

CHAPTER 9

When the Unexpected Happens: Husbands Coping With the Deaths of Their Wives

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Most husbands do not outlive their wives. The 1990 Census of the United States reveals that while nearly 49 percent of women are widowed after age sixty-five only 14 percent of the men are widowed. After age eighty-five the rates of widowhood increase for both men and women. About 80 percent of these women are widows compared with 43 percent of the men [1]. Men may not know these exact statistics but their life experiences remind them that it would be unusual or unexpected if their wives were to die before them. Statistical odds do not operate like rules in our lives. No one can be guaranteed that death will occur at a particular time or in a specific way. A seventy-nine-year-old man in one of our research studies on spousal bereavement described the surprise he felt when his wife died unexpectedly. "I just can't believe this happened. My wife was healthy. She was strong. She took me to the emergency room three times in six months last year. I almost died twice. All of a sudden she has a heart attack and she's dead. I'm here and she's gone. This is crazy. Nobody thought I'd be the one to live the longest."

The focus of this chapter is on the ways in which men, particularly those in mid and later life, cope with the deaths of their spouses. We have learned a great deal from research on bereavement over the past twenty years but we know much less about older adults, especially men. Widows are more available and we have assumed that they are more willing to participate in research because we also believe that they are quite willing to discuss the personal and sensitive issues

related to grief. Conversely, widowers are fewer in number and we expect men to be less interested in talking about their grief and even unable to express themselves. These factors contributed to the avoidance of including bereaved men in research studies.

During the 1980s our multidisciplinary research team at the University of Utah Gerontology Center conducted two studies which examined spousal bereavement among mid- and later-life adults. We were among some of the earliest researchers to study both men and women in the same projects. These studies will be mentioned later in more detail in this chapter but it is quite important to point out that the acceptance and full participation rates were similar for both men and women. The first study was a two-year longitudinal project with six interview/data collection periods involving significant amounts of time discussing or reviewing very sensitive and personal experiences. The second study, also two years in length, required participants to complete four detailed and sensitive questionnaires, and, for most subjects, to attend support group meetings for either two months or an entire year. The fact that widowers and widows had similar participation rates in these studies shows that some of our generally accepted beliefs about men not being willing to be expressive about their grief might be over-exaggerated.

Although some researchers have concluded that men and women differ in their grief responses in widowhood [2-4], the data from our two studies reveals far more similarities than differences. While men may be less likely to cry or cry less intensely than women, the widows in our studies shared similar difficulties with loneliness, depression, and nearly all psychosocial adjustments associated with bereavement [4]. We also found similarities between bereaved men and women with respect to their health and perceived stress levels and coping abilities overtime. One primary difference, however, was identified in our intervention study. Both men and women reported that loneliness was their single greatest difficulty during the first two years of bereavement and that completing the tasks of daily living was their second most difficult problem. The difference emerged in their specific tasks of daily life. As expected, these bereaved widowers age fifty and over were having great difficulty in shopping, preparing meals, and managing the household. The widows expressed having major problems doing home repairs, managing financial and legal matters, and taking care of their automobiles [5].

We also found that the bereaved men and women had similar predictors of what appeared to help them during their adjustments. Men and women who were highly competent in performing the diverse

tasks of daily living, had relatively high self-esteem, and had opportunities to express themselves with others were coping much better than those who lacked these three factors [6]. Apparently, learning to be more competent in managing the new challenges of living in an "uncoupled" lifestyle helps to build more positive self-esteem and, in turn, helps in the bereavement adjustment process [5]. We concluded from these studies that while other people can be helpful to grieving widows and widowers, it is much more important to have a well developed set of internal coping resources to rely on. These internal resources include pride and confidence in oneself because they provide the motivation needed to cope with very stressful life experiences. When people feel that they are not deserving of a good life or that it simply does not matter if they feel miserable, they will not manage their grief very well. Conversely, when someone has always taken pride in his/her daily life and now finds himself in a terrible situation, they are more likely to engage in a course of action that will be helpful in managing their grief.

It is not the purpose of this chapter, however, to compare men and women in their grief experiences because we have already done so in several publications [4, 7-9] and authors of other chapters in this book also report on gender comparisons. It is interesting to note that although we published one of our first articles from these studies on a comparison of men and women, we followed much the same bias against examining men that was evident in early research by completing a detailed analysis of the widows bereavement adjustments [10] and not doing the same for men. This chapter helps fill that gap because we are now providing a much closer examination of the men who survived the deaths of their wives. More specifically, this chapter presents a descriptive analysis of the psychosocial adjustments and outcomes of bereaved husbands age fifty and over. Special attention is directed toward comparing men of different ages to determine whether or not their experiences are influenced by age.

Widowed men in their fifties may differ from men in their seventies and eighties because they are more likely to be employed full-time, have children at home, and be active participants in larger social networks. Married men in their seventies and eighties are more likely to be retired, spending increasing amounts of time with their wives, and have relatively smaller social networks. One situation is not necessarily better than another when widowhood strikes but we know very little about how these situations might impact the course of grief. Our research studies included men who ranged in age from fifty to ninety-three so these comparisons were possible.

METHODS

The data presented in this chapter are from the two federally-funded studies mentioned earlier that we conducted on spousal bereavement in later life. The first study was a longitudinal descriptive study in which recently bereaved older spouses were followed over a two-year period. The purpose of the second study was to examine the effectiveness of self-help groups for a similar sample of older widows and widowers. Two main common features of the design of the two studies were that each consisted of bereaved spouses aged fifty years and older who were identified through newspaper obituaries and both studies examined similar aspects of adaptation. Although the methodology for both studies are discussed in greater detail in numerous reports, a brief overview is presented below.

All potential bereaved participants in the first longitudinal descriptive study were randomly assigned to either a home interview group ($N = 104$) or a mailed questionnaire group ($N = 88$) in order to test for an interviewer effect. No such effect was detected so the two groups were combined to form one bereaved sample ($N = 192$) [11]. Nonbereaved older adults who were currently married ($N = 104$) were identified through public voter registry records and were selected on the basis of age, gender, and socioeconomic status. In order to minimize the number of matches needed, a nonbereaved person was selected for each of the 104 bereaved respondents in the home interview group. Twenty-six percent of the bereaved respondents and 27 percent of the nonbereaved sample were men.

The 192 bereaved respondents either were interviewed or completed self-administered mailed questionnaires at three to four weeks, two months, six months, one year, eighteen months, and two years after their spouses' deaths. The 104 nonbereaved controls completed self-administered questionnaires according to the same schedule. The first two questionnaires for both the nonbereaved participants and the bereaved in the mail-questionnaire group were delivered by a research assistant but they completed them on their own and returned them by mail.

In addition to assessing the impact of self-help groups on a variety of bereavement outcomes, the intervention study also focused on the roles of group leadership and treatment duration by comparing those self-help groups led by widows versus professionals and short-term versus long-term formats. All groups met weekly for two months but the long-term groups continued to meet once a month for an additional ten months. Three hundred and thirty-nine recently bereaved spouses initially agreed to participate (241 were assigned to one of the

intervention conditions and 98 were assigned to a control group). Men comprised 28 percent of the study sample.

All data were collected through self-administered questionnaires over four time points. The baseline measurement took place at two to three months after the death; the second measurement was obtained immediately after the completion of the eight weekly self-help meetings (roughly 4-8 months of bereavement); and the third followed the completion of the monthly long-term group meetings (approximately 14-17 months of bereavement). The fourth and final questionnaire was completed at two years following the death. The controls were assessed at the same four time periods but received no intervention.

A variety of bereavement adjustment measures as well as socio-demographic and other background information were obtained in both studies and are described elsewhere. Reported in this chapter, however, are measures of depression (first study), unresolved grief (second study), and perceived coping ability (both studies). In the first longitudinal descriptive study, depression was measured using the Zung Depression Scale [12] which consists of twenty Likert-type items that are summed for a total ranging from 20 to 80. A score above 48 for older populations is considered to be within the range for clinical depression, a higher score indicating a greater presence of depressive symptoms [13].

Unresolved grief, an indicator of adjustment we used in the self-help group study was measured using the Texas Revised Inventory of Grief (TRIG) [14]. This scale consists of thirteen Likert-type items that when summed, can range from 13 (low) to 65 (high). Also reported in this chapter is the measure of perceived coping ability used in both larger studies. This is a single-item indicator in which the bereaved were asked "How well do you feel you have coped with (the death of your spouse?)" on a scale of 1 (not well at all) to 7 (very well). The non-bereaved in the first study were similarly asked, "How well do you feel you would cope with (the death of your spouse?)" using the same 1-7 scale [15, 16].

RESULTS

Figures 1 and 2 present the changes in mean depression and perceived coping scores, respectively, for the men who participated in the first longitudinal study we conducted. The trajectories presented in each of the figures represent a different age group: fifty to fifty-nine years, sixty to sixty-nine years, seventy to seventy-nine years, and those eighty years and older.

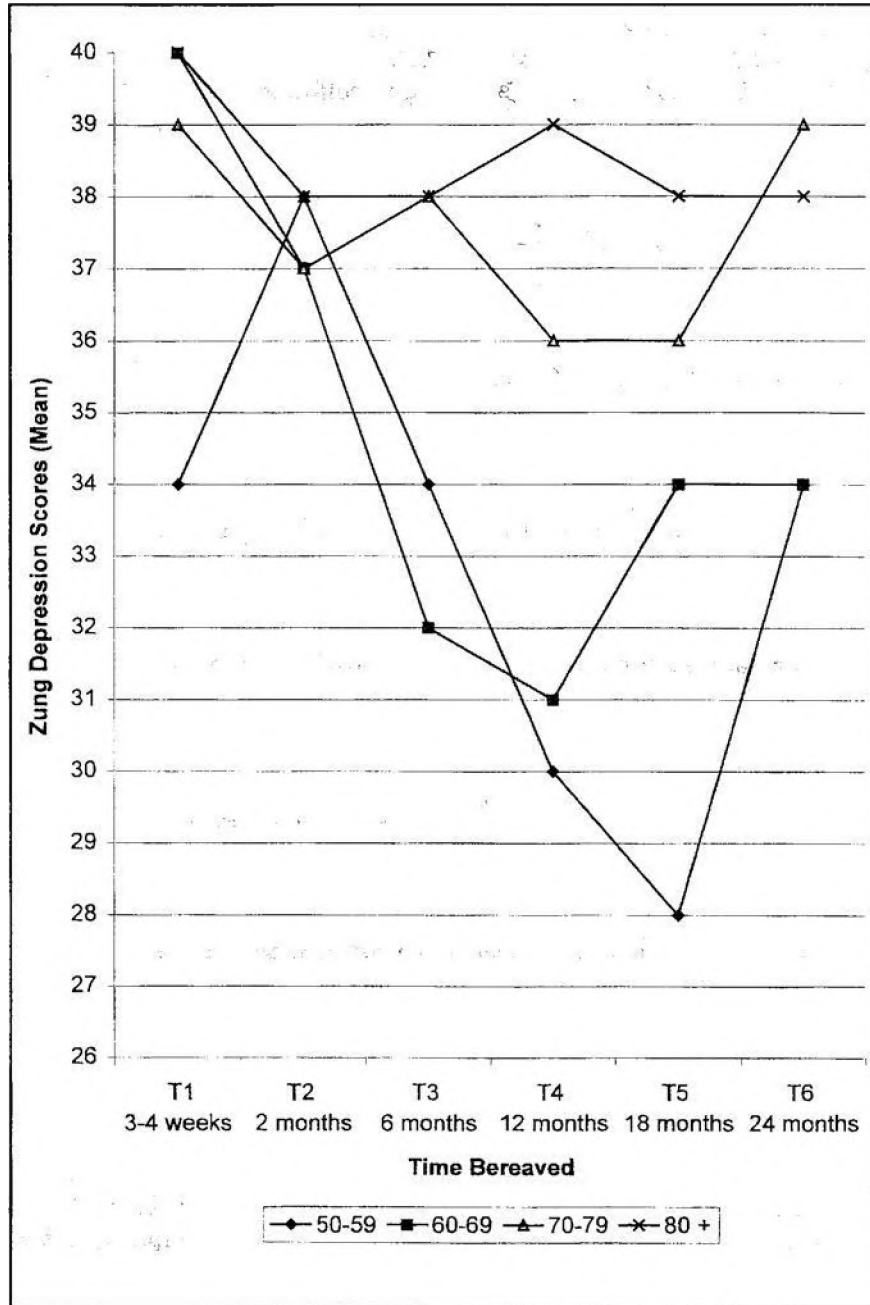


Figure 1. Depression levels of bereaved men over two years ($n = 47$).

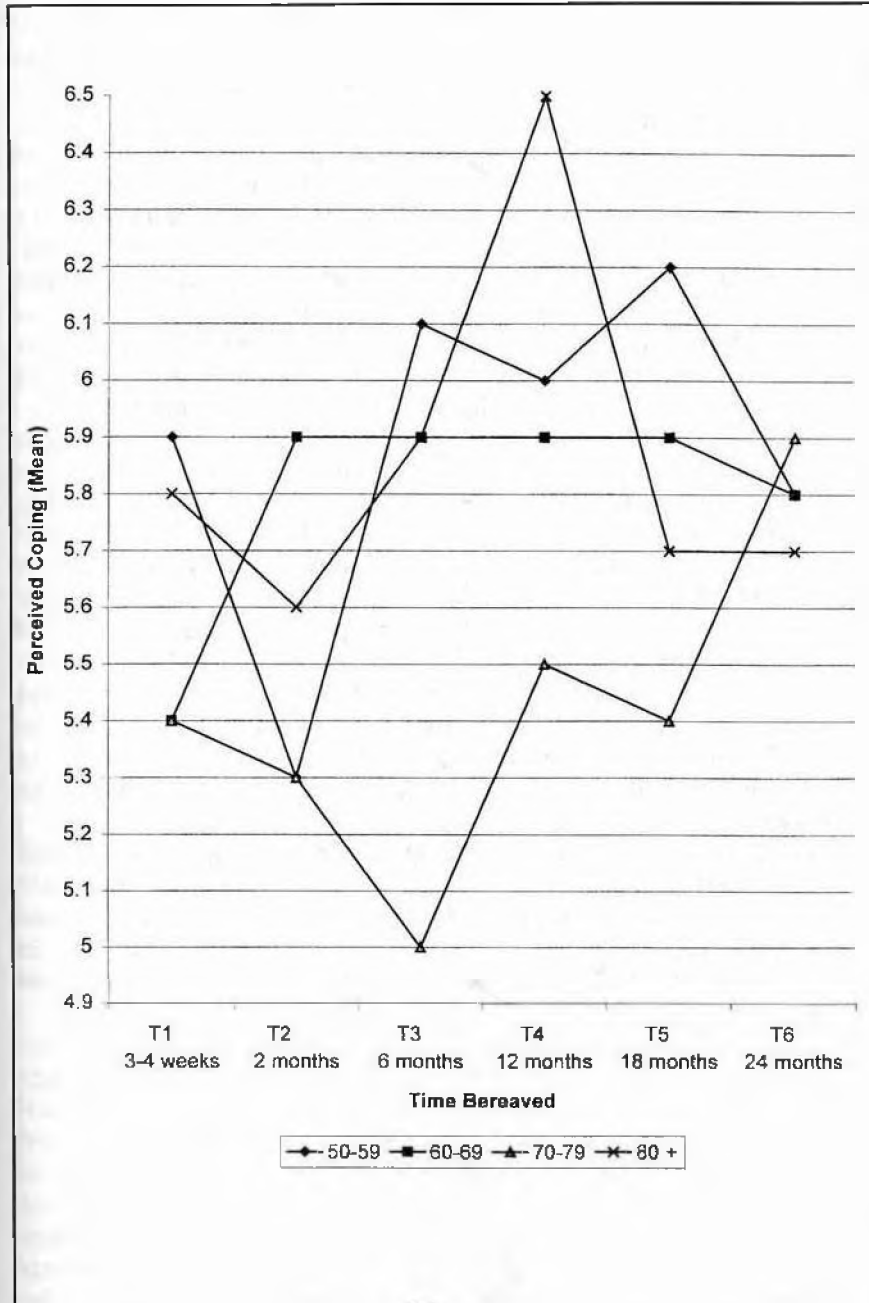


Figure 2. Perceived coping levels among bereaved men over two years ($n = 49$).

As seen in Figure 1, the youngest group of widowers reported an overall decline in depression levels from the second to eighteenth month of bereavement after an initial increase for the first two months. Although the mean scores for this group increased back to initial levels by the end of the study ($M = 34$), at no time point did they exceed the normal range [13]. The depression levels for men in their sixties showed a similar pattern of general overall decline although they had a higher mean initial depression level ($M = 40$). Whereas some fluctuation occurred, men in their seventies and eighties reported the highest overall depression levels over the two years but were not above the cut-off for clinical depression according to established criteria for older populations [13]. Those who were in their seventies had the highest depression scores at the beginning and at the end of the study.

According to the patterns diagramed in Figure 2, men in their seventies again reported the most difficulty coping with the loss throughout most of the study, never exceeding a mean score of 5.5 until finally improving to 5.9 at two years. Both the youngest and oldest cohorts (those in their 50s and those 80 and older) reported generally higher levels of coping ability. The only major exception to this pattern occurred at two months where the mean perceived coping ability of those in their fifties declined to 5.3 (from 5.9 at 3-4 weeks), but then returned to 6.1 four months later. The most stable pattern of perceived coping ability was observed among the men in their sixties who increased from 5.4 at three to four weeks to 5.9 at two months of bereavement, remaining virtually unchanged for the remainder of the two-year study period.

Figures 3 and 4 present the patterns of unresolved grief for the men in our self-help group intervention study. High scores on this scale indicate more difficulty with grief. Figure 3 consists of data from those who were in the control group (no intervention) while the data in Figure 4 represent the patterns of unresolved grief over time for those who participated in the self-help groups.

The mean level of unresolved grief among those who did not participate in the self-help groups (controls) was quite similar for each age group at two to three months of bereavement, ranging from approximately 44 to 46 (on a possible scale of 13 to 65). The men in the two youngest age groups (those <70 years old) showed greater declines in unresolved grief, the most dramatic changes over time being observed among those in their fifties. The mean grief level for men in this age group decreased by almost 18 points over the two-year period, indicating decreasing difficulties with grief. The level of unresolved grief for men eighty years and older eventually declined from 44 at baseline to 34 two years later, approximately the same mean score for men in their

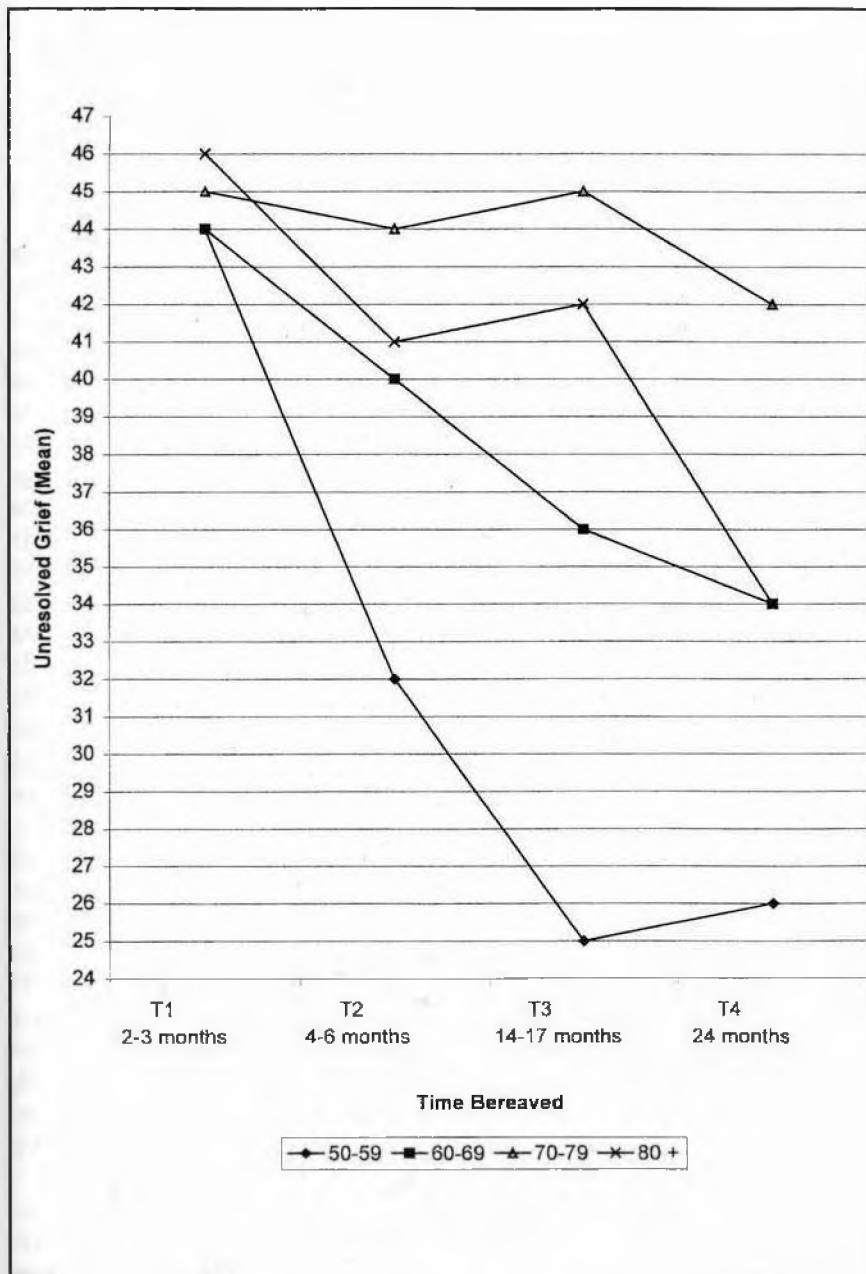


Figure 3. Levels of unresolved grief among bereaved men over two years (Non-Intervention Sample: *N* = 49).

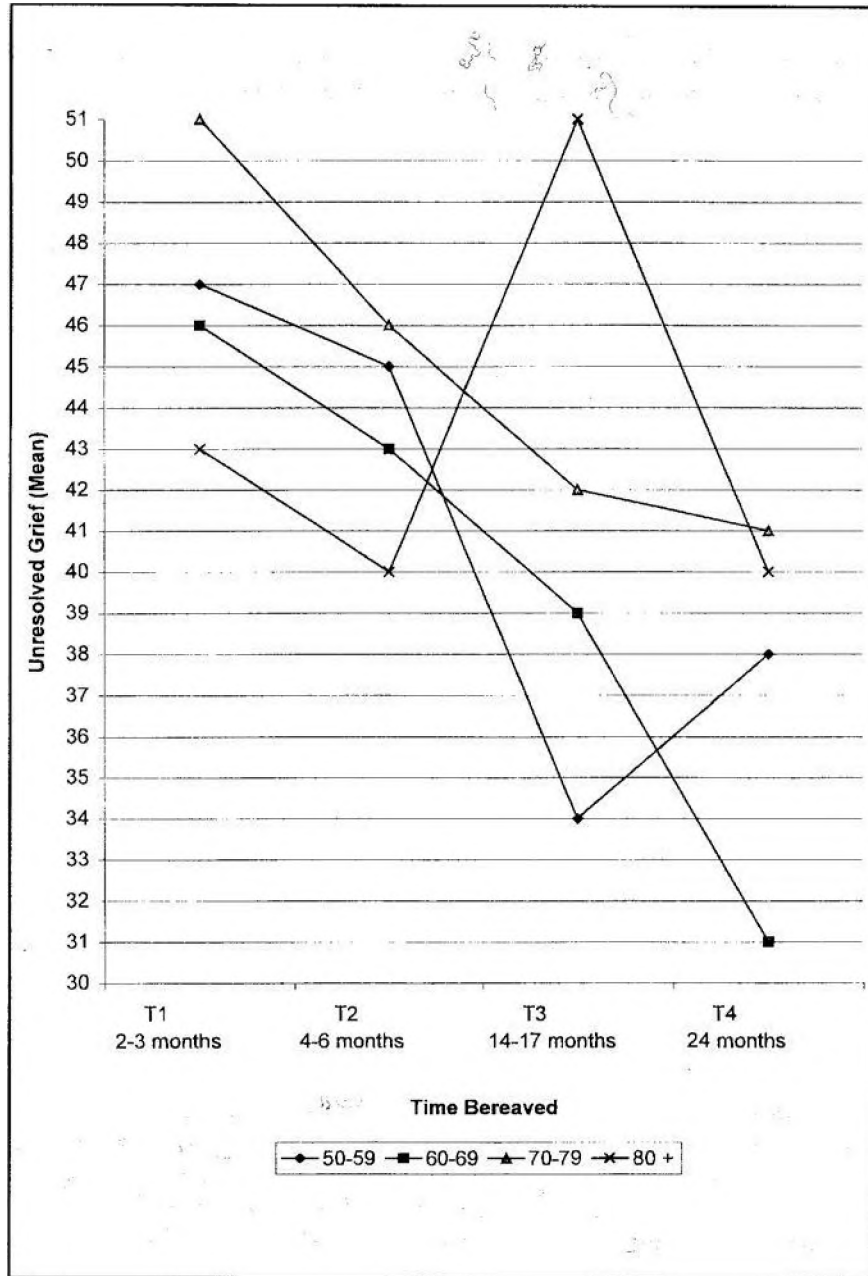


Figure 4. Levels of unresolved grief among bereaved men over two years (Participants in Support Groups: N = 34).

sixties at the two-year measurement. On the other hand, those in their seventies showed the least amount of change over the two years (mean scores ranged from 45 at baseline to 42 at two years), and their scores were clearly higher compared to the other age groups at the end of the study. Again, the widowers in their seventies consistently had the greatest difficulty with grief.

Similar to the bereaved controls of the same age, those less than seventy years old in the self-help groups showed an overall decline in unresolved grief over the course of two years (see Figure 4), which indicates improvement in their adjustments. Meanwhile, the oldest cohort showed a sharp increase (approximately 11 points) at fourteen to seventeen months of bereavement but then returned to a mean equal to 40 by two years. The increase in unresolved grief observed at the third data point coincided with the end of the monthly self-help group meetings. Unlike what was observed among controls, the level of unresolved grief for those in their seventies who received the intervention steadily diminished throughout the study. This age group had the highest mean TRIG score (51) at baseline which declined to 41 by the end of the study. Although this final score was not much lower than for those age seventy to seventy-nine in the control group, the controls showed virtually no change in unresolved grief from baseline whereas those in the self-help groups did. It appears that men in their sixties and seventies benefitted the most in terms of grief issues from participating in the self-help groups, whereas men in their eighties did not appear to benefit as much.

By comparison, when age is *not* considered and the level of unresolved grief is plotted over the course of the study for men in the self-help intervention versus those who were not, both groups show a similar decline over time (as depicted in Figure 5). Consequently, the self-help groups would appear to have no effect in unresolved grief. Only after controlling for the age group to which they belong does the treatment appear to have a differential impact on older widowers' grief levels, if not statistically, perhaps clinically. The oldest widowers (80+) did not show much improvement in their grief after being in the self-help groups and this distorts the overall benefit that the other age groups experienced.

Figure 6 compared the mean perceived coping ability of bereaved versus married nonbereaved men from our first study. This comparison with nonbereaved men is important because it focuses attention on how well men actually cope with bereavement compared to how similarly aged men expect their coping might be. The bereaved men reported greater coping ability (ranging from 5.4 at 3-4 weeks to 5.7 at 2 years) than what the nonbereaved men in the sample imagined their coping

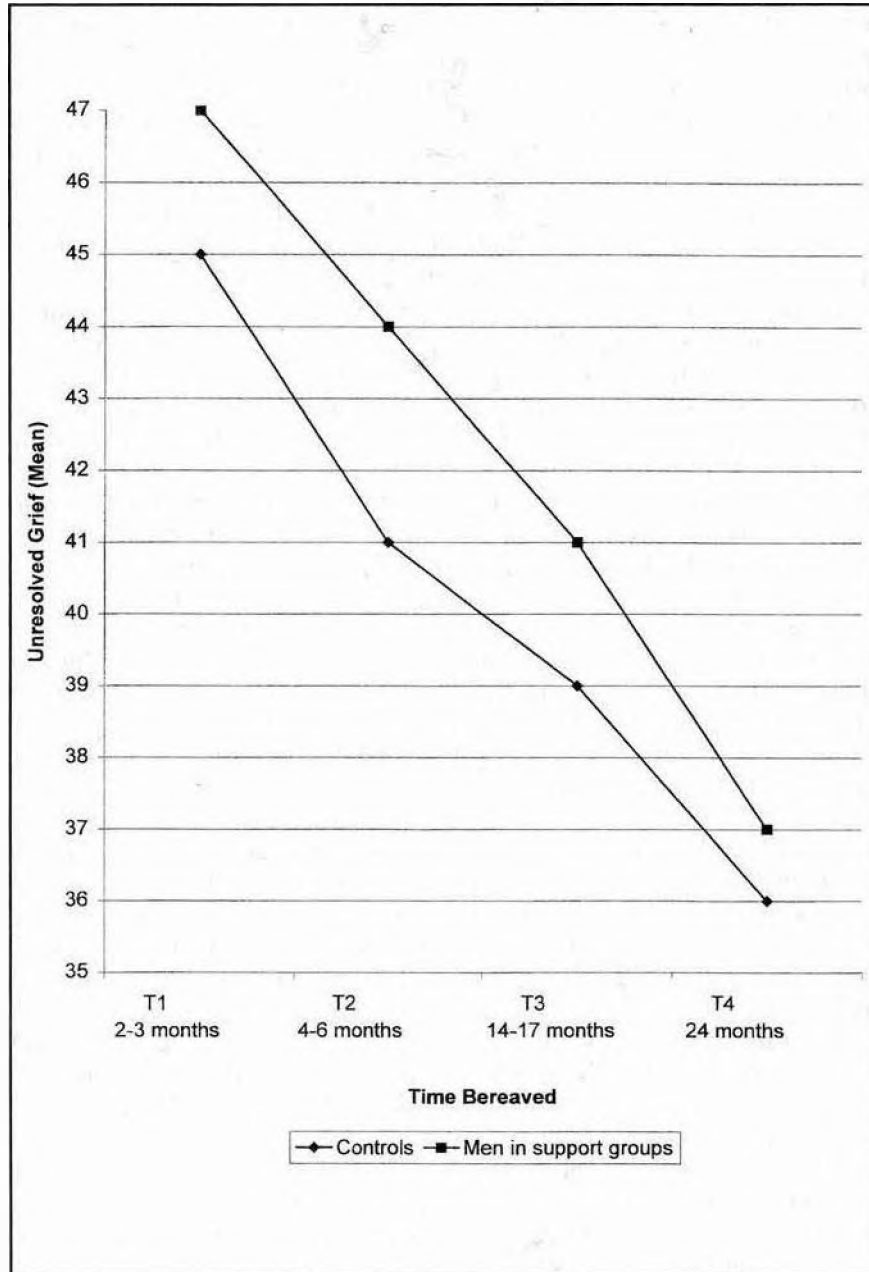


Figure 5. Changes in grief over two years: comparison of men in support groups and controls.

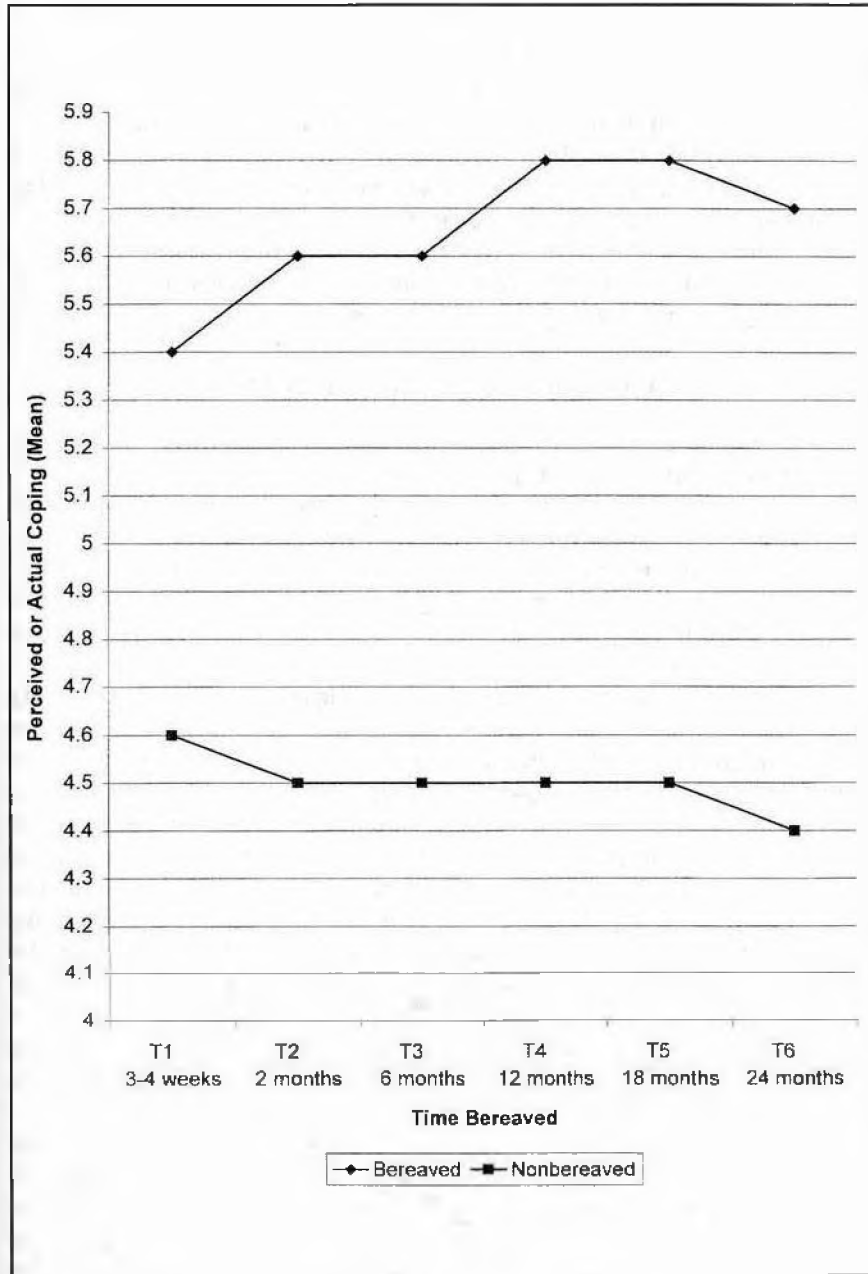


Figure 6. Perceived coping levels of nonbereaved and bereaved men over two years.

ability would be if their wife were to die. The mean perceived coping ability scores for the latter group rarely deviated from 4.5 throughout the two years. These patterns closely approximate what was observed for the entire sample of men and women in the earlier study in which we reported that the difference in perceived coping ability between bereaved and nonbereaved groups was not moderated by gender [15]. These data show that it is quite possible that most of the bereaved men in this study were coping better than expected. Bereavement is a very stressful and difficult process but there is some evidence that these men are somewhat resilient and find ways to cope.

CONCLUSIONS AND DISCUSSION

The data analyzed and presented in this chapter reveal several interesting findings about grief experiences of mid- and later-life widowers. These findings deal with the potential influence of their age at the time of spousal bereavement, expectations of how well these men would likely cope with their grief, and the extent of variation in their adjustments. We have organized the findings into five major conclusions and provide some additional qualitative data to help explain or illustrate each point.

First, men in their seventies appear to have the greatest difficulty in adjusting to the deaths of their spouses. There were some minor exceptions to this conclusion but a pattern emerged in the data which showed that men in their seventies had the highest levels of depression at the beginning of the study and two years later. Although their perceived coping scores improved to the levels of the other men in the study, they had the slowest rate of recovery. Their scores on the unresolved grief scale remained the highest of all age groups throughout the study even though they started at similar levels to the others. This means that they were not managing grief issues very well even after two years.

Men in their seventies are likely to be near retirement or beginning the transition. This phase can potentially add further stress and frustration to the disruption of bereavement. The quote from a seventy-nine-year-old man at the beginning of this chapter conveyed his shock that he would outlive his wife, especially because he had been the one to battle health problems. He went on to say in his interview that he was also looking forward to spending more time with his wife and doing more traveling together. This was a common response for men who were planning more retirement activities with their wives. Another seventy-six-year-old man described himself in the following way after only three weeks following his wife's death. He was asked to write

twenty statements about himself as a measure of his self-concept [17]. His answers give the impression that his self-image had been overwhelmed by his grief and saw himself only in terms of his loss situation. He made only four statements. "I am a very lonely man who misses his sweetheart. I know I will meet her again after I leave this life. I miss my sweetheart around the house. I miss her calling me to give a helping hand." These statements suggest that he had already grown familiar with spending a great deal of time in the house with his wife present and now he was lost without her. This is a typical grief response identified by Worden where the bereaved is required to adjust to an environment in which the deceased is absent [18].

Another seventy-five-year-old widower described his loneliness for his wife combined with lower self-esteem from being retired. At one year after his wife's death he said, "I've been a business executive all my life and I've had charge of lots of people. People look up to me, or did. Now they don't even look at me. I'm no longer the guy on the throne. I'm just another has-been. That's a discouraging thing, to be the head man for years and years. And then all of a sudden you're not even the foot. You're nothing, you know, you don't exist. That's a little bit of self-pity though, that shouldn't be." This is a rather extreme statement but it does reflect the double-dose of difficulty for men trying to cope with both the loss of status from work and loss of companionship and possibly status from being married.

Not all men in their seventies were equally devastated by the death of their wives. Another seventy-five-year-old man who recently remarried described himself this way. "I am a young man going on seventy-five. I am an artist, a music lover, a softy with my grandchildren, a loving and affectionate individual, a medium golfer, a traveler, a lover of art, a friendly person, love walking and like people." At the beginning of the study he was still employed as a business executive. About one year later he remarried and then retired within a few months. We did previously find that men who remarried were slightly better copers both before and after their remarriage [19].

Second, men in their fifties appear to have been the most effective in their coping and resolving grief issues. Although their depression scores fluctuated overtime they began the study with the lowest scores and also ended the project with less depression, especially compared with men in their seventies and eighties. Also, even though their coping scores varied overtime, men in their fifties had the most positive scores at three of the six time periods. With respect to their grief, men in their fifties showed by far the greatest improvement in resolving many of these issues.

Men in their fifties, especially compared with most men in their seventies, are likely to have employment relationships, larger social networks, and children at home. These characteristics can present additional challenges during times of grief but they also present opportunities for a sense of belonging, meaningful activities, and being needed by others. One fifty-nine-year-old man described his self-concept in terms that reveal a clear sense of belonging. He wrote these statements at two months after his wife's death. "I am still a father to eight children, owner of a business, still responsible to children and grandchildren, a member of a church, member of a community, a member of a club, a member of a religious study group, important to my business, and it seems like more people are watching me." It is clear that he still felt important and needed. It is also quite possible that men in their fifties expect to live many more years and they know that they will need to cope well if they want to continue to look forward to a future. One fifty-seven-year-old man said that, "I must pull myself together, for me and my kids. I have no choice but to do my best." Expecting to live another twenty to thirty years possibly served as a motivational factor to some of these younger men, even though having fewer years to live should not detract from coping well. We would never devalue the remaining years of any widower, regardless of their age. However, as we will report later, some of the oldest men in our studies apparently felt that they were too old to care much about their futures.

Third, men in their fifties, sixties, and seventies showed considerable improvement in resolving grief issues while participating in self-help groups, but men in their eighties showed only slight improvement two years later. The younger groups of men improved from nine to about fourteen points on the unresolved grief scale, but men in their eighties improved only three points over the course of two years.

Many of the men who participated in our self-help groups reported that one of the main reasons they agreed was to have an opportunity of meeting other people, especially to meet women. This was most common among men in their fifties, sixties, and seventies but less common among men in their eighties. One sixty-eight-year-old man said, "I refer to my support group as my harem, but I never say this when they are present." Many other positive comments were made about the support groups. Two men, both in their fifties, wrote, "The group helped us to talk about our problems and we were able to release some of our pent-up feelings." "Everyone could empathize each other's problems and everyone felt completely at ease to talk about anything. All group members tried to help anyone having particularly bad problems." Another sixty-seven-year-old widower said, "The groups helped us vent our feelings and learn more to cope better." A seventy-year-old man

said, "We had a very fine rapport with members and our group leader. I felt like we were a family group, and we didn't want to say goodbye at the end." Another seventy-year-old stated, "They are a great group of people. I have a feeling of love for each one of them." These comments not only reveal the perceived helpfulness of the groups for most of the men but their statements also show that these men valued the companionship, sense of belonging, and the opportunities to be expressive of their personal and sensitive feelings in gender mixed groups. These comments run counter to many of the existing stereotypical assumptions about male grief.

It is not entirely clear why the men in their eighties did not appear to benefit as much from the support groups, but some possible explanations might be health problems that interfered with their attendance, feeling like they did not have as much in common with the others, or simply being less motivated to cope more effectively. One eighty-two-year-old widower said, "The groups were wonderful but I was not able to attend them all." Another eighty-year-old man reported, "I think they helped a lot of folks. I'm sorry I had to miss many of the meetings." Although the following quote came from a seventy-two-year-old woman who participated in the same self-help group as two older men, her comment may reflect what some of the eighty-year-old men felt but did not say. "The two old men talked too long and too much. They did not fit in with the three ladies." Similarly, a fifty-three-year-old woman said, "At first I did not care for the older men to be in the group, but later it did not seem to matter." It is quite possible that some of the oldest men felt what these women expressed. However, it is important to note that many women reported being grateful that men were included in their groups because they appreciated learning that "men were experiencing many of the same things." Obviously, special attention needs to be given to making all members of any support group feel valued, wanted, and important to the group, regardless of a person's age. We were quite pleased with the overall positive reports from the diverse participants in these support groups [20].

Fourth, spousally bereaved men age fifty and over consistently reported their actual coping abilities to be greater than similar aged men would expect their coping abilities would be if they were in the same situation. Because we were not able to ask the same bereaved men how well they thought they might cope with the death of their spouses and then compare their answers again after they became bereaved (i.e., asking the before and after question of the same men), we did the next best thing. We compared actual coping scores of bereaved men with hypothetical coping scores from

non-bereaved currently married men. Even with the shortcomings of this kind of analysis, it is likely that bereaved men may end up coping more effectively than they would expect. When confronted with the realities of a very stressful situation, these men were resilient enough to report that they were coping quite well. In fact, many of the men felt proud of the new skills that they had been forced to learn because their wives were no longer present to do the tasks. Some men were learning how to cook, shop, and take care of the household [5]. As these men learned to become more competent in performing the tasks of daily living they also appeared to cope more effectively with their grief.

Fifth, even though some patterns of adjustment emerged in the data, it is obvious that men age fifty and over showed considerable variation or diversity in how well they were managing. Men in all of the age categories showed a great deal of variation on all adjustment measures throughout the two year study periods. Although the raw data for each male participant was not presented in this chapter it is apparent from Figures 1 through 6 that their bereavement adjustments were similar to "roller coaster" rides which we have discussed in other publications [4, 6, 7]. Their depression, coping, and unresolved grief scores illustrate the many ups and downs that characterize the bereavement process, unlike some of the stage theories of grief [21].

We reported earlier some quotes from men who were having great difficulty coping with their grief, but it is equally important to note that many men were managing their difficult situations very well. The following self-concept statements reflect very good coping at six months following the death of this sixty-eight-year-old man's wife. He wrote, "I am happy. I am loving, compassionate, proud of what I have accomplished in life, religious but not fanatical, enjoy yardwork, enjoy traveling, enjoy my work, enjoy sports—and watching sports, have a wonderful family, love to be outdoors, have many friends and enjoy being with them, but I get sad and miss my wife." Overall, his comments show continuing interest in lifelong activities, good relationships with others, but, still, an appropriate sense of sadness. In contrast to these positive feelings are the self-concept statements from an eighty-nine-year-old widower at three weeks after his wife died. "I am a little bit of nothing, I guess. I am a very small human being. I'd like to find a way out of the turmoil." Later in the study he continued to say that he was a nothing but he did report that he felt better when he kept busier.

We have, in many other publications, summarized some of the diversity that exists within each bereaved person and also among different persons [4-7, 9]. No description of the bereavement process would be complete without mentioning how important it is to know that the bereaved can feel quite good one moment but terrible the next

moment. They can also be pleased with one aspect of their lives and adjustment but very dissatisfied with other parts of their adjustment. Similar diversity is also evident among different people. One person may manage very well from early grief through many years of widowhood. Yet, another person may manage poorly for a brief period of time and then find a way to make their life more meaningful and achieve a sense of peace with their loss. As we reported earlier in this chapter, those with good skills in managing tasks of daily living, high self-esteem, and opportunities to express their thoughts and feelings with others are most likely to manage their grief with greater satisfaction. Those who lack these three traits are at much greater risk for having long-term difficulty in coping with bereavement [22]. The men in our research studies have helped us to understand their diversity in coping and the factors that help create more positive outcomes.

One final, but very important point about the grief responses of men who experience the death of their wives has to do with the importance of being self-reliant and having a sense of purpose and direction in life. As gerontologists, we have learned to value the importance of these traits combined with an appreciation of continuity theory. Continuity theory suggests that most people try to maintain many of the same activities, interests, personality traits, and values as they age. Those who appear to be the most satisfied and content as they age are those who are able to maintain the greatest degree of continuity in their lives [23]. We suggest that men who have consistently, throughout their lives, been self-directed, maintained a sense of purpose, and had high self-esteem are much better prepared to deal with the death of a spouse in mid and later life. It is difficult to learn or acquire these traits in late life if they were not already in place earlier. Much of our attention directed toward helping people adjust with major life difficulties needs to be done in early development rather than waiting for the difficulties to occur. We can be more effective if we apply these principles in early socialization experiences of children so that they are in place when they are needed.

Sam Keen, in his book *Fire in the Belly*, makes a most salient point about men who grieve the death of their wives which also relates to our appreciation for continuity theory [24]. He passes along some advice that he received from a close personal friend when he was struggling with life losses. He reports that his friend told him that it was essential to ask yourself two very critical questions in your life and that it was important that they be asked in the correct order. The first question should be, "Where do you want to go on life's journey?" The second question should be, "Who do you want to accompany you on your journey?" If you ask these questions in the wrong order you

end up placing more importance on following someone else's journey rather than the one you most want to have. It is quite possible, if you ask these questions in the wrong order and your spouse dies, you may experience greater difficulty because you will not know your own journey. It may be exceptionally difficult to develop a purposeful journey in widowhood if the direction was not already in place or the most central feature of the journey depended primarily on someone else. Again, this advice is most appropriate to apply as we influence the development of children and young adults. Having an identifiable, purposeful, and meaningful life journey can help each of us to cope more effectively with the many challenges and disruptions that are almost certain to come our way.

ACKNOWLEDGMENT

Funding for the two studies described in this chapter was provided by the National Institute on Aging (R01) AG 02193 and (R01) AG 06244.

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