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FACTORS RELATED TO THE PSYCHOLOGICAL WELL-BEING OF ELDERLY RECENT WIDOWS

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FACTORS RELATED TO THE

PSYCHOLOGICAL WELL-BEING OF ELDERLY RECENT WIDOWS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
Thomas Hilton McGloshen, Jr., A.B., M.Div., M.A.

****

The Ohio State University
1985

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ACKNOWLEDGEMENTS

A doctoral dissertation is the final chapter in a much larger creative effort represented by graduate study. Such an effort is not undertaken alone, and those who participate include faculty, friends, and family.

Providing kindly and supportive welcome into the program were Dr. Kent Hamdorf, who is also a professional colleague, Dr. Patrick McKenry, who served as my early adviser, and Dr. Joseph Mullan, who, in the first course I took at the university, helped confirm that my decision to return for yet another graduate program was a good decision. Along with these, Dr. Richard Russell helped maintain my academic association with the Department of Psychology by serving as my minor adviser.

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Six months before I returned to graduate school my father died. No one would have been more proud than he that this program has been successfully completed. My mother, in turn, although not a part of this study, personifies the healthy, religiously involved, socially active woman who has made a very successful adjustment to life following the loss of her husband.
There is always a price to pay for such an adventure as graduate school, and, in my case, that price has been paid most heavily by my wife, Joan, and our two teenage daughters, Kim and Kristi. Each has been a supportive contributor in her own unique way: Kim in her encouragement to me as a fellow student, Kristi in her patience and forgiveness for my inattentiveness, and Joan in her courage and strength as wife, mother, and professional person. To them, with my love, this work is dedicated.
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CHAPTER I
INTRODUCTION

One aspect of aging for most persons is that the later years will mark the end of one's marriage—usually not through divorce or desertion, but through the death of one's spouse. That is particularly true for elderly women, inasmuch as there are over 700,000 new widows in America each year, outnumbering widowers by a ratio of five to one. Although there are those researchers (e.g., Berardo, 1967) who suggest that women have an easier adaptation to bereavement than do men, others (e.g., Atchley, 1975) disagree. Nonetheless, in a society where there is little preparation for the process and predicaments of aging in general, there is almost no preparation for the widowhood which approximately 21 million older women experience (U. S. Bureau of the Census, 1983).

Not only does widowhood for an older woman mark the end of what has probably been a long and meaningful relationship with her husband, it concurrently signals the beginning of a period of mourning which may last several years. In addition, widowhood may take adverse physical, financial, and psychological tolls on a woman in its throes. Characteristically, it is a "roleless role" (Hiltz, 1978), one with no set or rehearsed behavioral expectations. Also, it is one for which the widow has perhaps deliberately avoided preparing because of the obvious awkwardness in such preparation while her husband was still alive. (The major exception, of course, would
be her concurrence with her husband's purchase of life insurance.) Yet, an older married woman has likely lived much of her adult life in an interdependent relationship with a man who, upon his death, is no longer available to her. Regardless of the quality of that relationship, the loss of it renders an unmistakable impact upon the woman, especially in the years immediately following her loss.

Part of the problem she faces is not only that she is a widow but also that she is a woman. Today's elderly woman has grown up in a time which antedated the changing roles of women in recent years. She likely depended upon her husband in ways many of today's younger women do not. The fact that 51.2% of women 65 years and older are widowed (as compared to 13.5% of men) reduces a widow's opportunity for marrying again—if she were to want that option. This is not to say that remarrying would necessarily be better for her, but the probability of this occurring is unlikely; she will, instead, likely be living her final years single and alone. Suffering not only the loss of her husband but also the loss of any serious potential for remarriage, she may experience what Barrett and Schneweis (1980-1981) call a "second grief."

An important question arises regarding the widow's adjustment to her loss. An enlarged picture of her well-being would need to attend to the present circumstances of her life, in addition to her former relationship with her now-deceased husband. The purpose of this study is to explore various factors which may have an impact upon the widow's subjective assessment of her psychological well-being, that is, her perceived present state of happiness.
CHAPTER II
LITERATURE REVIEW

Widowhood

An ambitious study of widowhood was conducted by Lopata (1979) who collected retrospective data from a heterogeneous sample of 12,000 widows in the Chicago area. The women, who were of all ages, had been widowed up to ten years, and some had subsequently remarried. Lopata discovered that older widows often had little skill development and either an insufficient or an outdated education that prevented them from getting adequate jobs. Whereas many widows lived in their own (paid-for) homes, others did not. Furthermore, many were not able to take care of their own physical needs.

Lopata concluded that widows in general need more emotional and physical assistance than they get (especially after the few initial weeks of grieving is over). She also noted that Chicago widows tended to be less well off financially than before their loss and had difficulty cultivating new friends, getting into new activities, and/or resuming old ones. More recent work by Parkes (1981) and Vogelsang (1983) demonstrate the need and evaluate the effectiveness of assistance for these women.

Follow-up studies have been done on data collected by Lopata. For instance, Heinemann (1983) sought to examine the strength and the determinants of the widows' support systems. She noted that the
"modified extended family," defined by Litwak (1960) and elaborated on by Sussman and Burchinal (1968), tended to take care of those family members who were in the distress associated with grief.

A particularly interesting approach to the study of widowhood was taken by Hyman (1983). He selected seven cross-sectional studies previous done by the National Opinion Research Corporation and two longitudinal studies by the Survey Research Center for secondary analysis. The studies were of young and old persons, some of who were married and some of whom were not. To control for response-set bias, the data regarding age and marital status were gathered late in the respective interviews, therefore, the subjects had been able to participate in the surveys without assuming particular roles, such as "elderly," or "widow." Likewise, the interviewers were also not predisposed to a response set from the participants, such as how elderly widows may be expected to answer certain questions. It was, therefore, a "double-blind" analysis in which widows did not have to "play the role" of widow, giving the "correct" answers widows "should" give regarding their place in life. Hyman also clearly operationalized his terms. That is, if a participant were "single," he sought to distinguish whether that meant never married, happily divorced, or, perhaps, mournfully widowed. Furthermore, if "widowed," he determined whether that referred to one or multiple losses.

Bankoff (1983) analyzed data gathered in a nationwide survey conducted by the University of Chicago between 1978 and 1981 on alternative help systems available to widows. She assigned 245
Caucasian women who had been widowed for less than three years into two groups. The "crisis-loss-phase" group (n = 98) had been widowed up to 18 months and were still acutely grieving. The main problems they faced as widowed persons were grief related. The "transition-phase" group (n = 147) had been widowed from 19 to 35 months, were still grieving but to a limited extent, and saw their main problems as widowed persons to be related to role change. Using the Affect Balance Scale (Bradburn, 1969), she identified differences between the two groups as a function of their psychological well-being to be significant, p < .004.

In further analysis, she assessed the impact upon psychological well-being of six different kinds of support received from each of seven different sets of family, friends, and neighbors. She found little effect of support systems on psychological well-being, identifying only a slight impact of overall support during the transition-phase of mourning. She also discovered that emotional support, when provided by other widows or otherwise single friends, especially during the transition phase, was related to higher psychological well-being. The more support widows received from their married friends, however, the lower their psychological well-being.

Even though Bankoff's sample was younger and many were not living alone, and even though she organized her assessment of support from family and from friends differently, her results are important to the present research as are her recommendations for further study. She suggests that additional research be done on (a) particular needs of the widows, (b) kinds of support they receive, (c) sources
of support received, and (d) the psychological processes of the widows within the context of their social situations.

Psychological Well-Being

Understanding the psychological processes of grief associated with widowhood is enhanced when attention is paid to the widow's own subjective assessment of her well-being. A personal self-report is a measure of well-being by internal standards rather than by external ones. Larson (1978) supports use of the phrase subjective well-being rather than psychological well-being as suggested by Bradburn (1969). Ward, Sherman, and LaGory (1984), in examining the subjective assessment of social and family ties, noted that an objective estimate of a person's life, such as living accommodations, often reflects observer bias and may not be an accurate assessment of how a woman living in her home evaluates it. The authors support an approach which allows individuals to make their own judgments regarding their life circumstances.

In their study of 1185 persons 60 years and older, Ward and his associates (1984) used the Philadelphia Geriatric Center Morale Scale (Lawton, 1975) to assess associations with morale of both men (39%, n = 462) and women (61%, n = 723), of whom 50% (n = 593) were married and 39% (n = 462) were widowed. They discovered that subjective measures had a higher association with morale than did objective measures. They also noted that older people tend to give more favorable evaluations to their life circumstances than seems warranted by objective conditions. Furthermore, being able to see
their children "enough" and to have "enough" instrumental help were the variables most strongly associated with higher morale.

Lawton, Kleban, and diCarlo (1984) used a variety of measures, including Lawton's Philadelphia Geriatric Center Morale Scale (1975) and Bradburn's Affect Balance Scale (1969), as they studied 284 older men and women from four different settings in an examination of factors related to the "good life." Their interest was as much in the instruments for measurement as it was in subjects themselves. They concluded that negative affect focuses on the self and that positive affect focuses on objects and activities outside the self. "Happiness" is viewed as an independent construct on both "inner psychological well-being and satisfying external stimulation" (p. 93). These authors assert that "people may be happy either because they are free of symptoms and evaluate themselves positively or because their external gratifications are many; if both are true, then they are happier yet" (p. 94).

Larson (1978) concluded his review of 30 years of research on the phenomenon of subjective well-being by making a case for the unitary nature of the construct, but he also offered two caveats: (1) the research he studied represents data from many aggregates of respondents who should not be assumed to be homogeneous, and (2) the instruments used in such research vary and it should not be assumed that they all measure the same thing.

George (1982) differs from Larson in her assessment of the "unitary" nature of the construct of psychological well-being. It is, as she describes it, a composite of several smaller constructs,
including (a) life satisfaction, (b) happiness, (c) morale, and (d) psychiatric status. Life satisfaction, she asserts, is a cognitive assessment, likely reflecting a long-term "life review" (Butler, 1968). On the other hand, happiness is a current affective appraisal of one's life. She notes that the elderly will sometimes rate life satisfaction higher than their happiness level, believing they have accomplished in life what they wanted, but they may now be in poor health and not happy because of that. Younger people, who have not accomplished their goals, may score higher on happiness than on life satisfaction. Middle age seems to be the time in which both measures are apt to be the lowest.

According to George (1982), morale is a vague construct. She largely dismisses it in her work, claiming that it so diffuse in meaning as to be uninterpretable. In some studies, morale connotes life satisfaction and, in others, happiness. Finally, George states that psychiatric status, although easily measured, does not add to the general picture of psychological well-being; it can only subtract. That is, the best than one can be is without pathology.

As has been inferred, several subjective measures of psychological well-being have been developed and rate highly in validity, reliability, and ease of administration. Neugarten's Life Satisfaction Index (Neugarten, Havighurst, & Tobin, 1961) measures both life satisfaction and happiness. Lawton's Philadelphia Geriatric Center Morale Scale (1972, revised 1975) measures life satisfaction, happiness, and both positive and negative affect. The latter instrument tends to be "domain specific" in terms of questions regarding
how a person feels about being aged. Both Lawton's and Neugarten's scales were designed for the elderly and are the most widely used of such instruments with that population (George, 1982).

The Affect Balance Scale (ABS) by Bradburn (1969) is not age specific. In this measure positive affect and negative affect are measured independently. The affect "balance" is derived by subtracting the negative-affect scale score from the positive-affect scale score. Five points are then added to the result in order to avoid the inconvenience of working with possible negative numbers. Higher scores on the ABS are positively correlated with higher psychological well-being. It has been suggested by Costa and McCrae (1980) and Lawton (1984) that positive affect is really a measure of introversion/extraversion and negative affect is a measure of neuroticism. Bradburn (1969) himself notes that certain predispositions, such as satisfaction with one's social life and esteem for others tend to mediate the strength of the correlations between sociability and positive affect. He also allows that one's desire to change one's life is positively related to the strength of one's negative affect. Inasmuch as the ABS is the dependent measure of psychological well-being in the present study, it will be described in greater detail in the Methods section (Chapter III).

Correlates of Psychological Well-Being

Previous research into correlates of psychological well-being of elderly recent widows is varied. Some of the research literature offers interesting and testable hypotheses. Other research, which is inadequate or inconsistent, raises questions, although does not
provide enough empirical evidence on which to base defensible hypotheses. Still other studies have convincingly demonstrated that there are a handful of potentially confounding variables which must be considered when studying the psychological well-being of the aged. Accordingly, the remainder of the literature review will examine the research literature which (a) leads to testable hypotheses, (b) offers questions bearing further investigation, and (c) suggests factors so interrelated with the dependent variable that they must be partialed out to control against their confounding effects.

Previous Research Which Leads to Testable Hypotheses

Religious involvement. Religious involvement is an important aspect of adjustment to loss in much of the research literature (Berardo, 1967; Peterson & Briley, 1977; Payne, 1978). Ball (1976-1977) reports, in her review of the literature, that religion was among the most important elements in a woman's life as she sought to cope with her grief. There does seem to be some differences, however, as noted by Larson (1978), between urban and nonurban samples. He reviewed some studies which found organizational participation and church-related activity consistently related to well-being among the nonurban populations and other studies which did not find the same relationship among urban populations. Gallagher, Thompson, and Peterson (1981-1982) note that the socialization effect of religious involvement alone serves to mitigate the loneliness and isolation often felt by widows. Still, these authors point to the need for more adequate research into the factors surrounding religious involvement which serve to make it a useful facilitator in
resolving grief. Because it is an area over which a woman has some control in the years prior to her loss, further verification of the impact of religion upon a woman's sense of well-being following the loss of her spouse would have an important place in the literature of both psychology and theology. In light of the above, it could be anticipated that widows who have maintained active religious participation in their church or synagogue will experience a higher sense of well-being than those who have not. Therefore, it is hypothesized that religious involvement is positively correlated with higher psychological well-being.

Employment/Independence. In response to her question, "What could you have done to better prepare for his death," Ball (1976-1977) reports that most of the widows in her sample declared, "Nothing." Some, however, believed that having established a greater degree of independence would have been a positive step toward better coping in their present time of mourning. In this respect, it would appear that one avenue toward greater independence for women would be employment outside the home. It has been noted by Hershey and Werner (1975) that wives employed outside the home seem to be more self-reliant. Burke and Weir (1976) report that employed wives seem to require less affection, social involvement, and interpersonal influence than unemployed wives. Barnett and Baruch (1976) contend that the woman's working outside the bounds of her family life often enhances her sense of well-being. Portner (1978) cites evidence that there is "more...personal development available to the wife" who is working outside the home (p. 16).
It is important to point out here that a sense of independence, enhanced self-esteem, and personal development are not simply other ways of describing marital satisfaction. Except in lower socio-economic status women, there is little difference in marital satisfaction between dual-career and single-career couples (Nye, 1974). This suggests that any differences in well-being found between the employed and nonemployed widows in the present sample would be a function of something other than the level of satisfaction with their former marriages. What has not been demonstrated to date is the relationship between earlier work-related experiences outside the home and the psychological well-being of the widowed elderly. Other research suggests that employment outside the home enhances a woman's sense of independence and personal development. It would appear, then, that that sense of independence would be a factor enabling a widow to cope more effectively with her present-day grief and adjustment to single living. Thus, it is hypothesized that the actual extent of time employed outside the home during a woman's marriage is positively correlated with her well-being at widowhood.

Previous experience with grief. Previous experience with grief, as it relates to later experiences, is an area which has produced mixed results in the research literature. Crary and Crary (1973) found that persons who had prior losses within the family were less depressed after the loss of their spouse than those for whom their husband's death was their first loss. In other words, living through one loss would conceivably demonstrate that one can and does adjust and that one's life does go on. More importantly, perhaps, it could
be anticipated that the experience of significant loss enables one to mature as a result of one's confrontation with the existential reality of death. Smith (1978), however, reported that "troublesome adaptation" to the death of another family member correlated highly with depression and death-anxiety following the death of a spouse. However, Smith was apparently reporting only on special cases where the loss was more severe and the grief was more profound.

Experience with grief is a factor over which the respondents have had little control. Nevertheless, there are counseling implications to be drawn from the findings of this research, which may at least sensitize the therapist to some of the dynamics of a widow's grief. Although the research findings are equivocal, there is enough support for the contention that previous experience with grief affects a widow's ability to make a satisfactory adjustment to her spouse's death, that it is hypothesized that previous experience with the death of a close friend or relative is positively correlated with higher psychological well-being.

Informal support. Among informal support systems available to the elderly widow, the availability of family and friends is positively correlated with well-being (Larson, 1978). Ball (1976-1977) says, "Children, friends and relatives. . .were seen as the greatest help in adjusting to the death of their husband" (p. 324). In addition, widowed women who had a confidant had higher morale than married women who did not (Gallagher, Thompson, & Peterson, 1981-1982).

Bankoff (1981), Gallagher et al. (1981-1982), Morgan (1976), and Smith (1978) all cite the importance of children as support
persons in the lives of the bereaved, even though, in their own individual ways, each family member shares the loss of the husband/father. The children are the most likely living relatives of the elderly widow, and it has been found (Beckman & Houser, 1982; Smith, 1978) that widows without children fair more poorly than those who have children. Hess and Waring (1983) lend greater specificity to the issue by noting that it is not just children in general who provide support to the widow, but it is largely a daughter or daughter-in-law. An "emergent women's issue," they say, is "how to provide humane care for the elderly while respecting the autonomy of both generations of women" (p. 227). Anderson (1984) notes that ties based on mutual interest with siblings and extended kin change, but obligatory family ties (such as those with children) are not much affected by widowhood. Focusing on the obligatory aspect of the relationship, Blau (1973), Candy (1981), and Mutran and Reitzes (1984), cite research to suggest that the impact of family support on the elderly may even be negative. Mutran and Reitzes (1984) posit three explanations for that effect: (1) intergenerational value conflicts, (2) lowered self-esteem by the elderly due to increased dependence upon the younger generation, and (3) loss of parental authority due to role reversals. Mutran and Reitzes (1984), using data gathered in the National Council on Aging survey, examined the interaction of adult children and their elderly parents. The sample consisted of 781 married and 723 widowed men and women over 65 years of age. They used the positive-affect scale and the negative-affect scale from Bradburn's Affect Balance Scale (1969). What they found was that older persons
with children have higher positive self-feelings, but the difference is not due to exchanges among family members, but it is due, instead, to the satisfaction they derive from being parents. Interestingly, they also discovered that poor health actually reduces the amount of aid received by the elderly and that higher negative affect increases the aid. With respect to this study, it should be noted that Mutran and Reitzes based their observations on a sample composed of both men and women who had been widowed for an extended period of time.

Using a subset of Lopata's data, Heinemann (1983) discovered that widows relied heavily upon their modified extended families for support. The manner in which they sought help, however, seemed to differ according to the specific task needing to be accomplished (cf. Dono, et al., 1979). Heinemann also noted that the persons and the type of help solicited was a function of how long the woman had been widowed. The first three years ("becoming widowed") is characterized by Heinemann as a period of mourning and adaptation. During this time the widow turns primarily to her family for support. Later on ("being widowed"), as her lifestyle becomes more routinized and her loss is more fully accepted, she turns more to her friends for support. Also viewing the widow's bereavement in a longitudinal fashion, Ferraro and Barresi (1982) describe her social interactions from a "continuity model" rather than from a "decremental model." In other words, the woman indeed suffers a loss, but she and her life go on, in many respects, much as before.
Whether or not family members are available to her, especially in the first year or two of her period of mourning, seems to be an important factor in the widow's satisfactory adjustment. It is hypothesized that support from family members and support from friends and neighbors are positively correlated with higher psychological well-being.

Questions Bearing Further Investigation

Suddenness of death. An area which offers greater hypothetical conjecture than empirical certainty is that of "anticipatory grief." The phrase was reportedly coined by Lindemann (1940) who did the classic study on grief following the Coconut Grove fire in Boston in 1941. It is meant to connote a period of time when the potentially-bereaved person begins to deal emotionally with an impending death. The assumption is that if a person has the opportunity to begin to grieve prior to the loss, the post-mortem grief will likely be reduced proportionately. Averill's work (1968) supports such a conclusion. Smith (1978) also found that widows whose husbands had died suddenly, presumably leaving the widow without an opportunity for anticipatory grief, had higher scores on measures of depression than those whose husbands died after a long illness. Lundin (1984) also found higher psychiatric morbidity among the bereaved whose loss was unexpected.

Gerber and his associates (1975) report that the process of anticipatory grieving among the people they studied actually hindered their adjustment. They found little support for the notion that the anguish of watching a slow, painful dying process associated with an
illness serves as an extended function of softening the event of death. On the other hand, a short final illness, along with a sense of satisfaction with available help, is correlated with positive adaptation to bereavement as reported by Vachon (1982).

Ball (1976-1977), Clayton, Halikas, Maurice, and Robins (1973), and Sanders (1982-1983) found no significant difference between those who had an opportunity for mourning prior to their loss and those who did not. Appropriately, Fulton and Gottesman (1980) conclude their review of the literature with the observation, "There is uncertainty as to whether anticipatory grief is functional or dysfunctional for the individual or the family" (p. 52). With research to date offering confusing and contradictory findings, further study is called for to provide more information regarding the nature of the relationship between anticipatory grief and a widow's adjustment. The question is, what impact does the suddenness of the husband's death have upon the widow's psychological well-being?

Certainly the nature of the precipitating illness or accident which led to the death is very likely to interact with the period of "anticipation." Such would be the case whether it was the culmination of a 70-year-old man's agonizing defeat to a catastrophic illness or the peaceful and "timely" (cf. Neugarten, 1968) dying of "old age." A widow will sometimes reflect on her husband's death with a quiet smile when she recalls that he died while doing something he loved very much, such as playing golf or fishing. The implication being that surely he "died happy." Whether his death was due to violence (e.g., gunshot) an accident (e.g., automobile accident,
industrial explosion), or an illness appears to have the potential to affect his widow's adaptation to his death. One question would be whether or not his death was a relief to her. The real issue may be whether she suffered; that is, does an end to his life and suffering bring a welcomed relief to her by bringing to an end a part of her suffering? Thus, another question is, what does the impact of the husband's suffering have upon the widow's psychological well-being?

Site of husband's death. If the husband died of a long illness, he likely died in a health-care facility. If he died violently, he very well may have died in a public place. If he died suddenly (e.g., heart attack), he may have died at home. In measuring the mortality of bereaved family members, Rees and Lutkins (1967), controlling for age and sex, discovered that the risk of family members' dying within one year of the first relative's death was affected by where the first relative died. If, for example, a widow's husband died in a hospital, her own risk of death during the next year was twice what it would be if he had died at home. It is surprising that a line of inquiry around this issue has not been more vigorously pursued, especially in light of the widow's own risk and the therapeutic implications such knowledge would have on a counselor's work with her during her time of bereavement. The question is, what is the relationship, if any, between the site of the husband's death and the widow's psychological well-being?

Husband sanctification. Previous research by Lopata (1979, 1981, 1982) and by Gorer (1965) has suggested some interesting coping
methods employed by widows. Lopata found in her research with Chicago area widows that some women tended to idealize their late husband for years after his death. She constructed what she called a "sanctification scale" (1979) with which to test her hypothesis that some women will idealize their late spouses to the point of making saints of them. "It is my hypothesis," she says, "that the sanctification process is an effective means by which the widow can continue her obligation to the husband to remember him, yet break her ties and re-create herself into a person without a partner" (pp. 126-127). In a later publication, she adds, "In making the late husband into a near saint, the widow removes from his spirit any mortal sentiments of jealousy or irritation over not being mourned forever" (1982, p. 188). Her contention is that the idealization of the late husband provides the widow with an idealized past, an upgraded present status, a means of continuing her obligation to her late husband, and the opportunity to go on with her life. In the present research, the question is whether the widow's effort to idealize the late husband is related to her psychological well-being.

Domestic shrine. In what he terms "the most unforeseen aspects of the interviews," Gorer (1965) describes what he calls "domestic shrines" (pp. 80-81). He portrays that particular type of mourner who "preserves the grief for the lost husband or wife by keeping the house and every object in it precisely as he or she had left it, as though it were a shrine which could at any moment be reanimated" (p. 80). Gorer recalls that Queen Victoria had Prince Albert's clothes laid out for him and his shaving water brought in daily even
after his death. He cites men who continued for years to buy flowers for their wife's birthday and women who keep their late husband's articles, such as smoking pipes, lying around where they left them. If such a shrine were to be found, the question is whether it would serve to influence, in either direction, a widow's psychological well-being.

Variables to be Controlled

It has been pointed out that some variables are so highly correlated with psychological well-being that their interaction with the other measures could mask other relationships. Health status and the extent of social activity are such variables.

Health. That aspect of the elderly's status most highly related to well-being is the person's health. Larson (1978), in his review of the literature, points out that "[a]ll studies that address the issue have shown a significant relationship between indicators of health and reported well-being" (p. 112).

It should be noted that self-assessments of health, such as that used in the present study, have much to recommend them. As Larson (1978) indicates, correlation coefficients range from $r = .2$ to $r = .5$ among the studies using such measures of health and measures of psychological well-being. Furthermore, while physicians' assessments may be more objective, Larson adds, "they are not necessarily the most accurate estimates of the extent to which a person's condition is painful and debilitating" (p. 112). In the present study, the widow's self-report of her health will be a controlled variable.
Participation in group activities. The extent of social activity has also been shown to be related to the older person's sense of well-being. Lawton, Kleban, and di Carlo (1984) assert that, whereas the status of one's mental health is manifest in measures of negative affect, how one relates to friends and to environmental activities is reflected in measures of positive affect. Such a finding led them to conclude, along with Costa and McCrae (1980), that positive affect is heavily influenced by the extent of one's social activity. It is not, however, an uncomplicated variable. As noted by Okun and his associates (1984), a focus on only the amount of activity or the informality of the activity is likely to lead to unsubstantiated conclusions. They call for future research which will investigate "how activities are initiated and negotiated, interpreted, and associated with need satisfaction" (p. 62). Because the complexity of activity level was not a focal point of the present study, but might be an influential variable, participation in group activities will be treated as a controlled factor.

Summary of Hypotheses and Questions

The following is a list of the hypotheses and questions to be addressed in this study:

1. It is hypothesized that religious involvement is positively correlated with higher psychological well-being.

2. It is hypothesized that the actual extent of time employed outside the home during her marriage is positively correlated with higher psychological well-being during the woman's widowhood.
3. It is hypothesized that previous experience with the death of a close friend or relative is positively correlated with higher psychological well-being.

4. It is hypothesized that informal support from family members is positively correlated with higher psychological well-being.

5. It is hypothesized that informal support from friends and neighbors is positively correlated with higher psychological well-being.

6. A question is, what impact does the suddenness of the husband's death have upon the widow's psychological well-being?

7. A question is, what is the relationship, if any, between the site of the husband's death and the widow's psychological well-being?

8. A question is, what relationship, if any, does the widow's effort to idealize her late husband have upon her psychological well-being?

9. A question is, does the presence of a domestic shrine serve to influence, in either direction, a widow's psychological well-being?

Potential Contributions of the Present Research

The study is significant in several ways, including the sampling process and instrumentation. That is, only recently widowed Caucasian women over 60 years of age, living alone in their own homes, were studied. It is assumed that, for this group, bereavement may have a greater impact because support systems are usually not nearby. Use of the Affect Balance Scale (Bradburn, 1969) is not unique, but examination of the data using not only the overall measure of well-being
but also the positive-affect scale and the negative-affect scale is not always done. For example, research on older persons' support systems has been performed by Mutran and Reitzes (1984), but they used only the positive and negative affect dimensions of the ABS and not the overall scores. Furthermore, their sample included both married and widowed men and women: also, their participants were older (65 years and older). Bankoff (1983) used the ABS with widows, but her sample had a mean age 20 years younger than that in the present study. In addition, even though the complicated issue of family support and friend support has been previously addressed, controversy still remains with respect to the importance of each type of support. Also, it is believed that earlier work-related experiences may have an impact on later adjustments in life. This matter has not been fully explored; the present research aids in that exploration.

Several areas of study have produced seriously contradictory findings. One such area has to do with what is known as "anticipatory grief." Therefore, whether or not previous experience with grief is beneficial in dealing with a later death is examined. Also, the impact of a sudden death as compared to the ordeal of witnessing a protracted dying period is assessed.

The present research has potential implications for pastoral care of the widowed and non-widowed elderly. Factors such as religious involvement and the impact of the late husband's suffering upon the adjustment of the bereaved are discussed. Another interesting phenomenon, the psychological well-being of the surviving spouse as
a function of the site of her husband's death, is also explored.

Two unusual issues, the "sanctification" of the late husband (Lopata, 1979, 1981, 1982) and the establishment of a "domestic shrine" (Gorer, 1965) are also discussed.
CHAPTER III

METHODS

Sample Selection

The respondents were 226 Caucasian widows who were part of a study under the direction of Dr. Shirley L. O'Bryant (1983a), Associate Professor, Department of Family Relations and Human Development, The Ohio State University. The study, sponsored by the AARP Andrus Foundation, was entitled "The Relationship of 'Attachment to Home' and Other Factors to the Residential Choices of Recent Widows." To be eligible to participate in the study, a widow had to be over age 60, have an income below $15,000 and live alone in a home which she owned.

A multi-stage examination process using public records was to secure participants for the study. Initially newspaper obituaries were used to identify elderly males, age 65 or more, who died within a particular 13-month period. That source also included the names of their widows and children as well. It did not, however, include their addresses, which were later secured through the county death records at the health department. Those records also provided the race of the deceased. Next, the Homestead Tax Exemption rolls were checked in order to determine the status of homeownership, age, and income of the surviving widow. Finally, it was only through an initial contact at the widow's home that the final determination was made regarding eligibility for the study, in that she
### Table 1

**Total Number of Older Widows Whose Husbands Died in Franklin County from 9-1-81 to 10-31-82 and Who Were Homeowners**

<table>
<thead>
<tr>
<th>Characteristic of Respondent</th>
<th>n</th>
<th>of Total</th>
<th>of Subset</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potential respondents</strong></td>
<td>663</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td><strong>Ineligible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income too high</td>
<td>163</td>
<td>25.0</td>
<td>42.4</td>
</tr>
<tr>
<td>Not single dwelling</td>
<td>18</td>
<td>2.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Not Caucasian</td>
<td>48</td>
<td>7.2</td>
<td>12.5</td>
</tr>
<tr>
<td>Remarried</td>
<td>4</td>
<td>.6</td>
<td>1.0</td>
</tr>
<tr>
<td>Deceased</td>
<td>11</td>
<td>1.7</td>
<td>2.9</td>
</tr>
<tr>
<td>Too young</td>
<td>31</td>
<td>4.7</td>
<td>8.1</td>
</tr>
<tr>
<td>Not living alone</td>
<td>89</td>
<td>13.4</td>
<td>23.2</td>
</tr>
<tr>
<td>Ill or in nursing home</td>
<td>20</td>
<td>3.0</td>
<td>5.2</td>
</tr>
<tr>
<td><strong>Eligible</strong></td>
<td>279</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Moved voluntarily</td>
<td>11</td>
<td>1.7</td>
<td>4.0</td>
</tr>
<tr>
<td>Refused to participate</td>
<td>42</td>
<td>6.3</td>
<td>15.0</td>
</tr>
<tr>
<td>Interviewed</td>
<td>226</td>
<td>34.1</td>
<td>81.0</td>
</tr>
</tbody>
</table>
needed to live alone and be over age 60. Out of the initial pool of 663 respondents (see Table 1), 384 were determined to be ineligible. Of the remaining 279 persons eligible, 11 (4%) had already moved voluntarily and another 42 (15%) refused to participate. The final number of persons eligible and cooperating with the study was 226.

Because their numbers were too small for statistical purposes, older black or Oriental women who were homeowners and who lived alone were excluded from the study. The sample was also limited to widows in the middle- to lower-income groups ($15,000 or less), for two reasons. First, that particular group were deemed most vulnerable and, therefore, were most appropriate for the original study on the residential choices of older women. Second, the Homestead Tax Exemption rolls were used as an avenue for locating participants for the study and the eligibility for the Exemption is based on an age of 65+ and an income of not more than $15,000.

**Interviewers**

Four women, ages 48 to 55, were employed to collect data. They were selected on the basis of their previous experience in interviewing, knowledge and understanding of older persons, personality, maturity, flexibility of their work schedules, and their knowledge of the metropolitan area. Three of the four women were also widows, a factor which seemed to facilitate the establishment of rapport with the respondents.

Prior to the data collection, a training period was held for the interviewers. Each was presented with a handbook of materials,
including general guidelines about the research project, instructions for the interviewers themselves, the questionnaires, and assorted forms for record keeping. A workshop was held during which all of the materials were explained by the principal investigator. Care was taken that the interviewers would remain naive as to the hypotheses of the research. Also during the workshop, special assistance was provided by Dr. Kristi Anderson, Associate Professor, The Ohio State University Polimetrics Laboratory, on establishing rapport and conducting interviews.

A limited number of practice interviews were conducted on volunteers who were not a part of the sample before the collection of actual data began. Another training seminar was conducted by the principal investigator two weeks after the initial workshop in order to clarify issues raised by the interviewers regarding either the philosophy or the procedures of the study.

Inasmuch as data were coded immediately upon return of the questionnaires after an interview, the interviewers' work could be monitored constantly throughout the entire data collection process. This served to enhance the interviewers' skills and ease at interviewing as well as to provide greater uniformity in the data collection process.

Data Collection

Those eligible to participate in the study were contacted by Dr. O'Bryant in a letter which described the study, solicited their cooperation, and announced that a representative of the study would arrange for an interview with them. The next step in the data
collection process was a visit to the widow's home, whereupon the interviewer identified herself, recalled the aforementioned letter, and gathered additional eligibility data such as whether the widow lived alone and was at least 60 years old. If qualified for the study and willing to participate, the widow was interviewed at that time, and, if not, a later interview was scheduled.

Questions used for the present study represented about 20 minutes of the hour-and-a-half interview. Those items dealing directly with the widow's husband and her adjustment came midway in the interview, because of the sensitive nature of that area of inquiry.

Instrumentation

Some of the scales and items on the interview schedule were adapted from previous research studies (e.g., Bradburn & Caplovitz, 1965; Lopata, 1975, 1979; Arling, 1976; the Annual Housing Survey of the U.S. Bureau of Census; O'Bryant, 1983b). The schedule was comprised of the following subsections: demographic data and activities; objective housing characteristics; household maintenance; intention and reasons to stay-move; O'Bryant's Subjective Value of Home Scale; housing satisfaction; transportation; facilities and services; neighborhood condition and support; Bradburn's scale on psychological well-being; Lopata's loneliness measure; marriage and husband's death; family relationships; confidant availability; support-system information; relevant items from Lopata's Relations Restrictiveness Scale; and health status and financial situation. In addition, the interviewers, upon leaving a widow's home, recorded observations in regard to the respondent, the condition of her home, and surrounding neighborhood.
The Affect Balance Scale is a ten-item inventory designed by Bradburn (1969) to assess psychological well-being, including two orthogonal dimensions of well-being: positive affect and negative affect. Positive affect includes feeling (a) particularly excited or interested in something, (b) proud because someone complimented you on something you had done, (c) pleased about having accomplished something, (d) on top of the world, and (e) that things were going your way. Negative affect includes feeling (a) so restless that you couldn't sit long in a chair, (b) very lonely or remote from other people, (c) bored, (d) depressed or very unhappy, and (e) upset because someone criticized you.

Each affirmative response to the inventory was scored 1 and each negative response was scored 0. The responses to the Positive Affect Scale were added together to derive the Positive Affect Scale score for each respondent. Similarly, the responses to the Negative Affect Scale were added together to derive the Negative Affect Scale score for each respondent. As suggested by Bradburn (1969), total scores on each scale were collapsed in such a manner that totals of 0 or 1 were counted as 1, and scores of 4 or 5 were counted as 4. Thus, the range of possible scores on either the Positive Affect Scale or the Negative Affect Scale was 1 to 4. To derive the Affect Balance Scale score, the total Negative Affect Scale score was subtracted from the total Positive Affect Scale score and a constant of 5 was added to the result to avoid the inconvenience of working with possible negative scores. The range of scores possible on the Affect Balance Scale, then, was 5 to 9.
It was Bradburn's intent to "apply a social-psychological perspective to the study of mental health in normal populations" focusing "on the relationship between an individual's life situation and his psychological reactions to that situation" (1969, p. 1). The instrument is a subjective self-assessment of a person's affective level. Larson (1978) notes, however, two limitations to such an assessment approach. In the first place, comparing scores across populations is dangerous because there seem to be differences within specific populations that may be masked in cross-cultural applications of results. In the second place, such a study does not tell one much about a single individual, even though it may have a lot to say about groups. It should be understood, Larson argues, that it is a quick assessment and is done in a given social environment which may impact the results. It is not a "deep" psychological assessment. Nonetheless, the body of research on the measures "establishes conclusive relationships between measures of this positive-negative affective dimension and the exigencies of people's life situations" (p. 109).

Validity and reliability of the ABS has been assessed in several studies. Bradburn (1969) drew his sample from selected areas and populations across the country. The instrument was administered four times (waves) with the sample size being varied by attrition and selective site retention. The relative sample sizes were as follows: wave I (n = 2,787), wave II (n = 480), wave III (n = 2,163) and wave IV (n = 448). The Duke Adaptation Study (George, cited in Sauer & Warland, 1982) of approximately equal numbers of males and females, ranging in age from 46 to 71 years,
included use of ABS. The sample numbered 502 at the first wave and 357 at the fourth wave due to attrition. The scale was also included in the National Council on Aging study (Harris, cited in Sauer & Warland, 1982). The ages ranged from 18 years and upward, with an oversampling of persons over 55. The total sample of 4,254 included 2,792 persons over 65 years of age.

In evaluating the validity of the instrument, Bradburn (1969) examined the positive and negative affect scales against three single-item measures of happiness. The happiness indicators were as follows: (1) "Taking all things together, how would you say things are these days—would you say you are very happy, pretty happy, or not too happy?" (2) "In getting the things you want out of life, would you say that you are doing very well, pretty well, or not too well?" (3) "Considering the way your life is going at this moment, would you like to continue much the same way, like to change some parts of it, like to change many parts of it?" In the first wave gamma coefficients for positive affect scores were .34, .37, and .16 or each of the items. Corresponding coefficients for the negative affect scale scores were -.33, -.35, and -.34. In the third wave analysis, gamma coefficients for positive affect were .38, .36, and .20. Corresponding coefficients for negative affect were -.38, -.27, and -.36.

Mangen (cited in Sauer & Warland, 1982) computed coefficients for factor items in the positive affect scale ranging from .50 to .57. For the negative affect scale the coefficients ranged from .42 to .68. Mangen also demonstrated the orthogonal nature of the positive
affect scale and the negative affect scale, supporting Bradburn's contention that they are two distinct dimensions of affect. Bradburn had previously found small gamma associations between summary scales, which he used to demonstrate his hypothesis regarding independence of the scales.

Measurement error in the positive affect scale was noted by Mangen (cited in Sauer & Warland, 1982) to be correlated with deteriorating health and lower levels of social involvement. In regard to the negative affect scale, measurement error was also related to deteriorating health but less strongly associated with social characteristics. Measurement error actually decreased as the subjects got older.

In tests of convergent validity, Moriwaki (cited in Larson, 1978) found the ABS to be correlated, $r = .61$, with the Rosow Morale Scale. Bild and Havighurst (cited in Larson, 1978) noted similar correlations, $r = .66$, with Neugarten's Life Satisfaction Index.

Bradburn reports test-retest examination for reliability where Q values were figured for each item and gamma coefficients for each scale. The Q values ranged from .86 to .96 for the positive affect scale items and from .90 to .97 for negative affect scale items. Gamma association for positive affect scale scores was .83; for the negative affect scores it was .91, and for the affect balance the gamma coefficient was .76. Bradburn states, "We interpret these high coefficients to mean that stability of responses is sufficient to enable identification of meaningful change when it occurs, even though repeated measurement does produce some change in response"
(1969, p. 77). He notes a slight tendency for scores to shift toward the positive direction in the short run but says that, in the long run, such effects disappear.

Further support for the reliability of the instrument is provided by Mangen (cited in Sauer & Warland, 1982). Using data from the National Council on Aging study, he figured internal consistency (Cronbach's alpha) of the positive affect scale to be .66 and of the negative affect scale to be .70. George (cited in Sauer & Warland, 1982) computed Cronbach alphas on data gathered in the Duke Adaptation Study and found correlations on four waves of testing to range from .58 to .66 on positive affect scores, from .71 to .79 on negative affect scores, and from .52 to .60 on affect balance scores.

George (1982) evaluated eight different measures of subjective well-being. She noted that the ABS was the only measure which met the psychometric criteria in all of the following categories: Normative data (population norms and subgroup norms), applicability to heterogeneous samples, quantification and discriminability, reliability, validity, scalability, sensitivity to change, and ease of administration. Sauer and Warland (1982) conclude their assessment of the instrument by saying that it is a "viable technique for measuring psychological well-being in older populations" (p. 219).

**Operational Definitions**

The following operational definitions are to provide clear and specific directions as to how each of the variables in the study are identified and measured.
Domestic Shrine

For purposes of this study, a domestic shrine is defined as that portion of the widow's home which is maintained just as her husband left it, as if he were, at any moment, to rehabit it. It was decided that the concept would be assessed with the use of two independent measures. The widow was asked, "Are there some possessions or some parts of your home which especially remind you of your husband? Would you say: Almost everything here reminds you of your husband? A few things? or Nothing at all?" In addition, upon leaving the respondent's home, the interviewer herself was asked several questions about the widow and her residence, including, "Did you see any evidence of a 'domestic shrine'?" The question was answered either "Yes" or "No."

Employment/Independence

One measure of "independence" was the extent of the widow's employment outside her home during her marriage. This was assessed with the question, "During your marriage did you have any job outside the home: All of the time; Most of the time; Some of the time; Never?" In a related consideration, the widow's perception of her current independence relative to that prior to her bereavement was measured by her agree/disagree response to the statement, "I feel more independent and free now than before I became a widow."

Health

Health is defined as the widow's self-assessment of her health. It was measured by her response to the question, "How would you rate your health at the present time? Excellent, Good, Fair, Poor?"
Informal Support

Informal support is operationally defined as the total number of activities/services for which the widow received help (a) from family and (b) from friends and/or neighbors. The concept was measured by means of the widow's response to a list of 11 things that "people often do for each other in daily life or in solving problems." The list includes eight instrumental activities and three expressive activities. Instrumental activities related to transportation, household repairs, housekeeping, shopping, yard work, car care, assistance with legal problems, and financial support. Expressive activities relate to being available when the widow feels blue, care when ill, and help with important decisions. The widows were asked if they received help with each stated activity and, if so, who provided the help. A total support score was obtained by adding together the different kinds of activities for which services were recorded. In the data analyses, the nature of the relationship (family/friend-neighbor/professional), the number of different services provided, and the nature of the support (instrumental/expressive) were used as variables.

Participation in Group Activities

Participation in group activities is defined as the extent to which the widow participated in organized activities outside her home. The activity level was figured by determining the grand sum of the times per year she attended all groups to which she belonged.

Previous Experience with Grief

Previous experience with grief was measured by the yes/no response to the question, "Before the death of your husband, had you lost any
close friends or relatives?" In addition, data were gathered with respect to who had died and how long ago the death had occurred.

Religious Involvement

For the purposes of this study, religious involvement is defined as the number of times per year the widow attended church/synagogue. The concept was measured by asking those who indicated they attended church/synagogue to respond to the statement, "How often do you go?" The participant's perception of how well her religion helped her cope with her loss was measured by her response (Strongly Agree; Agree; Disagree; Strongly Disagree) to the statement, "My religion has helped me adjust to the death of my husband."

Sanctification

For the purpose of this research, sanctification is defined as the esteem in which the widow held her deceased husband as a person in general and as a father in particular. It was measured by using two items from Lopata's sanctification scale (Lopata, 1979, pp. 124-138): "My husband was an unusually good man" and "My husband was a very good father to our children." The widow responded to each item with one of the following: "Strongly Agree; Agree; Disagree; Strongly Disagree."

Site of Husband's Death

With respect to the site of the husband's death, the widow was asked, "Where did your husband die: At home; In hospital/nursing home; At work; Other (Specify)."

Suddenness of Death

Three components to the consideration of anticipatory grief include (a) whether or not the husband's death was sudden, (b) how long before
he died that the widow was aware he was going to die, and (c) whether or not the widow perceived that her husband suffered before he died. The suddenness of death was measured by the widow's yes/no response to the question, "Was your husband's death fairly sudden?" Those who answered that question in the affirmative were also asked, "How long before he died did you know he was going to die?" Whether or not the widow perceived that her husband suffered before he died was measured by the widow's yes/no response to the question, "Did he suffer much or long before he died?"
CHAPTER IV

RESULTS

Description of Respondents

In order to be eligible for the study, a widow had to be at least 60 years old, have an income below $15,000 a year, and live alone in her own home. As a group, the mean age of the widows was 71.6 years (see Table 2). They had been widowed for an average of 13 months, with the range being from 7 to 21 months. Eighty percent (n = 181) had approximately two children each, and eighty-four percent (n = 189) had two-and-a-half brothers and sisters. Almost two-thirds of them reported their health to be either good (47%, n = 105) or excellent (17%, n = 39). The remainder reported their health to be either fair (30%, n = 68) or poor (6%, n = 14). Although 37% (n = 83) indicated that health troubles stood "a little" in the way of their doing the things they wanted to do, 43% (n = 98) reported that such problems hindered them "not at all." Another 20% (n = 45) found their activities curtailed "a great deal" by health problems.

Data Analysis

Refinement of Variables

Prior to multiple regression analysis, which was the major statistical procedure, a correlational analysis was performed to test for multicollinearity among 41 singular variables. In order to establish a reasonable ratio between variables and respondents, 12 or the 41 variables were selected for their non-collinearity at the .05 level
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>Percentage</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>226</td>
<td>100</td>
<td>71.6</td>
<td>6.49</td>
<td>60-89</td>
</tr>
<tr>
<td>Days widowed</td>
<td>226</td>
<td>100</td>
<td>403.6</td>
<td>111.58</td>
<td>216-636</td>
</tr>
<tr>
<td>Number of children</td>
<td>181</td>
<td>80</td>
<td>2.05</td>
<td>1.67</td>
<td>0-10</td>
</tr>
<tr>
<td>Number of siblings</td>
<td>189</td>
<td>84</td>
<td>2.3</td>
<td>.14</td>
<td>0-9</td>
</tr>
<tr>
<td>Age at last marriage</td>
<td>226</td>
<td>100</td>
<td>25.93</td>
<td>10.25</td>
<td>16-65</td>
</tr>
<tr>
<td>Length of last marriage</td>
<td>226</td>
<td>100</td>
<td>44.0</td>
<td>11.19</td>
<td>3-69</td>
</tr>
<tr>
<td>Monthly income</td>
<td>226</td>
<td>100</td>
<td>$700.00</td>
<td>NA</td>
<td>$200-1000+</td>
</tr>
</tbody>
</table>

| Economic status                    |     |            |       |      |        |
| Well off                           | 28  | 12         |       |      |        |
| Comfortable                        | 159 | 71         |       |      |        |
| Rather short                       | 29  | 13         |       |      |        |
| Really restricted                  | 10  | 4          |       |      |        |

| Education                          |     |            |       |      |        |
| 8 years or less                    | 33  | 15         |       |      |        |
| Some high school                   | 52  | 23         |       |      |        |
| Completed high school              | 87  | 38         |       |      |        |
| Some college                       | 38  | 17         |       |      |        |
| Completed college                  | 16  | 7          |       |      |        |

| Employed (outside home)            |     |            |       |      |        |
| Worked all of the time             | 26  | 12         |       |      |        |
| Worked most of the time            | 63  | 27         |       |      |        |
| Worked some of the time            | 99  | 44         |       |      |        |
| Never worked                       | 38  | 17         |       |      |        |

| Health                             |     |            |       |      |        |
| Excellent                          | 39  | 17         |       |      |        |
| Good                               | 105 | 47         |       |      |        |
| Fair                               | 68  | 30         |       |      |        |
| Poor                               | 16  | 6          |       |      |        |

| Health problems as a hinderance   |     |            |       |      |        |
| Not at all                         | 98  | 43         |       |      |        |
| A little                           | 83  | 37         |       |      |        |
| A great deal                       | 45  | 20         |       |      |        |
of significance and because they represented the areas of major interest (see Table 3). A variable-subject ratio of 1:19 was deemed acceptable in light of practice by other researchers. Gorsuch (1974) suggests a variable-subject ratio of 1:5. Quinn (1983) used a ratio of 1:10 in his research, and Lawton (1974), who also had 12 variables in research cited in this study, had a ratio of 1:24, using 296 subjects. The hypotheses and questions related to religious involvement, independence, previous experience with grief, the presence of a domestic shrine, the state of the widow's health, and the site of the husband's death were each represented by single-item measures. Because of the high correlation, $r = -0.46$, $p < 0.001$, between suddenness of death and the husband's suffering, the concept of anticipatory grief was measured with a single item, suddenness of death, in the regression analysis. Data on suffering, however, were used in the extended analyses. Questions related to sanctification of the husband were represented by two single-item measures, one having to do with the widow's perception of the husband as a "good man" and the other with the widow's perception of the husband as a "good father."

Five indices, measuring various aspects of informal support, were derived from the widow's responses to 11 things "people often do for each other in daily life or in solving problems." The respondents indicated (a) whether they received assistance with each activity and, if so, (b) the relationship of the person who provided the assistance. Their responses were totalled for two categories of service (instrumental and expressive) and for three categories of service providers (family, friend-neighbor, and professional). **Instrumental support**
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Direction</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Independent Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious involvement</td>
<td>Times per year widows attend church/synagogue; Range = 0-99</td>
<td>Greater attendance</td>
<td>35.03</td>
<td>33.63</td>
</tr>
<tr>
<td>Employment/Independence</td>
<td>Four levels of employment: All of the time = 1 to Level = 4</td>
<td>Never working</td>
<td>2.66</td>
<td>.90</td>
</tr>
<tr>
<td>Previous experience</td>
<td>Widows' previous experience with the death of close friend or relative; Yes = 1; No = 2</td>
<td>No experience</td>
<td>1.26</td>
<td>.43</td>
</tr>
<tr>
<td>Family support</td>
<td>11 things people do for each other; Range = 0-11</td>
<td>More support</td>
<td>4.34</td>
<td>1.51</td>
</tr>
<tr>
<td>Friend-neighbor support</td>
<td>11 things people do for each other; Range = 0-11</td>
<td>More support</td>
<td>1.39</td>
<td>1.58</td>
</tr>
<tr>
<td>Suddenness of death</td>
<td>Widows' report of suddenness of death; Yes = 1; No = 2</td>
<td>Not sudden</td>
<td>1.51</td>
<td>.50</td>
</tr>
<tr>
<td>Site of death</td>
<td>Site of husband's death: Home = 1; Away from home = 2</td>
<td>Away from home</td>
<td>1.78</td>
<td>.56</td>
</tr>
<tr>
<td>Good father</td>
<td>Strongly agree = 4 to Strongly disagree = 1</td>
<td>Strongly agree</td>
<td>3.50</td>
<td>.65</td>
</tr>
<tr>
<td>Good man</td>
<td>Strongly agree = 4 to Strongly disagree = 1</td>
<td>Strongly agree</td>
<td>3.56</td>
<td>.56</td>
</tr>
<tr>
<td>Domestic shrine</td>
<td>Widows' possessions which remind her of her husband; Everything = 3 to Nothing = 1</td>
<td>More reminders</td>
<td>2.71</td>
<td>.50</td>
</tr>
<tr>
<td><strong>Controlled Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Self report; Poor = 1 to Excellent = 4</td>
<td>Healthy</td>
<td>2.73</td>
<td>.81</td>
</tr>
<tr>
<td>Group activities</td>
<td>Number of times per year widows participated in group activities; Range = 0-416</td>
<td>More activity</td>
<td>31.51</td>
<td>58.23</td>
</tr>
<tr>
<td><strong>Dependent Measures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive affect</td>
<td>Five positive affect items from Bradburn's scale</td>
<td>Higher affect level</td>
<td>3.10</td>
<td>1.30</td>
</tr>
<tr>
<td>Negative affect</td>
<td>Five negative affect items from Bradburn's scale</td>
<td>Higher affect level</td>
<td>1.64</td>
<td>1.48</td>
</tr>
<tr>
<td>Affect balance</td>
<td>Bradburn's 10-item Affect Balance Scale</td>
<td>Toward positive affect</td>
<td>6.07</td>
<td>1.62</td>
</tr>
</tbody>
</table>
activities were transportation, household repairs, housekeeping, shopping, yard work, car care, assistance with legal problems, and financial support. **Expressive support** activities were being available when the widow felt blue, providing care when ill, and providing help with important decisions. These two indicies, which were not relevant to any specific hypotheses, were used only in particular *post hoc* analyses.

Three indicies, family support, friend-neighbor support, and professional support, were created from the three categories of service providers. **Family support** is composed of services provided by the following persons: children, children-in-law, grandchildren, siblings, siblings-in-law, and other family members including nieces, nephews, and cousins. It should be noted that in order to limit the number of variables in the regression analysis, a decision was made not to use the number of children and number of siblings as independent variables measuring family support but to create the index of family support. Simple use of the number of children and siblings would likely have accounted for more of the variance in the regression analysis, inasmuch as they were more highly correlated with the three dependent measures than was the index. However, it was determined that the present research would be more meaningful if the index of family support was used. It was also anticipated that *post hoc* analyses of related indices accounting for various combinations of family relationships and kinds of support services would add significantly to the results. To use the number of children in conjunction with the family support index was ruled out due to problems of multicollinearity, $r = .32$, $p < .001$, the amount of support from children being at least somewhat
dependent upon how many children there are to provide services. **Friend-neighbor support** is composed of the number of services provided by friends and neighbors. **Professional support** is composed of the number of services purchased by the widow, such as medical and legal services and car care, or other professional services, such as those provided by clergy. Based on the hypotheses, only family support and friend-neighbor support were included in the regression analysis. However, professional support was included in several of the subsequent analyses.

Another index, representing participation in group activities, was also created. The respondents were asked to identify groups to which they belonged and to note how many times they attended meetings of the groups. Groups included were religious, fraternal, social, civic, artistic, professional, sport, charitable, and other. It should be noted that religious groups, as a category, includes bible study and other special-interest groups and is not to be confused with or considered to overlap with the religious involvement variable, which is a measure of frequency of attendance at sabbath day and midweek services. The numeric value of the index is the grand sum of the times per year a respondent attended each group to which she belonged.

Participation in group activities, status of the widow's health, and days of her bereavement were all considered for inclusion as controls in the analyses. Days of bereavement, however, was not found to be significantly correlated with any of the dependent measures, and, consequently, was not used in further analyses. Participation in group activities was highly correlated with overall psychological well-being, \( r = .19, p < .01 \), and with positive affect, \( r = .24, p < .001 \). The
most highly correlated of all the variables with overall psychological well-being was health, $r = .29, p < .001$. It was also correlated highly with positive affect, $r = .26, p < .001$, with negative affect, $r = -.20, p < .01$, and with participation in group activities, $r = .22, p < .001$.

**Multiple Regression Analysis**

The preliminary statistical procedure was a forced-entry multiple regression analysis performed with each of the three dependent measures of psychological well-being: positive-affect scale scores, negative-affect scale scores, and affect-balance scale scores (see Table 4). The forced-entry multiple regression provided the percentage of total variance accounted for on each of the dependent measures. It also provided, in a step-wise fashion, the percentage of variance accounted for by each variable as it entered the regression analysis.

This analysis demonstrates that the 12 selected variables explained $17.90\%$ of the variance in positive affect and $15.07\%$ of the variance in negative affect. They also explained $19.70\%$ of the variance in overall psychological well-being. The preliminary regression analysis supports the use of the selected variables for further study. A variety of statistical procedures were conducted in the analysis of specific hypotheses and questions, using the most appropriate statistical methods in each instance.

**Tests of Hypotheses**

**Religious involvement.** It was hypothesized that religious involvement, as measured by church/synagogue attendance, would be positively correlated with psychological well-being. As predicted, significant partial correlations (see Table 5) were found between greater religious
Table 4

Regression Analysis Results: Additional Percentage of Variance Contributed by Each Variable

<table>
<thead>
<tr>
<th>Variable</th>
<th>Positive Affect</th>
<th>Negative Affect</th>
<th>Affect Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6.75***</td>
<td>4.19**</td>
<td>8.29***</td>
</tr>
<tr>
<td>Group activity</td>
<td>3.64**</td>
<td>.15</td>
<td>1.63*</td>
</tr>
<tr>
<td>Religious involvement</td>
<td>4.20***</td>
<td>.24</td>
<td>2.81**</td>
</tr>
<tr>
<td>Family support</td>
<td>1.21</td>
<td>.94</td>
<td>1.73</td>
</tr>
<tr>
<td>Friend-neighbor support</td>
<td>1.67</td>
<td>.54</td>
<td>1.43</td>
</tr>
<tr>
<td>Previous experience</td>
<td>.16</td>
<td>3.71**</td>
<td>1.36</td>
</tr>
<tr>
<td>Employment/Independence</td>
<td>.07</td>
<td>2.10*</td>
<td>.91</td>
</tr>
<tr>
<td>Site of death</td>
<td>.08</td>
<td>1.86**</td>
<td>.69</td>
</tr>
<tr>
<td>Suddenness of death</td>
<td>.05</td>
<td>.38</td>
<td>.41</td>
</tr>
<tr>
<td>Good father</td>
<td>.01</td>
<td>.79</td>
<td>.37</td>
</tr>
<tr>
<td>Good man</td>
<td>.03</td>
<td>.11</td>
<td>.06</td>
</tr>
<tr>
<td>Domestic shrine</td>
<td>.04</td>
<td>.07</td>
<td>.01</td>
</tr>
<tr>
<td>Totals</td>
<td>17.90</td>
<td>15.07</td>
<td>19.70</td>
</tr>
</tbody>
</table>

*p < .05

**p < .01

***p < .001
Table 5
Partial Correlations of Major Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious involvement</td>
<td>.04</td>
<td>-.13</td>
<td>.04</td>
<td>.07</td>
<td>.10</td>
<td>.01</td>
<td>.15</td>
<td>.05</td>
<td>.22***</td>
<td>-.04</td>
<td>.18**</td>
<td></td>
</tr>
<tr>
<td>Employment/Independence</td>
<td>.09</td>
<td>.02</td>
<td>-.13</td>
<td>-.14*</td>
<td>-.01</td>
<td>-.14*</td>
<td>.04</td>
<td>.03</td>
<td>.02</td>
<td>-.16*</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td>Previous experience</td>
<td>-.05</td>
<td>-.04</td>
<td>.04</td>
<td>-.06</td>
<td>-.07</td>
<td>-.04</td>
<td>-.03</td>
<td>-.09</td>
<td>-.20**</td>
<td>.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family support</td>
<td>-.49***</td>
<td>.01</td>
<td>-.01</td>
<td>.26***</td>
<td>.02</td>
<td>-.13*</td>
<td>.12</td>
<td>-.06</td>
<td>.13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend-neighbor support</td>
<td>.05</td>
<td>.04</td>
<td>-.29***</td>
<td>-.13*</td>
<td>.07</td>
<td>.04</td>
<td>.04</td>
<td>.04</td>
<td>.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suddenness of death</td>
<td>.03</td>
<td>-.07</td>
<td>-.10</td>
<td>-.02</td>
<td>-.01</td>
<td>-.04</td>
<td>.07</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Site of death</td>
<td>-.15*</td>
<td>-.04</td>
<td>.09</td>
<td>.11</td>
<td>.21**</td>
<td>-.08</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Good father</td>
<td></td>
<td>.24***</td>
<td>.09</td>
<td>.01</td>
<td>.04</td>
<td>-.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good man</td>
<td></td>
<td>.21**</td>
<td>.01</td>
<td>.01</td>
<td>-.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic influence</td>
<td></td>
<td></td>
<td>.03</td>
<td>.01</td>
<td>-.03</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Affect balance</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Health and participation in group activities are controlled variables.

*P < .05
**P < .01
***P < .001
involvement and overall psychological well-being, \( r = .18, p < .008 \), as well as between greater religious involvement and the positive-affect dimension of well-being, \( r = .22, p < .001 \). There was no significant relationship between religious involvement and the negative affect dimension.

In the regression analysis, religious involvement accounted for 4.20% of the variance in positive affect and for 2.81% of the variance in overall psychological well-being. However, it accounted for only .24% of the variance in negative affect.

In post hoc analyses, the frequency of church/synagogue attendance was divided into four categories: (a) never attend, (b) attend once a month or less, (c) attend once a week, and (d) attend twice a week. It was discovered that those who attended once a week had significantly higher scores on the positive-affect dimension of psychological well-being at the .05 level than those who never attended. Furthermore, it was also found that those who attend church/synagogue twice a week had higher scores on the positive-affect dimension at the .05 level than all other categories of respondents, \( F(3,222) = 5.09, p < .002 \).

Another measure of religiosity provided further post hoc support for the hypothesis. The respondent's belief that her religion helped her adjust to the death of her husband was highly correlated with the positive-affect dimension of psychological well-being, \( r = .25, p < .001 \), and with overall psychological well-being, \( r = .17, p < .01 \). It was also highly correlated with frequency of church/synagogue
attendance, $r = .36, p < .001$, supporting the construct validity of the item used in the regression analysis.

**Employment/Independence.** It was hypothesized that the extent of a widow's employment outside the home during her marriage would be a justifiable measure of her independence and be positively correlated with her psychological well-being at widowhood. However, the only significant partial correlation found was negative and was between employment history and negative affect, $r = -.16, p < .014$. This finding suggests that the less the respondents had worked outside the home during their marriage, the lower their negative affect level at widowhood. The variable contributed 2.10% to the variance in the regression on negative affect, but only .07% on positive affect and .91% on overall psychological well-being. Extended analyses indicated that the more children the respondents had the less they tended to work outside the home, $r = .15, p < .028$. Yet, when using the number of children as a controlled variable, along with health and participation in group activities, the partial correlations changed very little. Nonetheless, the correlation between employment history and number of children suggests that the higher psychological well-being associated with not working may be confounded by the positive contribution that the greater number of children has on the respondents' psychological well-being.

Another item on the questionnaire assessed the widow's present sense of independence as compared to the time prior to her husband's death, but no relationship of significance was found between employment
history and the present sense of independence. That item, therefore, will be discussed later within the context of anticipatory grief and the suddenness of death.

**Previous experience with grief.** It was hypothesized that previous experience with the death of a close friend or relative would be positively correlated with higher psychological well-being. In other words, living through one loss would demonstrate that one can and does adjust and that one's own life does go on. More importantly, perhaps, it could be anticipated that the experience of significant loss enables one to mature as a result of one's confrontation with the existential reality of death. Contrary to what was predicted, however, previous experience with the death of someone close was significantly correlated with negative affect, $r = -.20, p < .003$. This finding suggests that those who had previous experience with the death of someone close actually had higher negative affect, that is, these widows felt worse.

Regression analyses on each of the three dependent measures showed previous experience with death to contribute 3.71% of the total variance of negative affect, but only 1.36% and .16% of the total variances of overall psychological well-being and of positive affect respectively. Post hoc examination of the data in terms of (a) who had died previously and (b) the number of years prior to the husband's death the widows had experienced the death of someone close did not provide any further insights.

**Informal support.** Indices were derived from a list of 11 support services to measure various aspects of informal support received by
the widows. The respondents identified the kinds of support they received and who delivered the services. Total support from all relatives composed the index called family support, and total support from friends and neighbors composed the index called friend-neighbor support. It was hypothesized that overall informal support from family and overall informal support from friends would be related to greater psychological well-being. The results, however, do not support the hypotheses. In the regression analysis, total support from all family members added only 1.73% to the variance in overall psychological well-being, 1.21% to the variance in positive affect, and .94% to the variance in negative affect. Support from friends and neighbors added 1.43% to the variance in overall psychological well-being, 1.67% to the variance in positive affect, and .54% to the variance in negative affect.

Even though they did not add significantly to the variance in the three dependent measures, the indices created to measure informal support do add to the understanding of service providers and support systems. Higher overall psychological well-being is positively correlated with the number of children, \( r = .14, p < .042 \), and with siblings, \( r = .15, p < .023 \). A positive correlation was found between psychological well-being and the total number of services provided by children, \( r = .17, p < .038 \). When examined in terms of total "expressive" services provided by children, their spouses, and grandchildren, the correlation with psychological well-being was again positive, \( r = .18, p < .008 \). A significant negative correlation, \( r = -.23, p < .001 \), was
found between psychological well-being and the number of "expressive" services which were either purchased or provided by professionals.

Further analysis into informal support shows that the respondents would tend to rely on either friends or family but not both for services, $r = -.49, p < .001$. There was also a significant correlation between the number of children the widows had and the total number of both expressive, $r = .17, p < .012$, and instrumental, $r = .16, p < .017$, services they received. Such a correlation did not exist for siblings.

It was also noted that the more children and siblings the widow had, the greater number of services they would receive from the children, $r = .53, p < .001$, and siblings, $r = .14, p < .036$, respectively. However, when the respondents had children available, they relied on them and not their own siblings, $r = -.22, p < .001$. The total number of services either hired out or received from professionals was significantly and negatively correlated with the number of children, $r = -.16, p < .015$, and siblings, $r = -.21, p < .001$.

Investigation of Questions

**Suddenness of death.** Three components to the consideration of anticipatory grief include (1) whether or not the husband's death was sudden, (2) how long before he died that the widow was aware that he was going to die, and (3) whether or not the widow perceived that her husband suffered before he died. The principal question has to do with the impact of the suddenness of the husband's death upon the widow's psychological well-being. Partial correlations found no significant relationship between that variable and any of the three dependent measures. In the regression analyses, suddenness of the husband's
death added on .05% and .38% to the variances of positive and negative affect respectively. Furthermore, it added only .41% to the variance of overall psychological well-being. The question as to how long before the husband died that the widow knew he was going to die was also not significantly correlated with any of the dependent measures. Furthermore, because this question was not asked of all the respondents, it could not be included in the regression. Only those women who had said that their husbands had died suddenly were asked how long beforehand they knew he was going to die. There was a trend ($p < .17$), however, for those whose period of anticipation was one week or less to have higher psychological well-being than those whose period of anticipation was two weeks or more.

As might be expected, the correlation between the widow's perception of the husband's suffering and the suddenness of his death was high and negative, $r = -.46$, $p < .001$. That is to say, the swifter the death, the less the suffering. Because of the nature of the relationship between the two variables, only suddenness of death was included in the regression analysis.

As was inferred earlier, the scale item which assessed the widow's agreement with the statement, "I feel more independent and free now than before I became a widow," was found to be highly correlated, $r = .24$, $p < .001$, with a nonsudden death. That is to say, if the death were prolonged, the widow described herself as feeling more free and independent in widowhood than before. Not surprisingly, that sense of freedom and independence was also significantly related, $r = -.22$, $p < .001$, to her perception of his suffering.
Site of husband's death. Another issue related to the widow's adjustment is where the husband died. The question was, what is the relationship, if any, between the site of the husband's death and the widow's psychological well-being? The site of the husband's death was found to be positively correlated with negative affect, $r = .21$, $p < .002$. In the regression analysis, it also contributed more to the variance in negative affect, 1.86%, than to positive affect, .08%, or overall psychological well-being, .69%. This is to say that the widows whose husbands died away from home (73%, $n = 165$) had greater negative affect than those whose husbands died at home (27%, $n = 61$). It should also be noted that no significant correlation was found between the site of the husband's death and either suffering or suddenness of death.

Some interesting correlations were uncovered between the site of the husband's death and the amount of support the widow subsequently received from her children and siblings. It appears that if the husband died at home, the greater the informal support the widow received from her children, $r = -.14$, $p < .031$. If the husband did not die at home, the greater informal support the widow received from her siblings, $r = .17$, $p < .009$.

Sanctification. The question was whether the widow's effort to idealize the husband was related to psychological well-being. No significant correlations were found between psychological well-being and the respondent's contention that the husband had been a "very good father" and/or an "unusually good man." Taken together the items
added only .04% to the variance in positive affect, 1.22% to the variance in negative affect, and .43% to the variance in overall psychological well-being.

The respondents' judgment that the husband had been a "very good father" and an "unusually good man" were highly correlated with each other, $r = .24$, $p < .001$, yet it was considered important to use both variables in the assessment of the construct of "sanctification." The assertion that the husband was an "unusually good man" was found to be positively correlated, $r = .19$, $p < .005$, with the belief that religion had helped the widow cope with the husband's death. The assessment of his role as father by the 181 widows (80%) who had children, was positively correlated with the number of children, $r = .32$, $p < .001$, but was negatively correlated with her sense of independence, $r = -.22$, $p < .001$. That is to say, the higher regard she had for his parenting, the less likely she was to feel free and independent after his death.

Domestic shrine. — Originally two variables were proposed to measure the existence of a "domestic shrine." The interviewers had been instructed on how to identify such a shrine, but in only three instances did they note the existence of a shrine. Inasmuch as interviewers were admitted only to the living room, they did not have full information about the home on which to judge accurately. Consequently, the presence of a domestic shrine was measured by the question regarding possessions or parts of the home which reminded the widow of the husband. This item was not significantly correlated with the interviewers' recognition of a domestic shrine. The regression analyses also indicated
that there was little contribution of such mementos to the widow's well-being. Possessions contributed only .04% to the variance in positive affect, .07% to the variance in negative affect, and .01% to the variance in overall psychological well-being; however, there was a strong positive correlation, $r = .21$, $p < .002$, between the memory value of possessions and the widow's contention that the husband had been "an unusually good man." It is also noteworthy that the less family support the widow received, the more she was reminded of the husband through possessions or parts of her home, $r = -.12$, $p < .05$. 
CHAPTER V
DISCUSSION

In the discussion which follows, each of the research hypotheses and questions will be addressed. The usefulness of the Affect Balance Scale in this type of research will also be noted. Finally, a concluding summary of the findings of the research and implications for future research and practice are presented.

Hypotheses and Questions

Religious Involvement

The hypothesis stated that religious involvement would be important to the psychological well-being of older widows and was supported by the research. The fact that religious involvement contributes 4.2% of the variance in positive affect and 2.81% of the variance in overall psychological well-being leads one to conclude that, second only to her health among the variables assessed in this research, religious involvement is very important to the happiness of older widows. Also, it should be noted that participation in special-interest groups of a religious nature was not included, and, in fact, deleted as a result of being a part of the control variable, participation in group activity.

That religious involvement is so very important to older widows suggests that, from a therapeutic standpoint, there is wisdom to their inclusion of religious activities into the broader range of their group activities. Perhaps religion enables them to have the perspective on
on life which Erikson (1950) describes as "an experience which conveys some world order and spiritual sense" (p. 232). From the standpoint of religion as a mechanism for coping with grief, as a platform from which to gain perspective on life, and as an activity per se, it is evident that religious involvement serves to ease many an older woman's transition into her life as a widow.

Employment/Independence

For the women in this study, the level of their previous work history was highly correlated only with negative affect, adding 2.1% to the variance on that dimension of well-being. Thus, the results do not support the hypothesis that greater employment outside the home during her marriage would be positively correlated with her psychological well-being at widowhood. The assumption was that a more active work history outside the home would be correlated with a greater sense of independence.

One explanation for the negative finding is that the kind of employment available to this cohort of women was not such that their sense of independence would be enriched. Many, for example, worked in limited growth positions during the Second World War and returned to full-time homemaking when the war was over or when a particular economic crisis within the family was resolved. Almost 40% (n = 90) of them worked in clerical or sales positions; another 20% (n = 45) worked in factories or did custodial work. Only 23% (n = 53) were employed as professional persons or in management. Thus, the belief that work experience would be a good measure of self-reliance and provide a positive sense of independence for these older women may have been mistaken.
Another explanation for the finding is to be found in the report by Rallings and Nye (1979) who suggest that women who work out of choice and not out of need and who work often only on a part-time basis are happier with their work and their lives. Thus, the correlation between work levels and negative affect may not be a function of the woman's sense of independence (or lack of it). It may be a reflection of a general dissatisfaction with life, manifested, in part, by the fact that she had to work outside of her home during her marriage.

**Previous Experience with Grief**

It was hypothesized that previous experience with the death of a close friend or relative would be positively correlated with higher psychological well-being. It was believed that the experience itself would mature a person psychologically and philosophically. The rather surprising finding that those who had previous experience with grief actually felt worse has an explanation which is, in retrospect, not so surprising. The widows, whose mean age was 71.6 years, tended not to count the deaths of their parents among their previous experiences with grief. Only 25% (n = 56) reported the deaths of their parents and 31% (n = 69) reported no previous experience at all, both of which are unlikely figures. Parental deaths were considered, in all probability, "timely" (Neugarten, 1968) and a natural part of the life cycle which could be taken for granted and, thus, not counted as previous experience with grief. What is left, then, is the unusual and often untimely death of a child, grandchild, niece, nephew, friend, or sibling. It has been observed that experiences with the deaths of
persons younger than oneself have classically been more difficult to work through. They are often left unresolved over one's lifetime, actually producing side issues and problems of their own. This, perhaps, explains why previous experience with death accounts for 3.64% of the explained variance in the negative-affect dimension of psychological well-being. Further analysis into who had died produced no significant results nor did analysis of how long ago those deaths took place.

Informal Support

Although it had been predicted that informal support from family members and informal support from friends and neighbors would be positively and significantly correlated with the dependent measures, they were not. The indices measuring those constructs, however, had been derived in such a way as to identify the number of services which were provided rather than the frequency of each type of support. The services were divided into instrumental and expressive types. Instrumental services included such things as help with the car, lawn, and household repairs. Expressive services included being available when the widow felt blue, care when ill, and help with important decisions.

The presence and number of children and/or siblings was positively correlated with higher psychological well-being and with the total number of instrumental and expressive support services received by the widows. Of special importance is the role played by the children and their families. Additionally, the more support she received from her family, the less the widow would purchase services from the outside. It is interesting to note that the widow who had to go to
sources outside her family for services, such as someone to be with
her when she was feeling blue or ill or to help her make decisions,
had significantly lower psychological well-being. One explanation
would be that she would expect, or, at least, desire such expressions
of caring to come primarily from family members. That family support
was a more prominent feature in the widows' support system than
friend-neighbor support is probably due to the fact that these were
recent widows who still were looking to their families for support
more than they were looking to their friends and neighbors.

Further analysis into informal support systems suggests that the
respondents would take services from the people who were available to
them, but that they would do so in a selective and orderly fashion.
That is, if they had children, they went to their children first for
help and then to others such as siblings, lending support to the "hier-
archial-compensatory" model of informal support (Cantor, 1979) which
predicts that persons will turn to others for aid in an order of
preference. However, the "task-specific model" (Dono, et al., 1979),
which predicts that one will select persons for help based upon their
ability to perform the tasks desired, may also add to the understand-
ing of the process. For example, may siblings of the widows are
likely in no better condition than the widow herself; thus, for
chores such as transportation or household repairs, the widow may
turn to her children more for practical than affectional reasons.
That selectivity is also evident in that the widows would tend to go
either to their family or to their friends for support and would not
partake randomly from those two reservoirs of support.
Suddenness of Death

As reported earlier, work by Averill (1968), Smith (1978), and Lundin (1984) suggests that a period of anticipation of death facilitates the actual bereavement process. Others, such as Gerber and his associates (1975) and Vachon (1982), conclude that such a period of anticipation actually retards the post-mortem adjustment. Consistent with Ball (1976-1977), Clayton, Halikas, Maurice, and Robins (1973), and Sanders (1982-1983), the present study found no significant difference between those who had a period of anticipation of their husband's death and those who did not. There are trends, however, which suggest that those whose husbands died within one week or less tended to fare better than those whose period of anticipation lasted two weeks or more.

Further analysis has shed some light on the question of anticipatory grief. It is understandable, for example, that a sudden death would be highly correlated with low suffering. Furthermore, it is reasonable that either a prolonged period of illness or a period of suffering prior to the husband's death would leave the wives feeling more "independent and free" than before his death. Such a death is also associated with the widow's looking to her siblings (and not her children) for support, perhaps another indicator of independence (at least from her primary family). The widow's assertion that she feels more "free and independent" than before her husband's death can easily be understood and appreciated by professionals, yet it may, upon reflection by the widow herself, lead her into experiencing some guilt and/or shame, unless she is enabled to understand it well.
Site of Husband's Death

The results of the analysis regarding the site of the husband’s death are consistent with previous research by Rees and Lutkins (1967). Controlling for age and sex, they found that if a widow's husband had died in a hospital, her own risk of death over the next year was twice what it would have been had he died at home. The morbidity rate was five times as much if he died at some place other than home or in a hospital. In the present study, psychological well-being was significantly lower for those whose husbands died away from home. The site of the death added 1.86% to the total variance in the negative affect dimension. It is also important to note that where he died was not significantly correlated with either his suffering or the suddenness of his death. Exactly what sort of mitigating factor the site of his death was in the psychological well-being of the widow is not clear. Rees and Lutkins offer no explanation of their findings. One possibility is that, when her husband dies at the hospital, the widow suffers a double loss. That is, when he is taken to the hospital, she has lost him from their home, and, before she has time to complete her grief over that loss, he is taken from her life altogether. Another possible explanation is that the widow may have been with the husband who died at home, and her being at hand at that time may ameliorate the sting of his death and hasten the healing of her own suffering.

Additional clarification of the issue may be found in the sources of support received by the widows. As indicated earlier, she tended to look first to her children for support and, then, to others, such
as her siblings. Apparently, if the husband (who was also the children's father) died at home, she got more support from her children (even though they were not still living there). If he died elsewhere (probably in a hospital), she found support from her siblings. The difference in her psychological well-being may lie in the presumption that if he died at home, she got the kind of support (i.e., support from children) which enabled her to feel better. Longitudinal follow-up studies of morbidity with the present sample would give clearer definition to the function of this variable.

Sanctification

Inasmuch as the entire "sanctification scale" (Lopata, 1979, 1981, 1982) was not used in the regression analysis, a total "sanctification" score is not accessible. However, there are some conclusions to be drawn from the results available.

One of the outcomes of husband "sanctification" is the liberation of the woman from her husband in order to create a life of her own. The present research, however, found correlations between the assertions that "my husband was an unusually good man" and "I feel more independent and free now than before I became a widow" to be highly negative. What that suggests is that if she held him in high regard, she does not view herself as independent and free, but, in her current state of grief, may miss him and wish he were there to provide her guidance.

The more children a woman had, the higher she was likely to rate her husband as a good father. It may be a case of multicollinearity, but the higher the widow with children rated the husband as a good father, the higher she rated him as an unusually good man. Her
rating of him as an unusually good man was also highly related to her contention that her religion had helped her cope with her loss of him.

It should also be noted that the "sanctification" process relies on a metaperception (what she thinks he thinks of her behavior) which may not be valid. As mentioned earlier, Lopata (1981) contends that the idealization of the late husband provides the widow with an idealized past, an upgraded present status, a means of continuing her obligation to her late husband, and the opportunity to go on with her life. It may just be that her own cognitive and emotional reorganization, done in association with new experiences, provides her a sense of success and independence which enables her to put her late husband into perspective, which is the final stage of the grief process.

**Domestic Shrine**

Even though the presence of a "domestic shrine" (Gorer, 1965), as measured in this study was not significantly correlated with the dependent measures, there are some interesting associations to be noted. As could be expected, if she perceived her husband to be an unusually good man, she tended to be reminded of him through many things in the home, perhaps idiosyncratic alterations he may have made to the home itself. It also appears that if she does not receive support from her children, she finds comfort in the memories of her husband which linger around their home.

**Affect Balance Scale**

In addition to learnings gained from this study regarding the older widow, there have also been insights gathered in regard to the Affect Balance Scale. High scores on the positive-affect dimension of
psychological well-being reflect satisfaction with one's social life, an esteem for others, and a focus on activities and relationships outside oneself. The present research has identified good health, participation in group activities and religious involvement as significantly related to that sense of well-being.

Higher scores on the negative-affect dimension of psychological well-being reflect greater unhappiness with one's life and a desire to change it, a tendency to keep one's gaze inward rather than on others, and a greater proclivity toward problems in mental health. The present research suggests that the status of one's health is less a factor in this dimension than in either positive-affect or affect-balance scores. The high correlations between both work history and previous experience with grief suggest that the negative-affect dimension may be measuring "life satisfaction" as much as "happiness." That is to say, the more that persons had to work outside the home during their marriage and the more losses they suffered of close friends and relatives in their lifetime, the worse they felt at widowhood. Those experiences obviously neither provided them with a sense of independence nor buffered them against a sense of devastation after yet another loss.

This study also demonstrates that the positive-affect and negative-affect scales are, indeed, orthogonal in nature. For example, except for health, factors correlating significantly with positive affect did not have a significant correlation with the negative-affect scale. Religious involvement and participation in group activities are important factors in a widow's positive adaptation to her environment.
(positive affect), but they are not significantly related to her feeling badly and wanting her life to be different (negative affect). That is to say, those who are feeling good about their lives are active and are involved in their religion, but, for those who feel badly, their activity level and religious involvement simply do not seem to be important factors one way or the other. Other factors, including previous experience with the death of someone close, employment history, and the site of the husband's death had an impact on the negative-affect scale. These were, simply, "negative" experiences in the lives of these women and were unrelated to their positive affect in any significant way. As mentioned earlier, the negative affect scale may be, for these women, reflecting long-term life dissatisfaction as well as current unhappiness.

Conclusion

Widows who were healthy and active, especially in religious activities, had not worked outside the home during marriage, were not beset with previous encounters with grief, and had husbands who died close to home experienced higher psychological well-being than other widows.

Implications for Future Research and Practice

Inasmuch as religious involvement is as important as it is to positive affect, it is curious that it does not figure into the negative-affect dimension of well-being. Religious involvement is often a significant factor in the lives of those who are emotionally well-adjusted and those who are not. Future research should clarify how that factor is distributed across the negative-affect dimension of
well-being, particularly in terms of the neuroticism which that scale is said to measure.

The impact of one's work history upon current psychological well-being was addressed in the present research and with significant results. There is more, however, to the issue of independence, self-esteem, and a sense of competence than is measured by work history. Factors to be included in future research should be the type of job, at what point in the marriage the woman worked outside the home, the husband's role in "homemaker" tasks, and the relationship of the number of children to work and life satisfaction. It should also be noted that if the wife is working to enhance family income, her work outside the home may be doing more to support her dependent (or, at least, interdependent) relationship with her husband than to establish or support an independence of her own apart from him.

Even though previous experience with the death of someone close was significantly correlated with negative affect, future research should probe more deeply into the meaning of such a correlation. Included in the research should be consideration of who had died, how long ago the death occurred, and the nature of the previous experience itself, including how well the older person's grief work had been handled by professional caregivers.

The site of the husband's death is an underdeveloped variable in research. More study into the matter is needed, especially in regard to support received by different clusters of family members and from friends. Morbidity studies with the present sample should provide greater clarification of the work previously done by Rees and Lutkins.
(1967). If the findings in the present research are supported in additional studies, the implications will become clearer for home-like hospice care for the terminally ill and their families.

Informal support from family members and from friends and neighbors is a complicated variable. Considerable disagreement still exists with regard to the efficacy of services, especially in terms of how and when they are provided as well as by whom and what kind of services are offered and accepted. Future research should bring greater clarity to theoretical approaches to informal support, such as those offered by Dono, et al. (1979).

"Sanctification" of the late husband and the presence of a "domestic shrine" are coping mechanisms which people, perhaps inadvertently, use to deal with troubling grief. Their therapeutic role in grief work is likely marginal but is not to be overlooked. The correlations between the domestic shrine and the denial stage of the grief process deserves study. Future research, using the entire "sanctification scale," may offer more elucidative results than were produced by the present study.

One of the strengths of the study, the homogeneity of the participants, also limits the generalizability of the research to middle class, urban, Caucasian, recently-widowed homeowners who live alone. What may be considered by some to be a flaw is the fact that data reflecting the widows' health, participation in group activities, religious involvement, and income are gathered from the widows' self-report. Such reporting may inflate or underrepresent true values. It should be noted, however, that research on matters such as health attests to the
accuracy of self-reports, and that the dependent measures also consist of self-report data, so any errors are likely to be distributed equally throughout.

Finally, it is clear that variables which are significantly related to psychological well-being in this study explain only about 20% of the total variance. Therefore, even though religious involvement, for example, accounts for a significant percentage of the variance which is explained, it still represents only about 4% of the widows' positive affect. Thus, the results should not be overly interpreted.

Perhaps the therapeutic implications of this study are, at once, no more vague or important than with regard to the concept known as "anticipatory grief." Those who work with the dying and their families, including physicians, nurses, and clergy, can use more information than is now available on how to relate to the suddenness or slowness of death, the suffering of the dying, and the liberation of the bereaved from their torment over a period of prolonged family agony. To be most useful, research of this type must deal directly with the suffering family and the psychological well-being of each of its members.
LIST OF REFERENCES


