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WIDOWED MEN'S SELF-SUFFICIENCY AND LEVELS OF MASTERY

DISSERTATION

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

By

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* * * * *

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To my mother, Betty, who cared for my father, Patrick Henry Bowers (1926-1987), and to my stepfather, Ron, who cared for his first wife, Shirley Young McMurray (1929-1982).
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Chapter I

Review of the Literature

Independence is a key element of American life. From birth, individuals in our society are socialized to become self-reliant, self-sufficient and autonomous. We teach children at a very young age to dress and feed themselves, and to learn to fend for themselves whenever possible. At adolescence, we offer further reinforcement through driver's licenses and high school diplomas designed to give individuals the mechanisms necessary to function on their own. Those who are not self-sufficient are seen as inferior and are expected to assume a subordinate position in relation to others of the same age (Atchley, 1980).

This is also true of the aged, whom we expect to live independently until they are infirmed, or at least very aged. In fact, the inability to remain independent is a critical issue for the elderly (Atchley, 1980). It has been suggested, for example, that what the aged fear most is "not poverty, loss of loved ones, or even death itself. . .what the aged fear most is the loss of independence--the inability to care for oneself and to live independently in the community" (Willis, 1991, p.80). Indeed, many elderly will take measures, if necessary, to insure their independence. For example, some older individuals take supplemental driving classes in an effort to retain
a driver's license, which offers them social independence. Others cut back on expenditures in an effort to remain financially independent.

Such adaptations on the part of older adults are consistent with models of aging which view change as central to development (Riegel, 1975). According to this set of ideas, aging individuals are flexible and capable of adapting to their changing circumstances in new ways. Rather than being rigid and unchanging throughout life, individuals in this perspective are viewed as active participants in their own life course.

Continuity Theory

One model conceptualizing adult development in this way is Continuity Theory. According to this theoretical viewpoint, individuals make adaptive choices in an attempt to "preserve and maintain existing internal and external structures" (Atchley, 1989, p.183). Thus, "given the opportunity, people will tend to maintain earlier lifestyle patterns, previous levels of self-esteem, and long-standing values" (Richardson, 1993, p.31).

The continuity referred to in this model can be both internal and external. Internal continuity refers to an individual's internal self-definitions, such as "temperament, affect, experiences, preferences, dispositions and skills" (Atchley, 1989, p.184). External continuity refers to "a remembered structure of physical environments, role relationships, and activities" (p.185). In both types, individuals monitor the continuity between their past lives and present lives.
The continuity between individuals' perceptions of past and present can be classified in three ways. First, individuals may perceive too little continuity between their present and former states. This lack of continuity or, in the extreme, discontinuity, is considered maladaptive. In this situation, "life may become too unpredictable to the individual" (Richardson, 1993, p. 33), thus distracting him or her from successful coping. Secondly, individuals may experience too much continuity, becoming bored or rigid, which is also maladaptive. In a third scenario, individuals experience moderate, or optimum, amounts of continuity. Optimum continuity refers to situations in which "individuals see the pace and degree of change to be in line with personal preferences and social demands and well within their coping capacity" (Atchley, 1989, p. 185).

Continuity theorists suggest adaptive strategies are used by most individuals to cope with the changes associated with normal aging. In retirement, for example, individuals may structure the day according to the daily patterns they had in their previous work lives, thus providing continuity between their present and former patterns of daily activity (Ekerdt, 1986; Richardson, 1993). Atchley (1989) considers such adaptations crucial to normal aging. As a result, he suggests, our elderly population consists of "independent adults with persistent self-concepts and identities. . . (who) can successfully meet their needs for income, housing, health care, nutrition, clothing, transportation, and recreation" (Atchley, 1989, p. 184).

Continuity theorists also stress the importance of environments. Good environments should "contain the physical and organizational infrastructure needed for
continuity in meeting all sorts of needs" (Atchley, 1989, p. 188). Remaining in one's home after the death of a spouse, for example, may offer the opportunity for continuity of a lifestyle characterized by independence and self-sufficiency.

**Family Roles**

Independence and self-sufficiency have been pervasive themes in the lives of the current cohort of elderly Americans. In particular, independence of the family unit has been valued throughout the 1900s. As a result, the family roles of individuals in this cohort have been: (1) gender based; (2) interdependent; and (3) expected to vary little over the life course.

Regarding gender, the traditional role of husband/father has prescribed family involvement based on financial and instrumental, rather than expressive, qualities (Bernard, 1978). According to this perspective, men are judged by their ability to provide for their families (for discussions, see Blood & Wolfe, 1960; Pleck, 1979). Thus, men in traditional families take care of the financial aspects of the household, including things such as legal matters and paying bills. In addition, they perform other "outside" tasks, like running errands and doing yardwork. These tasks are both outside the physical environment of the house and require dealing with persons outside the family. Parsons and Bales (1955) make the distinction between public and private spheres. For men, family roles occur largely in the public sphere, where they exercise their greater strength and experience in dealing with individuals outside the family.
Women, in contrast, have been socialized to tend to the "inside" needs of the family, including cooking, cleaning and housework. In addition, women tend to the needs of kin in the family unit, such as taking care of children, maintaining contact with relatives, and planning family get-togethers. According to Parsons and Bales (1955), these tasks allow women to provide expressive and emotional support, and are activities which occur largely in the private sphere.

Researchers examining family work confirm these gender divisions. For example, Ferree (1991) defined female tasks as "preparing meals, cleaning up after meals, shopping for food, doing laundry, and doing housecleaning," and found wives more likely than husbands to have responsibility for these tasks. In Ferree's sample of couples married an average of 15 years ($N=382$), most wives (75%) reported they alone were responsible for the cooking, housecleaning, and laundry, as well as cleaning up after meals (56%) and grocery shopping (66%).

Other researchers report similar results. Blair and Johnson (1992), for example, defined female tasks as "meal preparation, washing dishes, cleaning house, and ironing/washing clothes." Based on their sample from the National Survey of Families and Households ($N=778$), Blair and Johnson found husbands seldom engaged in traditionally female housework, whether or not their wives were employed. This was particularly true of washing and ironing clothes, in which husbands spent from .29-.67 hours per week as compared to 4.0-5.1 hours for wives. Other ranges for male task involvement included: (a) .99-1.7 hours per week for cleaning; (b) 1.0-1.8 hours per week for dishes; and (c) 1.9-2.7 hours per week for meal preparation.
Male tasks are most often defined by researchers as the following: (a) "paying bills" (Ferree, 1990; Szinovacz & Harpster, 1994); (b) "outdoor tasks" (Blair & Johnson, 1992; Blair & Lichter, 1991; Szinovacz & Harpster, 1994); and (c) "auto maintenance" (Blair & Johnson, 1992; Blair & Lichter, 1991). O'Bryant, Straw and Meddaugh (1990) added "household repairs," "supervising workmen," and "purchasing insurance," while Szinovacz and Harpster (1994) included "shopping."

Dividing tasks by gender creates situations in which husbands and wives are mutually dependent on one another (Szinovacz & Harpster, 1993). Women who are currently elderly may have never learned to balance a checkbook or file taxes, having instead relied on their husbands through the years to do these tasks (e.g., O'Bryant & Morgan, 1989). Similarly, many men of this cohort have never learned to cook or do laundry, having relied on their wives for these tasks (e.g., Brubaker & Kinsel, 1988).

Researchers examining gender divisions in housework find few differences in the gender-related division of household tasks over the life course (Ade-Ridder & Brubaker, 1988; Dorfman & Heckert, 1988). These findings have been fairly consistent despite recent moves toward gender equity. Couples with young children, for example, divide tasks according to gender, even when the wife is employed outside of the home (Shelton, 1990). Similarly, studies of retired couples find tasks are also divided by gender (Brubaker & Kinsel, 1988; Keith & Schafer, 1986), although men may increase their overall participation in household labor at retirement (Vinick & Eckerdt, 1991) and family roles may shift with the onset of disability in one or both partners (Healy, 1988).
**Widowhood**

A major marker of a change in family roles is the death of a spouse. When a spouse dies, individuals are forced to "exit" the role of wife/husband and "enter" the role of widow/widower (Martin-Mattews, 1991). Most studies of widowhood define this as a period of major stress for individuals (Clark, Siviski & Weiner, 1986; Zisook & DeVaul, 1983), in part, because of "the termination of an enduring pattern of activity between one person and a significant other" (Blau, 1973, p. 210).

Furthermore, there is the challenge of adapting to a change in lifestyle, yet striving to maintain continuity between the past and present.

Upon the death of his wife, a widower is faced with redefining his involvement in the household (Elwell & Maltbie-Crannell, 1980). Unless the widower resides in an assisted living facility, this means assuming responsibility for work previously performed by his wife, such as cooking, cleaning, and doing laundry. These tasks are generally considered to be necessary for daily living and must be performed by oneself, or services must be purchased in order for individuals to function independently. Therefore, recent widowers who now live alone can be evaluated in terms of their level of competency in meeting these demands of daily living.

Competency can be defined as "a person's abilities to successfully manage, control, or meet the demands of changing environmental conditions... Competencies include the social skills, knowledge, previous experience, and specific instrumental behavioral skills necessary to perform the many tasks of daily living" (Lund, Caserta, Dimond & Shaffer, 1988, p.135). At widowhood, homemaking competency can be
evaluated in regard to such tasks as housekeeping, shopping, planning/preparing meals, doing laundry and ironing, and maintaining the overall quality of the home environment. Becoming competent at these tasks may assist a widower in maintaining continuity in his lifestyle.

Newly widowed individuals are faced with finding ways to manage homemaking tasks which were previously performed by the deceased. Seemingly, several options exist. One option is for the individual to purchase services previously provided by the spouse. Many services are available for purchase in the domestic market. Individuals may easily find maid or financial services for hire in most communities; however, purchasing such services requires financial resources. Most services for hire are expensive and beyond the means of elderly individuals on fixed incomes.

A second option is moving to a planned retirement community. Widowers whose wives were infirm prior to death, however, may have been reluctant to move in the hopes the wife's condition would improve. Planned communities also have long waiting lists and can be expensive. In addition, movement to such facilities means giving up one's home and neighborhood--the key indicators of independence.

A third option is for individuals to negotiate an exchange of services with family or friends. For many, however, this is not easily accomplished. Families in our society have become increasingly mobile, meaning many children who could theoretically provide some services live at a distance from their parents (for examples, see Crimmins & Ingegneri, 1990; Hays, 1984). In addition, today's elderly cohort
have fewer children available, due to low birth rates during the Depression, and increased knowledge about birth control methods. Also, relying on children for assistance would require a reversal of the parent-child relationship (for discussion, see Hoyert, 1991). And finally, as noted earlier, individuals in today's society are socialized to be independent, meaning those needing assistance would hesitate to ask for such assistance from others and would be concerned about burdening others, as well.

Because purchasing and/or exchanging services with others is not easily accomplished and does not reflect independence, one can assume most widowers would assume at least some of the tasks previously carried out by their spouse. However, this may present a particular dilemma for the current cohort of widowers, many of whom moved directly from their parents' home to their marital home or into the armed forces and, thus, have limited experience with homemaking. Indeed, some researchers have suggested elderly men may remarry because they have few of the skills necessary to live alone (e.g., Vinick, 1978).

Contributors to Experience With Homemaking Tasks

Individuals may gain experience with household tasks in a number of ways. Some widowers may have already acquired homemaking skills through certain past experiences. Past experiences which could contribute to a widower's current skills include: (a) having lived alone as a single adult; (b) having a wife who was employed outside of the home; (c) having reared children; (d) having been retired for
some time; and (e) having provided care to an infirm wife. Additional factors, such as age, income, and health, may also be associated with widowers' performance of homemaking tasks.

**Living Alone as a Single Adult**

Individuals who have lived alone as a single adult may have learned homemaking skills as a result. In part, this is because few young single adults have the financial resources available to hire household assistance; thus, they must perform homemaking tasks themselves in order to survive. Widowers may have experienced living alone as young adults or, if married more than once, may have lived alone between marriages.

**Wife's Employment**

Widowers whose wives were employed outside of the home are likely also to have had experience with household tasks. Married men whose wives are employed outside of the home perform a greater proportion of the family's household labor than married men whose wives are not employed outside the home (for discussion, see Pleck, 1979). In these families, employed wives still remain responsible for the majority of tasks, with husbands' contributions typically viewed as "helping" their wives (Thompson & Walker, 1989).

Ferree (1991), utilizing data from 382 couples, found considerable variability in the amount of housework performed by husbands in dual-earner marriages. In the
Ferree study, approximately 51% of men reported performing 11-20 hours of housework per week. Another 13% reported performing 21-30 hours of housework per week. For couples in which the wife was employed only part-time, husbands' participation in housework was higher in some cases than for couples in which both spouses worked full-time. Ferree suggests this was because these couples were also significantly more likely to have preschool children, a factor creating more overall housework.

Other researchers suggest the employment status of both husbands and wives affects the division of household labor. For example, Hiller (1984) proposed a model of household work based on the relative resources of each spouse. One of these resources was identified as the number of hours each partner is employed. Full-time workers have more power in the division of household labor than part-time workers (who are usually women), since full-time workers earn more income. Based on power differentials, spouses who earn more and work more hours have more control over their contribution to the household workload. Thus, husbands with full-time working wives might perform more housework, since their wives, as opposed to non-working or part-time working wives, have more power.

Findings by Kamo (1988) support this hypothesis. Utilizing survey data from 3,649 married couples, Kamo found that full-time working husbands whose wives also worked full-time performed 41.4% of the total domestic work, whereas the contribution of husbands whose wives worked part-time was 33.2%.
**Parenting Experience**

Parenting is another context in which widowers may have had experience with household tasks. Coltraine and Ishii-Kuntz (1992), for example, using a sample from the National Survey of Families and Households, found husbands in families with more child care demands performed significantly more household labor, including meals, dishes, shopping, laundry and cleaning. In this study, child care demands were defined by the age of the youngest child, indicating fathers in families with younger children engaged in more overall housework.

Similarly, Rexroat and Shehan (1987), using data from the Panel Study of Income Dynamics ($N=1618$), found husbands’ relative time spent in housework was significantly related to the presence of children in the home. In this study, husbands were found to spend slightly more time in housework if their children were young (ages 3 or younger, or ages 4-6) than if their children were older (ages 14-20 or older). Number of children in the home was not assessed.

**Retirement**

Researchers examining retirement generally find men to be more involved in household tasks at retirement than they were before retirement (Dorfman & Heckert, 1988; Keith, Dobson, Goudy & Powers, 1981; Rexroat & Shehan, 1987), even if this increase is short-lived (e.g., Brubaker & Hennon, 1982; Keating & Cole, 1980).

Dorfman and Heckert (1988), for example, examined the housework contributions of retired men ($N=149$), and found both husbands and wives reported
greater male involvement in household tasks after retirement. Interestingly, Dorfman and Heckert examined traditionally female tasks of the household, including washing dishes, grocery shopping, meal preparation, housecleaning, and laundry. As in studies of younger men, retired males spent the least amount of time in laundry tasks ($M=0.40$ hours per week) and the most time washing dishes ($M=2.8$ hours per week) and in meal preparation ($M=2.4$). In Dorfman and Heckert's sample, time since retirement varied from 6 months to 10 years, however differences with respect to length of retirement were not assessed.

Szinovacz and Harpster (1994) examined possible reasons for higher male task involvement at retirement, including the argument that "retirees have more time for housework and, therefore, will become more involved in it" (1994, p. 125). Using a sample from the National Survey of Families and Households ($N=672$), these researchers examined the time demands of older couples based on whether one or both partners was still in the paid labor force. Findings indicated males' contributions to both female (e.g., preparing meals, washing dishes, cleaning house, laundry) and male (outdoor tasks, shopping, paying bills) household tasks were highest when husbands were retired and their wives were still employed.

According to Szinovacz and Harpster, these findings clearly support the idea that time demands are a factor in couples' allocation of household work. However, the authors also find males' pre-retirement patterns seem to persist, such that once their wives retire, husbands may again decrease their involvement in household tasks.
Studies also suggest involvement in household tasks at retirement may have unique positive benefits. Szinovacz (1992), for example, examined the housework contributions of male retirees and found that involvement in housework predicted overall adjustment to retirement, as measured by Thompson's Job Deprivation Scale (Thompson, 1958). In her study, the relationship between housework and adjustment was strongest for males with health problems. Szinovacz suggests involvement in housework benefits these men by allowing them an opportunity to "remain active when access to other activities is barred by illness or disability" (1992, p.235).

Caregiving

Another context in which widowers may have performed household tasks is that of having provided care to an infirm wife. Families in which caregiving occurs generally experience a major shift in the division of household tasks (Szinovacz, 1989), with one or the other partner assuming tasks previously assigned to the partner who is now infirm or disabled.

These changes are particularly dramatic if the wife is the care recipient, since, as discussed earlier, females have traditionally performed much of the household labor. Utilizing data from the National Long-Term Care Demonstration Project, Chang and White-Means (1991) found husbands who were caregivers were actively engaged in fixing meals and helping with chores, as well as performing personal care activities such as administering medications, feeding, turning, and bathing their wives. These researchers' results are consistent with work by other researchers who have
found relatively strong husband involvement in caregiving tasks (e.g., Barusch & Spaid, 1989; Miller & Cafasso, 1992).

The effects of performing these tasks have generally been viewed from two perspectives: (a) how support networks are used by individuals to assist with caregiving tasks; and (b) how the performance of caregiving tasks affects caregivers' subjective feelings of burden. Regarding support networks, researchers suggest male and female caregivers differ in the types of support needed. Compared to female caregivers, male caregivers may be less likely to utilize programs such as support groups, but may be more likely to hire services such as household assistance, even while doing much of the work themselves (Snyder & Keefe, 1985; Wylie, 1984). These differences appear to be related to underlying gender differences in that women have more readily available support systems, and men are more likely to have financial resources to pay for assistance.

Regarding burden, researchers find male caregivers report lower levels of experiences of burden than female caregivers (Chang & White-Means, 1991; Horowitz, 1985; Pruchno & Resch, 1989), even though female care recipients display greater levels of impairment. Some researchers suggest these differences may be due to gender differences in coping styles, as men may adopt a more task-oriented approach whereas women take a more empathic, personal approach (Miller, 1987; Zarit, 1982).

Caregiving husbands generally report other individuals are available to help provide care. Based on this, some researchers suggest that the data "does not seem to
support the proposition that men take up the caregiving responsibility primarily because no one else is available to do the job" (Chang & White-Means, 1991, p. 349). Men may assume these "extra" household tasks because they believe caregiving is an obligation of their marital role, an idea reinforced by the finding that many men will refuse to admit their wives to nursing homes even when encouraged to do so by others (Vinick, 1986).

Effects of Performing Household Tasks

Stressors and Potential Benefits

Researchers examining elderly widowers find household tasks are a source of stress, especially in the first year of widowhood (Clark, Siviski & Weiner, 1986; Coleman, Aubin, Robinson, Ivani-Chalian & Briggs, 1993). Researchers also suggest the assumption of household tasks may contribute to depression in widowhood, particularly for men (Umberson, Wortmen & Kessler, 1992).

Several factors may contribute to widowers' stress over household tasks. As noted earlier, men of the current elderly cohort have been socialized to the external role of the "Good Provider" and, thus, may have limited experience with household tasks. In addition, female tasks often lack prestige. Traditionally, female tasks have not been held in high esteem, in part because much of women's work is "invisible." For example, few individuals outside the home take note when a family's laundry and cooking are performed well or on time. In contrast, men's work is usually highly visible and, in addition, highly valued by society. Tasks such as managing finances,
for example, are usually viewed as more prestigious than doing laundry. Thus, it is possible men experience conflict when they must assume tasks which are generally viewed as having less status.

There is also reason to believe learning to do new tasks would have benefits for men. For example, the opportunity to develop new skills could add to men's feelings of mastery. Perhaps, more importantly, learning new tasks will allow them to retain valued independent lifestyles. Learning new tasks may allow widowers to more easily maintain continuity between their past and present lives, particularly if such tasks allow them to keep the same routines and/or remain in their own homes.

Studies examining widowed women suggest that there are positive benefits in the assumption of male tasks for women. Lopata (1979), for example, found many women experienced new feelings of independence and self-sufficiency during widowhood and felt positive about these changes. Similarly, O'Bryant (in Stevenson, 1994) found widowed women who assumed new, usually masculine, tasks following their husband's death were significantly more likely to feel competent than a group of widows who had not assumed such tasks.

Performing household tasks during caregiving may assist men in developing skills needed for living independently. Support for this idea is found in studies of widowed women. O'Bryant, Straw and Meddaugh (1990), for example, found widows who had learned to perform both female and male tasks scored higher on measures of household competence. Furthermore, the widows who had been caregivers were more likely to have developed new skills than the non-caregivers.
Former caregivers reported significantly higher levels of mastery over their current lifestyles than did widows who had not developed new or additional skills.

**Self-Sufficiency**

It is argued here that a widower's ability to perform household tasks may have at least two outcomes: (a) his overall level of self-sufficiency, and (b) his subjective feelings of mastery. According to Atchley (1987), self-sufficiency refers to the ability to meet one's needs for independent living. As such, the ability to be self-sufficient includes having the skills, knowledge, and experience necessary to carry out daily homemaking tasks.

Although operational definitions of self-sufficiency vary somewhat, in general most involve some assessment of an individual's ability to perform household tasks. In their study of widowed women, O'Bryant and Morgan (1990) operationalized self-sufficiency as the proportion of necessary tasks that a widow completed for herself without assistance from others. The 14 tasks in the O'Bryant and Morgan study included transportation, minor household repairs, housekeeping, shopping, yard work, care during illness, preparing meals, bathing, personal care, making decisions, legal advice, financial support and automobile care. Necessary tasks were considered those tasks from a list of 14 that were relevant to the widow's life (e.g., car care if she has an automobile). All respondents ($N=252$) were self-sufficient enough to live in their own homes and, as a group, had at least 10 or more of the 14 tasks relevant to their
particular situation. O'Bryant and Morgan reported self-sufficiency scores which ranged from .07 to .93, with a median of .58.

O'Bryant (1990/1991), in another study of older widows ($N=300$), measured self-sufficiency based on a list of 15 specific daily tasks including transportation, minor household repairs, housekeeping/laundry, shopping, yardwork, care during illness, emotional support, preparing meals, bathing, personal care, making decisions, legal questions/problems, financial advice, financial support, and automobile care. These women lived in a variety of settings, some of which provided various services.

Respondents in the O'Bryant study were asked if they managed each of these tasks for themselves or if they needed help with it. Each widow was given a score of "1" for each task she performed for herself. Self-sufficiency was then defined as the proportion of tasks applicable to the particular widow's life which she performed herself. If the respondent had sufficient income to hire someone to do a task for her, that particular task was not included in the self-sufficiency measure, since skills the widow had in order to hire someone were just as likely to contribute to her feelings of self-sufficiency as they were to contribute to her feelings of dependency (having to rely on someone else). O'Bryant reported self-sufficiency scores of 0-1.00 (100%) for this group of widows, with a median of .70 (70%).

Interestingly, but not surprisingly, a comparison of the two studies indicated that women who live alone in their own homes are less self-sufficient than those who live in a cross-section of various housing arrangements, some of which provided
services. To date, no study on widowed men and household task self-sufficiency has been conducted.

**Mastery**

In contrast to the objective measure of self-sufficiency, mastery refers to an individual's *feelings* of competence in everyday life. Mastery measures are considered to be objective measures of competence. Pearlin and Schooler (1978) define mastery as "the extent to which one regards one's life-chances as being under one's control" (p.2). Thus, mastery is thought to be an important facet of psychological well-being (Ryff, 1989).

Mastery is most often assessed by researchers using an instrument developed by Pearlin and Schooler (1978). Included in this measure are statements such as "There is really no way I can solve some of the problems I have" and "I can do just about anything I really set my mind to do." Items are scored from "1" (strongly agree) to "4" (strongly disagree).

According to Pearlin and Schooler, the concept tapped by this instrument is a "response to external life-strains that serves to prevent, avoid, or control emotional distress" (1978, p. 3). Pearlin and Schooler make the distinction between social, psychological, and specific coping resources. According to these authors, mastery is a psychological resource. A resource "refers not to what people do, but to what is available to them in developing their coping repertoires" (1978, p.5).
Along with mastery, self-esteem and self-denigration are also psychological resources identified by Pearlin and Schooler. These psychological resources "are the personality characteristics that people draw upon to help them withstand threats posed by events and objects in their environment. . . these resources, residing within the self, can be formidable barriers to the stressful consequences of social strain" (1978, p.5).

In constructing the instrument, Pearlin and Schooler performed a factor analysis, which resulted in item loadings for each of the elements as follows: (1) "I have little control over the things that happen to me"-.76; (2) "There is really no way I can solve some of the problems I have"-.71; (3) "There is little I can do to change many of the important things in my life"-.70; (4) "I often feel helpless in dealing with the problems of life"-.65; (5) "Sometimes I feel that I'm being pushed around in life"-.56; (6) "What happens to me in the future mostly depends on me"-.47; and (7) "I can do just about anything I really set my mind to do"-.47.

Pearlin and Schooler's Mastery Scale has been used in a number of studies, including a recent study of 555 caregivers of Alzheimer's disease patients by Aneshensel, Pearlin, and Schuler (1993). In this study, mastery was used as one indicator of self-concept, and was included as a mediator in a model designed to predict the impact of caregiver stress on the likelihood of institutionalizing the caregiving recipient. Although results indicated mastery was not statistically associated with institutionalization, the researchers suggest that institutionalization is nonetheless one way caregiving individuals attempt to attain mastery over life events.
In particular, institutionalization "represents, in effect, attempts to manage the situation, a type of coping aimed at removing the source of stress" (Aneshensel et al., 1993).

Other studies have suggested offering elderly individuals options to control the environment may contribute to their sense of mastery (Smith, 1986). Often, however, mastery has been discussed in a general way, rather than via specific measures. Few studies to date have utilized a formal assessment of mastery in populations of older adults.

**Additional Variables**

**Age, Health, and Income**

In the current study, the following variables will also be analyzed where appropriate: (a) age; (b) income; and (c) health. It is argued that age, income, and health are important predictors of self-sufficiency and mastery. A widower's age, for example, may directly affect his ability to perform household tasks. In addition, widowers in better health have been found in previous studies to be more involved in household tasks (Healy, 1988; Kamo, 1988). Similarly, widowers with more financial resources may be able to purchase services, such as housecleaning assistance.

For example, Szinovacz and Harpster (1994), in their study of older, married men ($N=672$), found men spent fewer hours in both female tasks (preparing meals, washing dishes, cleaning house) and male tasks (outdoor tasks, shopping, paying bills) if they had any limitations in activities of daily living, or, in other words, were in
poorer health. Similarly, husbands spent fewer hours engaged in male household tasks when their income was high. Presumably, they hired help for these services, although it was unnecessary for them to hire female task assistance since their wives were still living.
Chapter II

Hypotheses

Research Hypotheses

Based on the preceding discussion of literature, the following are hypothesized:

1. There will be a positive and significant relationship between years lived alone as a single adult and a widower's overall level of self-sufficiency.
2. There will be a positive and significant relationship between the number of years a widower's wife was employed outside of the home and a widower's overall level of self-sufficiency.
3. There will be a positive and significant relationship between number of children and a widower's overall level of self-sufficiency.
4. There will be a positive and significant relationship between length of time since retirement and a widower's overall level of self-sufficiency.
5. There will be a positive and significant relationship between duration as a caregiver and a widower's overall level of self-sufficiency.
6. A widower's overall level of self-sufficiency will be positively and significantly related to his level of mastery.
7. A widower's level of self-sufficiency can be predicted by the following: (a) years lived alone as a single adult; (b) years wife was employed outside of the home; (c) number of children; (d) length of time since retirement; (e) duration of caregiving; (f) his age; (g) his health; and (h) his income.

8. A widower's level of mastery can be predicted by the following: (a) years lived alone as a single adult; (b) years wife was employed outside of the home; (c) number of children; (d) length of time since retirement; (e) duration of caregiving; (f) his overall level of self-sufficiency; (g) his age; (h) his health; and (i) his income.
Chapter III

Methods

Respondents

Using newspaper obituaries and death records, a pool of 357 potential respondents was identified. Of these, 31% were considered ineligible for the following reasons: were under age 60 (n = 12); moved to other countries/states (n = 31); could not be located (n = 11); died too soon after the wife (n = 34); or were institutionalized and/or too ill to be interviewed (n = 18). Of the remaining respondents who were eligible, 20% (n = 51) refused to be interviewed. Respondents remaining after these factors constitute the sample (N=200). Most of the respondents (n=147) lived alone.

Date Collection Procedures

Interviewers consisted of five women, all of whom had been widowed themselves. Interviewers were between the ages of 45 and 65, and included both Caucasian and African-American individuals. Training of the interviewers was conducted under the supervision of the principal investigator, who had considerable experience with elderly respondents. Interviewers were also provided with
information about support services available in the community, and were trained to recognize possible problems respondents might be having (e.g., social isolation, alcohol abuse).

A sincere effort was made to limit the number of widowers refusing to be interviewed. This occurred by: (1) preparing the widower for the visit by an explanatory letter mailed in advance which identified the assigned interviewer by name; (2) using middle-aged widows as interviewers; (3) providing interviewers with the Ohio State University photo-identification credentials which they displayed when calling upon the respondents; (4) training interviewers in ways to establish rapport; and (5) offering small "gifts" (the 1991 Franklin County Senior Citizens' Handbook and the 1991 Franklin County Housing Directory) as door-openers.

Measures

Variables for the present study are drawn from the 17-page interview schedule used in the larger study. Both forced-choice and open-ended response formats were utilized. Among the items were demographic questions, as well as questions related to the circumstances of the wife's death and, if caregiving of the wife occurred, information about its length and available supports. Also included in the interview schedule were several standardized measures which will be used in the present analysis. These included: (1) an assessment of self-sufficiency developed by Lopata (1973, 1979) and expanded by O'Bryant (1983; 1986); and (2) Pearlin's Mastery Scale (Pearlin & Schooler, 1978).
Dependent Variables

The self-sufficiency measure for the present study consists of 12 items assessing respondents' performance of daily household tasks. Response choices for the household task items were: (1) "do it myself;" (2) "receive help;" or (3) "not applicable." Household tasks included in this measure were the following: (a) planning/preparing meals; (b) housekeeping; (c) doing laundry and ironing; (d) arranging for visits with family and friends; (e) yardwork and gardening; (f) minor household repairs and maintenance; (g) care of car; (h) legal questions or problems; (i) shopping; (j) shower/bathing; (k) personal care; and (l) making important decisions.

Items on the self-sufficiency measure were further divided according to whether they were traditionally female or traditionally male. Following categories used in previous research (e.g., Bird, Bird & Scruggs, 1984; O'Bryant, Straw & Meddaugh, 1990), four items were identified as traditionally female. These items were: (a) planning/preparing meals; (b) housekeeping; (c) doing laundry and ironing; and (4) arranging for visits with family and friends. Four items were identified as traditionally male. These tasks included: (a) yardwork and gardening; (b) minor household repairs and maintenance; (c) taking care of your car; and (d) legal questions or problems.

Pearlin's Mastery Scale consist of seven items measuring internal control and competence. Examples items include: "What happens in the future depends on me"
and "I often feel helpless in dealing with the problems of life." Response choices for this scale range from always "4" to never "1."

Respondents also provided information regarding their age, income, and health. The measure of self-rated health utilized in the present study is, "How would you rate your overall health at the present time?" Response choices range from excellent "4" to poor "1."

Operational Definitions

Self-Sufficiency

Self-sufficiency was measured by 12 tasks of daily living. The 12 tasks included four traditionally female tasks and four traditionally male tasks. The traditionally female tasks included: (1) planning/preparing meals; (2) housekeeping; (3) doing laundry and ironing; and (4) arranging for visits with family and friends. The four traditionally male tasks included: (1) yardwork and gardening; (2) minor household repairs or maintenance; (3) taking care of your car; and (4) legal questions or problems. Four additional tasks were included and considered to be gender neutral: (1) shopping; (2) shower/bathing; (3) personal care; and (4) making important decisions. Response choices for each task were "do it myself", "receive help," or "not applicable." Respondents received one point for each task they performed themselves. This resulted in a preliminary score (0-12) which was then divided by the number of tasks applicable to the respondent. The final result is referred to as the self-sufficiency score, and ranged from 0-100 (0-100%).
Female Household Tasks

Female household tasks were assessed by four items from the self-sufficiency measure. These items were: (1) planning/preparing meals; (2) housekeeping; (3) doing laundry and ironing; and (4) arranging for visits with family and friends. Respondents received one point for each task they performed, which was divided by the number of female tasks applicable to the individual. Scores for female task self-sufficiency ranged from 0-100 (0-100%).

Male Household Tasks

Male household tasks were also assessed by four items from the self-sufficiency measure. These items were: (1) yardwork and gardening; (2) minor household repairs or maintenance; (3) taking care of your car; and (4) legal questions or problems. Respondents received one point for each task they performed, which was divided by the number of male tasks applicable to the individual. Scores for male task self-sufficiency ranged from 0-100 (0-100%).

Mastery

Mastery was measured using Pearlin's 7-item Mastery Scale (Pearlin & Schooler, 1978). Response choices ranged from always "4" to never "1" for each item. Thus, total mastery scores ranged from 7 to 28.
Years Lived Alone as a Single Adult

Years lived alone as a single adult was derived by subtracting the following from the respondent's current age: (1) 18 years (youth years), and (2) number of years spent in each marriage.

Wife's Employment Years

Wife's employment years were measured by the total number of years the wife had been employed outside of the home. Scores for wives who worked part-time were created by dividing part-time work years by two (2 part-time years = 1 full year).

Parenting Experience

Parenting experience was assessed by the number of children (natural, adopted or residential step) respondents had reared.

Length of Retirement

Length of retirement was assessed by the time (in months) that respondents had been retired from their career job.
Experience as a Caregiver

Caregiving experience was measured by the length of time (in months) that respondents had provided care for their wife. Respondents who provided no care or care for less than one month received a score of zero.
Chapter IV

Results

Descriptive Results

Demographic Variables

Widowers in this study ranged in age from 60 to 96 years at the time of the interview. The majority (79.5%) were age 70 or older (see Table 1). Mean age of the sample was 75 years ($SD=9.53$). The sample included both Caucasian (82.5%) and African-American (17.5%) individuals. Most widowers (76%) were Protestant, with the remainder Catholic (16%), Jewish (2%) or other/none (6.5%).

Most widowers (75%) reported at least 12 years of education; Many also had some college (19%), a college degree (11%), or training beyond college (11%). A large number (42%) had additional training or education, often related to their military experiences or their occupations.

Family Characteristics

The majority of widowers (72%) had been married once, although almost one-fourth had been married more than once. Those married more than once typically had first marriages that ended in divorce. In addition, several respondents ($n=11$) had
been widowed twice. Over half of the sample of widowers had been married 40 years or more at the time of the interview.

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Mean (M)</th>
<th>Standard Deviation (SD)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in years)</td>
<td>75</td>
<td>9.53</td>
<td>60-96</td>
</tr>
<tr>
<td>Education</td>
<td>12.65</td>
<td>3.46</td>
<td></td>
</tr>
<tr>
<td>8 years or less</td>
<td>18</td>
<td>(9.0%)</td>
<td></td>
</tr>
<tr>
<td>11 years or less</td>
<td>33</td>
<td>(16.5%)</td>
<td></td>
</tr>
<tr>
<td>High School Degree</td>
<td>67</td>
<td>(33.5%)</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>38</td>
<td>(19.0%)</td>
<td></td>
</tr>
<tr>
<td>College Degree</td>
<td>22</td>
<td>(11.0%)</td>
<td></td>
</tr>
<tr>
<td>Advanced Degree</td>
<td>22</td>
<td>(11.0%)</td>
<td></td>
</tr>
<tr>
<td>Self-Rated Health</td>
<td>2.67</td>
<td>0.84</td>
<td></td>
</tr>
<tr>
<td>&quot;Poor&quot;</td>
<td>20</td>
<td>(10.0%)</td>
<td></td>
</tr>
<tr>
<td>&quot;Fair&quot;</td>
<td>55</td>
<td>(27.5%)</td>
<td></td>
</tr>
<tr>
<td>&quot;Good&quot;</td>
<td>97</td>
<td>(48.5%)</td>
<td></td>
</tr>
<tr>
<td>&quot;Excellent&quot;</td>
<td>28</td>
<td>(14.0%)</td>
<td></td>
</tr>
<tr>
<td>Number of Children</td>
<td>2.93</td>
<td>2.34</td>
<td>0-11</td>
</tr>
<tr>
<td>Years Lived Alone as a Single Adult</td>
<td>10.3</td>
<td>6.6</td>
<td>0-53</td>
</tr>
<tr>
<td>Wife's Full-Time Work Equivalent (in years)</td>
<td>20.0</td>
<td>11.3</td>
<td>0-50</td>
</tr>
<tr>
<td>Length of Retirement (in months)</td>
<td>11.95</td>
<td>7.86</td>
<td>0-38</td>
</tr>
</tbody>
</table>
Nearly all respondents (91%) had children; these children ranged in age from 11 to 66 years. Respondents reported biological, adopted and stepchildren. The number of children of all types ranged from 0 to 12 per widower. Number of children will be discussed later as one of the independent variables.

**Health Status**

Health status was assessed by the respondent's answer to the question, "How would you rate your health at the present time?" Response choices were: (a) "poor;" (b) "fair;" (c) "good;" or (d) "excellent." Most respondents (48.5%) rated their health as "good." The remainder rated their health as "poor" (10%), "fair" (27.5%) or "excellent" (14%). The mean score for self-rated health was 2.67 ($SD = .84$).

An assessment was made of those individuals who were in poor health ($n=20$), to determine if health status alone might affect an individual’s ability to live alone and/or be self-sufficient. Over half of the individuals in poor health still lived alone ($n=13$), while the remainder lived with children ($n=4$), friends ($n=1$), grandchildren ($n=1$), or hired help ($n=1$). Because of this distribution, as well as the fact that few individuals ($n=2$) in the entire sample lived with hired help, no respondents were eliminated from the sample, even if they received assistance or did not live alone ($n=53$).
Income

Respondents also provided their monthly income. Most respondents (90%) reported a monthly income of $800 or higher. Respondent incomes ranged from less than $400 (n = 1) to over $2000 (n = 52). Mean income category reported was $1400-1500 per month.

Independent Variables

Years Lived as a Single Adult

A score was computed for each widower to represent the number of years he was likely to have lived alone as a single adult. This score was derived by subtracting 18 (youth years) from the widower's current age. In addition, the number of years spent in each of three possible marriages was also subtracted. Two respondents were married more than three times; however data was not available for the length of these fourth marriages. Consequently, for these individuals, the number of years spent in the fourth marriage was derived from the average of the number of years spent in each previous marriage. The two derived estimates for length of additional marriages were as follows: (1) 3.3 years for a fourth marriage (for an individual who had been married five, four, and one years in the previous three marriages); and (2) two years for each of a fourth and fifth marriage (for an individual who had been married one, two, and two years in the three previous marriages).

Scores for the number of years widowers lived as a single adult ranged from 0 to 53. Most frequently, respondents had lived as a single adult for less than five
(12%), five to nine (40%), or 10 to 14 (34%) years. Thus, the majority (85%) had lived fifteen or fewer years as a single person. The mean years lived as a single adult for the widowers in the present study was 10.3 ($SD=6.6$).

**Wife Employed Outside the Home**

About half the sample (54%) had wives who were employed outside of the home at some time during their married life. This included both full- and part-time work, with some wives having held both types of employment. Although household task allocation may be different in families in which wives work part-time rather than full-time (e.g., Hiller, 1984; Kamo, 1988), it is argued here that husbands nonetheless gain experience with tasks when their wives work outside the home, whether or not this work is full-time. Thus, a measure of wives' cumulative work involvement was created by dividing part-time work (in years) by two. This, when added to wives' full-time work (in years), created a score termed "full-time work equivalent."

**Parenting Experience**

In order to include the number of children as an independent or predictor variable, a new measure was derived for each widower based on the number of children reared during their childhood. This was calculated by assessing the age at which each step or adopted child entered the family. For all 13 cases in which children were adopted, the adoptions occurred fairly early in the child's life; thus
these cases were included in the variable, "total number of children." A total of 18 widowers reported having stepchildren. Of these, seven respondents had never lived with the stepchildren, and thus, their stepchildren were excluded from "total number of children."

This new variable, "total number of children," ranged in value from 0 to 11 per respondent. Respondents most frequently had one (19%), two (23%) or three (20%) children, with the remainder (38%) having larger families ($M=2.93$, $SD=2.34$).

**Time Since Retirement**

Most of the widowed men in the present study ($n=187$) were retired from their career job. Length of time since retirement ranged from 0 to 38 years. Most had been retired five years or longer ($M=11.95$, $SD=7.86$).

**Caregiving Experience**

Over half of the sample had provided care to their wives prior to the wife's death. Respondents who reported providing caregiving for less than four weeks were given a score of "0" caregiving months. Duration of the caregiving experience in the entire sample ranged from 0 months ($n=98$) to over 1000 months ($n=3$). The majority of the caregiving respondents ($n=89$) had provided between 16 months (1.3 years) and 104 months (8.6 years) of care ($M=81.37$, $SD=177$).
Dependent Variables

Self-Sufficiency

Self-sufficiency scores were derived from the list of 12 household tasks including the following: (a) minor household repairs or maintenance; (b) housekeeping; (c) shopping; (d) yardwork and gardening; (e) planning/preparing meals; (f) shower/bathing; (g) personal care (shampooing, cutting nails, etc.); (h) making important decisions; (i) legal questions or problems; (j) doing laundry and ironing; (k) arranging for visits with family and friends; and (l) taking care of your car. Reliability analysis for the entire 12-item scale indicated a Cronbach's alpha of .66.

Response choices for the 12 household task items included: (a) "do it myself;" (b) "receive help;" or (c) "not applicable." Respondents received one point for each task they performed for themselves (0-12). This number was then divided by the total number of tasks applicable to the respondent. Most respondents reported zero (n=123) or one (n=59) of the tasks were not applicable to their current situation. The remaining respondents reported two (n=17) or three (n=1) tasks not applicable to their current situation. Tasks which were reported as not applicable included the following: (a) yardwork and gardening (n=33); (b) taking care of your car (n=15); (c) legal questions or problems (n=45); and (d) minor household repairs and maintenance (n=3). Mean number of tasks not applicable for any one individual was .48 (SD=.672).
Respondents performed an average of 9.03 (SD=2.28) tasks themselves. Most individuals performed eight (n=32), nine (n=29), ten (n=40), or eleven (n=35) tasks themselves. Tasks most often performed without assistance and applicable to widowers' current lives were: (a) shower/bathing (n=198); (b) personal care (n=195); (c) arranging for visits with family and friends (n=185); and (d) making important decisions (n=178).

Respondent scores ranged from .00 to 1.00 (0-100%) when tasks performed were divided by tasks applicable to the situation (overall self-sufficiency). Most respondents scored above 50% on this derived measure (M=.78, SD=.19) (for complete description, see Table 2).

Masculine Tasks

An assessment was made of respondents' scores on traditionally masculine tasks, which included the following: (a) yardwork and gardening; (b) minor household repairs or maintenance; (c) taking care of your car; and (d) legal questions or problems. Most respondents performed two (n=57) or three (n=71) masculine tasks. Respondent scores, when divided by the number of masculine tasks applicable, indicated that most performed 50% or more these tasks when applicable (M=.68, SD=.29) (see Table 3).
<table>
<thead>
<tr>
<th>Self-Sufficiency Scores</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Tasks Performed/Tasks Applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.00</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>.10</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>.20</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>.27</td>
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<td>.42</td>
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<tr>
<td>.45</td>
<td>5</td>
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</tr>
<tr>
<td>.50</td>
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<tr>
<td>.58</td>
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<tr>
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<td>.67</td>
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</tr>
<tr>
<td>.70</td>
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</tr>
<tr>
<td>.73</td>
<td>10</td>
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</tr>
<tr>
<td>.75</td>
<td>16</td>
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</tr>
<tr>
<td>.80</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>.82</td>
<td>9</td>
<td></td>
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<tr>
<td>.83</td>
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<td>.91</td>
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</tr>
<tr>
<td>.92</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>1.00</td>
<td>37</td>
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</table>

$M = .78, \ SD = .19$
### Masculine Self-Sufficiency

<table>
<thead>
<tr>
<th>Tasks/Tasks Applicable</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>.25</td>
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<td></td>
<td>.75</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>1.00</td>
<td>60</td>
</tr>
</tbody>
</table>

*Means: M = .68, SD = .29*

### Feminine Task Self-Sufficiency

<table>
<thead>
<tr>
<th>Tasks/Tasks Applicable</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>.25</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>.50</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>.75</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>1.00</td>
<td>85</td>
</tr>
</tbody>
</table>

*Means: M = .74, SD = .29*

### Feminine Tasks

Assessment was also made of respondents' scores on traditionally female tasks, which included the following: (a) planning/preparing meals; (b) housekeeping; (c) doing laundry and ironing; and (d) arranging for visits with family and friends. Most respondents performed three (n=56) or four (n=85) of these tasks. Since all respondents reported all four of these tasks applicable to their situation, percentage
scores were similar to the summary score for this measure (see Table 3). Thus, most respondents performed 75% or 100% of the tasks themselves ($M = .736$, $SD = .29$).

**Mastery**

Mastery scores, as measured by Pearlin and Schooler's Mastery Scale (1978) ranged from 7 to 28 for this sample of widowed men ($M = 22.9$, $SD = 4.09$). The majority of respondents (88%) scored 19 or above (of 28 possible) (see Table 4). Higher scores on this scale indicate higher levels of mastery. Reliability analysis for the scale indicated a Cronbach's alpha of .68.

<table>
<thead>
<tr>
<th>Mastery Score</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>2</td>
<td>(1.0%)</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>(0.5%)</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>(0.5%)</td>
</tr>
<tr>
<td>13</td>
<td>5</td>
<td>(2.5%)</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>(0.5%)</td>
</tr>
<tr>
<td>16</td>
<td>2</td>
<td>(1.0%)</td>
</tr>
<tr>
<td>17</td>
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<td>(7.5%)</td>
</tr>
<tr>
<td>28</td>
<td>25</td>
<td>(12.5%)</td>
</tr>
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</table>

$M = 22.9$, $SD = 4.09$
Inferential Results

Predictors of Self-Sufficiency

A multiple regression analysis was performed to determine the best predictors of overall self-sufficiency. The five independent variables (years lived alone as a single adult, wife’s employment experience, parenting experience, time since retirement, and length of caregiving experience), together with age, health, and income, explained 29.8% of the variance in overall self-sufficiency (see Table 5).

Variables which reached significance in the equation were the following: (a) age (Sig T = .014); (b) health (Sig T = .001); and (c) number of children (Sig T = .004), all significant at the .01 level.

Predictors of Mastery

A multiple regression analysis was performed to determine the best predictors of mastery. The six independent variables (years lived alone as a single adult, wife’s employment experience, parenting experience, time since retirement, length of caregiving experience, and overall self-sufficiency) together with age, health, and income explained 18% of the variance in mastery (see Table 6).

Variables which reached significance in the equation were the following: (a) health (Sig T = .004), significant at the .01 level.
Table 5
Regression: Self-Sufficiency on Predictor Variables (N=200)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
<th>Sig T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>-4.399</td>
<td>.003</td>
<td>-.011</td>
<td>.879</td>
</tr>
<tr>
<td>Age</td>
<td>-.007</td>
<td>.003</td>
<td>-.291</td>
<td>.014</td>
</tr>
<tr>
<td>Health</td>
<td>.097</td>
<td>.021</td>
<td>.422</td>
<td>.001</td>
</tr>
<tr>
<td>Single Adult Years</td>
<td>4.118</td>
<td>.003</td>
<td>.013</td>
<td>.885</td>
</tr>
<tr>
<td>Wife Employment</td>
<td>.002</td>
<td>.002</td>
<td>.118</td>
<td>.191</td>
</tr>
<tr>
<td>Children</td>
<td>-.023</td>
<td>.008</td>
<td>-.274</td>
<td>.004</td>
</tr>
<tr>
<td>Retirement</td>
<td>.003</td>
<td>.003</td>
<td>.106</td>
<td>.354</td>
</tr>
<tr>
<td>Caregiving Experience</td>
<td>3.800</td>
<td>9.867</td>
<td>.034</td>
<td>.701</td>
</tr>
</tbody>
</table>

Multiple R                  | .546  |
R Squared                   | .298  |
Adjusted R Squ | .240  |
Standard Error              | .172  |

Analysis of Variance
<table>
<thead>
<tr>
<th>DF</th>
<th>Sum of Squares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>8</td>
</tr>
<tr>
<td>Residual</td>
<td>98</td>
</tr>
</tbody>
</table>

F=5.198 Signif F=.00001
### Table 6
Regression: Mastery on Predictor Variables (N=200)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
<th>Sig T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
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<td>.077</td>
<td>.165</td>
<td>.089</td>
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<tr>
<td>Age</td>
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<td>.068</td>
<td>-.130</td>
<td>.221</td>
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<tr>
<td>Health</td>
<td>1.497</td>
<td>.507</td>
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<td>.004</td>
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<tr>
<td>Single Adult Years</td>
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<td>.063</td>
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<td>.302</td>
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<tr>
<td>Wife Employment</td>
<td>.012</td>
<td>.035</td>
<td>.033</td>
<td>.740</td>
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<tr>
<td>Children</td>
<td>.103</td>
<td>.181</td>
<td>.059</td>
<td>.570</td>
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<tr>
<td>Retirement</td>
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<td>.069</td>
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<td>.766</td>
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<tr>
<td>Caregiving Experience</td>
<td>.003</td>
<td>.003</td>
<td>.112</td>
<td>.242</td>
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<tr>
<td>Self-Sufficiency</td>
<td>-.289</td>
<td>2.253</td>
<td>-.014</td>
<td>.898</td>
</tr>
</tbody>
</table>

Multiple R: .425  
R Squared: .182  
Adjusted R Sq: .104  
Standard Error: 3.849

### Analysis of Variance

<table>
<thead>
<tr>
<th></th>
<th>DF</th>
<th>Sum of Squares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>9</td>
<td>317.144</td>
</tr>
<tr>
<td>Residual</td>
<td>97</td>
<td>1436.725</td>
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$F=2.379$   Signif $F=.018$
Analysis of Hypotheses

**Hypothesis 1.** There will be a positive and significant relationship between years lived alone as a single adult and a widower's overall level of self-sufficiency.

This hypothesis was not supported. Multiple regression analysis indicated the number of years a respondent lived alone as a single adult was not a significant predictor of his score on overall self-sufficiency. (Pearson r for the two variables = -.08).

**Hypothesis 2.** There will be a positive and significant relationship between the number of years a widower's wife was employed outside of the home and his overall level of self-sufficiency.

This hypothesis was not supported. Multiple regression analysis indicated wife's years of full-time work was not a significant predictor of a widower's score on overall self-sufficiency. (Pearson r for the two variables = .15).

**Hypothesis 3.** There will be a positive and significant relationship between number of children and a widower's overall level of self-sufficiency.

This hypothesis was supported. Multiple regression analysis indicated number of children was a significant predictor of a widower's score on overall self-sufficiency. Post-hoc analysis also indicated a significant correlation between number of children and a widower's score on *female* task self-sufficiency (Pearson r = -.150, significant at the .05 level).
Hypothesis 4. There will be a positive and significant relationship between length of time since retirement and a widower's overall level of self-sufficiency.

This hypothesis was not supported. Multiple regression analysis indicated time since retirement was not a significant predictor of a widower's overall self-sufficiency. (Pearson r for the two variables = -.08).

Hypothesis 5. There will be a positive and significant relationship between duration as a caregiver and a widower's overall level of self-sufficiency.

This hypothesis was not supported. Multiple regression analysis indicated duration as a caregiver was not a significant predictor of a widower's overall self-sufficiency. (Pearson r for the two variables = -.07).

Hypothesis 6. A widower's overall level of self-sufficiency will be positively and significantly related to his level of mastery.

This hypothesis was not supported. There was not a significant relationship between scores on overall self-sufficiency and scores on mastery. (Pearson r for the two variables = .09). Post-hoc analyses indicated a slightly higher correlation between masculine task self-sufficiency and mastery (Pearson r = .10) than between female task self-sufficiency and mastery (Pearson r = .05).

Hypothesis 7. A widower's overall level of self-sufficiency can be predicted by the following: (a) years lived alone as a single adult; (b) years wife was
employed outside of the home; (c) number of children; (d) length of
time since retirement; (e) duration of caregiving; (f) his age; (g) his health; and (h)
his income.

The five independent variables along with age, health, and income explain
29.8% of the variance in self-sufficiency. Variables which reached significance in
the equation were the following: (a) age (Sig T = .014); (b) health (Sig T = .001); and
(c) number of children (Sig T = .004), all significant at the .01 level.

**Hypothesis 8.** A widower's level of mastery can be predicted by the
following: (a) years lived alone as a single adult; (b) years wife was employed
outside of the home; (c) number of children; (d) length of time since retirement; (e)
duration of caregiving; (f) his overall level of self-sufficiency; (g) his age; (h) his
health; and (i) his income.

The six independent variables along with age, health, and income explain 18%
of the variance in mastery. Variables which reached significance in the equation
were the following: (a) health (Sig T = .004), significant at the .01 level.
Chapter V
Discussion

The ability to be independent and self-sufficient is crucial for most elderly adults (Atchley, 1990; Willis, 1991), and one which had received little research attention to date, particularly in studies of men. The present study adds to the literature by examining the self-sufficiency and mastery levels of elderly widowers.

The mean score for overall self-sufficiency in the present study was .78 (78%). Thus, these recently widowed men are able to manage most of their daily tasks without assistance, a finding is similar to that found in studies of widowed women (e.g., O'Bryant and Morgan, 1990). Variability in self-sufficiency was most often associated with age and/or health, with those in poorer health and of greater age less able to manage their daily tasks without assistance.

Most widowers performed eight to eleven of the self-sufficiency tasks themselves. Tasks most often performed without assistance and applicable to widowers' current lives were tasks of a personal nature, such as shower/bathing and personal care. This suggests, perhaps, that personal care is among the last of tasks individuals are willing to allow others to do for them. Alternatively, this finding may
suggest personal care is a something easily performed regardless of limitations in either functional level or training/experience.

When widowers in the present study did receive assistance, it was most often with housework or yardwork. In part, this may because these types of services are readily available, and, likely, affordable, for individuals on fixed incomes. Widowers may also report receiving assistance with these tasks because it is quite acceptable to do so and because obtaining such assistance is not viewed as a lack of ability to be independent. Indeed, many individuals in our society, including those younger and in good health, hire house cleaning and/or yard services.

Health

Health status was a significant predictor of both self-sufficiency and mastery in the present study. This finding is consistent with previous literature indicating health as a major predictor of functioning in older adults (e.g., Healy, 1988; Szinovacz & Harpster, 1994). Individuals in poorer health may simply be less likely to perform household tasks because of physical limitations.

This premise is supported by the finding that widowers in the present study more often performed female household tasks than male household tasks. Since the male tasks analyzed in this study were tasks requiring quite a bit of physical exertion (e.g., yardwork and gardening, minor household repairs and maintenance, taking care of a car), it is not unexpected that widowers might refrain from these tasks as their health limitations increase.
In contrast, female tasks, such as preparing meals and arranging visits from family and friends, may require less activity and are perhaps more easily performed at a variety of functional levels. For example, as one's health deteriorates, one can adapt one's cooking habits by walking more slowly across the kitchen or lowering one's expectations for elaborate meals. However, as one's health declines, it would be difficult to continue to maneuver a lawn mower or climb a ladder. Thus, perhaps "male" tasks are more difficult to modify to fit one's health limitations.

Health status was also a significant predictor of mastery in the present study, suggesting health may play a major role in one's feelings of competence in everyday life. As indicated, post-hoc analyses revealed a slightly higher correlation between male task self-sufficiency and mastery than female task self-sufficiency and mastery, suggesting loss of activities associated with one's traditional family roles may be particularly significant.

Since health was a major predictor in this study, post-hoc analyses were performed to examine differences between individuals' global and specific ratings of health. Among the indicators of health available in the data set were the following: (a) a comparative measure, e.g., "Compared to other persons your age, would you say you are physically more active, less active, or about the same?"; (b) a list of physical limitations, e.g., "Do you have trouble walking without help from someone? . . .Do you have trouble getting dressed? . . .etc."; and (c) a self-rated health measure, "How would you rate your health at the present time?"
Pearson r correlations indicated the three measures of health listed above were significantly associated. Pearson r values between the measures were as follows:
(a) .42 between self-rated health and physical limitations; (b) .40 between self-rated health and comparative health; and (c) .51 between physical limitations and comparative health, all of which were significant at the .01 level. In addition, Pearson r correlations indicated all three measures of health were significantly associated with the self-sufficiency measure at the .01 level.

Given the above significant relationships, use of the self-rating of health appears to be warranted. This measure did not differ significantly from the other measure of health in terms of its relationship to the major variables under consideration. In addition, similar self-rated measures of health have been used widely in other studies, and thus allow comparison of these findings to other studies of widowhood (e.g., Vinick, 1983).

Housing Arrangements

As noted, about a fourth of the sample (n=53) did not live alone. Most often, widowers who did not live alone lived with children (n=37) or grandchildren (n=4). Surprisingly, a relationship was not found between living alone and being in poor health. Thus, the idea that widowers may live with children and grandchildren because they need assistance with household tasks was not supported by these data. In fact, it is possible that these children live with their fathers because they (the children) need assistance, financially or otherwise.
Children

Parenting experience also proved to be a significant predictor of self-sufficiency in the present study. In addition, Pearson $r$ correlation between the two variables was in the negative direction (-.136), indicating a negative relationship between one's parenting experience and one's scores on the self-sufficiency measure. These findings suggest two possibilities: (a) widowers with more children spent less time in housework during the parenting years, and thus were less likely to perform such tasks at widowhood; or (2) widowers with more children have increased opportunity for assistance with tasks from these children.

Researchers examining parent-child relationships have explored both possibilities. In past studies, researchers have found fathers who live with young children spend more time in housework than other men (e.g., Coltraine & Ishii-Kuntz, 1992). Although not directly measured in this study, such a premise is not supported by the data from the older men in the present study. Several factors may help account for this. First, most previous studies have included children as a dichotomous variable, thus measuring whether or not children are in the home, rather than the actual number of children present. It may be that as the number of children increases, men in dual-parent families spend more time engaged in work activities to support these children and, thus, have less time available for housework. Secondly, this unexpected finding may be due to life cycle differences, such that the relatively high task involvement by men with young children may be temporary, an idea
supported by recent cross-sectional studies (e.g., Rexroat & Shehan, 1987). Thus, the skills learned may be relatively few and short-lived.

The negative relationship between number of children and self-sufficiency is supported, however, by previous studies in which researchers have often found a significant amount of assistance exchanged between fathers and their grown children, particularly daughters (e.g., Crimmins & Ingegneri, 1990; Hays, 1984).

Interestingly, parenting experience was not a significant predictor of mastery in the present study, suggesting assistance from children, if received, may actually cost a widower in terms of feelings of competence in everyday life. In part, this may be because relying on children for assistance requires a reversal of the parent-child relationship, and does not indicate independence (for discussion, see Crimmins & Ingegneri, 1990; Hoyert, 1991).

**Caregiving**

The weak relationship found between caregiving experience and self-sufficiency in the present study (Pearson r = -.07) was surprising, given previous studies of widowed women. O'Bryant, Straw and Meddaugh (1990), for example, found widows who had learned to perform both female and male tasks scored higher on measures of household competence. Furthermore, in their study, widows who had been caregivers were more likely to have developed new skills than non-caregivers. Former caregivers also reported significantly higher levels of mastery over their current lifestyles than did widows who had not developed new or additional skills.
In the present study, it was hypothesized that assuming household tasks during caregiving might assist men in developing skills needed for living independently. This hypothesis was not supported. Several factors may help account for this. First, widowers in the present study varied considerably in the length of time they provided care. Perhaps using more stringent criteria for the definition of caregiving might distinguish the effects of this experience more clearly. In this study, caregiving was defined by a single item, "How long did you provide care for your wife?" Respondents were considered caregivers if they had provided care for 30 days or more. Perhaps changing the definition of caregivers to a longer period (e.g., providing care for 12 or more months) might offer different results. It is possible, for example, that caregiving may need to occur for a substantial duration before significant changes in the allocation of household tasks occur. Temporary arrangements or simply "letting things go" for a month or two may occur in shorter caregiving situations. This relationship, between duration of the caregiving experience and changes in males' performance of household tasks, has not been examined in research to date (e.g., Chang & White-Means, 1991; Barusch & Spaid, 1989) and, therefore, warrants further exploration.

In addition, several other aspects of the caregiving experience may help more clearly define the impact of this experience on widowers' self-sufficiency. One such aspect is the extent to which caregivers become engrossed in caregiving tasks. Care recipients vary considerably, for example, in the types of assistance they require (Dwyer & Coward, 1992). Similarly, caregivers may be quite idiosyncratic in the
types of activities in which they engage. Men may vary more in caregiving activities than is currently reflected in the literature, since much of the caregiving literature has been based upon studies of women who provide care (e.g., Brody, 1981; Cantor, 1983). Indexing the actual caregiving tasks in which men engage, as well as the length of the experience, would perhaps present a stronger relationship between caregiving and self-sufficiency.

An alternative explanation for the weak relationship between caregiving and self-sufficiency may be that male caregivers readily utilize instrumental assistance such as meal programs or food offered by friends, and thus assume fewer new tasks. In previous studies, researchers have found male caregivers may hire assistance more often than female caregivers (Snyder & Keefe, 1985; Wylie, 1984). If older men purchase or utilize available assistance whereas older women learn to do new tasks, this may explain why women experience increased competency following caregiving, whereas older widowers do not.

Mastery and Self-Sufficiency

As defined by Pearlin and Schooler (1978), mastery refers to "the extent to which one regards one's life chances as being under one's control in contrast to being fatalistically ruled" (p.5). These psychological resources "represent some of the things people are, independent of the particular roles they play" (p.5). Pearlin and Schooler suggest mastery is an important mediator between the strains one experiences and an
end result of stress. Individuals with a higher sense of control (mastery) are expected to fare better in coping with life strains.

For widowers, higher levels of mastery should indicate more effective coping with life strains, the most prominent of which is death of the spouse. In the present study, variability was found among widowers' scores on the mastery dimension. In addition, the relationship between self-sufficiency and mastery was weak (Pearson $r = .09$). This suggests other factors contribute to widowers' sense of control. One such factor may be variations in the experience of the wife's death. For example, anticipation of the wife's death, and the circumstances surrounding her death, may both affect a widowers' current sense of control.

Pearlin and Schooler acknowledge that the direction of influence of coping resources, such as mastery, on the experience of stress is uncertain. "It is likely," they acknowledge, "that emotional stress, once established, can in turn influence people's exposure to life-strains and the selective use of coping resources. . . A network of reciprocal effect undoubtedly exists" (1978, p.18). In the present study, the direction of influence is similarly uncertain. The relationship between health and mastery, for example, may indeed indicate one's health status affects one's sense of control (mastery). However, it may also be true that widowers in the present study who were generally depressed may have had a tendency to respond negatively to both the health and mastery items. Pearlin and Schooler suggest longitudinal research as one avenue for helping to discern these effects.
Continuity

Widowers in the present study most often reported performing three (75%) or all four (100%) of the female household tasks assessed. This is consistent with the idea that widowers may assume responsibility for tasks previously performed by their wives. Assuming these tasks may allow widowers to more easily maintain continuity between their past and present lives, particularly if such tasks allow them to keep the same routines and/or remain in their own homes.

Evidence for continuity in task involvement comes from the fact that widowers in the present study more often reported receiving assistance with laundry tasks than cooking or meal preparation. As noted by previous researchers, both younger and older men spend more hours cooking and in meal preparation than doing laundry and ironing (e.g., Blair & Johnson, 1992; Dorfman & Heckert, 1988). Thus, the widowers in this study are performing tasks similar to those they might have performed as a young man, offering some limited support for continuity in the types of household tasks in which men engage.

Continuity theorists suggest individuals make adaptive choices in an attempt to "preserve and maintain existing internal and external structures" (Atchley, 1989, p.183). Thus, "given the opportunity, people will tend to maintain earlier lifestyle patterns, previous levels of self-esteem, and long-standing values" (Richardson, 1993, p.31). Such a viewpoint received only limited support in the present study.

Although pre-and post-widowhood data was not collected, widowers in the present study clearly engaged in many household tasks, including traditionally female tasks,
which might be unexpected for men in this cohort who were socialized to traditional gender roles. However, post-hoc analysis indicated few men had moved since the death of their wife, and most were still driving, suggesting that they are making efforts to maintain continuity in their independent lifestyles.

One challenge for future research will be to continue the development of theory which can adequately capture lifespan issues. Theories other than Continuity Theory might also help explain the findings of the present study. Activity theorists, for example, suggest "the older person who ages optimally is the person who stays active and who manages to resist the shrinkage of his social world" (Havighurst, Neugarten & Tobin, 1968, p.161). The general engagement of widowers in the present study, at least in terms of daily household activities, seem to reflect this active view.

It is likely, however, that not one theory is sufficient to adequately explain the many aspects contributing to mastery, in particular, in older adults. Future researchers should continue to move toward a multi-faceted, as well as multidisciplinary, view of widowhood and aging.

Limitations of the Study

The data in the present study are drawn from a sample of primarily Caucasian, widowed men residing in the Midwest. In addition, these men represent a unique cohort of individuals who experienced work and family relationships during the course of the Twentieth Century. Thus, generalization of these findings to other populations and cohorts should be made with caution.
Drawn from survey data, these findings are limited to an examination of relationships rather than an examination of direct cause and effect. It is assumed that respondents answered the survey questions honestly and to the best of their ability; however, differences among respondents in their interpretation of the questions and/or interaction with the interviewer are a possibility. In addition, a number of potential respondents (n=51) refused to be interviewed. It is possible less competent men may have felt reticent about their situation and, perhaps, less willing to reveal their circumstances. Conclusions should be interpreted in light of these possible effects.

In addition, very ill and/or institutionalized widowers could not be included in the study. This group of widowers is obviously among the least self-sufficient; their exclusion may have influenced the findings, particularly those regarding health and mastery.

**Measurement Limitations**

Self-sufficiency, as measured in this study, was operationalized as the proportion of tasks a widower performs for himself based on those applicable to his current situation. As such, this assessment relied on individuals' self-reports of the tasks they perform for themselves. This assessment did not consider how well an individual performed the task, or even, if the task was performed adequately. It is quite possible individuals vary in their criteria for acceptable standards, as well as in their definition of what constitutes "performing" a task. For example, individuals may vary widely in their definition of "planning or preparing meals." For one individual,
this may include eating T.V. dinners; others may have interpreted this as cooking every meal "from scratch."

An interesting avenue for future research will be to compare widowers' self-reported task behavior with observations or assessments of widowers' task behavior by "outsiders." Widowers could be observed, for example, performing daily tasks, or widowers' task behavior could be reported by children or friends. This would allow for a more valid assessment of what is actually occurring.

In addition, the self-sufficient measure in this study was divided into tasks typically divided by gender; thus, both "female" and "male" tasks were assessed in the initial analyses or in post-hoc analyses. The four "neutral" tasks also included in the self-sufficiency measure in this study received less attention. In addition, several psychological items, such as "having others available when you fell blue" were not included in these analyses. Future studies examining self-sufficiency might examine these additional items, as well as explore the effect of their inclusion on the relationships assessed in the current study.

Statistical Limitations

Researchers have also suggested that models which consider interaction effects are most helpful in describing the complexities surrounding men's involvement in household work (Hiller, 1984). Interaction effects were not assessed in this study; however, the data from this study offer several avenues for future interaction models.
Health status, for example, is likely a universal mediator through which the task involvement of older men, in particular, is influenced.

**Future Research**

Although the experience of widowhood has received considerable research attention, relatively little is known about widowed men, in general, and how their experiences are similar to/different from those of widowed women. In the present study, self-sufficiency and mastery levels of widowed men were explored. In future research, widowed men and widowed women might be compared in the same study, to ascertain the statistical significance of the differences suggested here.

**Caregiving**

Caregiving is among the several independent variables warranting further investigation. It was surprising, for example, that over half the sample (n=101) defined themselves as caregivers. Because this group is so large, it is likely significant variability exists within individuals’ caregiving experiences. Individuals may vary, for example, on the extent to which they engaged in caregiving tasks. Individuals may also vary considerably in the extent to which they received assistance from children and friends. Research is needed to examine these differences, as well as to explore the impact of such differences on their contribution to widowers’ self-sufficiency and levels of mastery.
**Living Arrangements**

Future researchers might also examine those widowers who do not live alone ($n=53$ in the present study). It would be interesting to know, for example, whether these individuals had lived in their current arrangements prior to the death of their wives, or had moved after the death of their wife. Although the results of this study suggest *health* was not a factor in living with one's children, perhaps these arrangements offer other kinds of support for both the widower and his children or grandchildren. Also, it would be fruitful to examine self-sufficiency in the group of widowers who had *remarried* since the time of the interview.

**Self-Sufficiency and Mastery**

Widowers' scores on self-sufficiency and mastery were not significantly related in the present study. This finding was surprising, given previous studies which suggest a relationship between self-sufficiency and mastery for widowed women. Studies examining widowed women have suggested that there are positive benefits in the assumption of new, traditionally male tasks for women. Lopata (1979), for example, found many women experienced new feelings of independence and self-sufficiency during widowhood and felt positive about these changes. Similarly, O'Bryant (in Stevenson, 1994) found widowed women who assumed new, usually masculine, tasks following their husband's death were significantly more likely to feel competent than a group of widows who had not assumed such tasks.
Differences in status between traditionally male and traditionally female tasks may help explain why self-sufficiency was not a significant predictor of males' levels of mastery in the present study. Female tasks lack prestige; thus, assuming these tasks may allow widowers to live independently but may add little to widowers' overall feelings of competence. In addition, the slightly higher correlation found between male task self-sufficiency and mastery than female task self-sufficiency and mastery suggests it may be the loss of prestigious, male task involvement, rather than the addition of new skills, which significantly affects widowers' sense of mastery in the later years.

Individuals' attitudes toward household task involvement were not explored in the present study; however, researchers examining male task involvement have suggested ideology may be a significant factor in individuals' assumption of household tasks (Kamo, 1988). Male who hold less stereotyped or traditional views of male and female roles are generally found to perform a greater share of a family's household labor. Such findings may be important for the present study. Although widowers' attitudes toward household tasks were not available in the data set, some limited data on gender role identification is available and, for future analyses, it may be helpful in sorting out the unexplained variance in mastery.

An additional explanation for the weak association between mastery and self-sufficiency in the present study may be gender differences in coping. Scheier and Carver (1985), for example, suggest mastery may be a more concise concept when applied to women than when applied to men. This is similar to ideas of other
developmental theorists, who have suggested fundamental differences in the ways in which men and women respond psychologically to situations (Gilligan, 1982). Future research should continue to explore possible differences between widowed men and women, including differences in mastery and other psychological constructs, as well as ways in which men's developmental experiences are unique.

**Implications**

The present study contributes to the literature on widowhood in several important ways. First, few studies to date have examined the life situations of elderly men, particularly those who are widowed and bereaved. Much of the previous literature on widowhood has focused on women (Lopata, 1979). This is also true of the caregiving literature, in which studies of male caregivers are notably absent (Dwyer & Coward, 1992). The data on widowers examined in this study was rich and varied, suggesting many new questions for future research. Over half of the sample defined themselves as caregivers, for example, offering the possibility for much more variability in men's experiences than has been acknowledged to date.

This study also offers several implications for policy and practice. Health status was a significant predictor of both self-sufficiency and mastery in the present study, suggesting efforts to maintain the functional health of elderly individuals as long as possible are most important. Such efforts should include not only rehabilitation services, but programs designed to target preventive health measures as well.
The significant impact of children in this study suggests the continued development of community support services will be important, as birth rates have dramatically declined over the past century, and future cohorts will not be as likely to have children available for assistance. In addition, the lack of relationship between income and self-sufficiency in this study suggests individuals who lack funds are able to meet their needs in other ways, perhaps through the use of informal arrangements. Practitioners should continue to assist elderly individuals in creating and maintaining informal support networks, particularly for those who are isolated from children and other kin.

In general, research examining widowed men is limited to date. In addition, researchers have most often focused on the negative consequences of widowhood (Hogstel, 1985; Umberson, Wortmen & Kessler, 1992). Continued research on elderly men and widowers, in particular, will help strengthen the findings of the present study, as well as outline ways in which practitioners might help lessen the impact of this stressful life event. In particular, longitudinal studies will be most helpful in identifying pre- and post-widowhood effects. Similarly, continued research on the correlates of self-sufficiency and mastery, particularly in old age, will help clarify how practitioners might assist individuals in maintaining continuity in both the physical and psychological aspects of their lives.
References


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