened volunteers to determine appropriateness to the purpose of this study. This included collecting demographic information and screening to determine if the volunteers had been in a long-term marriage of an ambivalent nature and if the wives were willing to participate in the study before and after the death of their spouse. The researcher selected 23 participants. An unexpected limitation emerged as 6 participants who had verbally agreed to take part in the study withdrew, stating they did not want to bring to mind painful recollections of the past or that they no longer wanted to participate in the study. Additionally, 5 of the participants' husbands had not yet died when data collection was completed for the 10 case studies required by the Institutional Review Board (IRB). These participants were notified that the researcher had obtained adequate information for her study and appreciation was expressed for their participation in the first part of the study. One of the participants was removed from the study when it was determined that she was not

legally married to the man she considered her husband. Another participant was not included when the researcher determined after the final interview that the marriage was not ambivalent in nature. As a result, 16 months of data collection started in July 2013 and ended in October 2014.

To meet institutional requirements, to provide saturation of data, and to address validity issues (Creswell, 2003; Kazdin, 2003), the researcher chose 10 cases for this study. In order to provide demographic and prospective information, selected wives (from a two-county area in Florida) whose husbands had been diagnosed as having 6 months or less to live were asked to participate in the study. The researcher worked with hospice staff who serviced more than 100 families at any given time. The researcher explained that the study would be in three parts: Part I involved journaling or brief interviews with the researcher about difficult incidents while their husbands were still living, and Part II involved an approximately 60-minute audio-taped interview 4-18 weeks following the death of the spouse. Part III involved an interview with a friend or relative who knew the nature of the marital relationship. Volunteers were assured that their privacy would be protected and they would be allowed to review what was written about them. Two participants requested transcripts, which were provided.

The journal/interview protocol was as follows: After the researcher received IRB and employer approval to conduct this research, as potential volunteers came to the attention of the researcher, the researcher contacted each volunteer to talk about the research study. At that time, the wife and researcher discussed a consent form, the wife signed the form, and then she received a small notebook for the purpose of journaling. The wife was asked to record in the journal a narrative of difficult events that arose in the course of caregiving and include her thoughts and feelings about any incidents. Four participants offered preexisting journals to the researcher for historical narratives. Once the husband died, the researcher called to offer condolences, offered

bereavement support, and scheduled the audio-recorded interview. The reason for the selection of the time frame of 4-18 weeks after death was that for the first 3 weeks or so, the widow and family were preoccupied with memorial services, legal matters, and out-of-town travel. Widows did not have the time or opportunity to process what had happened until 4-18 weeks elapsed after the death of the spouse. By this time, the widows had reflected on their personal situation and were willing to talk about the future. In this study, interviews were conducted 4-18 weeks following death. The average length of time between death of the spouse and the final (audio-recorded) interview was between 9 and 10 weeks.

### **Journals**

Retrospective assessments gathered after the death of a spouse tend to reflect selective positive recall bias that idealizes the marital relationship (Parkes & Weiss, 1983). Part I of the data collection procedure involved journaling. In order to mediate the sanctification bias (Lopata, 1979; Parkes & Weiss, 1983), wives received journals before the death of the spouse. Each wife received instructions to journal anecdotal entries relating significant encounters with her spouse and her subjective responses to the event.

From a methodological perspective, it is possible to determine a person's coping process patterns by multiple assessments in a variety of situations.

By repeatedly assessing a person's coping processes in a variety of contexts, it is possible to determine the patterns the person uses and the extent to which those patterns vary across encounters. Being able to describe what is happening in time across encounters also allows processes of interest to be linked firmly to antecedent person and environment variables and to outcome variables such as adaptational relevant behavior,



emotional states, somatic disturbances, health/illness, social functioning, and long-term morale (Lazarus & Folkman, 1984, p. 300).

## **Interviews**

Part II involved an approximately 60-minute audio-taped interview with the widow 4-18 weeks following the death of the spouse. The interviews were semistructured and were an attempt to reproduce the development of coping skills and adaptations throughout the marriage of 10 or more years. Interview questions included:

- Describe your marital relationship.
- When you realized the difficult nature of your marriage, what conclusions did you come to?
- What coping skills did you develop to handle the difficulties of your marriage?
- When your husband's death was imminent (or he died), what were your thoughts?
- Describe your emotional response to your husband's death.
- What coping skills have you used to process the loss of your spouse?
- What are your goals for the future?

Part III involved a phone interview with an individual who knew the participant and her marital relationship well. Multiple sources used were for the purpose of triangulation, to mediate bias (Hancock & Algozzine, 2011; Thomas, 2011, 2012; Yin, 2009).

### **Ethical Considerations**

In order to promote ethical considerations in research involving human participants, the researcher informed volunteers as to the possible negative affects they might experience in the course of this study (Cone & Foster, 1993; Creswell, 2003; Kazdin, 2003). Volunteers were told that they may feel uncomfortable (anxiety, guilt, remorse, and sadness) but were assured that they would be treated with compassion and without judgment. The volunteers were offered bereavement counseling. Three of the participants actively participated in bereavement support groups, one attended a final session with a counselor she had been seeing prior to loss, and the remaining participants opted for no formal bereavement counseling. The researcher asked participants to read, confer, and sign a consent form which outlined the purposes, procedures, risks, benefits, and confidential nature of their participation in the study. Participants were informed that they were allowed to withdraw from the study at any point they chose to discontinue their participation in the study (see Appendix A). Six women who initially agreed to participate in the study withdrew prior to the final interview. Participants received a copy of the consent form they signed.

### **Data Processing and Analysis**

Because of the plentiful amount of data gleaned from multiple sources involved in this 10-case study, methodological organization was essential (Bloomberg & Volpe, 2008; Creswell, 2003). The researcher catalogued and filed journal entries along with preliminary notes. Audio-taped materials were transcribed verbatim within 10 days of the interview to facilitate researcher recall and to record observations.

Interpretive phenomenological analysis provided the structure for processing the interview data. The researcher chose this method of analysis for its hermeneutical stance of inquiry and meaning making. The intent of the analysis was to make sense of the participants' efforts to make sense of their own narratives. Interpretive phenomenological analysis provided understanding of a given occurrence and making sense of the experience (Larkin et al., 2006; Smith, 2007). The researcher and the participants exercised open-ended dialogue, which lead to the illumination and development of existing theories (Larkin et al., 2006; Smith). The researcher then reduced the organized, categorized, and analyzed data into an exposition of significant and meaningful research findings.

### **Trustworthiness and Validity of the Research**

To address ethical responsibility in researcher bias, the researcher incorporated a triangulation protocol (Hancock & Algozzine, 2011; Thomas, 2011, 2012; Yin, 2009) in the research design whereby participants provided information prior to the death of the spouse and after the death of spouse, and an outside individual made observations about the participant and her marital relationship. To address descriptive validity, participants and outside individuals confirmed the accuracy of the researcher's interpretations of the data. The generality of the findings applies not only to counseling in general but also to the scholarly understanding of bereavement coping skills in the adult population, and specifically to widows following ambivalent marriages.

### **Summary**

This chapter defined the case and delineated the research questions. Subsequently, it included a statement of collection procedures and the method of data analysis. Finally, it introduced the trustworthiness of the research findings.

## CHAPTER FOUR: RESULTS

Interpretative phenomenological analysis (IPA) maintains an idiographic focus, one which aims to offer unique insights into how a particular person in a particular context makes meaning of a particular phenomenon (Larkin et al., 2006; Smith, 2007). In order to uphold the two complementary commitments of IPA, the findings of this study “give voice” to concerns of participants (the phenomenological aspect) and “make sense” of these claims from a psychological perspective (the interpretive aspect) (Larkin et al.). This study sought to understand how widows in the bereavement process used the coping skills they developed during the course of an ambivalent marriage. The researcher studied and compared 10 participants using data recorded prior to loss of the spouse (premorbid) and data recorded following the loss (postmorbid).

Subsequent to a systematic analysis of the data collected before and after death of spouse, this chapter details the themes that emerged from the data and resonated with the researcher. As characterized by an IPA design, the study considered both the understanding of the participants and the understanding of the researcher (Larkin et al., 2006; Smith, 2007). Notwithstanding, the idiographic and phenomenological approach has required interpretations to be as close to the participant interpretations as possible. Additionally, the idiographic aspect of this design required that participants’ data be explored rigorously and themes be presented in such a way as to reveal an in-depth understanding of each participant. To remain close to this idiographic focus, during the analysis stage the researcher investigated each participant as if she were an independent study. After this, the researcher compiled the information obtained for concurrent

analysis of all 10 participants and identified themes that were explicated through shared experiences of the participants. Finally, interpretation of the experience of premorbid and postmorbid coping by the participants provided renewed insight into the phenomenon of widow grief.

Two research questions arose:

1. How do selected widows develop adaptive coping skills to deal with an ambivalent marriage?
2. How do selected widows use those learned adaptive coping skills to process their loss following an ambivalent marriage?

Data analysis of wives' journal entries, notes made during telephone conversations, reflections of friends, and transcriptions of audio-recorded interviews identified premorbid and postmorbid coping skills.

This chapter contains each participant's story, including her dominant coping skills, personal values that kept her in the marriage, and individual values that informed interaction with her husband. Presented next and in order of preeminence are the three premorbid themes: cognitive adaptation, problem-focused coping, and restoration orientation. Then the chapter contains an explication of the three postmorbid themes: cognitive adaptation, positive reappraisal, and restoration orientation. Next there is a description of the relationship between the premorbid and postmorbid themes with research questions addressed from a findings perspective. Chapter Four concludes with an elucidation of the phenomenon of widow grief as experienced by the participants of this study. Chapter Five will provide analysis and conclusions.

## Participants

For the purpose of transferability, early in this analysis it is imperative to introduce participants and their demographics. Demographic information included six factors that are summarized below (see Table 1 for details). The mean age for the participants was 71 years, ranging from 55 to 88. Nine participants were Caucasian; one was Hispanic. The average duration of marriage was 32 years. All of the participants reported abuse, with the exception of Ursula who did not respond to that question.

Table 1

### *Demographic Information*

Participant	Ethnicity	Years Married	Which Marriage	Children with This Husband	Abuse	Age
Peggy	Caucasian	63	1	3	Verbal	88
Brenda	Caucasian	31	2	0	Emotional and Verbal	78
Cathy	Caucasian	15	2	0	Emotional and Verbal	70
Helen	Caucasian	25	3	0	Emotional and Verbal	70
Sharon	Caucasian	13.5	3	0	Emotional	73
Debbie	Caucasian	21	2	0	Verbal	71
Allie	Caucasian	55	1	1	Emotional and Verbal	74
Ursula	Caucasian	42	1	3	No Response	64
Tania	Caucasian	49	1	2	Physical, Emotional, and Verbal	69
Maria	Hispanic	8	4	0	Verbal	55

## Participant Stories

At the first level of analysis and in the interest of capturing the participants' rich narratives, this chapter will share each of their stories with the intent of painting a picture of the participant's personal journey. Coping skills are apparent and identified. The names of the participants have been changed, but the experiences are real and incorporate how these women survived difficult marriages.

**Peggy.** Peggy is an 88-year-old Caucasian woman who was married for 63 years and had 3 children with her husband. Before the children were born, Peggy perceived that the direction of her sensibilities diverged from her husband's. His parents' social life consisted exclusively of going to bars, so early in the marriage he assumed she would accompany him to bars for family entertainment. If he wanted to do something, she went along. She said, "I believe I lost a lot of my own personality. I just wasn't allowed to express myself." Peggy participated until their first child was 3 years old. One day, like waking from a coma, Peggy decided that spending Sundays in bars was not an acceptable life for a child. She did not have a car so she bought one, and she took the children to the beach on their days off.

At one point, Peggy's husband decided to accompany his family to the beach.

Peggy: "One time we tried to go with him and it was a riot. We were all carrying something. I took an umbrella, all snacks, everything. My husband with his towel...that's it. And he said, 'I don't know why you are going to put this out, we look like a damn bunch of shoebies.'"

Researcher: "What's a shoebie?"

Peggy: "Shoebies are people who come down for the day and they bring their lunch in shoeboxes. He's got his towel [she laughs], the kids are loaded down with blankets, and



snacks and everything, and [laughs] he never went again. And that's when I started living my own life. I lived for my kids."

After trying to fit in with her husband's wishes and lifestyle, Peggy came to the conclusion that her husband was not inclined to consider her preferences, so in a respectful way, she developed her own interests and relationships with their children. She found ways to entertain herself reading, gardening, sewing, and making crafts. She always had something to do when her husband was gone or otherwise occupied.

Independence was not a foreign idea to Peggy since she had developed a needed sense of responsibility and autonomy as a child. From an early age, Peggy had taken responsibility to help her mother with her sisters.

So I think I got independence from when I was a kid. Because [my mother] needed me to take care of the baby or because my sister [had] Saint Vitus Dance...nervous, nervous [demonstrating her sister's shaking behavior]....And my mother never knew when my sister walked out of the house whether she was coming back because she always threatened suicide. Her life was so miserable. I...I guess I was the only one my mother could really depend on.

Throughout her marriage, Peggy accommodated her husband's ways to make the marriage work. Wanting to be a good wife, she tried to adapt to him.

I got to know his personality. I could not change it. I was the one that had to change.

So, I went along with him. There were many times I would have liked to stay at home, but he needed me. I followed along, just a shadow.

As a traditional wife in the 1950s, Peggy endeavored to provide the hearth and home that a loving husband would want to come home to, but she found her efforts to be a devoted wife

remained unrecognized and unrewarded by the warmth and affection she desired. She did not give up trying to connect with her husband, but she often found he was busy with his own interests, not wanting to share his time with her. She accepted the marital relationship for what it was and became emotionally self-reliant. Peggy learned to take responsibility for her own happiness. She said, "I can amuse myself. I mean, I like to have people around me, but I don't need to have people around me." After repeated rejections of her attempts to bond with her husband, she learned to accept emotional independence in her marriage. She stated, "I guess some women cannot be without a mate....But maybe it's because I never really had that closeness. I did things on my own. I never knew what the word *love* was."

She found her acquired independence to be an asset in her time of bereavement. She thanked her husband for her autonomy. She explained, "He made me independent...So that's life. I accepted it. I had my children; I had my house. I didn't need anything else." Peggy remembered the many choices her husband made during their 63-year marriage. His preferences, hurtful at the time, actually prepared her for this chapter of her life: "He wanted to do his thing. That's why, I'm sorry, but I can't grieve that much for him...because he had a good life...and a long life."

**Brenda.** Brenda never dreamed what the future held when she said "I do" to her second husband. A marriage less than half as long as Peggy's and different in communication style, Brenda and her husband attempted to resolve their differences through discussions of their thoughts and feelings. Following failed marriages, both were optimistic that through this open communication of ideas, this relationship would thrive. In time, however, they built their own defenses, which made it more difficult to resolve their disagreements. Brenda's husband's

drinking became the catalyst for arguments that deteriorated into all-out warfare in which he implemented the weapons of verbal and emotional abuse.

Brenda's marriage soured to the point where she felt an email might create a better forum for communication with her husband. Brenda began this email by addressing some statements that her husband had recently made about the "real" him. She wrote, "Well, this is the real you when drinking, but the 'you' that I fell in love with must be a phony, because this 'you' is not the 'you' that I have been married to all these years." Her husband responded with a very defensive reaction: "I try to shut my mouth and take it most of the time, but when I have a beer I just plain don't care anymore."

Discovering that confrontation was ineffective, Brenda employed a different tactic. She made efforts to reinforce their relationship by citing how far they had come together but then labeled the more recent years as "dark and blue" (DAB). In an email to her husband, Brenda said:

Even though there have been some really tough times we have worked through it together. Even our first 2 years here we made the best of it and always managed to have some fun and stayed close. But these last 3 years have [gotten] progressively worse and life is not fun for us anymore neither one of us. You scoff at my expression "DAB days," but believe me...they are very, very real, and it seems that almost every day now is a DAB day.

Brenda desired sensitivity and consideration of her emotions. Her husband, once again, went on the defensive, implying that the reason they got along when they did was because he made the changes she wanted. Then he took a verbal swing at her: "You seem to think that you

are perfect and don't have to give in at all." She recounted how his dichotomous reasoning slammed the door on her attempts to promote change in their relationship.

Then an accident occurred in September 2005 that changed their lives forever. While out smoking on the lanai and in Brenda's line of vision, her husband fell out of his chair and hit his head on the concrete. Due to lack of oxygen to the brain for a sustained period of time, he incurred a brain injury. Once a misunderstood wife, Brenda became a 24/7 caregiver with no illusions of ever being understood by her husband. There was no longer the option of reasoning with her husband and communicating wifely feelings. Brenda became consumed with caregiving for her husband, who could not be left alone. She became a strong patient advocate, defending her husband and fighting for the best available care. Caregiving was extremely stressful, but Brenda was incredibly conscientious and vigilant. In caregiving for her brain-injured husband, she learned that due to the nature of his disability, she could not change him. She realized she could coax him a little bit, but she needed to adapt to his unpredictable ways.

Brenda reported that she became extremely conscientious in her husband's care. For 8 years, hypervigilance was her habit. New coping skills involved arranging the best care available while taking needed time for herself. Then at the end there was a problem in his care that resulted in his death. She was blindsided by this "accident," which in her opinion was an instance of medical malpractice.

As a result, Brenda indicated she had difficulty in bereavement because she blamed herself for not having been vigilant enough to protect her husband from that incident. Brenda processed her guilt through efforts to accept what she could not change. She resumed her inspirational readings and journaling. She continued to make meaning in her new single life and shared her mindfulness with her brain injury support group.

**Cathy.** Cathy had a different journey from that of Peggy and Brenda. Her first marriage ended as a result of physical abuse. During her first marriage, financial strain pushed her to the point of selling her wedding rings to pay the rent. When considering a second spouse, financial stability became a top priority. Financial security subjugated Cathy to a verbally and emotionally abusive husband. It was a price she was willing to pay. Cathy described the abuse she lived with for 15 years: He “used to always put me down in public.” He “used to criticize most things I did at home, especially grocery shopping.” She felt he did not treat her with the dignity she deserved, but she felt helpless to change his behavior.

Cathy’s friend provided some additional insights about Cathy’s marriage. She described Cathy’s husband as a good provider and affirmed that he was faithful to her. He loved Cathy “in his own way,” but Cathy never experienced “soul mate” love. She was a survivor.

Cathy related a conversation when her husband was very ill: “I asked him how he was feeling because he appeared ashen. I told him his color was not too good. He said, ‘What do you want me to do, just lay down and die? Why do you keep telling me that?’ So, [hands up] I say, ‘OK, OK.’”

Cathy found that there were problematic times when her best option was to leave for a while. She said, “When he gets impossible, I just leave the house. I go to a movie; I go down to the pool where we live; I do anything to get out of the situation.” She found solitary activities to comfort herself: “I do meditation, tai chi; I like to read; I love music.” She discovered individual and outside activities provided personal fulfillment as well as escape from a nerve-racking environment. Cathy considered herself spiritual. She found solace in nature and her spiritual beliefs. She said, “I am sort of religious, sort of spiritual; my god is the universe. Listening to the birds sing and looking at beautiful flowers is healing.”

Through the years, Cathy learned what worked and what did not work. She decided that asking questions irritated her husband, so she determined it would be better to not aggravate him: “My coping skill is I have learned to just not ask questions.” As a caregiver, she was conscientious about complying with her husband’s wishes. She was able to say what she thought should be done but left the decision with him. Cathy learned the efficacy of minimal interaction when it came to volatile subjects.

Since her husband died, Cathy reported she was very excited about a fresh start. She decided to move out of state to where her daughter lived. She made that decision with her husband before he died. She decided on an independent living facility where plenty of amenities make her life comfortable. Cathy decided that after years of doing home repairs she did not want to own a house. Cathy shared, “I said, ‘You know, I deserve this.’” The rapid selling of her house was confirmation that this was the right move at the right time. Cathy talked about her need to change her thinking: “Because I am not used to having things go right, I don’t know how to not worry....I keep waiting for the ball to drop.” As a widow at 70 years of age, Cathy was cautiously optimistic about her future. She was trying to stay positive. She smiled as she acknowledged that she “deserves” this new found financial independence. After coping by guarding her tongue for 15 years, Cathy finds pleasure in free expression.

**Helen.** As a second child born to alcoholic parents who later divorced, Helen lived with her grandmother, who taught her to make the most out of life. She learned to laugh and sing and entertain others. She described how she handled difficulty as a child: “If I was unhappy, it just sort of went over me.” She started going to church when she was 5 years old. Helen remembered the coping mechanisms she acquired from an early age. She was able to disregard most difficulties and did not internalize stress. Discovering she had a good singing voice, Helen

entered thorny situations with a song or with humor. Her attitude was that she and God could handle anything.

Helen's first marriage ended in divorce. Her second marriage was a nurturing marriage, but her husband died. Then Helen entered her third marriage. Before long, it occurred to Helen that her husband was controlling. Her attitude was, "Well, we can work on that, or I can maybe work around that." Her general tactic was to use a positive, accommodating approach. Her husband's method of getting his way was yelling, cursing, and impulsive decision making. In her earlier marriages, Helen recounted, she had been assertive. About 12 years into her third marriage, at an Overeaters Anonymous meeting, Helen recognized that she was inadequate to stand up for herself in this abusive marriage. She perceived this as a self-esteem problem. She realized, "When my willingness meets God's grace, then recovery will take place." She recognized that a power greater than herself could restore her to sanity. She also came to the understanding that she could change only herself, not anyone else.

Helen stated that when her husband was irrational, she tried not to listen, but over time, the stress did take its toll. She started seeing a psychologist and took antidepressants "just to live with this person." Underlying of all this, Helen valued her marriage vow "Till death do us part." Helen stated that her husband never seemed to comprehend that she needed a break, no matter how often she told him she was weary. Helen was compliant with her husband's demands for care when he was ill. She would jokingly deny his demands, but she would ultimately acquiesce.

Three times, emotionally and verbally abused and wounded, Helen left for three months, but her husband would find out where she was, cry to her over the phone, and say he could not do without her. She would say his behavior would have to change and he would agree, but when she returned to him, there was no change. Helen sought marital counseling, but after a few

sessions her husband refused to continue. On another occasion, her husband made an official complaint about his wife's care to a social worker and then denied that he had done so. This hurt Helen profoundly.

Helen found strength in her spirituality. She always felt that God would take care of her, and He always has. She knew His presence through everything, including her daughter's death. "That was the worst [death] I've been through," she said. As an adult, Helen returned to the church of her childhood. She asked if she could sing for the congregation. She sang, "Let there be peace on earth and let it begin with me." This was Helen's theme song. She was a peacemaker.

The outcome of years of verbal and emotional abuse left Helen feeling "worthless, helpless, hopeless," but "I remembered how I'd got through other things...I coped by doing Bible readings in the morning." She did everything she knew to do to make life better for her husband.

After he died, she had no regrets:

When he did pass...I didn't have to fight any more for me. I could be me and the nice person I am. He made me feel like I wasn't a nice person. Why I put up with that that long, I'm really not sure.

Helen explained that her tears were not a result of yearning for her husband: "I cry from the frustration of all the things that I need to do, but not for his loss." Helen viewed her trials from a personal growth perspective: "I've learned from all the difficult lessons in life... they make you stronger or you can give up and wilt." Helen was smiling, singing, and laughing once more. Although her third marriage was trying, in retrospect she viewed it as a time of character development.



**Sharon.** Seventy-three-year-old Sharon was one of the more analytical participants in this study. Following the death of her second husband, who provided a warm and loving relationship, Sharon found her coping skills challenged. She and her third husband were married over 13 years. Her responses reflected respect for her husband, thoughtfulness, and maturity. Early in their marriage, when difficulties started, Sharon met the challenges head-on with problem-focused coping. Her first strategy was to discuss the problem and try to come to a mutually agreeable solution. She said, “I worked a full-time job....I was shopping, doing the dishes, making dinner....So I said to him, ‘There’s something wrong with this relationship. I’m not going to do this anymore without your help.’”

It was not long before Sharon realized that she was not going to be able to change her husband. Being somewhat spiritual and analytical in nature, she determined to adapt in an emotionally healthy manner. She said, “I did not like the physical manifestations of anger. When we would have a blowup, I would be kaput for a day. I just had to rest.” Sharon refused to become consumed with her husband’s anger. “I’m not an angry person. I don’t like to be angry; it’s a very negative, poisonous, toxic feeling.” She determined that she would not allow his toxic anger to poison her amiable disposition. Over time, Sharon was able to look beyond the anger and see the person underneath the irritability. When his temper flared, she was able to respond graciously and calmly. She gave him the emotional space that he needed. She explained one scenario:

He appeared to me as very vulnerable. He was fixing a file cabinet drawer in the den and I walked in. He was lying on the floor and he was grunting, pulling on the front, and I said, “Can I help you?” And he just blew up. I thought, “This is insane.”

Admittedly, she did experience the impact of his tirades, but she chose to focus on the positive aspects of her life, realizing she could rise above the impulse to return in kind. Eventually, Sharon learned how to live with her husband. She looked for areas of common interest and her husband's strengths. She decided that, although she could not change her husband, she could have a respectfully agreeable relationship. She said, "So there were threads that kind of kept us connected when he became ill off and on for several years...I found out that I loved this person—not in a fairytale way—but he responded."

Placing a high value on respect for others and self, Sharon found pleasure in her own hobbies and interests. She cultivated friendships and personal leisure activities. She explained, "Between my interest in gardening and clubs, I decided I'm not going to be miserable. He can do what he wants, but I was not to be his little bup bup [mousy wife] and do everything he wanted."

She reported that early in the marriage she realized her husband was not able to communicate his inner self. There were times when he would start to become vulnerable and then promptly close up. For example, one time "he said, 'I'm a failure as a husband I know it; I'm just not good for you' and just completely opened up, and I wound up saying, 'Let's work at it'...but then the door was closed again." She accepted her husband's inability to share his personal feelings. Sharon mused that she got used to him being closed off and accepted it. She said she would have liked for it to have been different, but it wasn't. In time and throughout caregiving when her husband became ill, she became skilled at promoting unconditional acceptance and kindness.

When he died, Sharon cried over what could have been and would never be. "When he died, I bawled. I cried so many tears. I didn't even do that with [my second husband]...I knew

that it could have been better and it was not going to happen now.” Sharon was able to look at her marriage as a time of character development. “This is the big gift that [my husband] gave me. All the suffering I went through—feeling rejected, not a priority but an interruption—made me a stronger person. It’s not sad; it’s a good thing.” She said that the rejection she experienced in her marriage made her a more resilient person.

**Debbie.** In contrast to Sharon, Debbie was more a woman of action than contemplation. This study was conducted at the end of Debbie’s second marriage, which lasted 21 years. Her first marriage to a man who was controlling and needy ended in divorce. She said she coped in her first marriage by getting out of the house: “Work was my outlet...I went out after work.” Life revolved around the children. She said, “One time I took the children on a trip without him.” Although she saw marriage as a commitment and “divorce was not an option,” after 2 weeks of separation, she knew she could not go back to that relationship: “He pushed me into divorce.” She felt she would go crazy if she did not leave the marriage. So after 20 years with her first husband, Debbie was single.

Debbie said she was happy as a single, but at the same time she liked having someone in her life. After 5 years of enjoying the single life, she began dating the man who became her second husband. They had been together for 3 years when a life-altering event occurred. Debbie’s son was killed in an automobile accident. Debbie gave account of her emotions and said simply, “I was needy.” The man she was dating (who became her second husband) did not understand at all, but he was there for her. Debbie reflected on those difficult days, “I would not have married him if I had not been so needy.” She said she regretted the marriage.

Debbie’s second husband had something in common with her first husband: drinking. Fun-loving when sober, he became verbally abusive when he was drinking. Once again, Debbie

coped by managing her business as a massage therapist and living life separately from her husband.

In time, her husband's health began to fail and decisions were made based on his health concerns. He required more and more care. Although she tried to be a responsible health care advocate for her husband, she was frustrated by a lack of information and understanding of his medical state. At the end of his life, Debbie was told he was "transitioning." This term was a hospice word that described the observable physiological decline that ends in death. She said she did not know what that meant. She was asked to make decisions and felt inadequately prepared to make them. She said of his final days: "His daughter wanted him to go to the hospital. She wanted everything possible done for her father." So Debbie admitted him and went home to let the dog out. Shortly thereafter, the hospital called and told her he had died. "They should have told me how sick he was...I was angry at the staff and I was angry at myself."

When asked about her experience of bereavement, Debbie reported she had no yearning for her spouse: "I have accepted what has happened. I am looking forward to the future." Debbie has an adventurous spirit: "I am planning a trip to New Zealand and Australia. I am not afraid of traveling alone." Debbie found activity beneficial, but she also contemplated the importance of what has filled her life. Although a woman of action, she reflected on the difficulties in her life. She stated she believes she is a better person for the obstacles life has sent her way.

**Allie.** Like Peggy, Allie experienced a long-term marriage. But in contrast to Peggy, Allie's orientation was the overarching value of her faith and the biblical mandate to win her husband "without a word." Married 57 years, Allie and her husband were high school sweethearts. Early in the marriage her husband started drinking and became an alcoholic.

Subsequently, he became verbally and emotionally abusive. At one point the couple separated, but as a Christian, Allie held to the biblical mandate that the marriage was for life: “I felt this heavy burden like I needed to stay. So...we talked about it; we decided to give it another try.” Allie had a profound sense that she was to live an exemplary Christian life before her husband. “According to Scripture, the woman is supposed to... even if her husband doesn’t have the same beliefs, in the way she lives, show him the way.” Allie saw that her marriage was an opportunity to model Christlikeness.

Allie also saw life and marriage as occasion for personal and spiritual growth. She recognized her inability to do the right thing. She prayed for guidance: “I would say, ‘If this is what you want me to do, you’ll just have to guide me.’ And there would be times when I would cry a lot.”

In addition to guidance from above, support of family and church friends was a primary source of encouragement for her: “Church...and having family in church...friends...those were major things for me.” Although she had good family and church support, she still floundered under her husband’s emotional and verbal abuse.

She mentioned that the point at which she learned to accept his weaknesses along with his strengths was a transitional time in their relationship. When confronted with personality differences that were not likely to change, Allie trusted God and exercised patience. She said, “He was the way he was and I was the way I was. I felt like that I would just have to turn it over to God and wait on Him, and that’s not always easy.” Toward the end of the marriage, Allie learned to accept her husband the way he was and attributed a better relationship in the final years to that acceptance. She explained, “I accepted him for what he is....You know, I just feel

like I can't fix [the difficult parts of his personality]. I tried to change him...but through it all, we stuck together and...I don't regret it."

A yearning that remained unfulfilled all of her married life was her husband's presence next to her in church. She stated, "I think the biggest dream...is I wanted him to be able to go to church with me and sit with me in church as a family and, of course, he was never able to do that."

When his health failed, her husband realized that he needed Allie. Allie remembered, "He said, 'I don't know what I would've done if you had not stayed.' He wouldn't have been able to take care of himself. So I think that was God's plan." Allie saw caring for her husband in his illness as an opportunity to be gracious, to be forgiving, and to be the woman God wanted her to become. She said she was sure she fell short of that many times.

Allie described the end as the most difficult part of the marriage, but she found strength in her spirituality. She described, "Seeing him in such pain and just knowing that that it was time to let him go, that was the hardest part. There was no fixing it." She believed she had to be strong for the grandchildren. She told them, "God has a plan. We don't know what it is, we don't always like it, but He knows what He's doing and He knows what's best." She said saying those words actually strengthened her.

After her husband died, Allie found staying active was a tremendous help. "Keeping busy is the thing. I've been involved in church; I have friends, even have a little painting class...We paint and I enjoy that. It is one of the highlights of my week." She appreciated not only the hobby but also the support of Christian friends. In retrospect, Allie was grateful she had stayed in the marriage. She contrasted her journey with that of others who have no loving family and faith and considered herself blessed.

**Ursula.** Ursula, like Allie, was committed to the role of a godly woman. As a pastor's wife, Ursula was always exceptionally respectful of her husband's position in the church and in the community. When they met, they were both single and living in Jamaica, and she was incredibly lonely. They dated for less than 2 months and were married. He was intelligent, fun, and she admired him as a person. She admits it was a rather "flimsy foundation," but they made it work.

Over time, Ursula's perspective of their marriage evolved. She struggled in her role as a pastor's wife for years and then came to the conclusion that her relationship with her husband was an opportunity for ministry and character development. She said, "I thought about divorce; I didn't say anything. My kids could see how unhappy things were." She determined that she would trust God: "I cannot leave my husband because we have a testimony, and if we cannot trust God, what testimony do we have?"

As Ursula later reflected on her faithfulness, she was realistic: "Yes, I went through it...this is what makes us authentic as women. And I believe that's why the Scriptures say the young women are to learn from the older women. It is not just theoretical; it is real." She considered that she had lived life with imperfection. She said, "We [godly women] have walked it with conflict and anger ...and bitterness, but if we are committed to God, He can get us through every single situation." Ursula saw the personal and corporate value in her persistence in marriage.

Ursula regretted that she did not submit to her husband the way she should have: "I think there was stubbornness...because I felt he did not submit to me...It was a bit of rebelliousness on my part not to submit completely." She considered herself a loving person. She knew she was a responsive person, so it was not all her. "If he had loved me...and he would've been more

tender to me, then I think I would've been more willing to submit to him.” She admitted that her hurtful words squelched the very tenderheartedness she desired in her marriage: “It could be that I hurt his heart too much by some of the words that I would use when I got angry.”

In bereavement, Ursula reached out to develop relationships. She described her current friendships as “real” friends. She said, “This is the first time in my entire life I have been alone...but my family has been very supportive.” The independence Ursula developed in her marriage paid dividends at this juncture in her life: “My husband encouraged me to be independent and now I feel I can do this.” She believed the Lord told her that He was her husband and she needed to trust Him in that. So when Ursula found she was in a difficult situation, she prayed, “Okay, Lord, we’re going to do this together.”

Ursula’s positive outlook for her future was reinforced recently when she was worshipping. The pastor did not know Ursula or her recently bereaved state when he prophesied over her, “The Lord is not finished with you...what the Lord has been filling you with, all the... training, He’s going to continue to build...and you are going to have opportunities to...see the kingdom of God increased through your ministry.” Ursula was greatly encouraged by this prophetic utterance. For her, ministry continues.

**Tania.** Tania’s family of origin was atypical due to her mother’s mental illness. Growing up with a manic-depressive parent required Tania find her own way. She remembered years at a time when her mom was institutionalized and months when her mom stayed alone in her darkened bedroom. As a result of multiple moves during her childhood, Tania learned to relate to people she did not know: “I grew up so used to strangers. Those were the people that I had to reach out to because there were no aunts and uncles.” The family traditions practiced by other families were not part of her family life. So as Tania matured, she fantasized about a



family of her own. When she met her husband, she was fascinated by his traditional Italian family:

I came from such a different dynamic that I think that's what attracted me... it wasn't just him; it was something I must've craved like chocolate cake. I was attracted to it, family...he provided the family that I never had.

After they were married, Tania recognized an emotional distance in her husband. After she met his parents, she saw where it originated. His mother was extremely cold. His father was very tough and rude with his wife. She remembered, "And that's when I saw the difference in the dynamics of the family and it was too late. I couldn't get away and I knew it."

Physical attraction kept Tania in the marriage: "We had a real connection... there was chemistry for us...I was never tempted....So that could've been why I stayed... as sick as it sounds." There were more reasons why Tania decided to stay in her difficult marriage: children and finances. She said, "I'm glad that he is the father of the children and the grandchildren." When asked why she stayed in her marriage, she quickly responded, "Oh, fear. I would have to pay the tuition bill. I would have to keep my kids in school. How do I pay my bills? It was always some excuse."

As Tania realized she would need to take responsibility for her own emotional well-being, she found that helping others in pain (physical, emotional, or otherwise) provided not only fulfillment but also distraction from the pain of her own marital relationship.

When I meet someone that's in pain...or someone else with a sick child...I step out of my box and feel for them and reach for them...and help... and that's what got me through to... not worry so much about me, to worry about them.

When asked by the researcher about emotional independence, she mused,

I wish I could say that. I can't say that I would give myself any stars because I was angry with myself. You're always going to question, should I have stayed in the marriage? Did I make the right decision? Probably not...How many of my friends are divorced two and three times? Maybe they didn't break up for alcoholism. They didn't do much better. They still have problems. Because until you learn to fix yourself, I don't think you can [be independent]. You have to be happy with yourself, and I didn't learn until late.

Tania tried to please her husband in order to earn his favor, but too often she incurred rejection. Tania admitted she gave her husband control over her personal value and she felt powerless to take it from him: "I couldn't get away and I knew it. I felt it was wrong...was very uneasy about it...and I think I wanted to...get that approval from him." She knew her yearning for unconditional love from her husband was an elusive desire, but she was unable to relinquish hope.

At the same time, Tania reached out for help from individuals and organizations that offered support. "It would grab me like a magnet and... I would reach for help. I didn't always feel like I got it but I would reach out, I would try...I was discouraged because I was doing the reaching." She questioned herself, "Why am I doing this? I'm not the alcoholic causing this turmoil." So then she would get angry. She did learn through Al-Anon that her focus should be her own anger; she could not control her husband, but she could control her own emotions.

As her husband was dying, Tania experienced one of the most affectionate moments of their relationship:

Just before he died, he couldn't breathe. I sat next to him and I was rubbing his back.

We were sitting quietly; he said to me, "You know I always loved you. I never cheated on you. I know I was a terrible drunk, but I never did that."

Tania was unable to say anything.

After he died, Tania became extremely active and independent. She felt equally comfortable whether alone or with a group: "I do a lot by myself during the week...I don't feel like I have to have somebody with me." There was a measure of pleasure in her new self-sufficiency: "I am alone now. I can do what I want to now...I like being alone. Nobody tells me what to do. I'm not upset being alone, or scared." In bereavement, Tania can enjoy her freedom and independence.

**Maria.** In contrast to the other participants, Maria's story reflected the influence of extended family on her personhood. After her first husband died of AIDS, Maria decided she would be very careful when selecting her next husband. She admitted she came from a pretty tough background: "When we met, I was an addict. I use to smoke crack cocaine." Maria and her husband dated for 10 years before they started living together. Then after 2 years of living together, they decided to get married. Maria stopped using street drugs, but her husband would drink hard liquor and become abusive. "When he would get intoxicated...he would look at me and say, 'Look, if I hadn't taken you out of New York, you would probably be dead. You would still be a crackhead. You're lucky I saved you.'" He insulted her repeatedly and she tried to reason with him, "Why do you keep bringing the past up?" She had two jobs, she went to school, and yet he continued to put her down. Maria told him, "When I was a crackhead you used to give me money for crack. Now that I'm working...[and] off the drug, you keep putting me down. What, do you want me to go back to being a crackhead?" He responded, "No, I would leave you then." She pled with him to let bygones be bygones. Maria was clean from drugs and productively working, cleaning, and cooking.

Although she no longer used crack cocaine, her husband's family would not let her forget her history. An incident occurred that sent her looking for help:

My husband's brother told me I was a crackhead and he wanted me out of his house...I tried to wake up my husband. It was early in the morning and I couldn't wake him up. So I just walked down the block, and I went into a church, a Christian church. And I praised the Lord, and I said my prayers, and when I went back everything was fine.

Maria's spiritual journey continued, but she said about her husband, "At the beginning of our relationship he didn't want to hear nothing about God. He was full of anger." He had lost several loved ones and wanted nothing to do with God. Shortly before he died, Maria's husband made his peace with God. This meant everything to her. She found comfort in that knowledge. "Thank God, when his day came, he was ready. And that's what makes me feel peaceful...In fact when he took his last breath, I said, 'Thank you, Jesus.'"

Maria planned to continue a medical career: "I will go back to school to be a registered nurse, and then I'm going to go for my [medical degree]." At 55 years of age, she exhibited a positive attitude toward the future: "I'm here by myself so why sit here and dwell on the past? I can look forward to my retirement...This is where I want to live. This is where I want to be; I'm happy." In a new chapter of her life, Maria also considered how she can help those in need in the community around her.

Like me and [a friend] were talking yesterday, we are going to talk to our pastor to see if we could have a service maybe once a week here where the clubhouse is...Maybe we could have a spaghetti night or something to bring [people] toward the Lord.

Maria had serenity that she did everything she could for her husband and looked forward to continuing her education and helping others in the years that remain.

In order to provide context and familiarity with the participants of this study, the preceding two sections introduced the research participants by providing general demographic information and introducing the marriages of each. While their stories are different, how they learned to cope was surprisingly similar.

The remainder of this chapter provides a detailed rendering of the themes and interpretations that emerged from the journals and interviews of these courageous women. The first section includes three premorbid themes answering the first research question; the second section includes three postmorbid themes answering the second research question; the third section details the relationship between premorbid and postmorbid themes; and the fourth section provides additional perspective regarding the phenomenon of widow grief following an ambivalent marriage.

### **Research Question One**

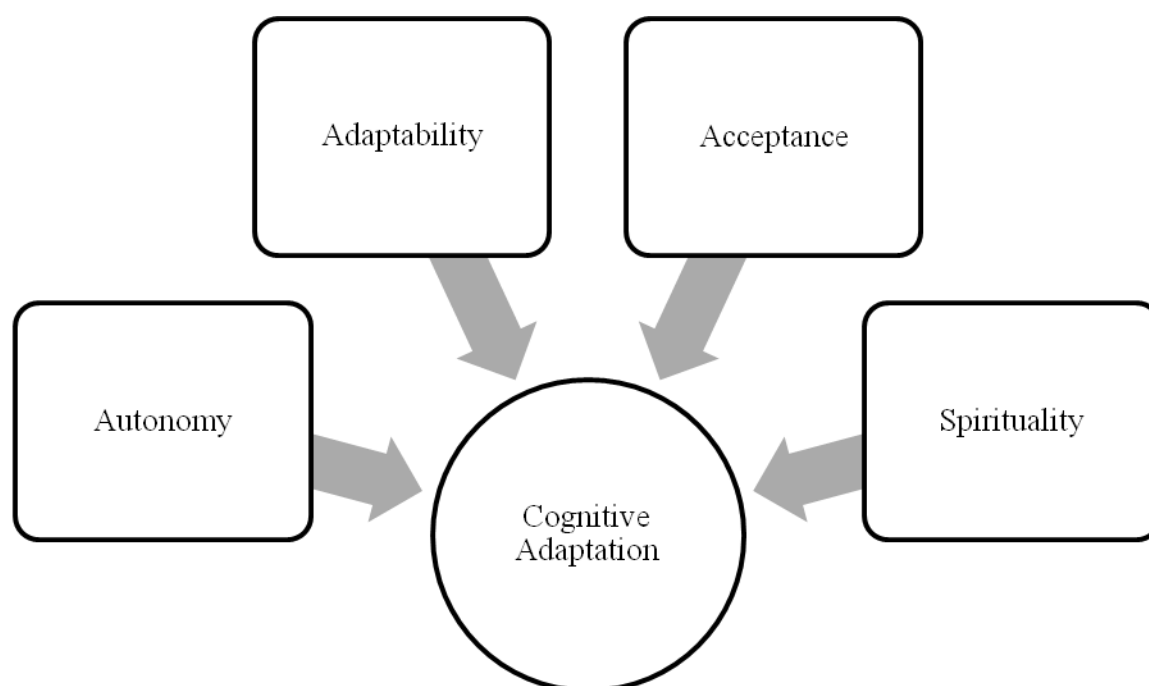
At the second level of analysis and in order to answer the first research question—How do selected widows develop adaptive coping skills to deal with an ambivalent marriage?—three themes will be identified, defined, and illustrated. Participants described developing adaptive coping skills through the use of cognitive adaptation, problem-focused coping, and restoration orientation. Nine participants illustrated cognitive adaptation; all 10 participants illustrated problem-focused coping; and 9 participants illustrated restoration orientation.

#### **Premorbid Theme One: Cognitive Adaptation**

Reflecting the first theme, cognitive adaptation, participants described events, behaviors, and responses in which they indicated they used selective information processing to make

meaning of the event and their perception of control. Nine participants exhibited unbridled optimism, a sense of meaning making, and exaggerated perceptions of control as they reframed conflicted situations into new perceptions and perspectives of the marital relationship.

Acknowledging that they were unable to change the responses of their husbands, the participants found means, through cognitive adaptation, to draw on higher level virtues over which they did have control and to make use of choices that could not be taken from them. Choices made included autonomy, adaptability, acceptance, and spirituality.



*Figure 1:* Premorbid coping skill one: Cognitive adaptation

**Autonomy.** After recognizing her husband would not be persuaded to adapt to a family-friendly lifestyle, Peggy decided she could and would provide a good life for her children.

We were sitting at the bar one day and, just like you wake up out of a coma, I felt, “What am I doing? There’s my daughter, 3 years old, runnin’ around in the bar, talking to all these people on a beautiful Sunday afternoon.” And I thought, “This is crazy.” That’s

when I stopped goin' [to the bar]. That's a long time ago. I didn't have a car at the time, but I made sure that I had a car...and when the children started coming, I took them to the beach every day it was nice. And we would go in the morning, nine o'clock in the morning, and come home about one o'clock. They would get their naps and I would get my work done, and my husband would go his way and I would go mine.

Peggy provided activities that would be enjoyable for her 3 children. She determined that since her husband was not open to new activities with the children, she would provide the fun-filled events for the children. The beach was a popular destination on weekends and holidays. She stated, "And that's when I started living my own life. I lived for my kids. After a while it was like we were cohabitating. He was not interested in anything I wanted to do." She valued quality of life for the children.

Peggy expressed dichotomous sentiments surrounding her acquired independence:

I regret there were a lot of things we didn't do together, but he made me independent. So that's life. I accepted it. I had my children. I had my house.... I didn't need anything else....I learned to be independent. I was glad because I would never be able to go through what I did if I was not independent. So I feel sorry for a lot of women who have to have a man in their life.

She explained that when she saw the family lifestyle headed in an unhealthy direction, she saw her alternatives and chose what she believed to be the healthiest available options: home, family, and independence.

Like Peggy, Sharon discovered that although she would have liked to have shared more with her husband, he was not willing or able to share his inner feelings. Sharon said she came to the conclusion that she would cope by making the best of what she could not change. Rather

than becoming disheartened, she found that developing her own interests resulted in personal autonomy: “After a while, I decided I have my life to live and I’m not a bad person. I happen to like myself and I like what I’m doing, and I’m just going to see how this goes.” She never gave up trying to connect with him, but he chose the occasions.

Sometimes he would say caring things about my kids, but when [my husband] wanted to share, he shared. That’s just the way it was. I just kept focusing on things that I wanted to do. I have a lot of really good friends. And that helps.

Like Peggy and Sharon, Ursula found that emotional intimacy was not available in her marriage. Divorce or an affair was not an option. Resolute to make a morally healthy choice, she resolved that she would convert her disappointment into ministry as a way to cope. As a pastor’s wife, she not only became autonomous but also excelled in leadership. Like Peggy and Sharon, Ursula regretted the absence of heart connection in her marriage but related that she determined it would not inhibit her from living life well:

I had my own interests. And I didn’t share those things [emotional hurts] and so maybe part of the reason he didn’t come in and share with me is because there was not that real connection. And through the marriage there was a lot of wanting our own way. That did help me to be a leader. He gave me room... so that I could be a leader...that I could enjoy some things without him...so that I wasn’t tied to him. He didn’t expect me to be. But I wish I had been able to share with him a little bit more.

Although Ursula adapted in the most beneficial way she perceived at the time, she has experienced some regret that she did not try harder to nurture the marital relationship. When Ursula wanted to socialize, she would go out with her girlfriends. Her husband preferred the privacy of their home. She explained,



He would stay home...he would watch TV. I wasn't going to do that. I went out with girlfriends...I would go out...I would go to the movies. I would go out to dinner or I just would go out, out, out. I was very social. I love doing that. I love going out and doing things. He had no problems with me doing that.

When emotional intimacy was not available in their marriages, the participants considered their alternatives and found autonomy as one cognitive adaptation that complied with their values of respect for the spouse and the marriage and provided an acceptable coping skill.

**Adaptability.** Another cognitive adaptation implemented by the participants involved the wives' efforts to adapt to their husbands' ways. Early in a 63-year marriage, Peggy tried to cope by altering herself to fit her husband's personality, but she lost her own identity. Peggy could not continue to remain a tagalong. She explained,

I got to know his personality. I could not change it. I was the one that had to change. So, I went along with him. There were many times I would have liked to stay at home, but he needed me. I followed along, just a shadow...I believe I just went along. I believe I lost a lot of my own personality. I just wasn't allowed to express myself. He wanted to do his thing.

Her strong private value of her own personhood would not allow this modification to persist. She decided she needed to be able to live with herself. Eventually, this adaptation underwent additional modification and gave way to emotionally separate lives.

Brenda's cognitive adaptations were of a different nature due to her husband's brain injury. She learned that in order to provide the care her husband needed, she needed to change her expectations of her marriage. He was not able to care for himself, nor was he always rational. Brenda learned to cope with the pressures of caregiving when she realized she needed

to “sway to his tune” while maintaining the role of protective caregiver. Brenda explained her frustration to her husband’s daughter:

His daughter had come to visit and they had taken him a couple places, and he had gotten angry and just impossible to deal with. And I found the cigarettes (I had hidden) and I gave him the package of cigarettes, and I said, “Here, go smoke.”

His daughter was furious, she was absolutely livid... She said, “I deal with these problems every day,”....

I said to her, “What do you do at five o’clock?”

She said, “I go home.”

[I said,] “Yes, you go home. All you have to deal with all day long is gone until you see them the next week.”

She [works] in OT (Occupational Therapy). She deals with autistic adults. I’m here 24 hours a day, 7 days a week, 365 days a year, and I can’t deal with this any longer. If he has to smoke, he can smoke, if it calms him down. He had a few cigarettes and then forgot about it. Eventually he was smoking pretty good again. And it calmed him down quite a bit.

Although Brenda’s orientation to her cognitive adaptations was to promote her husband’s health and well-being, she learned that desperate times called for desperate measures. Brenda also became skilled at dealing with her husband’s unreasonable thinking. Her husband’s thinking was irrational to others, but real to him. She gave this example:

He was in the hospital and he was getting ready to leave, and he said to the doctor, “You know the reason my mind’s a little fuzzy...you know I just got back from the moon. I’ve got to get back to NASA. They’re waiting for me. If you ever need a ride, just let me

know. I'll make sure."...It was all so real to him. But I sometimes could see the funny side of it, but a lot of the times it was not funny, not very funny.

Brenda's cognitive adaptations became total lifestyle adaptations, affecting every aspect of her life.

Although not brain-injured, Helen's husband's unreasonableness called for her adjustment. She indicated that she believed if she could figure out what set him off, she could try to prevent those situations from reoccurring. Helen resolved to figure out how to deal with her irrational spouse. In multiple attempts to do this, Helen journaled her travels with her husband and made notes so that she was prepared for future travels. On one trip, she recorded these notes:

I left soda in the refrigerator freezer and 2 cans exploded during the night. Freezer door opened during the night. This got [my husband] upset. He is worried about weather, thinks it is going to rain, hates driving through PA. Saw McDonald's, but [my husband] wouldn't stop. He wouldn't believe me that this was a good place to stop. Ate ½ banana. Very hungry since [my husband] wouldn't stop for breakfast. He is not too hungry because he had a doughnut, a hardboiled egg, and ¼ bagel with coffee. Next time we travel, have more nutritious food in car.

Despite repeated efforts to become accustomed to her husband's ways, Helen learned that she could not change his thinking. Her reason could not reverse his irrationality. Overeaters Anonymous provided insight for Helen as she learned, "Understand that I can only change myself, not anyone else." She figured out that she could cope through self-change.

Sharon also came to the realization that by changing her own thinking, she was able to accommodate her husband's attitude. It became her means of coping. She said, "I was able to

go about living my life, not in a selfish way, excluding [my husband], but working around the circumstances that I realized were not going to change.” She saw the change in her thinking as healthy accommodation. Sharon also decided to control her own emotions, not giving in to provocation from her husband. She said,

I did not like the physical manifestations of anger. When we would have a blowup, I would be kaput for a day; I just had to rest. I said, “This is stupid.” I had to work on just getting away from being angry at his anger...I focused on all the positive things in my life and [my husband’s] too: my family, my children, and the fact that we pulled off a nice cozy little house in spite of our differences. And basically not liking to feel angry and not letting somebody else make me be angry. It didn’t always work the way I wanted it to. I would have to let time elapse and get back to feeling normal.

Sharon determined she would find a way to make her marriage work. She said she coped by adjusting her thinking and focusing on attitudes she could control. Sharon struggled with the impulse to get even for her husband’s unkindness:

There were times that I was tempted to be spiteful. Like in the morning, whoever got up first made the coffee and put the cups out, and I would say to myself, “I’m not going to put the cups out. I’ll show him.” But that would last about a half a second. I said to myself, “That’s stupid; you need to rise above those feelings,” and that’s basically what it was.

Allie’s value system determined her orientation of kindness. When there was a disagreement in her marriage, she reasoned that communication and kindness were the keys to resolution. As much as was in her, Allie was willing to listen and to handle her husband’s thoughts with kindness. She stated,

I think if you are open to communication...I think that's the biggest problem people have in marriage is that people don't communicate...and you have to be open to what the other person is feeling and you just have to be kind, no matter what happens. Kindness means so much.

Allie's kindness was not always reciprocated with kindness. Often, her husband would not hear her out. He would leave the house if he thought she was fussing at him. She explained,

I would get upset with him, and I would start fussing at him or saying things to him. I just wanted to argue with him, but he was not that kind of person...he could not stand to be... he would put his hands up and say, "That's it," and he would go out the door...I didn't get to say all the things I wanted to say to him.

Eventually, she explained, she learned to cope by adapting her ways to his low frustration tolerance by keeping her comments brief and constructive. She found he was more willing to listen to her.

Ursula was disappointed that her husband was not more affectionate. After repeated heated discussions attempting to convince her husband to change his behavior, she came to the conclusion that she was the one who needed to change: "This marriage is not going to have affection, so I'll have to find [it] someplace else." However, as a pastor's wife, Ursula's values dictated morally legitimate parameters for finding affection. She described,

I missed affection. I would say, "[Husband], please come to bed. I'm tired"; and he would say, "I'm not tired," so I missed out on affection. So I said, "I need to have affection." So I began to spend more time developing relationships with girlfriends and with my children...and that's not right...that's not God's plan...because I'm still lacking

in that affection that I desired from a man, but that's how I coped. I said, "If he is not going to do this...if he doesn't want to go out and do things, I'm going to."

Ursula explained that, over time, she coped by adapting to her husband's ways. She discovered her mental adaptation resulted in increased patience and a mellowed personality. Ursula believed that her changes resulted in spiritual maturity:

At the beginning of our marriage, you know those four personalities? I was a sanguine and he was a choleric. Yikes. And then later on in our marriage, years later, when we started giving those [personality surveys] at the church, do you know what happened to me? I was in the middle of all four [personality types]. I had changed so much that I was now in the middle of all four....That's what marriage and the Lord can do when you ask Him to; He takes and creates a new person.

Ursula attributed her character refinement to the changes she had made in her thinking and adaptations to her husband's personality and the requirements of marriage.

Tania wanted a caring relationship with her husband, but despite her attempts at connection, she explained that he refused to be accountable to her. Tania struggled as she tried to adapt to her husband's inaccessibility. In a conversation about their girls, she felt that his insensitivity to her and his lack of responsibility as a father and husband was unfair. She described,

He said he really did not know how I raised my daughters. This brings much anger to me. Where was he while we raised our girls? He takes no chances, no responsibility to our relationship. Why does he get off free and I examine myself? He detaches from our relationship.

After a conversation with him about their girls, Tania questioned herself. She came to the conclusion that she could not force him to take responsibility. Tania knew other people noticed his abrasive ways: “Sometimes I [would] catch other people, strangers, hear what he just said to me and look in wonder.” When Tania repeatedly became aware of her husband’s emotional detachment, she realized she could not change him. She said, “I know I cannot change him, only myself.” Although she continued to crave his attention, she intermittently and reluctantly adapted to more realistic thinking. She said, “I need to make the changes...to make me happy.” Tania explained that when she figured out that she was the one who needed to change, she was better able to cope with her husband’s lack of responsibility.

Recognizing that their own ability to change was the only change they controlled, these ladies adapted to less-than-desirable scenarios by revising their own way of thinking. Through adjustment using rationality, emotional control, and a focus on kindness, these participants coped by making the needed modifications internally when confronted with a series of difficult situations. Cognitive adaptation through the use of adaptability supplied needed premorbid coping.

**Acceptance.** The participants in the study found emotional resolution during occasions of frustration and conflict as they developed tolerant acceptance of a husband’s unchangeable ways by coping through the use of cognitive adaptation. Each of these women maintained respect for their husbands and their marriages as they considered their options and chose to accommodate through acceptance. Sharon learned to resign herself to the marriage by seeing it as a “package” including both enjoyable aspects and less tolerable facets. She shared that she coped by accepting her husband’s abrasive nature and by moderating her own emotions by focusing on the fundamentals they shared in common. She explained,

So we got to a point where...there was camaraderie in certain things, certain aspects of life, politics, religion, generally how money was handled. So there were threads that kind of kept us connected, and then we [would] go along for a while and things would be smooth.

Sharon explained that she could accept the difficult parts of the relationship when she focused on the connections they did have.

Sharon's previous marriage had been very warm and nurturing, so when her third husband failed to share emotional intimacy, she knew it was not incapability on her part. Her attempts toward emotional attachment were often blocked or met with criticism:

We would be sitting in the yard and I would say, "I think I'm going to get a new birdfeeder. That one's shot."

He would say, "Do you always have to be moving; do you always have to be doing something?" So that closed that door.

She continued to share her thoughts but coped by understanding and accepting his incapacity to reciprocate with his intimate thoughts. "He just did not have the ability to communicate his inner self. It showed up early in our marriage, so I knew it wasn't me causing it." There were times when Sharon's husband expressed his vulnerability, but just for a moment:

This particular time he got up in the morning and sat down here and said, "I'm a failure as a husband; I know it. I'm just not good for you," and just completely opened up. And I wound up saying, "Let's work at it"...but then the door was closed again. I guess I got used to him being closed, and I just went on...I just accepted it. Would I have liked for it to have been different? Yes, but it wasn't.



Sharon's coping through her acceptance of her husband's ways paid dividends when the end drew near. She explained that she revised her expectations and this adaptive assessment resulted in creating beauty and affection.

When he became ill off and on for several years, as time marched on, I found out that I loved this person. Not in a fairytale way, but he responded. I'd catch him glancing at me when I was doing things for him, and he said, "I don't want to be a burden to you."

And I said, "You're not a burden to me. I'm doing everything that needs to be done. I'm doing it willingly. Don't worry about that." I had done so much anyway all along; this was not a big deal. I really found that I loved him at a different level.

Sharon attributed her well-being late in the marriage to her commitment to be respectful and accepting of her husband's personality. She surmised that her earlier challenges and development of coping skills had prepared her for the demands of caregiving as her husband's health declined.

After long conversations in which she tried to change her husband's behavior, Allie came to the conclusion that though her husband had characteristics that irritated her, she also had attributes that frustrated her husband. As she considered her options for coping, through cognitive adaptation she determined that by changing her own perspective she became more accepting of his foibles. Like Sharon, Allie focused on her husband's strengths. She described,

I decided that I would accept him for the way he was, and I know there are ways about me that drove him crazy too; that's life. So I feel like that was a big part of it. I accepted him for what he is. He's good to me. He has so many good qualities.

Allie knew she could not change her husband, but she made a choice to accept him the way he was and to persist in the relationship. Allie never realized her primary dream for their marriage,

but because of her respect for her husband, she accepted his decisions. She admitted, “That was really my dream, having him by my side in church. He wouldn’t go to church.” This was a tremendous act of faith for Allie since her Christian value system dominated her thinking and decision making. Trusting God resulted in coping through her acceptance of her husband’s choices.

When her children were small, Ursula wanted her husband to participate more in family life. Her goal was that he would be the spiritual leader of their family time. She said she was frustrated when he refused to participate, but she coped by maintaining respect for his position and accepting his decision.

I wanted him to participate more in the family and he didn’t. And so when I would say things to him like, “Why don’t you come and pray with us? Or tuck the kids in bed?”

He would be watching TV. “Don’t put a guilt trip on me,” he would say.

Ursula reasoned that her husband was weary from ministry and wanted to rest when he was home. When she struggled with herself, wrestling between what she felt the family needed and what he was willing to do, she coped by coming to a level of acceptance of her husband’s ways.

Most of the participants moved toward a degree of acceptance as they considered their husbands’ personalities. Whether the cognitive adaptation involved an understanding that his behavior was part of a package (that included both positive and negative aspects) or involved a consideration of one’s own weakness, the majority found acceptance of what they could not change as an effective coping skill.

**Spirituality.** The participants used spirituality as another form of cognitive adaptation. Some found grounds for this coping skill in a more philosophical spirituality, while some found it through Christian spirituality. They explained their decision making for choices in coping in

terms of their spiritual beliefs. Helen had been assertive in earlier marriages, but in her third marriage she was unable to stand up for herself. She journaled concerns indicating her inner struggle:

In relationships with others, I don't stand up for myself when they become abusive. In my current relationship with my husband, he has a tendency to be abusive, and until just recently I would accept it. But then I went for some counseling and learned that I don't need to put up with abuse, so now, with God's help, I am trying to handle these abusive situations differently.

Helen's spirituality originated as a child and developed further in connection with her Overeaters Anonymous group. She reflected on her weakness in her journal: "Unable to stand up for self in abusive relationships....Need to start over with God. Ask what we need and what we want God to do for us....When my willingness meets God's grace, then recovery will take place." Helen determined to find strength in God to maintain respect for her own personhood when her husband demeaned her through verbal and emotional abuse.

Sharon developed her spirituality through reading spiritual books and spending time in prayer. When her husband described her negatively to their friends, she said she coped by dealing with the hurt through her spirituality.

When he was with them, he was very charming. He had a tremendous knowledge of history which amazed me, and he was very charming. And it made me look like something was wrong with me. It wasn't...the place that I wanted to be, so I would just share certain things and work on the depth of my feelings by myself. And through my reading and prayer, it just happened.

Although she said she felt her self-esteem was threatened, Sharon explained that she coped with the intimidation through an adaptive perspective she found in her spirituality. She discovered that through meditation on her spiritual readings she developed a selfless point of view and inner strength from which she could cope with caregiving responsibilities. She said,

When it was obvious that [my husband] was terminally ill, something beautiful happened within me that made me take note that I had grown spiritually; and instead of being frustrated with [him], I looked upon him as a very special human being that needed all the TLC that I could muster at this time in both our lives, and it turned into a beautiful privilege.

Using cognitive adaptation by incorporating her spiritual value of respect for life, Sharon maintained respect for her husband and herself throughout the 13 years they were married. In the end, Sharon found that her investment of coping through cognitive adaptation, using spirituality, paid dividends of grace upon grace.

The crux of Allie's value system, on which she based her decision making relative to coping skills, was her Christian spirituality. She attributed her ability to cope with marital difficulties to Christ, the source of her strength.

We were very young when we were married. We didn't know how to fix things...you know, talk things out. But yeah, I think I did my personal growth especially with Christ. I think that's what held me together in the bad times. And it's what gave me hope in the good times.

With her focus on spiritual maturity, she decided that whatever came her way, she would deal with it by trusting God. Coping by turning her problems over to God was not easy, but it did provide peace for Allie. She said, "There were things I could not fix. He was the way he was

and I was the way I was. I felt like I would just have to turn it over to God and wait on Him.” For Allie, cognitive adaptation involved viewing the conflicts of marriage as occasion to incorporate her spiritual beliefs and resources.

Tania’s coping through her spirituality took the form of positive thinking, gratefulness, forgiveness, and reaching out to a higher power. As she processed the hurt in her relationship with her husband, she said she coped by trying to incorporate ways she had dealt with disappointment in her past. Tania recorded her reflections in her journal:

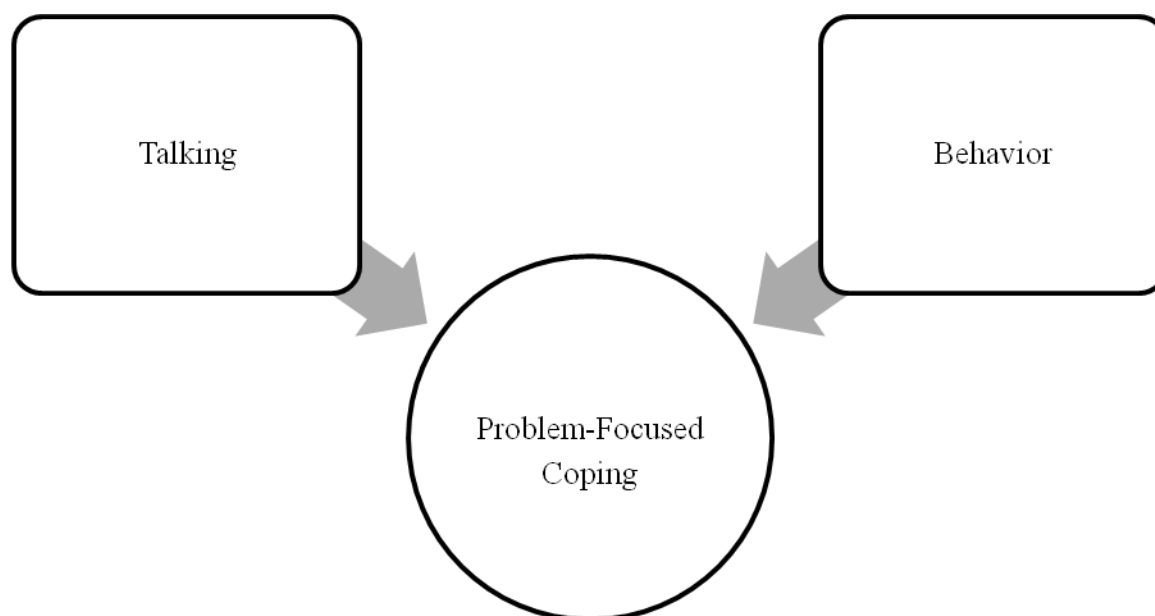
Last night I tried to express some feeling I had and a memory flash about my childhood. He seemed to have absolutely no interest in hearing me. It occurred to me, who do we share our fears with if not our husband? Well, it did not work for me. Did I always know that about him? Shame, fear—that’s what goes on in my head. While all the while, I have learned to be grateful for all my many blessings. I forgive my parents’ shortcomings, raising me the way they did. That’s all they knew.

In her desperation, Tania cried out to a higher power: “God (or higher power), please help me to find my way.” Tania used cognitive adaptation by choosing to view her disappointments from the perspective of higher-level spiritual virtues.

Whether it involved strength to maintain personhood, emotional control to maintain respect, adherence to biblical mandates, or positive thinking, most of the participants cited their spiritual resources as a method of coping, using cognitive adaptation to deal with the insurmountable obstacles in their marriages.

### **Premorbid Theme Two: Problem-Focused Coping**

Participant narratives illustrated the second theme, which is identified and coded as problem-focused coping. Participants described events surrounding the nature of conflict and their attempts to resolve difficulties. All 10 participants provided examples of this theme in narratives of their efforts, through dialogue, to resolve dissension in their marriages. Problem-focused coping involved identification of the source of the conflict followed by efforts, either verbal or behavioral, to resolve the source of conflict. In some cases, participants described trying to manage the problem rather than solve it if the dilemma was perceived as unsolvable. Strategies used by participants included gathering information, making decisions, planning, and resolving conflicts. The participants turned their attention to their resources for coping, sometimes verbal and sometimes behavioral, and looked for positive aspects of their lives.



*Figure 2.* Premorbid coping skill two: Problem-focused coping.

**Verbal.** One of the first efforts commonly used to solve a problem in a relationship was the identification of the problem followed by at least one perspective relative to a solution for the problem. Helen gave a prime example of this. Her disagreements with her husband had escalated into shouting matches and then intensified into throwing objects. They decided this was not a good plan for resolving their differences.

In a while I figured out he was a bit controlling but I thought, well, we can work on that... I can maybe work around that. I used to get really angry at him, and he would get angry back at me. One day I was so angry with him I threw a glass at him and he ducked. I said, "Why did you duck? I was aiming for your head."

He said, "We can't do that again," and I said, "Okay." So we sat down and we did talk. I know he really loved me even though he was controlling.

Helen reported her problem-focused coping matured considerably after this incident. She learned that one of the dyad needed to be the voice of reason, and most often it needed to be her. As she learned to address conflicts that arose between them, she remembered what had worked and not worked in the past and developed a repertoire of problem-solving techniques.

Sharon applied problem-focused coping early in their marriage. It occurred to Sharon that not only was she working full-time while her husband stayed at home, but he was trying to control her choice of friends. Additionally, she was doing all the domestic chores. She decided that was unacceptable. Sharon made attempts to resolve the conflict by sharing her feelings and talking it out.

I noticed he was putting roadblocks up in terms of me being a person. He was starting to dictate who I could be friends with, who I couldn't be friends with. I worked a full-time job. I noticed when I came home from work...I was shopping, doing the dishes, making

dinner. After about a month, I was doing the dishes and I noticed that he was letting me do everything. So I said to him, “There’s something wrong with this relationship. I’m not going to do this anymore without your help...Furthermore, you’re home all day; I’m not doing your wash. It’s not fair.” It was a big commute for me to work. There was probably a “to do” about that too, but things kind of smoothed out. I’m looking for the right term; [it was] passive-aggressive behavior. There would be silence for days and days. I was more or less considered an interruption...if he was reading the paper or online on the computer or whatever he was doing. It was like this went on for a while and I became more and more volatile about it and I said, “This is not going to work.” Then he would kind of come around, not really ever saying he was sorry...but he was extremely difficult.

After voicing her complaints and making her demands as problem-focused coping, Sharon realized that her approach was ineffective. Her desired outcome was not being realized. Sharon found little resolution as a result of her verbal communication efforts to persuade her husband. Although directive problem-focused coping resolved some issues, Sharon reported that she coped more effectively when she learned to be reflective about her approach with her husband and considered her husband’s sensitivities.

Allie described herself as a gentle soul who was normally a very soft-spoken woman. But problem-focused coping came to the fore when Allie, an immaculate housekeeper, reached her tolerance limit when her gardening husband tracked mud from his work shoes through the house. In her mind, he had crossed the line.

He’d always get dirt in his shoes when he worked in the field and many times come in and track it all over the house. One time I told him, I said, “This is the way it is. If you



don't mind buying new carpet every couple years, you just have at it." I think that made him more aware. He started being more careful.

Other times, Allie said, she was not so confrontational. She explained that normally she would be more diplomatic because "most often times I would back away and not say anything because he didn't take to you being angry with him well at all. He just wouldn't talk." She reported her problem-focused coping matured through use of a more subtle technique, her gentle soothing voice.

In contrast to Allie, Ursula explained that her problem-focused coping sometimes involved the use of harsh words. She regretted her volatile attempts to communicate her desire for intimacy that only pushed her husband further away. She explained that her pastor husband was sensitive, and her words may have had the opposite effect she intended: "I have a tendency to flare up and say things, and I think that could've been hurtful to that tender heart that he...had. And if I...hurt him early on, then of course he's not going to share." She desired physical and emotional intimacy but surmised that her quick temper wounded his tender spirit: "It could be that I hurt his heart too much by some of the words that I would use when I got angry." Her attempts at problem solving did not achieve the desired goal. Ursula said her coping through the use of a sharp tongue matured into more thoughtful, respectful approaches to communication and problem solving.

End-of-life problem solving was a big challenge for Cathy. Acquainted with her husband's emotional volatility, she cautiously approached him with the decision to call in hospice. As caregiver, she knew chemo and radiation were no longer effective treatments for him, but as his wife, she knew he needed to be the one to make the decision. She said, "No, you're suffering; please, please go under hospice care. You don't want more radiation; you don't

want more chemo.” He finally agreed to go under hospice care. Cathy explained she had learned to be very careful as she approached her husband with a decision that needed to be made. She was relieved when he agreed. Cathy related she coped by saying as little as possible in hopes she would not raise his ire.

Like Cathy, Maria found herself needing to solve a very delicate end-of-life problem. Maria was very gentle as she approached her husband about the decision for cremation. Her husband would have preferred to be interred, but Maria did not have the money to provide a burial. The occasion of the problem-focused coping was when his daughter came to say goodbye to her father:

Then she [daughter] came to me crying, saying that he asked to be buried. He didn’t want to be cremated. I said, “If you could get your family to help me, I’m sure my church would help as well, and I have some money because I have been paying for the funeral out of my pocket. Maybe we could make that last wish come true.”

But I told my husband, “Honey, I can’t afford \$5,000 or \$6,000. I don’t have that. I might have to cremate you.”

And he was like, “If you have to do it, you have to do it.”

I said, “I will do the best I can.” That is the only thing I feel bad about, because he didn’t want...to be cremated.

Coping with a sensitive issue such as cremation, Maria gently and respectfully discussed the options with her husband. She explained this was the way she had learned to cope with solving problems with her husband.

**Behavioral.** Helen reported that she matured in her problem-focused talking through the years of her marriage, but talking gave way to problem-focused action when talking failed to

stop the abuse. Helen suffered from verbal and emotional abuse until she decided to seek professional help from a psychologist for coping techniques. He suggested Helen leave for short periods of time when the abuse escalated. She recalled,

So my psychologist said, “When he starts yelling at you,” which he did frequently, “and accusing you of doing things you didn’t do, I want you to leave the house for 3 hours and do...not come back. Do not tell him where you’ve been. Just go and do what you need to do to unwind.”

When I would get home he would always ask me, “Where have you been?”

I would say, “I’m sorry but I don’t need to tell you where I was.” And then he would start yelling. Sometimes I just [would] turn around and walk out.

“I’ll come back again when you’ve calmed down.” He never did get the hint, I don’t think.

Her husband’s abuse resulted not only in 3-hour occasions when Helen would leave home, but it also involved separations for months at a time as a means of coping and an opportunity for emotional healing and recuperation.

Helen took action as problem-focused coping when her husband needed open-heart surgery. By profession, Helen was a nurse. She knew that her temperamental husband would not comply with medical protocol following open-heart surgery, so she purposely did not tell him that postsurgical regimen required the patient be placed on a ventilator. As his wife and caregiver, she made the decision based on her prediction of her husband’s behavior.

The next surgery...was the open-heart surgery. They had to put him on a ventilator, of course, and I didn’t tell him that. He said, “How come you didn’t tell me I was going to go on a ventilator? I would never have had the surgery.”

I said, "You would have died."

And he said, "Well, maybe you should let me die," and I said, "I didn't think you were ready to die yet."

Helen knew she would be misunderstood, but through problem-focused coping she decided to consider his volatility and behave in her husband's best interest.

When Debbie's husband's activities became limited, she had some life-altering decisions to make. Making her decisions based on her husband's well-being, through problem-focused coping, she decided to give up her business and pursue the best treatments available for her husband. Along the way, her efforts were frustrated: "I sold my practice. He had health problems. We went to various clinics in Cleveland. He struggled with dizziness. He did not have the right tests." When the house they lived in could not accommodate his physical limitations, Debbie moved them to a home that was big enough for him to get around with his walker. She described, "The [original] house wasn't right for him because of his sickness. The shower did not accommodate his needs, and he was not able to get around well with his walker because of the configuration of the house." She sacrificed her career and her home to provide the care her husband required. She coped by making decisions based on the challenges of her husband's limitations.

Allie used problem-focused coping when she purchased a large-screen TV with an auxiliary speaker. Her husband had become visually impaired and hard of hearing. She explained her solution to the problem of how chaotic her peaceful home had become:

His vision was going and so was his hearing, so he would have the television on so loud it would drive me crazy. So I got him a speaker so he could hear it over there, so the

loudness would be over there and not over here. So we got that solved. We got the big TV for him.

This problem-focused coping was simple for Allie compared to the complexities of the marital separation she faced. Her husband's verbal and emotional abuse when he was drinking was considerably more difficult to deal with than his visual and hearing impairment. She described,

My husband started drinking, and he actually became an alcoholic. And so there were times when it would be...never physical abuse, but I guess you would call it abuse, verbally and emotionally, because that was hard to deal with. And we went through several years of that, and then at one point we were even separated. Then we decided to give it another try.

Allie's coping was restorative. She explained that they talked about reconciliation and decided to give the marriage a second chance. She explained that after all they had been through together she believed she could make it work with God's help.

When Maria knew her husband's time was short, she decided to show her love through her last act of problem-focused coping. As a nurse who had assisted others getting ready to "make their journey," Maria tenderly prepared her husband for his passage to the next life:

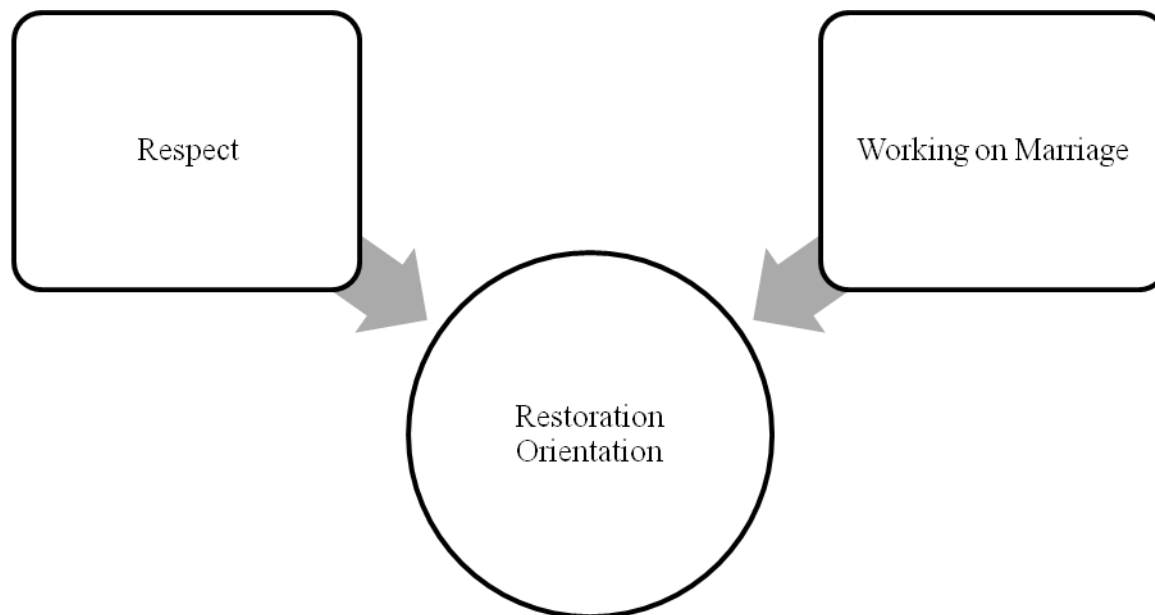
I just got ready. I took a shower. I cut his toenails. I finished cutting his fingernails. I brushed his hair; I swiped his mouth. I got his clean clothes. After I took a shower, I sat on the bed and I grabbed his hand. I told him, "Honey, just go toward the light. Your daughter, your mother, your father, my brother, your granddaughter are waiting for you; just go toward the light. Jesus is waiting for you, and your Father's waiting for you. I will be there. I will be there; I will see you later, I promise you." And then he took his last breath.

After many years of problem-focused coping by “doing the right thing” for her husband despite his disrespect, Maria said it was an honor to prepare her husband “to meet Jesus.”

Several participants discussed how their techniques for problem-focused coping matured through trial and error “just by living with their spouse.” Participants said they learned new techniques that involved ascertaining when to speak and when to act. They learned approaches their husbands would be open to, and they learned sensitivities they would be wise not to confront. Participants recounted the methods of problem solving they developed through years of marriage so that their husbands would be minimally annoyed.

### **Premorbid Theme Three: Restoration Orientation**

In addition to cognitive adaptation and problem-focused coping, 9 of the 10 participant wives used restoration orientation to promote relationship in their marriages, as illustrated through journal entries and narratives. When an ongoing stressor exists in a relationship, an individual may engage in restoration-oriented coping. This usually involves future-oriented planning and goals. Maintaining high regard for the personhood of the husband and for the marital relationship emerged as applications of restoration orientation as a coping skill.



*Figure 3.* Premorbid coping skill three: Restoration orientation

**Respect.** Cathy learned to be extremely respectful because her husband was a quick-tempered man. She approached any serious conversation with caution and deference. When he was very ill, Cathy gently probed to see what he was thinking. She described,

Before he went under hospice, I was able to have a very serious conversation with him. I said, “Things are not looking good. I hate to ask you this question, but how long do you think you have? And if you don’t want to answer that, you don’t have to.” This is probably the beginning of November.

He said, “I won’t be here by Christmas.”

And I said, “So soon?” I was shocked when he said that. I thought there was more time. And he was right.

I said, “Why do you think that?”

He said, "I have these strange feelings."

And I said, "Can you describe that?"

And he said, "No, I just have these strange feelings."

Cathy found when she showed high regard for her husband, he was disarmed and she was able to get a vulnerable answer. She found that a gentler approach through restoration orientation lowered his natural defenses and allowed for connection in the marital relationship. She explained that she learned to cope by handling her husband with "kid gloves."

After engaging in brutal honesty concerning her own needs, Ursula learned that promoting relationship through restoration orientation was a more adaptive coping skill. Respect developed in Ursula's marriage. She admitted that early in the marriage she had difficulty holding her tongue, and she often said hurtful and disrespectful things. But as she matured, she valued and even revered what he said to her. She explained,

I think he got his defenses up and had a hard time relating to me. I would tell him "I'm sorry," but you can only do that how many times? Later on in our marriage, I matured, I changed, and he saw that.

She always maintained respect for her husband as a man with God's call on his life. Ursula explained that she became skilled at keeping her peace and honoring the marriage over her selfish desires.

Allie indicated that mutual respect provided the foundation she and her husband needed to discuss their differences. She discovered that as she showed respect for him, he reciprocated. She said, "He had a great amount of respect for me, and I saw that hope in our marriage." Allie clarified that she coped by showing respect for her husband. She saw respect as a biblical mandate as well as a very practical approach to building relationship.



Unlike Allie, Maria did not enjoy the respect of her husband, but she was committed to esteeming his position as her husband and the choices he made. Maria recognized her choice to promote relationship through restoration orientation and determined that, by God's grace, she would protect the marriage. Although she wanted her husband to know peace with God, Maria was prayerful and patient because she understood his struggle. She said,

He was, at one time, angry with God. As a matter of fact, that was when we got together.... his daughter passed away while she was sleeping, from a brain seizure.... She was sleeping, her spouse left for work, and she suffocated with a pillow, and that's how she passed. She was in her 20s.... Then, at the funeral his son tells him, "Dad, I'm next." Six months later they find his son in a bathtub, dead, with the syringe in his arm, but he wasn't an addict. So we don't know if he committed suicide or if somebody killed him. That was never investigated. So he lost 2 children in 6 months, so that's why he was angry.... At the beginning of our relationship, he didn't want to hear...about God. He was full of anger.

Yet Maria's gentleness and regard for her husband nourished the relationship. After 7 years of marriage, he made arrangements to renew their wedding vows. It was a publicly tender moment when Maria asked him if she had ever been disrespectful to him. She described, "After we renewed our vows, I said, 'One more thing.' I said to him, 'Did I ever hurt you during our marriage?' And he answered, he started crying and he answered, 'No, of course not, I love you.'" Maria explained that she coped with his abrasive ways by speaking and behaving respectfully to him.

**Relationship building.** Restoration orientation also took the form of the participants' relentless and continuing efforts to maintain and enhance their marital relationship. Helen found

that discussions with her husband about his volatility were ineffective, so she made several efforts using short separations to allow each of them to cool off and think about the marriage.

I said, “You know, you really like to make things difficult for me. I’m going to take a break.” I left him 3 times and I stayed away for 3 months....

He would somehow find out where I was and he would cry over the phone and say, “I can’t do it without you.”

And I said, “Things will have to change.”

The goal of these separations was relationship building, but Helen found the separations less than effective. She said, “I don’t think he ever got the message.” Helen said she coped by persisting in her restoration orientation, always wanting to do the right thing.

Alcohol was a problem in Allie’s marriage. Her husband was reluctant to talk about it. She saw his drinking as an impediment to the marital relationship, and she worked toward promoting a healthy marriage. She said,

When I would try to talk to him about it [the drinking], he didn’t want to talk about it. I think he was in denial for a long time because he didn’t want to accept the fact that the drinking was getting to be out of control. He wasn’t the type that he would drink till he was drunk, but it was the continuing thing with him.

In her gentle way, Allie made attempts to restore the closeness they had known when they were first married. Her willingness to address the drinking indicated her skill and orientation to restore the marital relationship. Her coping skills did bring about the desired outcome.

Eventually, after a brief separation, her husband stopped drinking.

Ursula’s efforts to restore and foster her marriage took the form of seeking marital counseling. She desired more marital intimacy, yet her husband was not open to her longings.

Ursula saw their lack of intimacy as an ongoing stressor, and she was willing to reach out for help to restore emotional connection in the marriage. She described,

He just couldn't give himself to me physically like that because of the vulnerability. It is too vulnerable. A sexual relationship—that's too vulnerable, and so I asked him if he would do counseling. Of course, being a pastor he couldn't or wouldn't. Who could he go to? There was Dr.[name withheld] who gave pastors free counsel, but you had to get there, and [my husband] and I never had two cents to rub together. We had no money. And so we couldn't do that. So I finally found a man and his wife whom he agreed to see. They aren't trained in it, but we "kind of" had a session. But it did not change anything at all. It just showed we had a problem.

She knew he loved her, but he was not emotionally capable of providing the physical closeness she desired. Ursula explained that she coped by making overtures to get help. Her goal was to promote intimacy, and her means was restoration orientation.

Tania used restoration orientation but continued to struggle with what to do. She argued with herself time and again, trying to figure out a way to build a relationship with her husband. She reported that he owned her self-esteem. Tania struggled with parameters she might put in place to promote healthy relationship. She recorded her ideas. She described what she wanted:

"I could come up with a plan, set up boundaries—what I will tolerate and will not tolerate."

Ironically, it occurred to her that she was able to help others restore their relationships, but Tania was not able to restore the one that mattered most to her. She said,

What I think is subconscious...that little thing that I had about me connecting with friends...I lived in an area with strangers because I'm from the Bronx where I knew no one at all, and I would connect with other people and their problems. They would tell me

so. I could step out of my problems. So it was like a coping...I was just coping; it wasn't a conscious thing.

Although she was able to help others at multiple levels, Tania was not able to promote her own healing. Tania explained, "If this were someone else I would find the [words] to let that person heal. All the words I could say to myself cannot heal my soul." She never gave up her efforts to promote a better future with her husband.

Despite constant reminders of her past, Maria worked very hard promoting connection and relationship in her marriage. She reported she coped by overlooking a lot of what she determined to be minor issues and "swept [them] under the rug." Maria gave credit to her husband for what he had done to make her a better person: "I look at my marriage like he was my savior. He took me away from that addiction." Despite his criticism, she maintained a grateful spirit. Maria's restoration orientation came in the form of overlooking insignificant matters and commending her husband for his positive influence on her.

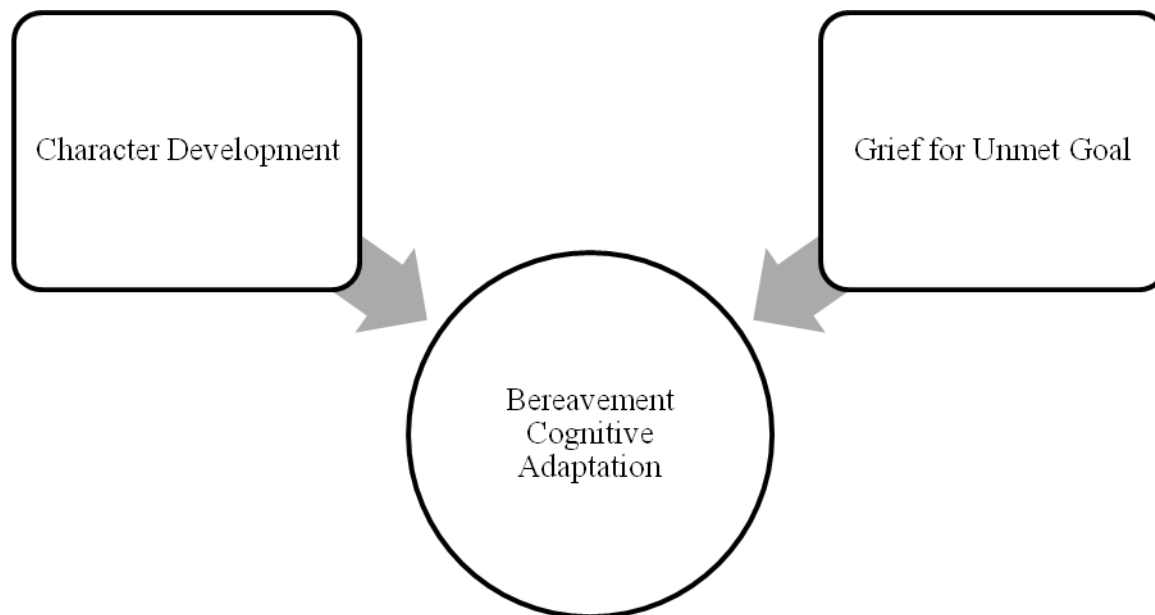
As shown in journal and interview narratives, 10 participant wives indicated examples of coping skills developed during the course of their ambivalent marriages. These coping skills have been identified and illustrated, and the three most frequent were cognitive adaptation, problem-focused coping, and restoration orientation. Participant wives explained how they developed these adaptive coping skills in response to ongoing stressors in their marital relationships. The researcher addressed the first research question: How do selected widows develop adaptive coping skills to deal with an ambivalent marriage? The following is the presentation of findings relative to the second research question.

## **Research Question Two**

To answer the question of how selected widows use learned adaptive coping skills to process their loss following an ambivalent marriage, the researcher used the second level of analysis and found three apparent themes. Findings are presented in terms of the participants' explanations of how they used those coping skills learned in marriage during their time of bereavement. Findings include specific examples of connections made by the participants. The three themes were bereavement cognitive adaptation, bereavement positive reappraisal, and bereavement restoration orientation. Nine participants demonstrated bereavement cognitive adaptation; all 10 participants demonstrated bereavement positive reappraisal; and 8 participants demonstrated bereavement restoration orientation.

### **Postmorbidity Theme One: Bereavement Cognitive Adaptation**

Similar to Premorbidity Theme One, the first and foremost postmorbidity theme was bereavement cognitive adaptation. Through analysis of the findings, it became apparent that participants described ways in which they had made meaning of their journeys during the time of bereavement using bereavement cognitive adaptation. Participants explained bereavement in terms of exaggerated perceptions of control and positive affect, often citing character refinement and optimism for the future.



*Figure 4.* Postmorbidity coping skill one: Bereavement cognitive adaptation

**Character development.** Participant widows indicated through the use of bereavement cognitive adaptation that the difficult nature of the marriage actually served to enhance their character development. They noted that were it not for the hard times, they would not be the equipped women they are today. For example, Helen saw, in bereavement, that she had a choice. She could be resilient or she could wither. Helen related that she coped by choosing to grow strong:

I think we learn to grow. I've learned from all the difficult lessons...that have happened in my life. They make you stronger or you can give up and wilt. And I choose not to.

So I think that...I am strong.

She also related her acquired character development to optimism and confidence for the future. She said, "I'm not going to worry about tomorrow. I'm hoping to take care of today with God's help. I will get through another day, one day at a time. And I can do it." Helen stated there was

nothing she could not handle with God's help. Helen attributed her well-being in bereavement to the difficulties she endured in her marriage. She said she had learned to cope with adversity more effectively.

In a paradoxical way, Sharon attributed her welfare to her husband. Using bereavement cognitive adaptation, she saw that dealing with his difficult ways taught her health in bereavement. Sharon described how her husband treated her as "a big gift." She saw her own gain from his "inability to share his inner self." She explained, "This is the big gift that [my husband] gave me. All the suffering I went through—feeling rejected, not a priority, an interruption—made me a stronger person. It's not sad; it's a good thing." Sharon's perspective of the advantage of character development differed from Helen's. Sharon saw character development as a survival instinct and a recognition of the value of life: "I guess it's just survival instinct and respecting life in general...the gift that I've been given. That was something [my husband] always said, 'the gift of life.'"

Debbie reported she was coping as a widow because of the difficulties she had dealt with in her marriage. She described how she made meaning through bereavement cognitive adaptation and concluded she was emotionally healthier because of the adversity: "Yes, I do believe the hard knocks of life have made me the woman I am today." Like Helen, Debbie related her character maturity into courage for the present. Debbie laughed when she stated, "I do not want to marry again."

Ursula's expression of her bereavement cognitive adaptation was somewhat related to her marital role. She explained that as a pastor's wife, she was always aware of the public image she was projecting. She admitted there had been times when reputation had dominated her truthfulness. She illustrated how her coping involved turning weakness into strength:

I think one [thing] that I'm really learning is honesty...as a pastor's wife, as a believer, to be honest with people. I don't know the answer. I did make mistakes because I was so concerned...to be perfect. Do this perfectly, making sure that everyone saw me as the perfect woman, making sure that the children were perfect...and being free from that and telling myself I'm not perfect all the time. I mess up.

Ursula saw personal growth in her ability to admit her weaknesses. She reported she has learned to be frank and vulnerable in her relationships, valuing authenticity more than perfection.

**Grief for unmet goal.** Another manifestation of bereavement cognitive adaptation came as these women made meaning of the emotion of sadness they felt for a love they would never know. Hope persisted until the end, and when their husbands died, the possibility of the dream died too. Sharon explained it this way: "I did certainly cry...I think it was because I knew that it could have been better and it was not going to happen now." Her sorrow was based on memories of a previous nurturing marriage that ended in that husband's death and the realization that she would never know similar warmth with the husband who had just died. Sharon coped by clarifying her feelings. She admitted that part of her grief included mourning a love that would never be.

Ursula described her bereavement cognitive adaptation when she blamed both herself and her husband for never achieving oneness in marriage. She related her grief for an unfulfilled dream to feelings of regret. Ursula told the story of what went through her mind as she sorted through his clothing and personal items:

When I went through his things I thought, "Oh, God, I was not...the best wife that I could have been." So there was that feeling of regret. I was mature enough in the Lord to know that I cannot stay there, although I'm sorry for it. I cannot let it depress me or



interfere with the peace that I have in the present...so I realize that there are things that I could have done to respond to my husband in a whole different way. I wish I had.

Ursula explained that she took partial responsibility for the lack of connection with her husband. She considered that if she had tried harder and not accepted less, they may have known improved intimacy. She said, "It made me so sorry that [my husband] and I had settled for that." At the same time, she shared accountability with her husband: "But that's partly his fault because he didn't try to relate to me. He didn't try to relate to me and love me like Christ loved the church...so it's not all me. I know that." She acknowledged that although she had early feelings of remorse, she coped by not allowing those emotions to persist. Ursula knew she needed to dwell in peace and forgiveness.

Peggy's perspective on the love that she would never know was based on something she only dreamed of. In contrast to Sharon, Peggy had never known a warm relationship. In contrast to Ursula, she had no regrets. She believed her husband took what he wanted out of life. Peggy coped by remembering the life he had chosen:

But [my husband] had a good life. He was the kind of a person that did exactly as he wanted...when he wanted to do it. And, I let him do it, you know...I believe I just went along....He wanted to do his thing. That's why, I'm sorry, but I can't grieve that much for him...because he had a good life...and a long life.

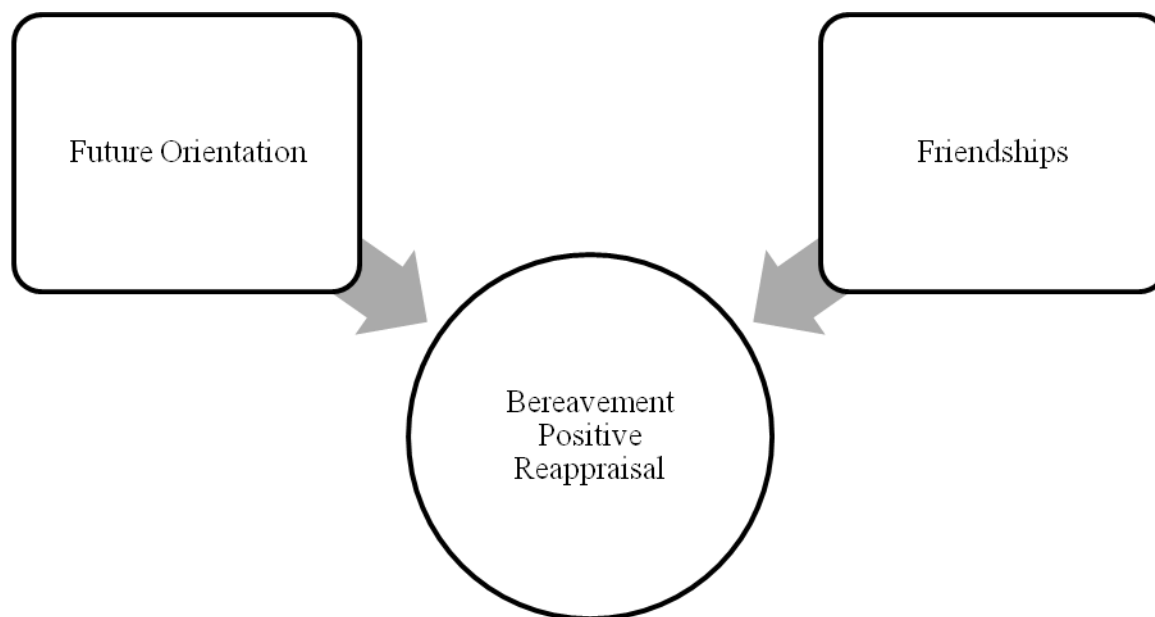
Although she would have liked to have known the love of a man, Peggy accepted her marriage and felt she did not need to grieve the loss of her husband who had everything he wanted in life. Using selective information processing, Peggy considered there was a relationship between the desire for love and the need for a man: "I guess some women cannot be

without a mate, a man, you know. But maybe it's because...I never knew what the word *love* was." Peggy remained faithful to her husband for 63 years without the benefit of his love.

In postmorbidity interviews, participants described relationships between the coping skills they had developed during the course of their conflicted marriages and their personal well-being in their time of bereavement. They concluded that the selective information processing that resulted in autonomy during the marriage served them well in their time of bereavement and new beginnings. The widows also addressed new perspectives for a love they never realized.

### **Postmorbidity Theme Two: Bereavement Positive Reappraisal**

A second theme that emerged from the bereavement interviews was bereavement positive reappraisal. A sense of cheerfulness surfaced as the widows considered a future of singleness. All 10 participants indicated the encouraging nature of their prospects for the future. All of the participants used cognitive strategies for reframing the new chapter of their lives as widows. This allowed the participants to make use of bereavement positive reappraisal in order to see their situations in a positive light.



*Figure 5.* Postmorbidity coping skill two: Bereavement positive reappraisal

**Future orientation.** Most participants cited the independence they had attained during their difficult marriages as advantageous preparation for life as a single person. Helen was both upbeat and realistic as she incorporated bereavement positive reappraisal: “I think life from here on is going to be happy, not that I believe everything is going to be hunky-dory....And there is nothing that God and I can’t handle together, right?” After life with a husband she found controlling, Helen particularly valued her liberty and her ability to make her own decisions. As she explained what was helping her cope in bereavement, she made a connection between the autonomy she had developed in the marriage and the courage she felt for a successful future.

Ursula saw her future as an opportunity to continue in Christian ministry. She discussed her perspective of her bereavement. She saw that her husband’s “days were numbered,” but God left her here to continue laboring in His name. She said, “I know He has promises for me. And

because I'm still alive, I know He has great things ahead for me." Ursula coped through the use of bereavement positive reappraisal by viewing the death of her husband as part of God's sovereign plan.

Reflecting on the length of her 63-year marriage, Peggy expressed a little bit of guilt over enjoying her independent lifestyle: "I know it is terrible to say, but I am enjoying my freedom." At 88 years of age, she indicated how she was coping by explaining she wanted to make the best of her remaining time:

So as long as I stay fairly healthy, eat the right kind of food ...I hope I have a couple more years left. So I...am really not a depressed person. I don't think I have ever...been depressed. I...mean I have gotten to the point where I wanted to s-c-r-e-a-m, which everybody does, but...I can't understand how people can say, "I'm depressed." So that's my life and I think I am handling it okay.

Peggy related her positive future orientation to the attitude of independence she developed as a coping skill during the course of the marriage: "I am glad that I was an independent person; I would not be able to handle [being alone now]." Using bereavement positive reappraisal, she reported she believed she had earned some good times and some good years ahead.

Additionally, on a more emotional level, Maria used bereavement positive reappraisal when she found solace and acceptance from the Lord as she processed the misunderstanding of her husband's family members. Maria coped by viewing her behavior as though God were examining her motives. She said,

When my husband died, they even put it on Facebook that I made my husband suffer, that I killed him, that I used to beat him, that I used to take his money. Thank God he was under hospice care because hospice saw what I did, that I was always here, that I was

good to him. My house was always clean. He was always clean. I cut his nails; I did everything for him.

Often facing ridicule, she learned to appraise her behavior “as unto the Lord.” She knew the Lord knew her heart and had plans for good in her future. She said, “I don’t let those things bother me because in the Lord’s eyes, I’m a good person. The Lord saw everything I did. The Lord saw all the tears I let go when I took care of him.” Though frequently unappreciated, she saw her trials as preparation for what was to come. In contrast to Peggy at age 88, Maria formulated more elaborate plans for her future. Maria was 55 years of age when her husband died, and she made plans to go back to college to advance her medical education. She explained, “I will go back to school to be a registered nurse and then I’m going to go for my [medical degree].” Her positive reframing included plans to become a doctor.

Using bereavement positive reappraisal, Cathy saw her move to Arizona as a constructive new beginning. Cathy said, “Because I’m not used to having things go right, I don’t know how to not be stressed. I don’t know how to not worry. I just never probably in my whole life had that, so it’s nice.” She explained that she was coping by being optimistic, but cautiously so because of her past. Cathy reported she was excited about a fresh start in a new place.

As Allie processed her bereavement with the researcher, she cited a relationship between the additional household responsibilities she took on while she was providing care to her ailing husband and her confidence in the promise of a bright future. She became skilled at driving, managing household accounts, and decision making. Using bereavement positive reappraisal, Allie said she viewed the skills she developed when her husband was ill as God’s preparation for what she would need to do as a widow. She explained,

In the end the last few years when he got sick, he was sick off and on; he had a lot of problems. So he got to where his eyes were really causing problems; he couldn't drive. And I had to drive him to all of his appointments and take care of practically everything— household accounts and bills...and I thought as I look back, I see that God was sending me. He saw that things were going to be good. Things were actually...I would be able to stay with him and take care of him, and I look back on it and I'm really glad I did.

In retrospect, Allie realized she was being prepared for life without her husband. God had prepared her and told her it was going to be good. She used cognitive strategies of reframing to evaluate bereavement from a perspective of confidence.

**Friendships.** Participants mentioned building relationships as a means of bereavement positive reappraisal. Some cultivated ongoing relationships and some initiated new relationships. Relatives and friends alike provided emotional support to build a bridge to a new beginning.

In her mourning during early bereavement, Brenda found comfort in a friendship she had developed in the brain injury support group: “My good friend...seems to know when I'm down and she lifts me up.” Brenda related that she coped through use of the friendships she developed and maintained through the years. She knew her friends would continue to be there for her as she found her way into the next chapter of her life without a husband to care for. She knew she would not be alone.

Cathy was excited about the new friendships she would make when she became settled in her new condo. She enjoyed her relationships with other women and indicated that she found meaningful connection with individuals through her dialogues at church. The Unity minister had

been very supportive when Cathy was having difficulty coping in her marital relationship. She recounted:

I'm just keeping my fingers crossed. I'm trying to be positive. As the Unity minister says, "Everything is in divine order." And there's a very active Unity church in Tucson. They have a lot of lectures there, so I want to join there and make friends there.

Cathy was reluctant to leave her old friends but displayed a sense of confidence and excitement as she considered new connections with people she had not yet met. She explained her thinking that the ladies at church had been supportive when she needed them and she had every reason to think that the ladies in Arizona would be helpful as well.

Helen had always tried to find the silver lining in the clouds that surrounded her. She used bereavement positive reappraisal when she made a connection between an old relationship and a bright future. Helen's stepdaughter initiated an ongoing relationship after her father died. She had a great deal of admiration for Helen and was afraid Helen might not want to continue their relationship. Helen said,

[My late husband's] daughter called and said, "Are you still going to be my mom?"

And I said, "Of course, I will always be your mom."

And...when she came, she said, "I don't know how you put up with him for 24 years. You deserve a medal. How you put up with him for 24 years is beyond me."

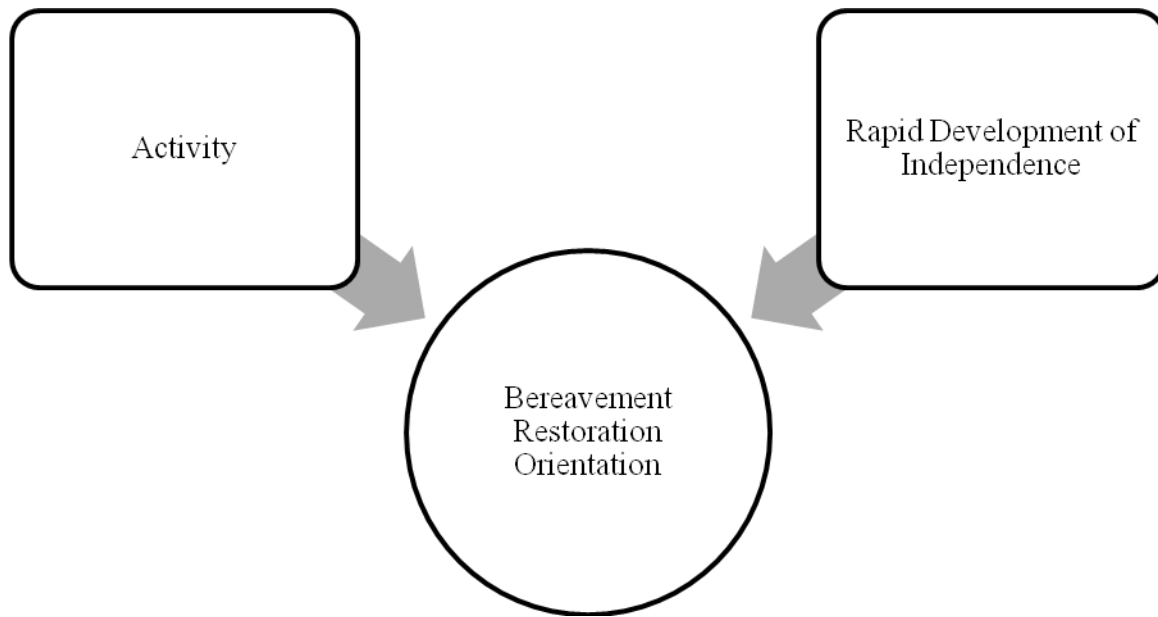
Helen was pleased that her stepdaughter thought highly of her and wanted to continue the affectionate relationship they shared. Helen was delighted that her stepdaughter considered Helen as her mother. She said she was thankful her stepdaughter respected and appreciated her because the marriage truly had been very difficult and she was glad his daughter had noticed.

As part of her bereavement positive reappraisal, Allie talked about the continuation of friendships, some of which started over 50 years ago. She looked forward to ongoing and new relationships. She said, “I have friends. They come over on Friday nights....Both of them are Christians. It’s fun to get together and that is support for me.” Additionally, Allie’s only child, a daughter, was living next door and providing family support. Allie said, “She actually lives in the house over here [points outside to her left], so that has been really nice. So that’s been good to have her living close by, especially now that I’m here alone.” Allie found courage and enthusiasm to cope with challenges as a single person as she considered the support of her ongoing relationships.

### **Postmorbidity Theme Three: Bereavement Restoration Orientation**

The third theme that emerged in the bereavement interviews was bereavement restoration orientation. Like bereavement cognitive adaptation, the theme of bereavement restoration orientation emerged in postmorbidity interviews as it did in premorbidity data. Not dwelling on the failures of the past, 8 participants conveyed optimism that the next chapter of their lives would be healthy and happy. Although the marriage was over, widows explained the restorative nature of their future-oriented plans and goals.





*Figure 6.* Postmorbidity coping skill three: Bereavement restoration orientation.

**Activity.** Participants cited examples of involvement in multiple activities and viewed them as beneficial in creating a meaningful life following the death of their husbands. Ursula continued to enjoy activities and related activity with friendship. She described, “I’m always getting a call from someone [saying,] ‘Come over for tea,’ or ‘Come over for dinner.’” Always one to enjoy her social life, Ursula coped in bereavement by going out with friends and family and building relationships.

Like Ursula, Helen enjoyed being out with a group of people. Using bereavement restoration orientation, she found she was able to enjoy outside activities without experiencing her husband’s disapproval. Helen found herself the star of the show when she participated in karaoke. She related the story of an evening enjoyed with a new friend:

We went to karaoke...and I said, “What is the theme tonight?”

And [my friend] said, “I didn’t even know they had a theme; what do you want to sing?”

I said, “I don’t know, I’ll think of something.”

So I started singing, “I come to the garden alone, while the dew is still on the roses.”

And I had everyone in the audience singing with me, and the lady who does the karaoke...said, “You had everyone in the palm of your hand when you were singing that song.” And I did.

In a light-hearted setting, Helen enjoyed the freedom to entertain others with her musical gift and her love for people. She was coping in bereavement by reaching out for new relationships.

Not as comfortable in the spotlight, Peggy relished activities that were less social. Through the use of bereavement restoration orientation, she cataloged a list of activities she was looking forward to:

I want to go back to shooting pool. I love billiards. And I want to go back to bingo. I don’t join too many clubs, but there are a lot of things I can do if I feel like I want to get out.

No longer under the constraints of the ongoing stress of caring for her husband, Peggy said she looked forward to developing her own interests.

Golfing was the activity Brenda found pleasurable. She said,

I have gone back to golfing twice a week. I did that this morning. I do that with the neighborhood ladies. I just went back Monday of last week, and Monday of this week and they talked me into going on Thursday as well. So that’s two and one-half days a week...we go for coffee afterward.

After 8 years of 24/7 caregiving, getting out and enjoying activities was a source of encouragement for Brenda. Her bereavement restoration orientation has provided an environment where she can laugh and enjoy friends.

**Rapid development of independence.** In this study, bereavement restoration orientation also took the form of rapid development of independence. Participants embraced their new freedom and self-determination. For example, Cathy already sold her house. She had discussed the decision with her ailing husband and did not hesitate to make the move after he died. She explained:

Well, what's going on right now is I'm selling my house. A lot of people say, "Don't make a hasty decision," but I don't feel it's a hasty decision...because he'd been ill for a long time. He made that decision about the house. I talked to him about it. I had to run the household while he was sick. I had that burnout feeling. I decided I did not want to own a house. My life's been too hard. I went to Arizona for almost a month in January. My youngest daughter and her husband and my two little granddaughters, they live there. Everything is included in the rent—housekeeping, food—and it's a beautiful apartment, a beautiful place. The apartment I chose has a beautiful view. I said [to myself], "You know what, you deserve this." I put my house on the market Sunday and it sold on...Wednesday. I got an offer with the second person.

Cathy was ready for a new beginning. She had decided to take only a few personal items and none of her furniture with her when she moved. "I'm pretty much going to start fresh," she said. She wanted to experience "normal." She said, "You know it's been so long since I felt normal, I don't even know what normal is." She planned to be close to her daughter, but she also valued her independence. She said, "I want to be independent, plus my daughter's about 25 miles away.

I want to be able to drive there.” Cathy made the connection that her experience with caregiving and running the household provided the confidence for her to make her own decisions as a single person.

When asked about her well-being in bereavement, Tania explained her perspective of the future and what she had planned. She indicated that she was determined to make the best of her remaining time, and she explained that she was coping by taking advantage of the active opportunities she had available to her. Tania gave account of her excitement and pleasure in her new independence:

I write everything on the calendar. Just like yesterday, I went to the doctor for my treatment, came home, stuck some cottage cheese in my mouth, got in the golf cart, loaded my bathing suit and my towel and stuff, and drove over to...the widows and widowers [meeting]. Then I called my friends and asked them if they wanted to go to McDonald's. I went over there with them for a cup a coffee. Then they called to see if I wanted to go to a movie. So yeah, I stayed busy. But I'll go to the Square and sit by myself, and I love it. It's a gift we have so many options. If I didn't live here, what would I do? And all day...I don't feel like I have to have somebody with me.

Maria reported that she had reflected on the future and was eager to live the next chapter of her life. Maria wanted to “make some good money. That way when I'm not able to work anymore or do anything anymore I can save this amount for myself.” Maria's plans included helping local needy people by offering church services in the neighborhood clubhouse.

We are entitled and we are allowed to use it anytime we want to for free. We could get a service going on here because there are a lot of elderly people here. We have a lot of people in the park that are not healthy, and they are elderly and they don't have the

strength or the energy to go to church. But if we could bring church to them at least once a week or once every two weeks, that would be good. They want to get closer to the Lord.

Maria's heart for others was an impetus to make plans and move forward. Using bereavement restoration orientation, she coped by formulating a plan to advance herself and minister to others. She gave an account of what she envisioned in her future.

Restoration orientation for marriage was no longer an option, so participants set their eyes on and put their energy into their best possible futures. Most involved initiation of or participation in new and diverse activities that were enjoyable and meaningful. The next section will address how premorbid themes migrated into postmorbid themes, including an explanation of an underlying comparative theme.

### **Premorbid and Postmorbid Theme Migration**

At the third level of analysis, when comparing the premorbid and postmorbid groups at large, it became apparent that two of the premorbid themes migrated as postmorbid themes. Premorbid cognitive adaptation and premorbid restoration orientation persisted in the postmorbid data as postmorbid bereavement cognitive adaptation and postmorbid bereavement restoration orientation. Before moving to a detailed discussion of the particular similarities and differences, a brief discussion is necessary to explain these similarities and differences through use of an underlying comparative theme. When the researcher closely explored the themes in the final step of analysis, clear differences became evident. It became apparent that although the premorbid coping skill and the postmorbid coping skill may have been similar, the application was different. Due to the prospective nature of this study, the same participants provided

premorbid data collection and postmorbid data collection. Obviously the premorbid coping skills occurred in the context of a marital relationship, and the postmorbid coping skills occurred in the context of singleness. Although the coping skill may be similar, of necessity the illustration of the coping skill took on a different application due to the cessation of the marital relationship.

Synthesis of premorbid cognitive adaptation, premorbid problem-focused coping, and premorbid restoration orientation answered Question One. Synthesis of postmorbid bereavement cognitive adaptation and postmorbid bereavement restoration orientation answered Question Two. Specifically, the premorbid adaptive coping skills uniquely apply to coping in an ongoing relationship in answer to the first question. The postmorbid adaptive coping skills are appropriate to coping as a single person in answer to the second question.

Attention will be given to how theme comparisons relate to this underlying comparative theme. The premorbid group illustrated their coping skills in terms of relating to their husbands. In contrast, the postmorbid group (the same participants following spousal loss) illustrated their coping skills in terms of adapting to life without a husband, facing life as a single person. It is apparent at this level of analysis that in their bereavement, participants used coping skills developed during marriage. The following discusses how the widows explained the connection between premorbid and postmorbid coping skills.

### **Premorbid and Postmorbid Theme Comparison—Cognitive Adaptation**

To begin the premorbid and postmorbid theme comparison, this study demonstrated that all 10 participants illustrated cognitive adaptation. Nine participants illustrated premorbid cognitive adaptation (Debbie did not), and 9 participants illustrated postmorbid cognitive

adaptation (Tania did not). In answer to Research Question Two, the participants and the researcher all noted relationships between premorbid cognitive adaptation and postmorbid cognitive adaptation.

Citing selective information processing or cognitive adaptation, all of the participants discussed the relationship between the challenges of marriage and their personal growth. The participants were able to recognize in retrospect that they had become stronger as an outcome of staying in an ambivalent marriage. The times they were left to fend for themselves, the occasions they needed to adapt because their husbands were not going to change, and the experiences of drawing on their spiritual resources due to lack of marital support resulted in the courage to stand alone and understand that through character refinement they had been prepared for widowhood.

Sharon explained her husband's inability to share his "inner self" was actually a "big gift" to her, requiring that she become independent and adapt to his protective habits. She realized his rejections were catalysts for developing her own personal interests and her spirituality. Even before her husband died, Sharon began reaping the benefits of her high regard for human life and kindness. She described a reservoir of personal strength and love that she was able to access during months of caregiving.

Like Sharon, Debbie found that the difficulties she dealt with in marriage made her more resilient in the face of adversity. After developing an independent lifestyle and accommodating her husband's physical handicaps, she attributed the "woman I am today" to the "hard knocks of life."

Helen attributed her strength of character to "difficult lessons." She not only learned to become more emotionally independent working full-time outside of the home, but she also cited

her trust in God and her Bible readings as resources that gave her the depth of character to adapt to a controlling husband. Additionally, Ursula cited her faith as foundational as she pursued spiritual maturity, later recognizing that authenticity had developed through the independence she exercised and the adaptations she made to her husband's personality.

An additional association occurred between acceptance as a premorbid cognitive adaptation and grief for an unmet goal as a postmorbid cognitive adaptation. Participants and researcher alike made this connection. Sharon had known emotional intimacy in her previous marriage, so early in her third marriage she reached out for marital closeness. Along with continued attempts to make connection, Sharon gradually came to a level of acceptance of her husband's defensive ways. She shared,

So the communication was very difficult, but after a while I thought, at this age, what are we going to do...we separate...we divorce...[we had] a big house. Financially, this is not a very feasible [option]. I'm just going to live my life the way I want to, not hurting anyone and just being me.

When her husband died, Sharon grieved the love they were never able to share. She explained that despite her multiple and continuous attempts to build relationship, he was never able to make a connection with her for more than a passing moment. Despite her acceptance of his ways, she hung on to hope that the relationship could become tender. Then after he died, her hope died and she cried even more than she did for her second husband. She described, "When he died, I bawled." She explained that the acceptance she had reluctantly used in the marriage translated into a more profound sadness, grieving not only the loss of her husband but also the dashed dream for a warm relationship.



Ursula indicated a correlation between acceptance of the ambivalent marriage with postmorbidity grief for a marriage that would never be, but her grief involved regret that she and her husband had not worked harder on their marriage. She explained that she was sorry they had “settled for” a superficial relationship. Ursula indicated neither she nor her husband was inclined to sacrifice for the other. She said, “If he had loved me as Christ loved the church...because I am a loving person. I am a responsive person...so it’s not all me and I know that.” In contrast to Sharon, however, Ursula did not allow herself to dwell on this component of grief. Although she saw the relationship between acceptance and regret, she determined to live in the present and focus on her authenticity with others.

Also making a connection between acceptance and grief for a love not known, Peggy differentiated between grief for the loss of her husband and grief for an unrequited love. Peggy stated she did not feel she needed to grieve for a man who “had everything he wanted in life,” but she felt sadness that she had never known the love of a man. She said, “I never really had that closeness.” Like Ursula, Peggy mentioned this unfulfilled desire in passing and then quickly moved on to discussion of her freedom in the present and her dreams for the future. The participants and the researcher all made the connection between premorbid cognitive adaptation and postmorbidity or bereavement cognitive adaptation.

### **Premorbid and Postmorbidity Theme Comparison—Restoration Orientation**

Although participants used the same coping skill (restoration orientation) premorbidly and postmorbidity, the application differed due to cessation of relationship and new challenges as a single person. As mentioned previously, the application of this coping skill required an

adaptation due to cessation of the marriage. Participants and researcher alike made connections between premorbid restoration orientation and postmorbid restoration orientation.

Out of respect for her marriage and her husband's preferences, Helen relinquished many of the social activities she very much enjoyed. When she wanted to go to lunch with some friends from church, her husband said, "No, I want you to come home." He was "domineering and controlling." He wanted her to do everything with him. After his death, Helen found herself enjoying a schedule full of activity. She said, "I think I'm going to be able to do what I want to do, when I want to do it, where I want to do it, and have control of me." Bereavement restoration orientation has provided a bright future of activity for Helen.

After a 63-year marriage of providing for her husband's needs and doing what he wanted to do, Peggy looked forward to developing new interests. Peggy had begun to enjoy more solitary activities, including beading and sewing classes. Unhindered, she viewed the future with optimism and confidence.

Although all the participants were devoted to their marriages and worked very hard to build relationship in their marriages, most mentioned they developed a level of emotional independence while in the marriage. Then when the marriage ended and left the participants as widows, most participants indicated a rapid development of independence. For example, selling her house was not difficult for Cathy. After 31 years of not being able to "ask questions," Cathy quickly decided where she was going to live and what she was going to do with her furniture and other household items. She described, "I found the place where I want to live. It's a rental. It's an independent living place. Everything is included in the rent—housekeeping, food—and it's a beautiful apartment, a beautiful place." Cathy did not hesitate, nor did she look back. She

explained she had been ready for a change and now her time had come. Cathy's premorbid and bereavement restoration orientation set her up for a "new way of life."

While Tania was married, she lamented her inability to feel love and acceptance from her husband. After making an effort to respect her husband and build relationship throughout their entire marriage, Tania explained that she found herself ready to embrace her new independence. Though often second-guessing herself, she indicated she gave it her all. Tania considered herself fortunate in bereavement to have the courage to exercise her freedom and to enjoy life: "It's an adventure. I'm sure." She reported she has no problem going out to a restaurant by herself.

I had a doctor visit last week and I decided I wanted turkey...so I stopped at Bob Evans on the way home. I had a turkey dinner. I have a Kindle [I can read]...it doesn't bother me to eat alone. I don't have a problem going out by myself.

Tania also talked about the relationship between the ongoing stress of trying to connect with her husband and the relief that this stress was gone. She gave her best to the marriage, and in bereavement she enjoyed her many choices and anticipated a gratifying future.

Although premorbid restoration orientation found application within the context of a marital relationship (through respect and working on the marriage), its postmorbid equivalent, postmorbid bereavement restoration orientation, involved increased activity and rapid development of independence. The participants concluded that they had given their best to their marital partners, and now it was time to make the best choices for themselves. They unabashedly welcomed their freedom to make their own choices and enjoy single life.

### **Other Premorbid and Postmorbid Themes**

Although two premorbid themes (cognitive adaptation and restoration orientation) persisted as postmorbid themes, one did not. Although present in postmorbid data, the premorbid theme of problem-focused coping did not emerge as a postmorbid theme. The findings of this study suggest that the difficult nature of the marital relationship would seem to require more premorbid conflict resolution through the use of problem-focused coping. The applications of the coping skill may be more closely related to the dynamics of a marital relationship than singleness.

The postmorbid theme of bereavement positive reappraisal, although present in premorbid data as positive reappraisal, did not emerge as a theme. The findings of this study suggest that the cessation of an ambivalent marriage may result in a sense of relief with an orientation toward optimism about new opportunities and newfound and continuing relationships.

### **Summary**

This chapter sought to unfold and explicate the findings of this IPA study by presenting the cases of each group in a detailed, idiographic way that also clearly represented the experiences and interpretations of the participants as well as the interpretations of the researcher. The chapter began with level-one analysis, introducing the participants through demographic information, followed by brief descriptions of the participants' marriages. This was followed by level-two analyses presenting the themes that emerged from both groups in answer to the two main research questions:

1. How do selected widows develop adaptive coping skills to deal with an ambivalent marriage?
2. How do selected widows use those learned adaptive coping skills to process their loss following an ambivalent marriage?

Finally, the chapter included a comparison of the themes of the two groups and explored the underlying comparative theme. This chapter included practical application of coping skills detailed throughout examination of the themes.

Through this detailed analysis, it became apparent that the postmorbid group developed the coping skills of bereavement cognitive adaptation and bereavement restoration orientation earlier in their own marriages as cognitive adaptation and restoration orientation. More research is needed to determine if this hypothesis exists with larger sample sizes. The next and final chapter provides a discussion of conclusions and recommendations resulting from this study.

## CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

This study explored how wives in ambivalent marriages developed coping skills and how they used those coping skills following the loss of their spouses. The study examined 10 wives with orientation to accessible interesting cases. Because little research has been done to study the coping skills of wives and widows, the researcher used a diachronic process to examine how coping skills develop over time. The researcher examined developmental factors in each participant's marital context and used an ipsative-normative approach to scrutinize the process through analysis of the thoughts, emotions, and behaviors of the participants on multiple occasions. This study utilized an IPA model (Larkin et al., 2006; Smith, 2007) to inductively analyze how widows made sense of their experiences within the framework of the descriptions provided. Data sources were journal entries, premorbid interviews, friend interviews, and semistructured postmorbid interviews that were recorded, transcribed, and analyzed. The previous chapter itemized the findings of this investigation by explicating the development of coping skills for each individual case and then identifying, comparing, and contrasting three premorbid coping skills and three postmorbid coping skills.

This chapter discusses the significance of these findings relative to the research questions:

1. How do selected wives develop adaptive coping skills to deal with an ambivalent marriage?
2. How do selected widows use those learned coping skills to process their loss following an ambivalent marriage?

This discussion will ground these findings in the larger context of the literature. First, bereavement in general will be addressed through a discussion of absent grief and idealization. Next, bereavement following a difficult marriage will be discussed with a view to reduced grief and five perspectives or reasons why that may occur. An explanation of how this study's findings interacted with cognitive stress theory will follow, specifically addressing positive affect, positive reappraisal, and problem-focused coping. Then the relationship between bereavement theory and coping theory will be examined by looking at three methods of coping. Possible explanations for the relationship between premorbid findings and postmorbid findings will be put forth. Implications for marital and bereavement counseling are then explored, followed by a discussion of limitations and recommendations for future research. This chapter will close with a summary.

### **Significance: Engaging the Literature**

The findings of this study relate back to the findings of previous literature in several ways. Connections will be made in a deductively sequential four-part pattern: bereavement literature in general, variable responses of spouses following an ambivalent marriage, cognitive stress theory, and the relationship of bereavement theory to coping theory pertaining to the findings of this study.

### **Connections to Bereavement Literature in General**

Bereavement following a nurturing relationship can involve intense emotional pain and a lengthy period of mourning after losing a loved one. Considerable grief work and grief affect may be required before the widow is able to move forward with her life as a single person.

However, the bereavement experience may be vastly different if the marital relationship was not emotionally warm in nature. Two aspects of bereavement in general will be examined relative to the findings of the current study: absent grief and idealization of marital relationship.

**Absent grief.** Rather than viewing absent grief in bereavement as a form of denial or inhibition (Bowlby, 1980; Rando, 1993; Worden, 2009), an increasing body of empirical evidence suggests that preexisting resilience may result in a reduced form of grief (Bonanno et al., 2004) and positive emotional experiences (Bonanno & Keltner, 1997; Ong et al., 2010).

When her husband died, Helen's first response was, "Thank God." She knew her ordeal was over. She believed she had done her duty and had not neglected him in any way. Positive emotion appears to be legitimate adjustment, not pathological (Bonanno & Kaltman, 2001; Ong et al.).

Cathy was very much looking forward to a new beginning after her husband's death. She reflected, "So yeah, I'm happy. It's a new start to the last chapter of my life." Bonanno et al. (2004) indicated a relationship between preloss factors and optimistic outlook in the face of adversity. As Peggy reflected over 63 years of marriage, she concluded that her independence was what helped her endure: "I learned to be independent. I am glad because I would never be able to go through what I did if I was not independent." The findings of this study reflect earlier findings that absence of grief may indicate healthy resilience in the face of loss.

**Idealization of marital relationship.** Research relating to the sanctification bias in bereavement suggests that surviving spouses, despite marital quality, tend to idealize their estimation of their marital relationship. Retrospective assessments of marital happiness tend to enhance the nature of the bond (Futterman et al., 1990; Lopata, 1979; Parkes & Weiss, 1983). Selective recall becomes a consideration when studying marital quality, particularly following



loss of spouse (Fulton et al., 1996; Futterman et al.; Van Doorn et al., 1998). As a result, more recently, prospective research, particularly in the area of bereavement, seems preferable to retrospective measures (Bonanno & Kaltman, 1999; Futterman et al.; Parkes & Weiss) and more aptly mediates for this phenomenon. All of the participants of the current study indicated the use of positive appraisal not only of marital relationship, but also of orientation toward the future.

Sharon noticed a change in her thinking about her husband: “I have come to think more of the good times, the nice memories...when he wasn’t shielding himself from God knows what.” Helen believed the future would be better: “I think life from here on is going to be happy.” The idealization effect applies to bereavement following both nurturing and ambivalent marriages (Futterman et al., 1990). The researcher perceived this phenomenon as a major conciliatory factor when selecting the methodology used to design this study. In order to address this bias, it became imperative that data be collected prior to the death of the spouse. At the same time, the findings of this study expand upon that literature by demonstrating how widows use the sanctification effect to promote healthy bereavement.

### **Connections to Bereavement following an Ambivalent Marriage**

Two divergent views of bereavement following an ambivalent marriage exist in the literature. Psychoanalytic and attachment traditions predict that bereavement following a conflicted marriage will be complicated by guilt and loss of self-esteem (Bowlby, 1961, 1980; Freud, 1957/1917). Parkes and Weiss (1983) cited prolonged grief as typical following a difficult marriage, yet more recent prospective and experimental research suggests a more diminished form of grief (Bonanno et al., 2004; Carr & Boerner, 2009; Wortman & Silver, 1989).

Nine of the members of the current study indicated thinking and emotional affect in keeping with the findings of current prospective research. Maria wanted to “go for my doctorate...[and] make some good money.” Peggy was looking forward to getting out: “There are beading classes...sewing, wearable arts, they call it.” In contrast, however, Brenda’s bereavement was complicated by the guilt she experienced when her brain-injured husband died while under the care of others: “The events that led up to that particular day... I’m not quite sure how to deal with that.” Brenda’s bereavement may be complicated by the physically and medically dependent relationship that developed followed by thoughts that she “let him down when he needed [her].” The preponderance of data from the current study was consistent with a reduced grief hypothesis. The following is a discussion of five views (contextual approach, positive emotion and trait resilience, end of chronic stressor, personal resources, and active coping) espoused in the literature and identified in this study as to why bereavement following a difficult marriage may be characterized by diminished grief.

**Contextual approach.** The first explanation as to why reduced grief may occur following an ambivalent marriage was the perspective that an event is best viewed within the framework of the experience. Wheaton (1990) developed a model in which life transitions such as spousal loss may be viewed more as a product of the context of the individual preceding the loss than the event itself. The cessation of an ongoing stressor may be perceived as relief. The researcher asked Helen about her response when her husband died. She answered, “I felt relief that I wouldn’t be demeaned anymore, yelled at anymore.” The majority of the participants in the study expressed sentiments of release and liberation.

**Positive emotion and trait resilience.** The second perspective as to why reduced grief may characterize bereavement following a difficult marriage was positive emotion and trait

resilience. Preloss resilient traits such as positive emotion can provide conditions promoting postloss positive mood (Bonanno et al., 2004; Ong et al., 2010). For instance, Helen held on to her faith throughout her whole life. She said, “I felt that God will take care of me. And he has. He’s been there through everything.” Allie would often “try to really put up a good front.”

Findings of this study supported the idea that conditions for positive adjustment in widowhood may be ingrained in the individual before the loss occurs (Ong et al., 2010). Bonanno et al. (2004) found the greatest postmorbidity positive mood among those reporting the most conflicted marriages. In the current study, Cathy reported she was pleased when she viewed her future. Sharon was comfortable being single: “I don’t feel alone...I cook, I make myself dinner like I did when [my husband] was alive.” The findings of this study support the more recent empirical literature (Bonanno et al.; Ong et al.). Trait resilience can be a factor following loss of spouse, culminating in the outcome of relatively little grief in bereavement.

**End of chronic stressor.** A third perspective as to why a diminished form of grief may follow a difficult marriage is that it may represent the end of a recurrent strain. Wheaton (1990) espoused that the death of a spouse can represent the end of a chronic stressor rather than signify a stressor in itself. Helen was in high spirits when her husband passed: “He was controlling my whole life...[When he passed] I was not unhappy, but happy.” Debbie laughed as she stated, “I do not want to marry again.” Most participants stated they are surprised at how well they are doing. Peggy had a twinge of guilt about her newfound liberty: “I know it is terrible to say, but I am enjoying my freedom.” Bonanno et al. (2004) found those reporting improved mood were, in fact, doing well and not in need of clinical intervention. The realization that the primary stressor was no longer present carried with it a feeling of freedom, not anguish. The deductions of this study were consistent with these cited empirical findings.

**Personal resources.** The fourth explanation for reduced grief after an ambivalent marriage concerns personal resources. A considerable body of bereavement literature (Carr et al., 2000; Carr & Utz, 2002; Ha et al., 2006; Utz et al., 2011) indicated a connection between personal resources (income and good health) and emotional outcome in bereavement. Cathy endured her marriage for the promise of financial gain and found the fiscal burden lifted after her husband's death: "I'm doing better now that I know the house is sold and I put the deposit down on the rental apartment." Helen reported she was already experiencing the health benefits of the removal of her primary stressor. The findings of this study supported the relationship found in the literature between personal resources and bereavement competence.

**Active coping.** The fifth perspective clarifying why wives following ambivalent marriages may fare better in bereavement than their nurturing-marriage counterparts was through active coping. Wives who indicated competencies in daily tasks of household management generally experienced more beneficial modifications of changes due to loss of spouse (Utz et al., 2011). Peggy's household responsibilities increased when her husband started losing his memory. She remembered, "I had to do things on my own. Besides the independence before [his memory loss], I had to be more so." Maria, a long-term caregiver, made plans in bereavement to study to become a physician. Adaptations identified in this study indicate adjustments made during marriages were advantageous in bereavement.

When all of these women realized the ambivalent nature of their marriage and came to the conclusion they could not change their husbands, they determined to make the best of their marriages through the advancement of personal interests, acceptance, and exaggerated perceptions of control to provide a tolerable marriage. In bereavement, each found and even enjoyed self-determination at this juncture of life. Without exception, each widow identified

merit in the form of character development as an outcome of long-term persistence in a conflicted marriage.

### **Connections to Cognitive Stress Theory**

The study of coping calls for an illustrative, process-oriented approach in which the outcomes are subject to demands and constraints that are inherent in the context (Folkman, 2001; Lazarus, 2000, 2006). Simply stated, every circumstance is different and must be studied within its unique framework. In a given situation, primary and secondary appraisal occurs. Primary appraisal takes place as the individual determines personal significance of the event. Secondary appraisal involves the consideration and choice of one's options in the situation (Folkman; Lazarus, 1991, 1993, 2000, 2006). If the stressor is perceived as one that can be managed or altered, problem-focused coping may be used. However, if the stressor is perceived as one that cannot be managed or altered, emotion-focused coping may be used (Folkman; Lazarus, 1999b; Lazarus & Folkman, 1984). This section connects this study's findings with cognitive stress theory.

Coping in an ambivalent marriage helped Sharon learn to control her own emotions. She related, "I had to work on just getting away from being angry at his anger... I focused on all the positive things in my life and [his] too." Helen struggled with her husband's angry outbursts. She was not proud of the way she acquiesced. Helen evaluated herself: "I became a coward because he would yell so much. I thought it would be easier to give in than listen to him yell." Realizing the only emotions they had control over were their own, all of the participants discovered that they needed considerable emotion-focused coping in order to remain in their

troubled marriages. Three methods of coping will be examined here: positive affect, positive reappraisal, and problem-focused coping.

**Positive affect.** The first method of coping involves positive affect. Positive affect can serve as an adaptive function during chronic stress (Folkman & Moskowitz, 2000). It is conceivable that positive emotions can broaden the individual's behavioral catalog to build bio-psycho-social resources that can diminish strain in a chronically stressful situation (Frederickson, 1998; Lazarus et al., 1980). Although sometimes ineffective, Tania practiced self-affirmations as a way of dealing with chronic stress by creating positivity. She repeated, "I am grateful for all my blessings...for my health and the girls' health." One coping technique for most of the wives was finding pleasurable activities outside the home. Debbie went out with her friends after work to avoid the stresses at home. Pargament (1997) cited religious development as a result of adversity when positive affect was utilized. Allie and Ursula spoke of personal spiritual transformation as an outcome of adherence to biblical principles during times of stress. Positive affect rooted in meaning-based coping results in resilience in subsequent stressors (Epel et al., 1998; McEwen, 1998). Current study participants found vigor persisted when using positive affect.

**Positive reappraisal.** The second method of coping was positive reappraisal. Positive reappraisal involves the use of reframing a situation to see it in a positive light (Folkman, 2001). Additionally, positive reappraisal has been associated with improved positive affect at time of loss (Moskowitz et al., 1996). Sharon explained that early on she had been dependent, but then she said, "Then life taught me otherwise. So it can't be so bad." The majority of the postmorbidity interviews reflected a positive evaluation of the present. Debbie stated, "I do believe the hard

knocks of life have made me the woman I am today.” All of the widows became adept at constructive evaluation of their position: accepting it and making the best of a bad situation.

**Problem-focused coping.** The third method of coping was problem-focused coping. Problem-focused coping would seem appropriate for changeable aspects, whereas emotion-focused would seem appropriate for the unchangeable (Lazarus, 1993; Lazarus & Folkman, 1984). Folkman (2001) and Thompson et al. (1994) found that wives who have little control over their husbands achieve positive mood when they manage tasks over which they have power. Furthermore, effectiveness can be realized through the surrender of unrealistic goals for more pragmatic goals (Carver & Scheier, 1998; Lazarus & Folkman, 1984; Moskowitz et al., 1996). Feeling somewhat put off by their husbands led Peggy and Sharon to develop hobbies of their own. Sharon reflected, “So I like my life, my home; I have a lot of interests.” Helen found that when her husband became grumpy, they needed to stop what they were doing. When tension built in the relationship, the participants found one effective way to reduce the tension was to engage happily in their own personal activities.

Brenda anticipated her husband’s response to her particularly confrontational email and had a plan of escape. She told him, “I expect you to explode when you read this.... If the explosion occurs, I will take off for the day because I cannot go through another day of nastiness, ugly behavior, and all those things that go with it.” Tania learned to prepare ahead of time what she would say. She visualized the scenario. She related, “I rehearse sometimes what I might say before I say it.” Helen recognized one of her weaknesses as an inability to anticipate and prepare for her husband’s emotional outbursts, so she kept a diary, particularly of their trips, so she could discern what led up to the angry tirades. The participants learned to identify which sensitive issues to avoid and promoted positive affect in other matters. Consistent with cognitive stress

theory (Folkman, 2001; Lazarus, 1999b; Lazarus & Folkman, 1984), participants found means to cope when their options were severely limited.

### **Connections to Relationship between Bereavement and Coping Theory**

Subsequently, the connection between bereavement and coping theory will be examined as pertaining to this study. As this study narrows to the specifics of this deductive methodology, the findings explicate three adaptations. They include restoration orientation, proactive coping, and cognitive adaptation.

**Restoration orientation.** Most likely involving proactive thoughts and future orientation (Stroebe & Schut, 1999), individuals often employ restoration orientation when anticipating new challenges. As they became more aware that adjustment in bereavement would necessarily require their own adaptation, participants in this study found restoration orientation as a way to apply a positive attitude toward their newfound identity and to embrace what was good in their lives. Helen, as a member of an Overeaters Anonymous group, applied the group mantra to her current life: “Understand that I can only change myself not anyone else.”

Through months and years of trial and error, each wife indicated she identified behaviors that minimized conflict and maximized relationship. She learned that she could maintain respect for both her husband’s personhood and her own. She found that if she determined to overlook the insignificant sources of irritability, she could have a “good enough” marriage. In bereavement, then, wives found they had already acquired the tools to make the best of a future alone. Aspinwall and Taylor (1997) and Folkman (2001) discussed the applicability of restoration orientation as individuals tell their stories of recovery from loss. After a strained relationship with her daughter, Cathy was excited about a new beginning in a retirement



community close to where her daughter lived. She approached her daughter, “What can I do to make amends with you so that we can get back to being mother and daughter?” Cathy agreed to change her behavior saying, “Done, it’s over. I’m your mother; I don’t want to argue with you.” Cathy’s story illustrated this form of restorative thought and action.

**Proactive coping.** When individuals can anticipate a potential stressor, they are often able to act in advance to avert or inhibit the impact of the stressor (Aspinwall & Taylor, 1997). Peggy made plans about how to fill her time after her husband died. She enjoyed reading books and decided that would help her relax. She explained, “So, no, I’m all right. It clears my mind of everything. I can relax as long as it is a decent book, you know.” Peggy looked to reclaim an enjoyable activity: “I want to get back to knitting again. I was knitting hats for new babies at the hospital.... So I’m trying to keep busy.”

Cathy planned ahead by making arrangements for her future income with her husband’s life insurance money. She explained, “Most of what I’m going to do with it is I want to put it in an annuity...I don’t have long-term health insurance so that’s for my care when I get older.”

Maria reported that she had given a great deal of thought to her future finances, home, and education. She said, “I don’t have to say, ‘Well, I should’ve thought about this, and I should’ve thought about that.’ I’m going to get ready.” Using proactive coping, most participants indicated they had already made specific arrangements for their future.

**Cognitive adaptation.** Selective information processing or cognitive adaptation became a prevalent coping skill among the participant widows as they found creative ways to adapt to newfound situations. Alloy and Abramson (1988) and O’Rourke et al. (1996) found that such positive processing bias serves as an effective buffer to dysphoria. O’Rourke (2002) and Taylor

and et al. (2000) identified improved health outcomes as well as a perception of control with the use of cognitive adaptation.

Participants implemented cognitive adaptation to make meaning of the new challenges of bereavement. After a history of pressing forward despite formidable obstacles, it is not surprising that these widows readily moved forward toward the challenge of their new identity of singleness. Most had cultivated a strong sense of self. Ursula reported that her husband encouraged her to be independent and indicated in bereavement, "Now I feel I can do this." Stroebe et al. (1988) found that perceived control appeared to predict positive adjustment following loss of spouse. Adept at assigning meaning to life's situations, widows used cognitive adaptation to create new implications for their newly acquired position in life. Those persons exercising selective information processing have been found to more effectively cope with adversity (O'Rourke, 2002; Taylor et al., 2000). Bonanno and Keltner (1997) found that the surviving spouse has increased occasion to utilize selective information processing in contrast to spouses whose mates are still living. After discovering the reward of a positive can-do perspective, the widows in the study effectively applied this outlook to bereavement.

As a foundation for cognitive adaptation in bereavement, in the majority of cases, since her personhood was not inexorably attached to the marital relationship, each wife was able to make self-determining and self-regulating decisions about what she would and would not do in the relationship. Each one exercised a level of emotional detachment to stay in the difficult marriage without loss of personhood. Viewing herself as a person of value in other realms and relationships provided stability of value and self-esteem. This groundwork then supplied needed confidence as a resource during the bereavement that followed. The findings of this study were

consistent with the hypothesis relating cognitive adaptation to reported personal well-being and lack of emotional distress (O'Rourke, 2002).

### **Reflections on Findings Relative to the Literature**

This study raised two research questions:

1. How do selected widows develop adaptive coping skills to deal with an ambivalent marriage?
2. How do selected widows use those learned adaptive coping skills to process their loss following an ambivalent marriage?

These questions lead to other queries: How did participants develop coping skills? Why did these particular adaptations emerge? How do premorbid coping skills relate to postmorbid coping skills?

Bereavement literature in general indicates that absent grief and idealization of marital relationship may be present in bereavement. Prospective research shows that bereavement for widows following an ambivalent marriage may reflect diminished grief affect. The findings of this study indicating the use of cognitive adaptation, positive reappraisal, and restoration orientation reflect a reduced form of grief. The sanctification bias was apparent in this study. Idealization of the marital relationship actually became a means of positive reappraisal as widows processed their losses and a means of restoration orientation as they contemplated their futures.

Bereavement following an ambivalent marriage, according to more current prospective study, may contain less grief than bereavement following a nurturing marriage. Reduced grief may be explained by seeing loss as a product of the context of a difficult marriage (contextual

approach), by using preloss traits such as positive mood (positive emotion and trait resilience), by viewing loss as an end of a chronic stressor (end of chronic stressor), by considering adequacies of available resources (personal resources), and by taking into account one's competencies to manage life as a single person (active coping). Narratives of this study reflect the use of all five of these perspectives resulting in reduced grief.

Cognitive stress theory (Folkman, 2001; Lazarus, 1999b; Lazarus & Folkman, 1984) indicates that an individual chooses an option for coping after primary appraisal (personal significance of the event) and secondary appraisal (consideration of one's options) have taken place. Using a process-oriented (appraisal, coping, emotion) approach to the study of coping, multiple events were recorded in this study reflecting positive affect, positive reappraisal, and problem-focused coping. If participants perceived the stressor as one that could be altered, they often chose problem-focused coping. If the stressor was considered to be unchangeable, the participants chose emotion-focused coping (positive affect and positive reappraisal). Participants became adept at their own emotional control.

Finally, the researcher examined bereavement and coping theory in light of the findings of this study. The study recorded not only multiple premorbid events, but multiple postmorbid events which were analyzed with a view to this ipsative-normative approach to the study of coping skills and widow grief. Findings included illustrations of positive affect at time of loss (restoration orientation), plans for an active and fulfilling future (proactive coping), and confidence in one's own abilities to manage the challenges of the future (cognitive adaptation).

## Conclusions

No new bride can imagine that her marriage could one day become dissatisfying. Other couples may grow weary with each other, but not her and her sweetheart. However, in time, the reality sets in that marriage is work. Some marriages improve if both partners are committed to serving one another. However, other marriages survive because one spouse is willing to adapt and make it the best marriage possible. Early on in marriage, these 10 participants realized that for their marriage to be livable, they would have to change. The study of how these 10 adapted and survived is the subject of this research. After years of attempting to talk through their problems, these women came to the conclusion that their husbands were not going to change. At that point they made a commitment to the marriage, followed by numerous additional commitments as the years passed. Each wife learned that although she could not change her husband, she could adapt and even learn to accept his negative characteristics, seeing him as a compilation of both agreeable and disagreeable aspects. Most concluded that although they were not able to find emotional warmth in their marriages, they were able to find emotional independence through the development of their own personhood. The longer the relationship endured, the stronger the commitment to the marriage became. What was invested was not to be wasted.

The values criterion for an acceptable coping skill included personal values such as respect and commitment to the marriage. Highly developed cognitive adaptation was not apparent early in most of the marriages, including the cases of previous marriages. Participants used various approaches to problem solving through trial and error to address conflicts early in marriage. It was after problem-focused coping failed to provide resolution that wives sought out more effective tools to promote healthy relationship. Wives in the study became proficient at

coping skills such as cognitive adaptation and restoration orientation that lead to character development and acceptance of what they could not change. They cultivated personal autonomy and found security and significance in places other than the marital dyad. All developed advanced coping skills through the challenges of a conflicted marriage.

After building an arsenal of coping skills, most widows found they were uniquely fortified for the season of bereavement. All of the widows in the study mentioned they felt they were exceptionally equipped to meet the challenges of bereavement. Confidence and optimism emerged as each participant widow considered the journey ahead. This discussion included why these coping skills emerged, how they related to each other, and how they assisted in healthy bereavement.

The purpose of this study was to answer two research questions:

1. How do selected widows develop adaptive coping skills to deal with an ambivalent marriage?
2. How do selected widows use those learned adaptive coping skills to process their loss following an ambivalent marriage?

This researcher identified the three major premorbid coping skills as cognitive adaptation, problem-focused coping, and restoration orientation. These became foundational for postmorbid coping skills, observed as cognitive adaptation, positive reappraisal, and restoration orientation.

Relationships existed between premorbid and postmorbid coping skills. Through deep-seated values, commitment, emotional control, respect, and creativity, these 10 participants found that they were adequately prepared for the challenges of bereavement. The emergent bereavement coping skills reflect creative and positive approaches to making meaning and problem solving. These courageous ladies built lives for themselves apart from their marriages.

They were strong, resourceful, resilient women who learned that it took more strength to stay than to leave. Because they cultivated creativity in problem solving and cognitive adaptability in order to deal with marriage, they found a harvest of bravery in bereavement. They came to recognize their own self-empowerment to approach life's challenges and built confidence. They had ample opportunity to rework demanding situations and learned they could persevere through anything.

These adaptations then assisted in healthy bereavement. In contrast to bereavement following nurturing marriages in which widows grieve the warm relationships that no longer exist, the widows who were part of an ambivalent marriage may grieve the tenderheartedness that never was, but they are readily able to set their sights on the future, accepting the loss.

Little speculation was required to make connections between premorbid coping and postmorbid coping. The relationship was apparent as the widows cited the link between how they had learned to deal with hardship and how it had uniquely prepared them for being single. Most cited the independence they had developed during marriage as a primary asset in bereavement.

### **Implications for Clients**

Research in the area of grief following an ambivalent marriage indicates that an atypical grief pattern may be normal for these clients (Bonanno et al., 2004; Carr, 2006, 2008; Carr et al., 2000; Carr & Boerner, 2009; Wheaton, 1990). These widows may think that their grief experience is inappropriate because their reactions are not similar to other widows (Bonanno et al.; Wheaton). In a counseling situation, such unusual responses may be validated and incorporated in therapy to promote healthy bereavement.

Widows who have been part of a conflicted marriage may report they are amazed at how well they are doing (Bonanno et al., 2004). A bereavement client may experience not only an absence of negative (grief) affect but also unexpected positive emotion (Bonanno & Keltner, 1997; Ong et al., 2010) indicating genuine adjustment (Bonanno & Kaltman, 2001; Ong et al.). How individuals retained well-being during incremental losses (i.e., positive emotion) can indicate how one may deal with spousal loss (Folkman, 2001; Wortman & Boerner, 2007). Validation and normalization of bereavement experience characterized by optimism and restoration orientation may typify bereavement counseling following an ambivalent marriage.

Earlier studies indicated that individuals who develop coping skills in chronically aversive situations may acquire an expansive repertoire of coping skills from which to draw in unforeseen and novel situations (Folkman, 1997; Lazarus, 1993). Using selective information processing (Bonanno & Keltner, 1997), participants from this study were able to identify a relationship between the challenges of their marriages and their own well-being in bereavement. The phenomenon of idealization or sanctification bias in bereavement (Futterman et al., 1990; Parkes & Weiss, 1983) can become an asset as the widow reframes the past and the future with a positive bias. In counseling, widows may be asked to recall how their husbands inadvertently promoted their character development. For example, Sharon, from the perspective of bereavement, viewed her difficult marital relationship as a “gift.” She saw that her conflicted marriage actually made her a more independent person and uniquely prepared her for the challenges of singlehood.

Participants in this study connected their strength in bereavement with character development in marriage. Identifying and integrating previously learned survivor coping skills is a commonly used counseling technique. This serves as a foundation for the development of



additional coping skills in bereavement (Rando, 1984). Counselors can assist clients to not only recall adaptive coping skills but also to build on them. In the counseling dyad, therapists may find therapeutic value as they prompt widows to identify coping skills and strengths developed during marriage.

In contrast to Horowitz (1990), who suggested that absent grief may reflect developmental immaturity in adult relationships, the findings of this study indicate increased interest in the expansion of new and continuing mature relationships. The participants of this study demonstrated advanced skills in new and continuing interpersonal relationships and cited substantive emotional support from those relationships. Absent grief as an indicator in bereavement should not be viewed as pathological but rather as resilience in the face of adversity (Bonanno et al., 2004). Individuals may be confused by their lack of sadness or yearning in bereavement. Counselors may normalize the client's experience and commend and encourage them in their bereavement journey. The findings of this study provide an alternative explanation for absent grief, which is a normal and expected outcome following an ambivalent marriage.

Perceived competence is also related to diminished levels of grief (Utz et al., 2011). Most participants indicated that their adaptations to their difficult marriages promoted autonomy and personal aptitude. In counseling, widows can be directed toward use of the capabilities they developed during the course of their marriages. Imperative in treatment is the counselor's ability to identify and communicate the client's sources of strength back to the client.

Hesitancy in decision making is a typical response in bereavement. Following a relationship in which the husband may have dominated decision making, widows are often reluctant to make choices. In the case of widows following an ambivalent marriage, participants

of this study discovered they had already done much of the groundwork for making independent assessments and judgments. Assistance may be provided by the counselor in confidence building through a discussion of guidelines for decision making. Strategies may include asking what the husband would have done, formulating judgment, and then proposing the idea to a trusted friend for feedback and praying for divine guidance.

These findings can impact the existing models for grief treatment by identifying advanced coping skills such as cognitive adaptation (O'Rourke, 2004; Stroebe et al., 1988), positive reappraisal (Moskowitz et al., 1996), and restoration orientation (Stroebe & Schut, 1999) as normal and indicative of bereavement following an ambivalent marriage. The relating of one's story, including one's restoration orientation throughout the marriage and into bereavement, may provide additional resources from which the client may draw vigor (Aspinwall & Taylor, 1997; Folkman, 2001). Resilience, even optimism may typify this type of journey into singleness.

A bereavement support group may provide an additional forum for the discussion of alternative wholesome patterns that may be appropriate in bereavement. Even though group members may be told each person's bereavement journey is distinctively individual, there is a tendency to normalize one's own experience and pathologize a contrasting experience. Such discussion can promote broader understanding of the process of loss (Bonanno et al., 2004; Carr & Boerner, 2009; Carr et al., 2000) for all group members.

One of the purposes of this study was not only to identify which coping skills participant wives used to endure difficult marriages but also to illustrate how they were developed. These participants have been given a voice to communicate to others how a person can adapt within ongoing adversity. From their struggles and perseverance others can learn that individuals can

stay in a difficult marriage and grow stronger as an outcome of the hardship. This study can add to the literature not only by offering hope but also by citing coping techniques for use in marital and personal counseling.

### **Limitations and Recommendations for Further Research**

As with any research, this study had limitations that must be recognized and taken into consideration when evaluating its findings. These limitations, however, may not necessarily be considered negative, but rather they can point to further research that can be built on these findings. This section deals with some of these limitations and indicates recommendations for future research emerging from this study.

Due to the nature of journaling and semistructured interviews, a broad range of issues emerged. Additional study may focus on several of the more noteworthy findings and develop a more structured approach so that all the participants address those topics. Questions could be formulated to gather more information about primary factors that contributed to the development of coping skills. Additional study could also include a more detailed examination of the personal values that wives incorporated in developing coping skills during an ambivalent marriage. The collection of additional demographic data that may result in new levels of understanding of this bereavement phenomenon may include spousal occupation and how early in the marriage the ambivalence became apparent.

Another limitation of this study was relatively sparse premorbid data from two of the participants. Since idealization is a mediating factor to the perspective of the spouse in bereavement, additional premorbid data would provide a more inclusive picture of the wives' marital journey.

Difficulty in obtaining participants was an additional limitation of the study. A number of women initially agreed to participate and even signed the informed consent form but later withdrew saying, "I just don't want to go there," implying they did not want to recall their painful memories. Those stories remain untold. In this study, due to the limited time constraint for data collection, the researcher selected participants whose husbands were already diagnosed as having 6 months or less to live. This may have impacted the findings of the study.

The intent of this study was to gain rich understanding of the lived experiences of 10 wives in ambivalent marriages who experienced the death of their husbands. The researcher emphasized the positive coping skills or adaptations that were effective. In subsequent studies, these findings can be operationalized and studied quantitatively to see if these common factors indicate the broader experience of larger numbers of women. For example, the coding legend could be used as a template for questions so that answers could concisely address these specific areas.

Future research including the experiences of wives from more diverse cultural backgrounds and multiple sessions with the participant prior to the death of the spouse may offer added insights. Additionally, it would be meaningful to study the suffering of the self that occurred within each participant in conjunction with the development of positive coping skills. Another study could be developed recounting the stories of husbands who were in ambivalent marriages, examining how they coped and how they fared in bereavement. Due to gender differences in bereavement, this study focused exclusively on the wives. Long-term prospective study might examine the personal experiences of both partners in an ambivalent marriage. Finally, more research is needed to understand how individuals develop coping skills; this would provide marriage counselors with additional tools for helping spouses in difficult marriages.

### **Relocating the Researcher in Light of the Findings**

As a bereavement counselor, I have provided bereavement support to large numbers of women whose husbands have died. Most widows who have been part of an ambivalent marriage do not seek bereavement counseling. But if one does, she may be motivated by her curiosity about her experience. She may wonder if her thoughts and emotions are normal. In most situations, these women do well in bereavement because they are relieved of a major stressor. The most typical scenario for these widows involves one counseling session in which they relate their story and request confirmation that their response to loss is appropriate, healthy, and acceptable. Once their emotions are validated, they are relieved and move through bereavement with confidence.

On a more personal note, my desire to study the “yet to come” started when I was 16 years old. As a teenager, young adult, middle-aged adult, and even a senior adult, I have always been interested in talking with older women, inquiring about the choices they have valued and those they have regretted. This study has satisfied my desire to equip myself for what may be ahead. Additionally, my spirituality has been an important factor in this longing to prepare for the future. Like the wives who agreed to participate in this study in hopes of helping other women, my desire is that others will benefit from what I have learned through the disappointments I personally have experienced. The women in this study tell stories that offer hopefulness, and I am grateful to convey those stories and that hope.

### **Chapter Summary**

This chapter sought to provide the significance of the findings from this study as they related to the research questions about how participants developed and used coping skills within an ambivalent marriage and subsequently used them following spousal loss. This was achieved through grounding these findings in current research related to bereavement theory and through connecting these findings to coping theory that has been corroborated by this research. Earlier findings supported by the current study included absent grief and idealization. Next, this chapter included five perspectives on why reduced grief may occur. Three applications of cognitive stress theory were noted: positive affect, positive reappraisal, and problem-focused coping. Additionally, the examination of three methods of coping explained the relationship between bereavement theory and coping theory. After making these connections, this chapter provided implications for clients and then limitations and recommendations for future research. Finally, the researcher shared how this study has impacted her counseling practice and her personal life.

### **Final Summary**

This study originated with an aspiration to comprehend the bereavement outcome for widows following an ambivalent marriage. The journey began by providing the rationale for this study through explaining its purpose, parameters, and significance. Then the researcher described why this study and its focus provided interest. Chapter Two provided a literature review that pointed to the necessity of this research within the existing research pool. Research exploration included studies relating to bereavement in general, bereavement following an ambivalent marriage, coping skills, and bereavement and coping theory.

Chapter Three detailed the case study research design, explaining all the aspects of procedure. The subject of the study was the experience of 10 widows before and after losing their spouses. The object of the study was coping theory. The researcher provided the methods used to determine participant selection followed by a thorough explanation of the data collection and analysis procedures. This was followed by a description of the ethical considerations and trustworthiness techniques employed throughout the study.

Following approval by the IRB and with disciplined rigor for research methods delineated in Chapter Three, the researcher contacted and screened participants according to stated protocol. Participants received a thorough explanation of the research and they signed informed consent forms. Wives provided premorbid data through either researcher interviews or journaling. Wives were informed that when their husbands died, they would be contacted 4 to 8 weeks thereafter for an audio-recorded interview. The researcher followed participants through phone conversations and hospice documentation. Participants were scheduled for postmorbid interviews as they met criteria. To provide triangulation, the researcher interviewed friends with knowledge of participants' marriages. The researcher then transcribed and analyzed interviews. As the data was individually collected and transcribed, it was read with a view as to how each participant made meaning of her marriage and bereavement. At the completion of all the interviews, the researcher identified coping skills in light of the literature reviewed and coded according to participant, coping skills, and bereavement coping skills. The researcher then examined premorbid coping skills made by all 10 participants. Next, the researcher focused on postmorbid coping skills of all widows and noted themes within identified coping skills.

Chapter Four detailed each participant's experience, painting a picture on her individual canvas and the colors she used. Next, the researcher defined and illustrated three primary coping

skills: cognitive adaptation, problem-focused coping, and restoration orientation. After that, the researcher explained three key bereavement coping skills: cognitive adaptation, positive reappraisal, and restoration orientation. The researcher made a connection between premorbid and postmorbid coping skills. The researcher addressed Research Question One through exposition of premorbid coping skills and Research Question Two through examination of postmorbid coping skills. Although each widow represented a unique story of adaptation, common themes existed among the majority of the participants. Findings illustrated similar coping skills that were developed, found useful, and maintained in bereavement.

Chapter Five brought the study full circle by relating the findings of this study with the existing literature and creating connections with the themes in bereavement and stress theory research. This study provided rich narratives of courageous women who persevered in the face of adversity. Although the experiences were diverse, most were consistent with the indications of prospective bereavement research. Next, Chapter Five included implications for clients and limitations and recommendations for future research. In conclusion, it is the desire of this researcher that these findings will serve as a source of encouragement to clients and therapists alike, as well as provide impetus for continuing research in the areas of coping skills, marriage, and bereavement.



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## APPENDIX A: Informed Consent

### CONSENT FORM

#### Widow Grief Following an Ambivalent Marriage

Rachel A. Schmitz

Liberty University

Department of Counseling

You are invited to be in a research study of widow grief following an ambivalent marriage. You were selected as a possible participant because of your history. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Rachel A. Schmitz.

#### **Background Information:**

The purpose of this study is to understand and further the research knowledge base on this subject.

#### **Procedures:**

If you agree to be in this study, we would ask you to do the following things:

- Sign this form after asking any questions you may have.
- Journal significant encounters with your husband as they occur. Include your subjective responses to each event (primary participant).
- Participate in a sixty minute interview which will be audio-taped and transcribed (primary participant).
- Participate in a thirty minute interview which will be audio-taped and transcribed (secondary participant friend or family member)
- Be available for follow-up questions if needed for the purposes of clarifying data.

#### **Risks and Benefits of Being in the Study:**

The study has several risks:

The risks of participation in this study may include discomfort in reviewing and sharing aspects of your history that may be uncomfortable to share. It may feel awkward to share your history with me, a stranger. You may feel a sense of sadness or exposure. You are giving of your time, your emotional resources, and your priceless experience and this giving can exact from you an emotional cost.

The steps taken to minimize those risks include my efforts to make you as comfortable sharing with me as possible, your thoughtful preparatory outline writing prior to audio-taped personal interview, the confidentiality practices listed below, your informed consent, the availability of debriefing with me or another therapist, and the ability to revoke your participation at any time.

The benefits to participation include knowing that sharing your story may help others, furthering the knowledge base for researchers and clinicians and your own personal growth through processing your coping skills in bereavement.

**Compensation:**

No monetary compensation will be provided to participants.

**Confidentiality:**

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only the researcher will have access to the records.

All journal entries and transcribed and audio-taped data will be coded in such a way that your identity is protected. The audio-taped data will be immediately erased after the transcription is complete, and journals and all transcribed data will be destroyed after three years of the study's completion. Until that time data will be stored in the office of the researcher in coded fashion and inaccessible to outsiders.

**Voluntary Nature of the Study:**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Cornerstone Hospice. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**How to Withdraw from the Study:**

If you decide to withdraw from the study, please contact the researcher, Rachel A. Schmitz, by telephone (352-223-5359) or email (raschmitz85@yahoo.com). Any data retained by the researcher (journal, audio recording) will be shredded/erased to protect your confidentiality.

**Contacts and Questions:**

The researcher conducting this study is Rachel A. Schmitz. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact me at 352-223-5359 or raschmitz85@yahoo.com.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, Dr. Fernando Garzon, Chair, 1971 University Blvd, Suite 1837, Lynchburg, VA 24515 or email at fgarzon@liberty.edu.

*You will be given a copy of this information to keep for your records.*

**Statement of Consent:**

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

- I consent to an audio-recording of my interview with the researcher.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**IRB Code Numbers:** 1503

**IRB Expiration Date:** 2014



## APPENDIX B: Interview Protocol

Project Title: *A 10-Case Study of Widow Grief Following an Ambivalent Marriage*

Rachel A. Schmitz, Principal Investigator

Liberty University

1. Contact potential participant by telephone and explore interest level and appropriateness of candidate by asking screening questions:
  - Determine if candidate has been married at least 10 years to a man who has been diagnosed as having less than 6 months to live.
  - Determine if candidate considers her marriage to have been difficult or ambivalent.
  - Determine if candidate is between the age of 40 and 80.
2. Provide (via mail or personal meeting) a description of the study and the consent form to volunteers who meet the screening criteria for participation in the study.
  - Receive back consent form signed by participant.
  - Answer any questions participants may have about the study and their participation in it.
  - Provide participant with small notebook with instructions for journaling.
  - Request name and contact information of friend or family member that may be willing to provide additional information about the participant and her marital relationship.
3. When investigator has been notified that the spouse has died, bereavement call offering condolences will be made and counseling offered, if needed.
  - Arrangements will be made in the next 4-12 weeks to schedule an interview. Widow will be asked to prepare notes in anticipation of the interview.
  - Widow will be asked to bring journal to interview.
4. During the 60-minute audio-taped interview, participant will be asked (with use of notes) to discuss how she has coped since her husband died.
  - Receive verbal consent for participant to review the transcription of the interview in order for the participant to check for accuracy and expand on contents, if indicated, and for other clarifying contact, if needed, during data processing.
  - Communicate researcher availability to answer any further questions and to respond to any emotional/psychological needs that may arise in the course of bereavement or as a result of participation in this study.

**APPENDIX C: Demographic Survey**

In the interest of providing accurate demographic information for this research study, please respond to the following six questions:

1. Ethnicity (circle one) African-American Hispanic White

2. How long have you been married? \_\_\_\_\_years

3. Is this your first marriage? Yes or No  
If no, state which marriage this is \_\_\_\_\_

4. Have you had any children with this husband? Yes or No  
If yes, how many? \_\_\_\_\_

5. Have you experienced any kind of abuse in this marriage?  
Circle any that are appropriate:

Physical Emotional Verbal

Please briefly describe the abuse \_\_\_\_\_

\_\_\_\_\_

6. How old are you? \_\_\_\_\_years

## APPENDIX D: Coding Legend

### Coding Legend/Schema

1. Motivation for staying in marriage
  - a. MOT1 Commitment
  - b. MOT 2 Children
  - c. MOT 3 Finances
  - d. MOT 4 Companionship
2. Personal values that inform interaction
  - a. V1 Commitment
  - b. V2 Ensuring future peace of mind
  - c. V3 Respect for spouse
  - d. V4 Personal independence (ability to distance from emotions)
  - e. V5 Being a good example
  - f. V6 Standards of spirituality
3. Premorbid coping skills
  - a. CS1 Positive affect
  - b. CS2 Positive reappraisal
  - c. CS3 Problem-focused coping
  - d. CS4 Proactive coping
  - e. CS5 Restoration orientation
  - f. CS6 Cognitive adaptation
4. Bereavement coping skills
  - a. BCS1 Positive affect
  - b. BCS2 Positive reappraisal
  - c. BCS3 Problem-focused coping
  - d. BCS4 Proactive coping
  - e. BCS5 Restoration orientation
  - f. BCS6 Cognitive adaptation
5. Bereavement responses
  - a. BR1 Absence of yearning
  - b. BR2 Absence of guilt
  - c. BR3 Relief
  - d. BR4 Absence of despair
  - e. BR5 Character development
  - f. BR6 Continued connection
  - g. BR7 Acceptance
  - h. BR8 Positive future orientation
  - i. BR9 Activity
  - j. BR10 Initiate family/friend relationship
  - k. BR11 Grieving what now will never be
  - l. BR12 Rapid development of independence
  - m. BR13 Regret (acceptance of blame)