GENDER VARIATIONS AND COPING WITH GRIEF AND LOSS ISSUES IN WIDOWHOOD

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GENDER VARIATIONS AND COPING WITH GRIEF AND LOSS ISSUES IN WIDOWHOOD

A Project

by

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Division of Social Work
Abstract

of

GENDER VARIATIONS AND COPING WITH GRIEF AND LOSS ISSUES IN WIDOWHOOD

by

James Leigh Wickert

Statement of the Problem

Existing research in coping with grief and loss in widowhood has focused primarily on the transition process from being married to suddenly being alone. The author contends that while these issues are important, that transitioning into widowhood involves far more than simply addressing this limited aspect. While grief work has been an important aspect of grief and loss research in widowhood, how men and women as separate genders cope with these losses has yet to be more fully examined. Viewing older adults form an ecological perspective allows clinicians a chance to understand older adults concerns from their unique vantage points to assist survivors through the process of loss and reintegration in unique ways that may not be currently reflected in traditional grief therapy. Support systems that clarify important information about the emotional strengths, coping, resiliency, as well as cultural traditions, beliefs, support systems, and environmental systems that are available to the widowed individual can represent important aids in processing the grief and assist them in their transition into widowhood. The author examined how widows and widowers process and cope with
their grief and loss issues, both in separate and in combined gender categories, utilizing an ecological approach that provided a structured and educational component.

*Sources of Data*

The population studied was widowed individuals located within the Sacramento, California area. The interviews were conducted with licensed, professional social workers and non-social workers who have worked in the bereavement field for at least one year. These professionals were composed of MSW’s, MFT’s, PhD’s, and LCSW’s. The interviews centered on how different genders process and cope with the loss of a spouse or partner. Information regarding widows and widowers emotional, environmental, biological, spiritual, cultural, and economical aspects of life were reviewed. In addition, the discussion included observations on whether widows and widowers processed their grief and loss issues best in group, or individual sessions. Other available resource options for widowed individuals were also explored.

*Conclusions Reached*

The largest percentage of widowed individuals who sought assistance were women. Three fourths of the clients who sought help for the loss of their loved one were women, while one fourth of the clients were men. According to this research, a woman’s grieving process generally includes crying, the minimization of distractions, and seeking out others during periods of intense unhappiness in order to process their loss. With men and their grieving process, this research concluded that generally in the
Western culture, men find themselves caught in a pattern where they have been socialized from early childhood to contain and control their emotions.

The largest percentage of the professionals surveyed who assisted widowed individuals were social workers as opposed to non-social workers. The importance of the statistics given by these respondents implies that the baby boomer era has arrived and with it comes the social and economic implications of an aging population. Widows and widowers will become a growing statistic in this country and social workers must become better prepared to assist them. As helping professionals, we need to redesign and reeducate ourselves on just how widows and widowers process their grief and loss issues and how these issues can better be addressed.

This research also concluded that culture plays a huge part in whether individuals seek counseling for their bereavement issues. Additionally, it was ascertained that more specific gender defined groups for each culture may need to be implemented into widowed individuals treatment plans. As helping professionals, we need to redesign and reeducate ourselves on just how widows and widowers process their grief and loss issues and how these issues can better be addressed.

_____________________, Committee Chair
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_____________________
Date

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Chapter 1

THE PROBLEM

Introduction

One of the least acknowledged and least addressed concerns in our society is the grief and loss issues that accompany the loss of a loved one. With every loss there is a normal and natural reaction that may affect a person’s spirituality, feelings and emotions, and physical and mental stability. These effects may be mild or severe, acute or chronic, short-term or long-lasting. Whatever the effect, the grieving person needs to be aware of the importance of working through the grief process so that healing can occur. It is equally important for the grieving person to seek out resources that are available in the community and within themselves to help recover from their losses. This research is intended to provide important information relating to how men and women may cope differently with grief and loss issues. Additionally, there is a critical need to identify these differences and therefore establish appropriate coping and support mechanisms within gender categories. This information, in turn, can provide and serve as a resource for mental health professionals, caregivers, and loved ones as they assist survivors.

Many individuals lose a spouse through death. It is very important for us, as a society, to have a better understanding of the grief and loss process. Understanding the process is challenging due to the diversity of ethnic and cultural backgrounds, spiritual beliefs, and the ways in which men and women process their emotions differently (or
are expected to process them differently) because of social or cultural stigma.

According to Elizabeth Kubler-Ross (1969), the bereaved spouse usually experiences five stages of emotions: denial, anger, bargaining, depression, and acceptance. Even though these stages may not occur in this exact order or some may be skipped, Kubler-Ross claims that if the spouse or partner can work through his or her emotions, then the process of grieving can be more complete. These stages may serve as tools that can assist widows and widowers in identifying what they may be feeling.

This study will show if, and how, men and women differ in their grief responses during widowhood and what resources and tools are available for them to cope with their losses.

Background of the Problem

Until the past few decades, little or no attention has been paid to gender and how it plays out in as a factor in the grief and loss process. ‘Normal’ grief was assumed to incorporate certain elements mostly related to one’s emotional state and social behavior. Gender and role expectations have recently become much more recognized as important factor in the grieving process (Lee & DeMaris, 2007).

Most research has found that men and women grieve differently according to their own natures and personalities, and according to cultural expectations. For many generations men have been expected to be “strong,” and to show little or no emotion and to be the “protectors” (Jenkins, 2000). This can place an enormous burden on the father, husband, son, or brother. A man may oftentimes feel personally and socially inadequate, as well as having to bear the burden of an overwhelming sense of loss.
A woman, on the other hand, can be more open in exhibiting her emotions both physically and socially. Sometimes a woman’s process may involve extended periods of crying and remorse. A woman may want to talk a great deal about the loss; while a man may become more quiet or withdrawn. She may want to be more active in organizations and groups; while he may be more likely to want to be alone, get back to a structured routine, or immerse himself in work or activity. A woman may attempt to deal with her grief through remembering while a man may attempt to deal with his through distraction or even try to forget things which are too painful to remember. Furthermore, a woman is culturally expected to express sadness and may feel inadequate if she is unable to.

According to Diane Salter, LCSW, Bereavement Coordinator, Sutter VNA & Hospice: “In my many years of providing grief counseling to those experiencing both sudden, unexpected loss as well as that following a terminal illness, I have been struck by the gender differences in all aspects of the grief process. As grief counselors we must understand, acknowledge and respect these differences if we are to be able to reach out to men and make our professional services more accessible and meaningful to them. I certainly support further research into this topic.”

The results of an unexpected death can often be devastating - some people never recover. Co-writer, director, and actor, Nanni Moretti, in “The Son’s Room” (Moretti, Morante, Trinca, & Sanfelice, 2001), illustrates one family's attempts to heal after the sudden death of a family member and shows the varied mechanisms of coping and loss that each individual family member faces.
Moretti stars as Giovanni, a successful psychiatrist with a busy practice treating the assorted neurotics in a Northern Italian coastal town where he and his family reside. Giovanni is a mild-mannered and kindly man, who has a sort of passive approach to living. Giovanni has a lovely family and he is happily married to a beautiful book publisher Paola (Laura Morante), and shares what he considers a close relationship with his teenage daughter Irene (Jasmine Trinca) and son Andrea (Giuseppe Sanfelice). He watches over his wife and two children with a kind and loving authority, giving to them the same doctoral concern with which he counsels his own psychiatric patients. He supports and heals less by what he says than by what he does not say. He quietly coaches Andrea in soccer moves, while encouraging Irene to be more competitive at basketball. A sudden tragedy occurs one sunny Sunday afternoon when Giovanni is called away from home by a desperate client and he cancels his plans to go jogging with Andrea. It is a fatal choice that haunts him for months to come as an accident happens whereupon he loses his son. The loss gives rise to sorrow, rage, and the inexplicable feeling that hope is no longer possible within Giovanni. The family, emotionally fractured, is unable to continue on with their normal life routines. Plunged into unimaginable grief, Giovanni attempts to carry on with his life but he finds he is no longer able to function as an analyst.

The Son's Room (Moretti et al., 2001) is an emotionally layered story and is a testament to the delicate nuances of grief. Through the film, Moretti invites the observer to examine some of the deeply personal coping mechanisms in the face of a sudden death and in the life of a very ordinary family. The overwhelming sadness, the
regret, the empty dinners, and the feelings of whether they could have done anything to stop the accident are all present. While Giovanni wanders dazed through a theme park, numb to the grief, Paola feels a desire to talk about the absent child. This film depicts a heartfelt exploration of what it means to grieve and how different family members and genders process may process their grief in one way or another.

Another excellent film that shows how different family members cope with their grief and loss issues can be viewed in “Be Good, Smile Pretty” (Mason, Tragos, Schmeltzer, et. al., 2003). This documentary opens with a naval officer arriving at the front door of a wife’s home to inform her that her husband was killed overseas during combat. The first reaction that the woman has, is to slam the door shut on the officer’s face, run upstairs, grab her daughter out of bed, bring her to the front door, open the door back up, and thrust her daughter into the reporting officer’s arms. At this point she cries out, “You tell her why her dad isn’t coming home!”

Grief is perhaps the most tangled of human emotions, and the nuances of sadness, love, and anger that comprise its essence are often very difficult to unravel. This documentary additionally interviews both the son and the daughter. The son is very shut down, and after a minute discussion with his uncle, he is essentially told to “move on” with his life. The daughter, on the other hand, expresses her emotions with many tears and after some time, creates this heartfelt documentary in honor of her father and in an attempt to process her feelings of grief and loss surrounding this tragedy.
There exist many different styles in coping with loss and each style has its own strengths and limitations. “There are also complementary strengths in stoically continuing in the face of loss and in seeking amelioration of pain in cognitive and active approaches” (Martin & Doka, 2000, p. 7). Widows and widowers who have a wide range of social, religious, and interpersonal skills and can draw upon them, are more likely to cope well with their grief process. This research will discuss a variety of types of responses that both genders use in order to determine what different strategies are employed so that social workers can learn from them to better assist their clients.

While men and women differ in their grief responses due to widowhood there exist shared difficulties such as loneliness, depression, and “nearly all psychosocial adjustments associated with bereavement” (Lund, 2001, p. 148). Kübler-Ross (1969) maintains that five stages of grief and loss do not necessarily come in any particular order, nor are all steps experienced by all individuals, though she stated a person will always experience at least two of the stages. Often, people will experience several stages in a "roller coaster" effect - switching between two or more stages, returning to one or more several times before working through it.

Widows/widowers experiencing one or more of the stages should not force the process. The grief process is highly personal and should not be rushed on the basis of an individual's self-imposed time frame. One should merely be aware that most of the stages will be worked through and that, hopefully, the ultimate stage of "acceptance" will be reached. Some psychologists believe that the harder a person fights the fact that a spouse has died, the more likely that person will remain in the denial stage. Those
that experience problems working through one of Kubler-Ross’s stages should consider professional grief counseling or support groups.

One question of relevance that will be explored is whether bereavement support groups should be separated for men and for women as they may have different grief and loss issues that need to be addressed. In today’s era there are many internet sites where widowed individuals can gain support. Amongst some of them that have separate chat room support groups individually for men and women are: http://www.groww.org; http://thegriefblog.com; and http://www.willsworld.com. These support groups are dedicated to providing bereaved and widowed members assistance with their specific needs. “Sharing the memories, sharing the pain and sharing the hope that tomorrow is not lost is what our members give to each other . . . Life begins at 50 but we were supposed to have our spouses in that life. We are there to listen, to comfort, and to encourage you to cope until you can let go of the pain but never the love. Here is a place where you can share the memories and enjoy the fellowship of your peers” (http://www.groww.org).

Living alone suddenly after a lifetime of a marriage can leave a person lost and wondering where to go next. Finding ways to fulfill their lives with new beginnings is the challenge that widows and widowers face. The importance of men sharing with men and women sharing with women their pain and sorrows during this time of suffering cannot be emphasized enough. Men and women may need opportunities such as these support groups to grieve openly in a safe, non-judgmental environment in order to come to grips with their losses and its effects. The importance of this is that it takes
much longer to work through grief when emotions are avoided than when they are confronted openly.

Statement of the Research Problem

Many individuals do not complete the process of grieving, which may cause much emotional hardship when facing the death of a loved one. Issues of cultural, ethnic, spiritual diversity and gender will impact how an individual will experience the grieving process. The lack of a clear understanding of how an individual’s gender can affect the ability to process grief and loss issues in widowhood can present critical issues for a culturally competent practice in the social work profession. Some of these issues may include an inadequate client/worker relationship, the inability of a client to participate in the group process, and the prolonging in the grief and loss process of the widow. This researcher seeks to assist in discovering the correlation between grieving in widowhood and how gender may affect this process.

Purpose of the Study

The purpose of this study is to contribute to the development of a clearer understanding of the grief and loss process during widowhood and how gender may relate to this issue. The importance is that the widow or widower has the ability to resolve his or her grief and loss issues from losing their spouse or partner in the best manner possible for himself or herself. If gender is an issue relating to this process, then it needs to be addressed, discussed, and uncovered, so that social workers in the field can better serve this clientele. To this end, this research will focus on the normal and natural responses to grief that men and women experience both similarly and
differently, the normal and natural responses to grief in widowhood, the myths and misinformation associated with grief and loss, the effects of grief if ignored or not fully processed, and resources for men and women independently and, as a whole, that might better serve them.

Theoretical Framework

For the purpose of this study, the concerns and problems of how gender as it relates to the grief and loss process in widowhood will be viewed though the Ecological Perspective. The Ecological Perspective represents a philosophical view of human beings as active and purposeful, having potential for growth and development, and learning throughout life (Germain, 1979). The social work arena has expanded this perspective to explain that an individual is “constantly creating, restructuring, and adapting to the environment as the environment is affecting them” (Ungar, 2002, p. 486).

The Ecological Perspective Theory was expanded by breaking down the term "environment" into social determinants with different levels of power and influence as determined by individual stress and the need for connectedness. Unlike most behavioral and psychological theories, ecological theories focus on interrelational transactions between systems, and stress that all existing elements within an ecosystem play an equal role in maintaining balance of the whole.

In social work practice, applying an ecological approach can be best understood as looking at persons, families, cultures, communities, and policies and in identifying and intervening upon strengths and weaknesses in the transactional processes between
these systems. This theory will be utilized when examining grief and loss issues pertaining to widows and widowers.

Bronfenbrenner (1979) suggests the following two levels of ecological components as a useful framework for understanding how individual or family processes are influenced by hierarchical environmental systems in which they function:
The Microsystem- The most basic system, referring to an individual's most immediate environment (i.e., the effects of a widow or widower’s grief and loss process, and the manner in which their behaviors and personality characteristics may be affected).
The Mesosystem - A more generalized system referring to the interactional processes between multiple microsystems (i.e., effects of spousal losses and how the bereaved utilizes social/familial interactions to aid them in their grief and loss process).

The Ecological Perspective Theory provides a framework for a "life-model" practice which incorporates an understanding of the experiences of each individual within his or her historical, societal, and cultural contexts. This life model provides social workers with an insight into assessment and intervention, and can assist with a widowed individual’s difficulty with life transitions, traumatic events, environmental pressures, and dysfunctional interpersonal processes. This model, highly representative of an ecological approach, primarily focuses on the person-environment fit.

Additionally, holistic thinking can provide a paradigm for understanding how systems and their interactions can maintain and influence a widowed person’s behavior. Exploring the differences in how men and women process their grief and loss issues
through independent gender categories and applying the ecological theory framework can of tremendous therapeutic benefit and value.

The goals of a life model approach are to improve the person-environment fit, through effectively reducing stress between systems including individuals, communities, and resources, therefore, professional functions are versatile and occur at varied micro and macro levels (Turner, 1996). In order to be effective, social workers need to develop competency in both of these micro and macro levels. Furthermore, according to Turner, social workers should be flexible and remember that individuals have varying needs and these needs must be addressed from the level of where the situation begins and to wherever it may lead. He also added that social workers should not blame oppressed people for their troubles and should examine their own biases and judgments when working with others. Finally, he added that, “Social workers must be sensitive to people's diverse backgrounds. Stage models of human development follow in fixed, sequential, and universal stages” (Turner, 1996, p. 390).

By using the Direct-Practice level in assisting widows/widowers of both genders in dealing with their losses, the following components would be addressed: to improve the widowed person's ability to effectively handle stress; to influence these individual’s immediate social and physical environments to become more effective in responding to individual needs; and to improve the quality of reciprocity between the person and the environment.

When considering cultural and gender considerations with widowed individuals "mainstream developmental psychology, which serves as an important source of social
work knowledge, often fails to provide theoretical and practical tools in dealing with this challenge. Rather, it relies primarily on the individual as a unit of analysis and focuses on universal laws of behavior while neglecting cultural diversity” (Roer-Strier & Rosenthal, 2001, p. 216). Social workers need to adopt an ecological approach to understand the complexities of diverse populations and how societal gender norms and roles can play a part in the grieving process. This can better assist them in creating an adaptation for their clients that live in a complex, culturally diverse, and stereotypical society.

Roer-Strier and Rosenthal (2001) propose that it is first best to develop a clear understanding of practitioner/client cultures. Social workers can enable discussions of differences between traditional and current cultural and gender perspectives within a safe, accepting environment. Additionally, social workers can form multi-cultural family groups where beliefs, values, and perspectives can be shared between cultures as well as between varied age groups in helping to eliminate conflicts of opinion within family units in regard to the bereavement processes and gender issues. Furthermore, social workers can advocate and lobby for gender variant populations to feel less stigmatized when seeking bereavement assistance and can promote a better understanding and acceptance of diversity within our societies.

Assumptions

There are six assumptions that are implicit in this research:

- Individuals experience different processing procedures in working through grief.
• Gender, culture and ethnic backgrounds influence the process of grief.
• Widowhood has an impact on how individuals deal with grief and loss.
• Whether the spouse or partner died unexpectedly or had a prolonged death can influence the process of grief.
• There is a need for exploratory research in grief and loss issues in widowhood and what resources and social work support systems are necessary to support these individuals.
• Accepting and acknowledging different perspectives will assist widowed individuals in dealing with their grief process.

Justification

This research will benefit the social work profession by providing new qualitative data on the subject of how gender differences influence and impact the grief and loss process of widowed individuals. Additionally, when addressing grief and loss issues and in examining how and why bereaved men and women may, or may not, seek assistance for their grief and loss issues one should keep in mind the NASW (2009) by-laws. According to the National Association for Social Workers (2009), under the 6.04 Social and Political Action Code: “(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm
equity and social justice for all people.” The traumatic impact that bereavement has on a widowed individual is very real, and regardless of whether one is a man or a woman, social workers should advocate for these individuals and erase the stereotypes that all genders process grief and loss issues similarly. Men and women may or may not require separate services in processing their grief and loss issues, but the ways in which gender may affect and influence the way in which a widowed individual seeks assistance needs to be advocated for and addressed within the social work field.

Delimitations

Although the increased interest in gender and coping mechanisms with loss is encouraging, drawbacks do exist. Focusing on gender may lead us to falsely dichotomize our views and to think in terms of women’s grief and men’s grief only. This view of two extremes rarely reflects the reality in which people live. More realistically what does exist is gender-based tendencies as well as cultural tendencies. In addition, there are many individuals who do not fit neatly into gender categories and their experiences may be marginalized or erased by this approach.
Chapter 2

REVIEW OF THE LITERATURE

Overview

The death of a loved one is extremely painful, but the loss of a spouse is perhaps one of the most difficult issues to deal with. The bonds that are created during a marriage, and especially for one that has lasted over a period of time, are known to persist even beyond the death of that partner (Stroebe, 2001). The widowed individual’s social, emotional, and cognitive worlds are greatly disrupted and require a substantial amount of reorganization. Emotional processing deriving from the death of a spouse is the process whereby emotional disturbances decline to the extent that an individual is unable to move forward in life without disruption (Rachman, 1980). This research aims at identifying the manner in which people respond to widowhood regarding gender-variant behavioral patterns. This research also recognizes that widowhood is a long-term situation with periods of acute stress.

The U. S. Census Bureau Report (2005) was commissioned by the National Institute on Aging (NIA), a component of the National Institutes of Health, to provide a picture of the health and socioeconomic status of the aging population. According to a report from the U.S. Census Bureau, the face of the aging population in the United States is changing rapidly. The baby boomers, the first of whom celebrated their 60th birthdays in 2006, have promised to further redefine what it means to grow older in America. The social and economic implications of an aging population, and of the baby boom era in particular, are likely to be profound for both individuals and for society.
Amongst the highlights of the Census Report (2005), is a description of shifts in aging on a population scale and also a description of changes at the local and family level. Due to the surge in population of the baby boomer generation, there are more widows and widowers than ever before. The increase in widowed individuals brings about a greater demand for additional resources to assist them with some of their grief and loss coping skills when their spouse dies.

According to the U.S. Census Report conducted in 2005, the U.S. population in ages 65 and over is expected to double in size within the next 25 years. By 2030, almost one out of five Americans, some 72 million people, will be 65 years or older. The age group 85 and older is now the fastest growing segment of the U.S. population. Many of these individuals suffer from chronic health conditions, and in the Census of 2000, 14 million people aged 65 years and older reported some level of disability such as heart disease or arthritis. The need for services for seniors and for additional skilled social workers in grief counseling needs to be emphasized once again.

Through the Theoretical Ecological Perspective framework, the role of personal, social, and environmental resources can be examined within the context of gender and bereavement. In addition, an overview of coping mechanisms as behaviors and emotions evolve and occur as the consequence of bereavement and widowhood will be explored. Are there particular psychological responses among widowed individuals who cope and those who do not, and how are they influenced by gender? Finally, is there a “recovery” process which would best suit widows and widowers independently, or does gender have an effect on the grieving process, or is suffering universal?
Grief is a necessary step in going from life to death. Grief is unavoidable when someone loses a loved one, one is never fully prepared. When someone loses his or her significant other, the grieving period can often be an overwhelming and lonely experience. There is no exact system in assisting someone in recovering from the loss of a loved one. However, all researchers commonly recognize that there are stages through which people must pass in order to successfully adjust to loss resulting from death. Each person chooses a path in his or her own individual manner and according to his or her own needs and belief systems. Certain stages of the grief process may be skipped or even repeated, depending upon what each individual’s unique experiences and needs may be.

Elizabeth Kubler Ross and David Kessler (2005) describe the well-known five stages of the grief and loss process as: 1) denial, 2) anger, 3) bargaining, 4) depression, and 5) acceptance. These authors also state that a person does not grieve only one loss when a loved one dies. A widowed individual may have lost their beloved but the ensuing grief brings into their awareness all of the losses that have occurred throughout his or her life, both past and present. One cannot help but remember losing a parent when one was young, or a high school friend who was killed in a car accident, or any other earlier losses. A bereaved individual may feel all of the grief that he or she did not attend to before but that still needs attention. What is left ungrieved remains stored in the heart, body, and soul and this grief is revisited each time a person experiences a new loss (Kubler-Ross & Kessler, 2005, p. 73).

Widowed individuals who are engulfed in the aftermath of loss want to know
what to expect and how long it will last. Such questions, unfortunately, can never be satisfactorily answered. Since every griever is unique, there are no pat answers regarding how to grieve. The grief and loss stages that Elizabeth Kubler-Ross (1969) describes are not meant to help stuff away intense emotions into neat packages. The grief stages are responses to losses that many people experience, but there is not a typical response to loss, as there is no typical loss. Our grief is as individual as our lives and not everyone goes through all stages or goes them in a prescribed order. Grief is the normal and natural emotional response to loss.

By experiencing the necessary emotional effects of a loved one’s death, sometimes a person can resolve the loss. If a bereaved person attempts to avoid the existence of a loss, that loss will remain unresolved, and there will be more likely to be painful emotional, psychological and/or physical consequences (Noel & Blair, 2000). Grief which is repressed or suppressed may, in fact, take a lifetime to resolve.

According to Carol Staudacher in *Men and Grief* (1992), women are generally more communicative about their losses than men. They usually exhibit a wider range of emotions than men do and are more prone to seek and accept support in one-on-one relationship, or to participate as members of a grief support group than men are. According to the author, men, in general, are more reluctant to seek the support of others, either individually or through a support group. Staudacher (1992) also states that men are more likely to assume more responsibility for their bereaved states and depend only upon themselves. Both genders, however, must cope with their losses,
although Staudacher states that men may not show their grief or grieve as long as women do.

Studies have also suggested gender differences in social support and interaction are known to influence coping for widows and widowers. Carr (2004) found that men receive less social support than do women. Carr also suggest that women have a more confrontive and expressive coping style than do men, which serves as a form of protection. Bennett, Hughes and Smith (2003) suggest that men suffer more from widowhood with respect to health, mental health, and social support. Bennett et al. (2003) also state that coping mechanisms are of equal importance to both genders during the loss of a spouse or partner, such as being able to talk to their deceased spouse whether at the gravesite or in the home.

Widowhood is much more common among women than among men, because women have longer life expectancies and also tend to marry older men (Moss, Moss, & Hansson, 2001). Research has shown that widowers are less likely than widows to agree to discuss their loss in interviews (Stroebe, 1998), and that widowers are less likely to attend support groups than widows (Caverhill, 1997). Additionally, widows tend to have a larger social network than widowers do (Stroebe, 1998), perhaps because they anticipate outliving their husbands. Older males may also be at a psychological disadvantage as they are typically uncomfortable expressing negative emotional feelings due to the ways they have been socialized. Furthermore, widowers usually attempt problem-focused coping, whereby widows generally engage in emotion-focused coping (Martin & Doka, 2000). There is, however, some evidence to suggest that the
experience of widowhood in older individuals is, in psychological terms, more difficult for men than for women (Lee & DeMaris, 2007).

According to Dale Lund during a 2001 study, both men and women who had lost a partner reported that loneliness was their single greatest hardship during the first two years of bereavement, and that completing the tasks of daily living was their second most difficult problem. According to Lund’s study, bereaved widowers age fifty and over had the most difficulty shopping, preparing meals, and managing the household, while widows expressed having major problems performing home repairs, managing financial and legal matters, and taking care of their vehicles.

Husbands and wives have exhibited different interpretations of appropriate gender role behaviors in grieving. Men are more likely to speak of performing their role as a “man of the family” and engage in avoidant coping behaviors. Alternatively, women may be more likely to perceive grief as their “right.” Since men in Western culture often see grief as more of a private issue; many may not seek out assistance and support with their grief issues. Men may also use sexual intimacy as a substation for the yearning of comfort (Roer-Strier & Rosenthal, 2001).

When examining an explanation for gender differences in the Western culture, it is important to ask what the effect of being socialized based on gender has to do with the grieving process. Are some individuals programmed from early childhood to believe that in order to reflect their male and female roles that they should behave in a particular way? While growing up, were boys and girls told that their ways of behaving and reacting to losses were not right and, in fact, should be displayed in a certain
manner? A man’s way of expressing his emotions may be socially stifled, while a woman may be told that it is okay to express these same emotions. Do differences truly exist socially, and perhaps, even genetically, between the genders and the ways in which they express themselves?

One definition of normal grief has been based on the feminine model by Judith Cook (1998). She investigated the grief of bereaved fathers, following the death of her child to cancer. This normative model, which Cook referred to as “women’s grief,” involved the social expression of the emotions of grief, which included: crying, a sense of continued connections with the deceased, minimization of distractions, seeking out others during periods of intense unhappiness for the purpose of speaking of their loss, and helping others as an expression of connection with the deceased (Cook, 1998). Cook suggests that men commonly find themselves caught in a pattern that they have been taught from childhood and told to contain their emotions and to, “act like a man”. After a loss, they often feel like they are acting inappropriately.

*Biological Transitions*

Broad differences do exist in the ways in which men and women react. Some of these differences evolve from early socialization and may sometimes linger in varying degrees throughout life. The fact that men and women generally react differently to grief is a recognized fact for many theorists. Some researchers have noted that widows who are mothers tend to grieve more openly than widowed fathers (Doka & Davidson, 1998). It is possible that the difference in both of these situations lies in the ability of women to express their grief in a more open manner than men. Experts are not
suggesting that men are exempt from grief nor that they feel no grief when they lose a loved one; however, men express grief differently than women. There are, of course, many possible factors contributing to these findings which include both cultural and learned behavioral reactions across life spans.

In general, men and women cope with important life events in different ways because of gender-specific socialization processes. Consistent with gender norms, women are more willing than men to disclose about themselves and acknowledge their need for support, whereas men tend to cope with stress in a more instrumental manner (Stroebe & Stroebe, 1993). These differences in coping may partly reflect differences in coping resources in the social, economic, and physical domains. It has been argued that the experience of women in personal interactions makes them more socially competent (Carr, 2004). Networks of women tend to be more extensive, and they maintain more emotionally close contacts than men do. The gender difference in relational disposition and support availability emphasizes the social advantage widows may have over widowers.

When considering the socioeconomic aspects of bereavement, however, the traditional gender role differentiation puts widows in a disadvantaged position. In general, older women have less money to spend than older men do. Typically, women from the baby boomer era have less economic resources and education than men from the same generation. Expectations during the Depression era and 40s and 50s were vastly different. Most women were encouraged to become homemakers and raise children. Another frequently mentioned disadvantage for older women is their health
conditions (Stroebe & Stroebe, 1993). As opposed to older men, older women report more chronic symptoms and experience more functional limitations.

Gender differences before adolescence have been studied and there are strong indications that early socialization of children has an effect on the way they respond to loss (Lee & Carr, 2007). Grief and loss issues and gender differences are much more pronounced during adolescence. According to Lee and Carr, the grieving behavior of a child will often mimic that of the surviving parent of the same sex when someone has died. For example, after his mother’s death, a son will sometimes behave in a stoic manner not unlike his father.

Gender roles are usually acquired during a child’s preschool years. During this time, the child adopts socially defined behaviors and attitudes associated with being a male or a female. For example, even boys and girls as young as three years old show differences in the ways they handle everyday pain. At that young age, girls are more likely to show distress and seek out adult comfort than boys are. Especially with regard to a loss, girls will formulate a longing for reassurance. This need for comfort can often be manifested outside the family in sexual relationships which offer a sense of wholeness and closeness with another human being (Martin & Doka, 1996).

Beginning with the games of childhood, boys and girls develop different social skills. While girls are beginning to interact one-on-one or are participating in small groups, boys are learning to compete with one another. They practice leading, following, and working with others on a ‘team’ toward some common goal – usually defeating another team. With adolescent boys, stress is likely to be acted out in a more
risk-taking and aggressive manner. Fights, substance abuse, or authority-testing are some of the behaviors they may exhibit. These activities may also serve to release some of the tension of puberty as well as emit role expectations (Martin & Doka, 1996).

Gender differences in bereavement expression begin to become more pronounced as adults mature and experience loss more often. This is not to say that masculine grief becomes more open and expressive or that feminine grief becomes less so. Due to a large part in social conditioning and learned behaviors, feeling and emotions tend to become more clearly defined between the sexes and, in particular, after a couple has been involved in a heterosexual relationship.

In a study that looked at gender differences, Stroebe and Stroebe (1993) found that widowers suffered from greater health impairment than did the control group of married men. The researchers reasoned that this difference was due to the loss of social support that had been provided by the wives. Conversely, these researchers also found that widowers, in using avoidance strategies in grief work, actually showed a better adjustment than did widows after a two-year period. Stroebe and Stroebe felt that the results were due to the men working outside the home. In this same study, widowers suffered more depression than widows did. Stroebe and Stroebe also found that men often need to withdraw from others during the grieving process. In effect, the need to isolate left widowers feeling even more alone, thus deepening their depression.

Psychological Transitions

Several studies show that spousal loss is a more powerful predictor of depressive symptoms for men than it is for women, and that women typically adjust better after a
period of time (Lee & Carr, 2007). Depression, in turn, may trigger physical symptoms that impair older adults’ physical functioning, including loss of appetite, disturbed sleep patterns, fatigue, loss of energy, and even sometimes memory loss. Spousal loss also increases the risk of mortality more for men than for women (Mineau, Smith, & Bean, 2002) which suggests that men might be more vulnerable to spousal loss in terms of physical and mental health. Lee and Carr (2007) also determined that widows and widowers who were active in their churches or temples showed less depression than those without a social or spiritual affiliation. Having meaningful activities in which to participate has been shown to facilitate the grieving process.

The gender gap in the psychological and physical consequences of spousal loss may partially reflect gender differences in the enactment of social roles over the life course. Men typically rely on their wives for practical and emotional support with their health needs over their life courses and often have few sources of support that they are aware of. Upon the loss of one’s spouse, men may lack the support they need to function fully and to recover psychologically from their loss (Lee & DeMaris, 2007). For example, wives typically monitor their husbands’ dietary habits and health behaviors such as smoking, drinking, and nutritional intake, and upon losing their wives, men may adopt negative health behaviors, which in turn compromises their health.

On the opposite spectrum, women typically adopt the role of the caregiver over their life courses, and therefore have developed the skills and social networks necessary to be effective caregivers in later life (Roer-Strier & Rosenthal, 2001). Some of these
roles may have been passed onto them from their mothers or there may simply be a sort of genetic component involved, or, if you will, a sort of “motherly instinct.” Because women are more likely than men to be widowed, older women may have peers whom they can rely on for social and emotional support, as well as for advice. Additionally, because women typically have closer bonds with their children over their life course than do fathers, women may be able to rely on their children for emotional and social support as well as for help if they need a care provider in the event of losing their spouse. In short, even in this day and age, most women are expected to be the nurturer, the caregiver, the hub of the family, to be able to communicate with each family member, and to assist these members in communicating with each other. This is one reason when a widow may need more resources when the time of a loss arises in which she needs to be the recipient of such care for herself (Stroebe, M., 2001).

A widow may want to talk a great deal about the loss of her spouse, while a widower may become more quiet or withdrawn. She may want to be more active in organizations and groups, while he may want to be alone, get back to a structured routine, or immerse himself into work or activity. A widow may want to visit the cemetery regularly, while a widower may not bear to go, or he may visit alone and keep it a secret from others. A woman may attempt to deal with her grief through remembering, while a man may try to deal with his through distraction, or even attempt to forget things which are too painful to remember. If he is uncomfortable with extreme emotions, he may never really dare to get too close to the painful memories for fear of what will happen if he were to lose control. If his emotions do break though during a
particularly stressful moment, he may redouble his efforts to ensure it does not happen again. This is an effort which can be physically and emotionally exhausting, can lead to resentment amongst family members, and it can be extremely unhealthy if it continues for a long period of time (Lund, 2001).

How does age contribute to bereavement measures with either sex? One might think that the older one is that the more difficult the consequences of processing bereavement would be. An early study, performed by Ball (1977) found this was not always true. He compared three groups of widows: younger, middle-aged, and older, and found that the youngest group suffered more symptoms that the others did. Most of these widows were ones whose husbands had died suddenly and were given no warning. For the older widows in the study, however, there were different feelings to deal with. Anxiety and loneliness were the primary conditions, together with feelings of helplessness. Their health seemed poorer and the future was not as bright as it was for the younger widows. The results of this study, rather than seeing grief alone as the cause of their difficulties, pointed out that older women were plagued by other problems that are common among the elderly and were already confronting during their life span.

Elizabeth Kubler-Ross and David Kessler (2005) discuss the difference between sudden death and anticipatory death. They concluded that the more sudden the death, the longer it will take to grieve the loss. The period of denial is substantially lengthened and there has been no chance to say good-bye and to adjust to a life without the loved one. When there is no warning, then the widow or widower is suddenly faced with a huge loss and a need to make funeral arrangements.
The concept of anticipatory grief has been explored by many theorists. In his classic study, Lindemann (1944) used the term anticipatory grief. He noticed that in addition to grief reactions due to separation by death there were grief reactions in anticipation of possible death caused by separation during wartime. This is particularly poignant as seen in this past year of 2009, where many soldiers were being deployed overseas to Afghanistan and their spouses did not know whether they would return home to them or not. Lindemann (1944) referred to the separation of two people, with one anticipating the death of the other and preparing for it to such an extent that upon the return of the other there was often a rejection rather than a happy reunion, as anticipatory grief. His example was that of a soldier returning to his wife whereby she rejected him. Lindemann’s explanation was that the wife, during the separation, had so effectively worked through her grief over her husband’s possible death that emotionally she had completely emancipated herself from her mate. This is commonly seen today when a soldier returns home from the 2009 war to his or her partner, and the resulting detriment is that these couples often end up obtaining a divorce.

Alzheimer’s disease is another example of an ‘anticipated’ death which can become quite long and drawn out for the significant other in the relationship. This disease has become a more and more common issue, and one that certainly needs to be addressed when examining the grief and loss process amongst the elderly. Alzheimer’s disease is the most common cause of dementia and accounts for well over half of all diagnosed cases of dementia in the United Sates (Parker-Pope, T., 2009). Because women have a longer life expectancy than men and Alzheimer’s disease is an age-
related illness, there is a greater prevalence of the disease in older women. However, when risk is adjusted for differential survival rates, the risk is the same for men and women. A person might have Alzheimer’s disease for many years before clinical symptoms are apparent. It is a progressive disease in which there are substantial pathological, cognitive, behavioral, and personality changes (NY Times, 2009). Progressive deficits occur in memory, with memory for recent events more severely impaired than memory for events that occurred years before. Alzheimer’s disease is an example of an anticipated death which can become quite long and drawn out for the significant other. Often times, the spouse of the diagnosed must place his or her loved one in an assisted living home or in a hospice care facility as they are no longer able to provide the care required of the Alzheimer’s patient due to forgetfulness, disorientation, anger, and wandering issues.

*Cultural/ Spiritual Implications*

Living in America, it is important to remember that there are many cultural perspectives that greatly influence one’s death and dying and the coping process. Given the number of cultures represented in the United States, it is vital for social workers to understand that they must continue to educate themselves regarding the cultures of their clients. Increasing their own awareness, judgments, and values that they may inadvertently place upon clients who are experiencing the grief and loss phase during widowhood is extremely important.

Because a large amount of Vietnamese Americans have immigrated from Southeast Asia after the U. S. war in Vietnam, they are amongst some of the most
recent arrivals in large numbers and contain the largest percentage of first-generation Americans. Even though a high percentage of Vietnamese in the United States are Catholic, there is a strong historical importance of Confucianism (from some 1,000 years of Chinese domination), Taoism, and especially Buddhist beliefs in cyclic continuity and reincarnation, as well as concerns with ancestral spirits in this life that can influence decision-making around death (Buswell, 1990). Within the Vietnamese population there sometimes exists a cultural aversion to hospitals, especially as a place to die, and there is also a belief that is held by some that those who die outside the home will become wandering souls with no place to rest. Another example given by Jim Calhoun in this same research (1990), states that if a spouse agrees to terminate life support for his or her loved one, this might be viewed as contributing to the death of an ancestor, who then might influence the fate of the living. A Hawaiin study also emphasized the importance of the Buddhist concepts of karma and karmic debts, especially in the belief that “terrible” deaths might be punishments for bad deeds in this life or former lives by the person who dies or by someone else in the family (Braun & Nichols, 1996).

For social service workers to discuss end-of-life issues in a culturally appropriate way with their clients, they must understand the range of values, beliefs, and health care practices that exist in populations they are serving. Another example of cultural diversity that social work providers should identify and address surrounds tribal and cultural groups. No two Native American tribes have exactly the same values, beliefs, and proscribed behaviors regarding death, dying, and end-of-life decisions.
There is also a wide range of values, beliefs, and behaviors within tribes due to factors such as acculturation and religious affiliation. It is helpful, therefore, for social workers to learn as much as possible about the tribal groups they are working with. It is equally important though, to remember that some Native American individual’s may, or may not, subscribe to all of the traditional behaviors and values within their own culture.

American Indians and Alaska Natives are, for the most part, involved in the decision-making process of their own death and their spouse’s death process if it is an anticipated one. This process often includes the extended tribal family members and even elders of the community (Braun, Pietch, & Blanchette, 2000). Additionally, many American Indians and Alaska Natives believe that it will help a sick or dying person to recover if many family members stay with him or her to provide support. There is also a strong belief in many tribes that a person should not be alone at the time of death.

For some Native Americans, sustained eye contact is considered rude and disrespectful. Silence is valued, and some Indians will be silent for much longer than Western health professionals are comfortable with while they consider what has been said and formulate what they want to say. Braun, Pietsch, et al. (2000) gave an example of an American Indian elder who indirectly discussed her preferences for end-of-life care by referring to the death of her spouse and how that was a good death.

It should be noted here that sometimes there can be differences within gender role socialization within a culture at any given time. Many of the more androgynous perspectives on socializing children into gender roles are not universally shared among each social class or within each ethnic group in American society. While many middle-
class families may socialize both boys and girls have more flexibility with gender role categories, allowing more opportunities for individual preferences in toys, play, sports, or other activities, lower socioeconomic groups or varied cultural groups may emphasize more traditional definitions of the male and female roles.

Widows or widowers who have assumed the role as a caregiver with an anticipated death of a spouse are usually largely affected. These individuals have taken upon themselves a caregiving role that often involves making critical medical decisions, assisting with activities of daily living, and providing treatments in the home (Hauser & Kramer, 2004). These individuals play key roles in providing care and, oftentimes, prolong the lives of their partners through support and love. Over time, they take on added responsibilities for providing increasingly complex care in the home, hospital or hospice facility. Experiences during caregiving have consequences affecting physical and mental health in bereavement (Iwashyna & Christakis, 2003).

Palliative care includes death as an expected outcome, and care for widows and widowers after the death of a partner is an essential part of aiding them in their grieving process. Palliative care addresses issues of quality of life of patients and their families by providing symptom relief and spiritual and psychosocial support extending from diagnosis to the end of life and bereavement (World Health Organization, 2002). There still is very little is known about the experience of the bereavement process for wives and husbands who are caregivers, or how best to provide effective, evidence-based nursing care and support after the death of a spouse. Bereaved caregivers are often neglected in the delivery of palliative care services and more research is needed to
examine the needs of widows and widowers in this area. Amongst many of the themes that emerged from a review of research with bereaved family caregivers of patients with cancer included: painful emotions, a lack of follow-up support, high rates of depression, loss of appetite, severe sleep problems, distressing grief over an unpredictable length of time, and even death during bereavement (Iwashyna & Christakis, 2003).

Coping Mechanisms

As stated previously, it takes much longer to work through grief when emotions are avoided than when they are confronted openly. Both widows and widowers may need permission and opportunity to grieve openly in a safe, non-judgmental environment in order to come to terms with the loss of their partner and its effects. No way a widow or widower grieves is wrong; it is for the most part, just different. Each individual must chart his or her own course with how he or she will deal with their grief and loss issues.

Remarriage after losing a partner can bring much comfort, but, if the expectations are too high, or if it is conducted as a sort of quick fix, only disappointment will emerge. It has been suggested that waiting until a new identity has been found is the best option (Martin, & Doka, 2000). Grief changes people. There is no way a person will ever be the same after a significant loss. A person needs time to peel the onion away and re-emerge into their new self before he or she can move on. Values may change too. If one continues to grow, then what that individual wants out of life will broaden to include many new facets and time can sometimes be the best healer.
Maintaining a false image is a worthless exercise (Kubler-Ross, 1969). For both men and women trying to cope with the loss of their loved one, destructive behaviors may develop. Tobacco, alcohol, gambling, sex addictions, or drug abuse are some of the toxic addictions that may begin or become increased. Often, this will lead to loss of control, frustration, and driving those away who are most needed for support during the time of grief and loss. Because of the potential gender differences in how one processes his grief, it may be important to have separate support groups for widows and for widowers where an individual can feel safe enough to share their emotions in a mutual-aid system and be able to identify with one another. The evaluation of bereavement services for widows and widowers is important to ensure that their needs are being met in a safe and supportive environment. Parkes (1995) stresses the importance of following guidelines when conducting research with bereaved persons and recognizing that widowed individuals in respect to gender grief differently. In addition, Parkes points out the necessity of obtaining informed consent from participants, and of introducing services to the bereaved that are well-founded and evaluated, and therefore preventing any possible harm to participants.

A dying individual's approach to death has been linked to the amount of meaning and purpose a person has found throughout their lifetime. In a study of 160 people with less than three months to live, it was shown that those who felt they understood their purpose in life or found a special meaning, faced less fear and despair in the final weeks of their lives than those who had not. In this and similar studies, spirituality helped dying individuals deal with the depression stage more aggressively
than those who were not spiritual (Maciejewski, 2007).

Bereavement support groups have become an important tool for assisting grieving persons in coping with the loss of their loved ones. It is a time when people feel alone and unable or reluctant to use the help of family or friends (Yalom & Vinogradov, 1998). Especially with the case of bereaved spouses, groups can specifically address and assist them in relieving the intense social isolation (Yalom & Vinogradov, 1998). Another important aspect of bereavement support groups is the normalization of feelings and in assisting members to realize that the responses they are having are a normal part of the grieving process through peer-supported identification.

According to Lampropoulos & Spengler (2005), there are as many people participating in mutual-help groups as those receiving professional therapy. Mutual-help groups are characterized by a norm of reciprocal helping, lack of fees, voluntary association, and the sharing of common experiences, problems, or goals (Humphreys, 2003). Humphreys views these groups more as community than treatment, and more social than individual. He states that within mutual-help groups, participants often develop new or expanded world views about life, meaning, relationships, and the nature of self. He notes common experiences or components of these groups such as spiritual change, identity and life-story transformation, social network building, politicization, and empowerment.

Benefits for widowed individuals involved in mutual-help groups include greater self-efficacy, enhanced social support, lower depression and anxiety rates, and improved coping skills (Humphreys, 2003). Research supports the social and
community benefits that are common themes in all mutual-help groups. Studies indicate that group membership involving peers with similar backgrounds best support reciprocal self-disclosure – a valuable key to friendship development and trust building within the widowed population. Group participants value this peer support more than professional help, and through this experience, they learn to access and employ their own social support networks and personal resources (Lampropoulos & Spengler, 2005).

The habits of a long marriage are not easily forgotten. Having a partner in the home, talking, eating, sleeping together – all are taken for granted over the years. Our perceptions of these interactions do not stop just because one of the partners is gone. Many widowed individuals have reported having sensed the presence of a lost spouse attempting to let them know that they he or she is safe and unharmed, and have been comforted by these experiences (Bennett et al., 2005).

**Summary**

There are many different styles of coping with grief and loss during widowhood that both men and women utilize. Each coping style has its own distinct strengths and limitations. These styles also have their advantages in expressing affect and in seeking support. Strengths can also exist in stoically continuing in the face of loss and in seeking amelioration of pain in cognitive and active approaches. In short, both men and women who draw from a broad range of adaptive strategies are, in fact, likely to do better. Persons with the widest range of responses, who effectively integrate all aspects of self, seem best able to respond to crisis. One can learn from many types of responses because, after all, different modes of adaptation are just that - differences, not
deficiencies. This research will show that widows and widowers who seek out coping resources and utilize adaptive coping mechanisms fare much better off than those who do not. Additionally, it will also focus on which group seeks out assistance more: widows or widowers.
Chapter 3

METHODOLOGY

Design

This study in gender variations and coping with grief and loss issues in widowhood utilizes descriptive research as there is not much that is known about this particular topic. Descriptive research can provide much needed information for establishing and developing social programs and can use both qualitative and quantitative approaches (Marlow, 2005). This research uses both the qualitative and quantitative approaches through the use of written surveys.

In using the qualitative approach, the participants who were selected for the survey were the ones who were best informed about grief and loss issues during widowhood. These individuals were all professionals who had worked in the bereavement field for at least one year and were best informed about the subject matter or grief and loss during widowhood. Research by induction uses observation to look at details of a phenomenon and then develops generalizations to explain or describe relationships among those particulars (Marlow, 2005). Some of the particulars examined in this research include: gender; the different emotional reactions men and women have; processing in groups versus individual counseling; and which gender category tends to utilize resources more when widowed. This type of qualitative analysis focuses on creating categories after the material has been collected. A theory can then be formed to determine whether women and men grieve differently during widowhood, and what resources might benefit them the most.
Because this study additionally is intended to explore grief and loss issues and how it is processed by both men and women in the general population, a quantitative approach was also formulated. The goal of this quantitative analysis is to search for the causes of phenomena that exist when bereavement occurs between men and women. Furthermore, this researcher would like to explore the possibility of whether new and expanded services for the widowed population need to be addressed.

Past research suggests that dependence on one’s spouse will affect men and women differently as they process the loss of a spouse. For example, “wives are more likely than husbands to have alternative sources of emotional and social support, with many men relying solely on their wives as confidantes” (Antonucci & Akiyama, 1990, p. 41). Men who are more emotionally dependent on their wives may be least prepared to adjust psychologically to their loss. By identifying precisely what is lost when a marriage ends, a richer understanding of how and why psychosocial resilience occurs among some bereaved elders may be derived. Other influences on marital dependence and adjustment to loss should be considered as well as potential influences on psychosocial resilience among the bereaved. Although most studies have considered depressive symptoms as the sole indicator of loss and psychological well-being, anxiety and self-esteem should also be considered. Furthermore, spousal loss affects readjustment to other resources and vulnerabilities. Consequently, socioeconomic status such as education and income, as well as demographic characteristics, such as age and race, all needed to be taken into consideration.
This research project was developed to determine whether men and women grieve differently. The research was additionally used to explore whether separate groups for widows and widowers are more useful than when these individuals are placed in combined group settings. In addition, this author wanted to determine whether individual or private settings are more useful to widows or widowers when exploring grief and loss issues, using gender as a determinant.

**Variables**

The primary purpose of the study was to understand ways in which different genders may experience and express grief and loss issues as widows or widowers. Older adults, in particular, are frequently with a life partner for many decades. One of the goals of this study concerned was to better understand, and therefore, hopefully prepare, widows and widowers in how they can cope with their grief and loss issues in the best manner possible. The independent variable in the study was coping with grief and loss issues by using a structured approach. The study is concerned with the emotional and physical health of widows and widowers as they attempt to adapt to the change in their environment and to reconnect with others and their usual life activities after the loss of a partner.

A second purpose of the study was to evaluate whether gender plays a part in whether individuals seek out therapeutic assistance when they have lost a partner. This information was analyzed by the use of surveys which were completed by professional therapists who have worked in the field for at least one year. Determining whether more males or females utilize groups to assist them with their grieving process may
further educate professionals in the field to see what services may be lacking and whether further encouragement for widows or widowers to utilize services may be warranted.

The final variable that was examined was coping skills pertaining to grief and loss issues. Which ones are used the most? Do different genders utilize coping skills differently and, if so, why? Do widows and widowers need to be encouraged to use certain coping skills that appear to work for others?

Participants

The ten credentialed therapists (LCSWs, MFTs, MSWs, or PhDs) who were interviewed in this study were selected from a relatively small geographic area within or closely surrounding the Sacramento County area of California. This may have hindered the ability to generalize these findings to a larger, more diverse demographic widowed population. The survey sample size was (n=10).

The therapists who completed the written survey have worked with widows and widowers in the field for at least one full year in both group and individual settings. These participants were selected via quota sampling whereby it was necessary to approach all therapists initially and ask them a filter question (see question #1 from “Participant Responses”) to determine if they were in one of the sub-groups to be sampled (Clark-Carter, 2002). These participants were then deemed to be the experts in the field of widowhood by this researcher, and the results of this study may be somewhat influenced by the therapist’s own bias’s. Due to these limitations, findings should not be generalized to the grief and loss experiences of all widows and widowers
within the United States, and should, instead, be used as a point of departure for further inquiry and theory building.

Non-random sampling methods were used, and in particular, the snowball sampling technique was employed. The method of snowball sampling was chosen as it involves utilizing initial contacts to identify other potential participants (Clark-Carter, 2002). In examining gender differences and in how widows and widowers process and cope with their grief and loss issues, the therapists that have worked with this population used their own existing contacts to identify other professionals working in the field and to refer them to this researcher. In turn, those therapists identified other professionals, whom they knew with this same experience, thereby creating a snowball sampling effect. Pseudonyms were assigned to all participants involved in this study and were used when describing subjects in all field notes and the publication of the findings. A secured list was maintained by the researcher to connect the subject’s first name with the pseudonym. This information was only used by the researcher if a need arose to clarify or obtain additional information from a subject after the interview. The researcher’s field notes and any other personal information obtained regarding the participants was held in the researcher’s possession at all times while in the field. At all other times, the researcher’s field notes and collected interview forms were stored at the researcher’s home in a locked file cabinet. In the findings section of this document, special care was taken not to provide details or descriptive information concerning the subjects that could allow them to be easily identified by any readers.
Instrumentation

The author obtained permission from various licensed professionals in the therapeutic community to use the information gained from this study to support this thesis project (see Appendix A). The questionnaire included 20 questions, with 60 percent open-ended questions and 40 percent close-ended questions. This researcher believed that the open-ended questions would provide the study with a richer perspective concerning the struggles that widows and widowers encounter in facing their grief and loss issues.

There were two sections to the questionnaire: the demographic part of the questionnaire and the widowhood and coping part of the questionnaire. The author designed both instruments (see Appendix B). The questionnaire consisted of four demographic questions regarding widowed individuals, one question regarding the professional affiliation and amount of time the therapist has worked in the bereavement field, and fifteen questions concerning what bereavement professionals thought about widows and widowers and how they cope and express their grief and loss issues.

Data Gathering Procedures

The study was conducted using a random, snowball sampling technique. The author initially presumed that all professionals who had worked in the bereavement field for at least one year would serve as an excellent sampling selection for the survey. What was not accounted for was the fact that some of the participants had not worked in the field for quite some time (one individual had been retired for ten years). With new and innovative therapeutic techniques in today’s era, the data may be somewhat
skewed. Additionally, with some of the radical changes in how gender is seen and portrayed today as compared to how it was ten years ago, the data gathered is perhaps not the most current.

The amount of time each participant took to complete a questionnaire varied anywhere from fifteen minutes to one half an hour. Since some of the questions were too broad based and open-ended, the participants answered to the best of their ability. Some participants refused to answer some of the questions and some of the questionnaires received no clarification of the answers. SPSS was used to analyze some of the data.

Protection of Human Subjects

Human subjects were involved in this research. In this case, the human subjects involved were all licensed professional therapists (MFTs, MSWs, LCSWs, or PhDs) who have worked in the bereavement field for at least one full year with the widowed population. The physical procedures of completing the survey included sitting down with pen and paper in a private room with the researcher, and, if needed, asking any necessary questions that needed to be clarified by this researcher. Any participant who needed a break was given one.

The request for the Protection of Human Subjects was submitted and approved by the University of Sacramento as “minimal risk” with the approval number 09-10-075. There was a minimal risk of harm involved with this study and there was a list of available of services provided for the participants should any emotional stress arise from involvement with the study (see ‘Consent to Participate Form’/ Appendix A).
Additionally, all participants involved in the research were given the names, phone numbers, and emails of the faculty thesis advisor and the same information of this researcher should they need to be reached.

All data was kept and stored securely in a locked file box within a locked room in the home office of the researcher (James Wickert), when not in the investigator’s direct possession. Participants were able to withdraw from participating at anytime without penalty. The data was collected and kept in a private and neutral space designated by the agency staff that was convenient for the participants to respond to the questionnaire. The research was also completed in an environment that was not in use and where conversations could not be overheard.

The purpose of the study, use of the findings, time considerations, confidentiality, and the voluntary nature of the study were all clearly explained. Anonymity was assured by using a numbered code for the participants and no interviews were taped. The participants were reassured that once the research project was complete and the data was analyzed and recorded that all confidential information would be destroyed. No financial compensation was offered as an incentive to participate in the study.
Chapter 4  
ANALYSIS OF DATA  

Descriptive Findings  

The following information was gathered from a twenty-question survey (see Appendix B). The researcher designed this survey so that each person completing it would be able to add their own insight, reflections, and experiences using their own words based on working with individuals experiencing grief and loss issues. The design utilized both quantitative and qualitative data. The subjects were asked to address issues around how gender may affect an individual’s ability to seek out help, whether group or individual counseling sessions works best, and which resources do widowed individuals use the most? Demographic data such as age, race, and profession was also obtained from the participants. Additionally, the ten respondents were separated into two categories: those who are social workers and those who were not social workers.  

Frequency tables for all variables were used as were frequency tables comparing answers for social workers and non social workers. Multiple response sets for males and females regarding the number of times the helping item was mentioned by respondents were also used. Finally, multiple response sets for males and females regarding the number of times the helping item was mentioned by whether the respondents were social workers or not social workers were implemented.  

Specific Findings  

Questions one and two are combined in the following chart, thus depicting both
the amount of years the participants spent in the bereavement field and their professional licensures.

Table 1

*Demographic Characteristics of Respondents and Years Spent In Profession*

<table>
<thead>
<tr>
<th>Professional</th>
<th>Average Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCSW</td>
<td>5</td>
</tr>
<tr>
<td>MSW</td>
<td>2</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>3</td>
</tr>
<tr>
<td>MFT</td>
<td>1</td>
</tr>
</tbody>
</table>

This chart shows the average number of years that each professional surveyed has worked in the field. Additionally, it was determined that 25% of non-social workers had worked in the field for an average of three to five years, 25% had worked in the field for 11 years or more, and 50% of non-social workers had worked in the field for six to ten years. The average amount of time that social workers had worked in the field was evenly distributed.

In Question number three, the respondents were asked what percentage of their clients per year sought out professional assistance for their grief and loss issues regarding the death of a spouse or partner. Their responses can be viewed in Table 2.
Table 2

Demographic Characteristics of Clients Who Worked with Non-Social Workers versus Social Workers

<table>
<thead>
<tr>
<th></th>
<th>Non-Social Workers-</th>
<th>Non-Social Workers-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Female Clients:</td>
<td>70%</td>
<td>Male Clients:</td>
</tr>
<tr>
<td>Social Workers</td>
<td>90%</td>
<td>Social Workers</td>
</tr>
<tr>
<td>Female Clients:</td>
<td>80%</td>
<td>Male Clients:</td>
</tr>
</tbody>
</table>

For both social workers and non-social workers, the greatest percentages of widowed individuals seeking professional assistance in this category were women.

In question four, the respondents were asked how long it took after a male client’s partner had died for most of them to seek assistance for their grief and loss issues, and in question # 5 the same was asked of the female widows and how long it took them to seek out assistance. Both social workers and non-social workers said that widows and widowers sought assistance anywhere from one day to six months after the loss of a spouse or partner. Men and women were fairly equal in the amount of time they attempted to seek help.

Questions numbers six and seven asked approximately how long it took for both the widows and widowers to return to their normal everyday routines and hobbies after the death of a spouse. For both social workers and non-social workers, widow and widowers responses varied anywhere from one to six months depending on whether they were working or not. There appeared to be no difference within these separate groups.
Question eight asked the participants the following question: “After the death of a spouse or partner, how long is it before most of your male clients consider dating again?” and in question number nine, the same was posed of the female clients. One social worker responded that male clients commenced dating again after a six month time frame and another said they usually date within a six to twelve month time frame. Of these same social workers, one said that female clients began dating after a one and a half year time frame and the other reported their female clients began dating again within a one to two year time frame. One non-social worker said that males consider dating within six to nine months and some women “return to the dating scene. Some will consider it only after one year.” A social worker stated that male clients consider dating “often too soon, looking for a replacement.” This same social worker stated that female clients generally do not consider dating again unless they are young (less than forty years old).

For question number ten, which asked, “As a therapist, do you think that men and women experience and express their grief and loss issues differently?” Ninety percent of both social workers and non-social workers said yes, and ten percent had no opinion. The respondents were also asked to clarify their questions if possible and the following comments were submitted:

- Men work very hard at suppressing/ blocking their feelings regarding grief/ loss- women tend to experience the emotional impact much sooner and to express their feelings regarding the loss.
- Men are more emotionally dependent while the women are more financially dependent.
- It is hard to know if they grieve differently but I think they verbalize if differently. Women seem to reach out to their friends better. Men tend to not talk to their friends as much. Men tend to ‘do stuff.’
- Women seek out and use support from friends, family, faith communities, are more comfortable with tears, emotional turmoil. Men tend to business, action, much less direct emotional expression and are more self-isolating.
- Men verbalize grief and loss and move on- They cry but then move on. Women cry more openly and for longer periods of time.
- Traditionally, mostly through social conditioning. – Women are caregivers and nurture spouse and family. Will return to dating reluctantly. – Men need caregiving. Will return to dating.
- Typically, women tend to seek supportive services in comparison to men; but also looking at the support network with family friends, faith community.
- Men hold back their feelings more than women do.
- Women cry and are more willing to talk.

Question # 11 asked, “Do men or do women display more visible emotions (e.g. crying, sighing, anger, etc.) when they are in a bereavement group therapy setting?”
Eighty percent of the participants said that women expressed more emotions, while 20 percent reported that it was the same for both genders. These statistics were cumulative for both social workers and non-social workers. Additionally, participants included the following statements:

- Women feel supported by other women’s display of grief, thus allowing and reinforcing their own wish to grieve openly. Men seem to be embarrassed to display similar feelings to other men although being in men’s group setting helps them to overcome this.
- Men continue to “stuff” their feelings.
- I do not know people who are not emotionally expressive. Women can talk longer. Men tend to be briefer and cry publicly, choke up, and recover fast. I think it is a cultural and social thing.
- In most cases, women are encouraged to express emotions whereas men are encouraged to repress emotional expressions. Younger men and women seem to be less restricted in this area.
- Being able to express emotion may depend on the individual.

For Question # 12: “Do men or women display more visible emotions when they are in a bereavement group therapy setting?,” Table three summarizes these results.
Table 3

Characteristics of Gender Expressions in Individual Therapy Sessions

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>4</td>
<td>40.0</td>
<td>40.0</td>
<td>40.0</td>
</tr>
<tr>
<td>Women</td>
<td>2</td>
<td>20.0</td>
<td>20.0</td>
<td>60.0</td>
</tr>
<tr>
<td>Same</td>
<td>4</td>
<td>40.0</td>
<td>40.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Additionally, the respondents included these statements:

- It has been my experience that men will express their grief easier in the individual settings.
- Men are more open during individual sessions but continue to be more “closed” than women, in both settings.
- Both of them in individual settings. Guys are unlikely to cry in group settings.
- Again, depending on the individual and their personality can affect their ability to allow themselves to be vulnerable in the individual or group, as well as ethnicity. Cultural norms and being able to express grief.
- Women are more comfortable crying in front of others.

Question #13 asked: “What has been the greatest help to most women you assist in adjusting to their husbands or partners?”
Table 4

Multiple Responses of Social Workers versus Non-Social Workers for Women

<table>
<thead>
<tr>
<th>Greatest help for women adjusting</th>
<th>Social Worker or Non Social Worker</th>
<th>Non social worker</th>
<th>Social worker</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family = Greatest help for women adjusting</td>
<td>Count</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Friends = Greatest help for women adjusting</td>
<td>Count</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Faith/ Religion = Greatest help for women adjusting</td>
<td>Count</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Community = Greatest help for women adjusting</td>
<td>Count</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Therapy = Greatest help for women adjusting</td>
<td>Count</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Support groups = Greatest help for women adjusting</td>
<td>Count</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Co-workers = Greatest help for women adjusting</td>
<td>Count</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents.

Question # 14 asked: “What has been the greatest help to most men you assist in adjusting to the death of their husbands or partners?”
Table 5

*Multiple Responses of Social Workers versus Non-Social Workers for Men*

**Crosstabulation for Men for each helping item**

<table>
<thead>
<tr>
<th>Greatest help for men adjusting*</th>
<th>Social Worker or Non Social Worker</th>
<th>Non social worker</th>
<th>Social worker</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family = Greatest help for men adjusting</td>
<td>Count</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Friends = Greatest help for men adjusting</td>
<td>Count</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Faith/Religion = Greatest help for men adjusting</td>
<td>Count</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Community = Greatest help for men adjusting</td>
<td>Count</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Therapy = Greatest help for men adjusting</td>
<td>Count</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Support groups = Greatest help for men adjusting</td>
<td>Count</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Co-workers = Greatest help for men adjusting</td>
<td>Count</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

When viewing these two graphs one can see that both men and women widower’s greatest source of help in assisting them through their grief and loss came from family and friends. Twice as many social workers in the family category thought that women received more help from family than did non-social workers. With all other data in these two categories for both men and women, the total was evenly distributed.
Faith or religion, community, and therapy were used equally for both men and women and social workers reported that these resources were used by both groups, whereas non-social workers said that these types of assistance were not the of the greatest help used by either widows or widowers. Next, more non-social workers thought that support groups were used more by both men and women with women utilizing groups twice as much as men. Finally, widowed individuals of both genders who sought out assistance from their co-workers were evenly distributed in both categories.

In question #15 it was determined by all of the participants except for one non-social worker, that women tend to seek out family or social support around the death of a spouse or partner more than men do.

Here are the responses from both sets of professionals regarding question #16, which asked, “In your professional opinion, do you think that culture plays a part in whether individuals seek out counseling for their bereavement issues?”

- Yes. Definitely- we are still locked into stereotypes and don’t know how men and women react to crisis and unfortunately, the genders buy into the old stereotypes.
- Of course.
- Yes, I do. For example, one is more likely to see Jewish and Catholic people who were raised to ‘stand of their own two feet’ not seek out assistance.
Absolutely. “Big boys don’t cry” is learned by age four. Even women apologize for “breaking down.” Much less okay for men to ask for help/support.

• Yes- more Asians tend to use family for support as do African Americans.

• Men don’t feel like they can ask for help due mostly to how they’ve been raised by society.

• Yes! Culture of origin, family, community, all play a significant role.

• Yes, very much so. Many families and individuals operate within their cultural norms or what is to be expected in regards to being able to verbalize grief “being the strong one” or talking about death/ dying/grief/ loss is taboo for many cultures.

• Yes- There are still immense gender roles and biases in our culture.

• Yes- More Asians/ American Indians/ African Americans stick ‘with their own.

Question #17 asked, “What are some of the fears/ concerns that you see most often related to the acceptance of the death of a spouse/ partner?” Here were the participants responses:

• Fear of, and/ or real loss of faith “God let his happen.” - Being alone – How to be alone – Fears of being alone – Difficulty socializing when
normally socialized with other couples (feeling different). – Fears of one’s own mortality.

- Men: - ADL’s (Assisted Daily Living) i.e. cooking, shopping – Isolation.
  Women: - Debt and financial instability – Transportation/ mobility – Isolation.

- When will I come to accept this? Afraid their emotions will engulf them.

- What meaning can/ will life have? Who am I? How can I manage alone? To whom can I talk to at the end of the day? If patient was young, leaving minor children: fears/ concerns regarding single parenting.

- Not being able to move on with life and enjoy it again.

- Who am I now and what purpose do I have now? Fear their own mortality.

- Fear of being “stuck” in depression and fears. Fear of acceptance from friends and family regarding open expression of grief.

- Most fears are related to the “unknown.” Will they be in pain, and family they are leaving? The ability to communicate openly about these fears/ concerns assists in both patient and family in coping or accepting their loved ones impending death.

- Fear of loneliness.
Not being able to function. Not knowing how to manage finances.

Loneliness.

In question #18, which pertained to racial demographics, the respondents were asked if they could give an average percentage of the widowed individuals they saw for bereavement counseling. The following statistics are what they reported:

*Latino Clients* – Three respondents saw no clients in this racial category. Seven respondents saw 25% - 50% of their clients in this category.

*Mixed Race Clients* – Five respondents saw no clients in this racial category. Four respondents saw 25% - 50% of their clients in this category. One respondent saw 50% - 75% of their clients in this category.

*Asian Clients* – There were no clients seen in this racial category by any of the respondents.

*Native American Clients* – There were no clients seen in this racial category by any of the respondents.

*African American Clients* – Seven respondents saw no clients in this racial category. Two respondents saw 25% - 50% of clients in this category. One respondent saw 50% - 75% of their clients in this category.

*Caucasion Clients* – One respondent saw no clients in this racial category. Three respondents saw 50% - 75% of their clients in this racial category. Six clients saw 75% - 100% of their clients in this category.
Table 6

*Demographic Characteristics of Client’s Race*

<table>
<thead>
<tr>
<th></th>
<th>0 - 25%</th>
<th>25 - 50%</th>
<th>50 - 75%</th>
<th>75 - 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino Clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed Race Clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian Clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native American Clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American Clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian Clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In question #19 the participants were asked how old the widowed individuals who sought out bereavement counseling. The following demographic statistics were reported by all of the participants:

*Clients 20 – 30 years old –* Nine respondents reported that zero percent of their clients...
were represented in this age category. Only one respondent said that 25% - 50% of their clients were represented in this category.

Clients 30 – 40 years old – Nine respondents reported that zero percent of their clients were represented in this age category. Only one respondent reported that 25% - 50% of their clients were represented in this category.

Clients 40 – 50 years old – Five respondents reported that zero percent of their clients were represented in this age category. Five respondents reported that 25% - 50% of their clients were represented in this age category.

Clients 50 – 60 years old – One respondent reported that zero percent of their clients were represented in this age category. Four respondents reported that 25% - 50% of their clients were represented in this category. Five respondents reported that 50% - 75% of their clients were in this category.

Clients 60 years and older – One respondent reported that 25% - 50% of their clients were in this age category. Four respondents reported that 50% - 75% of their clients were in this category. Five respondents reported that their clients fell into the 75% - 100% range.

Upon completing the questionnaire, the participants were asked if there was any additional information they would like to add in regard to how men and women may express their grief and loss differently when there is a death of a spouse or partner. Both social workers and non-social workers gave the following statements:
• Men are, I believe, at higher risk of suicidal ideation or suicidal attempts in their bereavement than women. (This is in older age range in which a man has been married for many years).

• My sister died past February and my brother in-law is already re-married. Men tend to make big impulsive decisions. Men are about action. Women are less about action and have more verbalization. Women can be stuck in a rut with depression where it goes on and on. It takes about two years to go through grief and loss process.

• My answers have been very general and there are always exceptions, e.g. men who are very open, expressive and women who are reserved, action/task oriented and self-isolating.

• One thing to also consider is the time frame of their loved one being ill. (chronic illness, sudden death, new diagnosis). If it has been a long illness, families are able to prepare/ anticipate versus a sudden death or new diagnosis. A great assessment of the bereaved support system/network is also a good indicator of how well that individual cope appropriately versus a risk for complicated grief.

• Men tend to act out with substance abuse issues with losses or tend to have suicidal ideation than women who tend to seek help.
Conclusions and Implications

Grief is real because loss is real. Each person has their own unique and distinctive way in which they grieve. There is no time factor for how long it may take someone to process their grief and loss, for some it may take a few months, for others, years. We plan weeks ahead for our birthday, months ahead to take a vacation, and usually a year ahead for our weddings. We plan decades ahead for our retirements. However, when death arrives we are usually very unprepared and it takes most of us by surprise.

“What is left ungrieved remains stored in our body, heart, and soul. It can come out each time we experience loss anew” (Kubler-Ross & Kessler, 2005, p. 73). Why the issue of how widows and widowers may process their grief and losses differently, if it all, is of tremendous value to social workers and therapists as it can help assist them in creating better solutions in working with these populations. Learning to acknowledge and address how different genders cope with loss during widowhood may be the gateway to developing newer and more innovative group and individual sessions. By learning how widows and widowers cope and process their losses hopefully the helping professionals will realize that different factors exist within these dichotomized gender categories.

The survey was distributed to helping and licensed professionals who have worked in the bereavement field for at least one year. According to the survey, the
largest percentage of the professionals who assisted the widowed individuals were social workers as opposed to non-social workers.

The largest percentage of widowed individuals who sought assistance were women. Three fourths of the clients who sought help for the loss of their loved one were women, while one fourth of the clients were men. This concurs with what Carol Staudacher stated in *Men and Grief* (1992), in which she claims that men, in general, are less likely to seek the support of others, either individually or through a support group.

According to questions four and five, there appeared to be no difference in the amount of time that widows or widowers sought out help for their grief and loss issues. Similarly, in questions six and seven, the majority of widows and widowers who generally did seek out help, whether they were working or not, did so within the first six months of their loved one’s death.

For questions numbered eight and nine, which asked how long it took before widows or widowers considered dating again after the loss of their loved one, most of the helping professionals claimed that males were more likely to date again than their female clients would. One social worker stated that male clients consider dating “often too soon, looking for a replacement.” As Martin & Doka (2000) maintain, grief changes people. Remarriage after losing a partner can bring comfort but, if it is performed as a sort of quick fix, only disappointment will emerge. It was suggested by the authors that the widowed individual should first find their new identity as they are now on their own and then peel away their proverbial onion skins. Once that widowed
individual has re-emerged into their new self, then, and only then, should they attempt to move on.

Almost all of the participants unanimously agreed with the idea that men and women express their grief and loss issues differently. One of the statements given by the respondents was, “Men work very hard at suppressing and blocking their feelings regarding grief and loss. Women tend to experience the emotional impact much sooner and to express their feelings regarding the loss.” Another participant said that, “Women seem to reach out to their friends better. Men tend to not talk to their friends as much. Men tend to ‘do stuff’.” Still, another participant responded with, “Traditionally, mostly through social conditioning. Women are caregivers and nurture spouse and family. Women will return to dating reluctantly. Men need caregiving and will return to dating.” This concurs with Judith Cook’s (1998) normative model in which she describes women’s grief to include: crying, minimization of distractions, and seeking out others during periods of intense unhappiness for speaking of their loss. With men and their grieving process, she concluded that they commonly find themselves caught in a pattern that they have been taught from childhood and told to contain their emotions and to, “act like a man.”

When the participants were asked whether they thought men or women displayed more visible emotions when they were involved in bereavement groups, 80% of the respondents said that women expressed more emotions, while 20% reported that it was the same for both genders. According to Doka & Davidson (1998), it is possible that this difference may lie genetically in a woman’s ability to express their grief in a
more open manner than men do. Consistent with gender norms, however, women are more willing than men to disclose grief and acknowledge their need for support, whereas men tend to cope with stress in a more instrumental sort of way (Stoebe & Stroebe, 1993).

In questions #13 and #14, which asked what the greatest source of help was in adjusting to the death of a loved one, both widows and widowers answered equally that family and friends were number one. Following that, women used support groups in third place, while men equally used support groups and faith or religion as a tool. Finally, women used faith or religion as a support system, followed next by seeking out their co-workers assistance, and finally turning to community or therapy. For men, they turned to their co-workers, and then finally resorted to using community or therapy just as women did.

Perhaps one of the reasons that both men and women utilized therapy as a last resort is because of this issue of gender and coping with grief and loss issues. More specific gender defined groups for each category may need to be installed. Perhaps as helping professionals, we need to redesign and reeducate ourselves on just how widows and widowers do process their grief and loss issues and how these issues can better be addressed.

Interestingly enough, with males who sought assistance for their grief and loss issues, one social worker said that depending on their support system, they usually seek assistance within one to three months, and for female clients they reported that it depends on their support system and if the death was very sudden or expected due to
long illness. Typically, this same respondent said that women usually seek help within one to three months. This issue of sudden versus expected death was an excellent observation of the impact in how a widowed individual may also deal with grief and loss issues.

When the participants were asked if they thought culture played a part in whether individuals sought out counseling for their bereavement issues, all of them responded in the affirmative. Some of responses that were given included, “Yes, I do. For example, one is more likely to see Jewish and Catholic people who were raised to ‘stand on their own two feet’ and not to seek out assistance,” and, “Yes, more Asians tend to use family for support as do African Americans,” and finally, “Yes, more Asians, American Indians, and African Americans stick ‘with their own.” As viewed in Table 6, the demographic charts concur with the participants statements. The majority of widowed individuals who sought therapy for bereavement over the loss of a loved one were Caucasian clients who ranged from 50% to 75% of the population, next were the Latino and African American clients who compromised 25% to 50% of the population, and finally there were no Asian or Native American clients who were seen for their bereavement issues by the respondents. Many Asians, American Indians, and African Americans have a huge extended family that they utilize for their support system and therefore many of these widows and widowers may never seek assistance from a helping professional, but instead will rely upon their family members for support.
In viewing the demographics of widowed client’s ages, the participants mostly saw clients that were in the older age group categories ranging from 50 years and older. Only one participant had seen a client that was in the 30 – 40 year old range, and no other participants had seen clients in this age bracket. With the exception of one participant, no others had seen clients in the 20 – 40 year old category. Of clients who were 40 – 50 years old, five respondents said that they had not seen any clients in this category, and five clients said they had seen five in the 25% - 50% category. This information concurs with the U. S. Census Bureau Report (2005) which reports that the faces of the aging population in the United States is rapidly changing. The importance of the statistics given by the respondents implies that the baby boomer era has arrived and with it comes the social and economic implications of an aging population. Widows and widowers will become a growing statistic in this country and social workers must become better prepared to assist them.
APPENDIX A

Interview Consent and Confidentiality Agreement
Consent to Participate in Research

(Gender variations and coping with grief and loss issues in widowhood).

You are being asked to participate in research which will be conducted by James L. Wickert, a Master's level student in Social Work at California State University, Sacramento.

The study will investigate factors related to grief and loss issues amongst widows and widowers. You will be asked to complete a questionnaire regarding your experience in working with widows and widowers as a bereavement therapist in your field. The interview may require up to an hour of your time.

Some of the items in the questionnaires may seem personal, but you don't have to answer any of the questions if you don't want to, and you may participate as much or as little in the interview as you wish. Your responses to the questionnaires will be confidential. You may use something other than your real name if you wish. Your participation in this study is voluntary and you have the right to refuse participation or withdraw from this study at any time. The information you share with me will be kept confidential and will be stored in a secure and locked location. The questionnaires will be held until the end of May, 2010, at which time they will all be completely destroyed. You will not receive any compensation for participating in this study.

You may gain additional insight into factors of how widows and widowers process grief and loss issues and what coping mechanisms are important for them, or you may not personally benefit from participating in this research. It is hoped that the results of the study will be beneficial for programs you assist in, as well as further development of such programs in the future.

If in the event of an emotional distress, you can contact any of the resource numbers listed below:

Suicide Prevention Crisis Line: (916) 368-3111
WEAVE Crisis Hotline: (916) 920-2952

Medical Facilities:
Kaiser Emergency Room: (916) 973-6600
Mercy San Juan Emergency Room: (916) 537-5120
Methodist Emergency Room: (916) 423-6020
Sutter General Emergency Room: (916) 733-8900
Sutter Memorial Emergency Room: (916) 733-1000
UCD Medical Center Emergency Room: (916) 734-2455
If you have any questions about this research, you may contact my thesis advisor, Professor Ronald P. Boltz, at (916) 278-7171 or by e-mail at boltzrp@csus.edu. I can also be reached at: JLWick77@yahoo.com.

Your participation in this research is entirely voluntary. Your signature below indicates that you have read this consent form and agree to participate in the research.

___________________________   ____________
Signature of Participant            Date
APPENDIX B

Research Questionnaire & Demographics
APPENDIX B

Participant Responses

This survey is being conducted to explore possible gender variations in coping with grief and loss issues during widowhood. Please note that this survey is limited to your professional opinion of clients that you have observed in the field, and most of the questions contained herein are simply a broad overview.

1) Please note your professional therapeutic affiliation within the bereavement field:
   a) LCSW
   b) MSW
   c) MFT
   d) PhD

2) How long have you professionally been working with widows or widowers who have bereavement issues?
   a) 1 – 2 years
   b) 3 – 5 years
   c) 6 – 10 years
   d) 10 years or longer
   (If participant has not worked in the bereavement field for more than one year, please stop the survey here and hand it back to the interviewer.)

3) Approximately what percentage of your clients during the last year sought out professional assistance for their grief and loss issues regarding the death of a spouse or partner?
   a) Male:
   b) Female:

4) After a male client’s partner or spouse has died, how long does it usually take for most of them to seek assistance for their grief and loss issues?

5) After a female client’s partner or spouse has died, how long does it usually take for most of them to seek assistance for their grief and loss issues?
6) Approximately, how long does it take widowers you work with to return to their normal everyday routines and hobbies after the death of their spouse?

7) Approximately, how long does it take widows you work with to return to their normal everyday routines and hobbies after the death of their spouse?

8) After the death of a spouse or partner, do many of your male clients ever consider dating again?

9) After the death of a spouse or partner, do many of your female clients consider dating again?

10) As a therapist, do you think that men and women experience and express their grief and loss issues differently?
    a) Yes
    b) No
    c) No opinion

    If possible, please clarify your answer:

11) Do men or do women display more visible emotions (i.e. crying, sighing, anger, etc.) when they are in a bereavement group therapy setting?
    a) Men
    b) Women
    c) Same

    Clarify your answer if necessary:

12) Do men or women express their emotions around grief easier when they are in an individual session, as opposed to a group setting?
    a) Men
    b) Women
    c) Same

    Clarify your answer if necessary:
13) What has been the greatest help to most women you assist in adjusting to the death of their husbands or partners?
   a) Family
   b) Friends
   c) Faith/Religion
   d) Community
   e) Therapy
   f) Support Groups
   g) Co-workers

14) What has been the greatest help to most men you assist in adjusting to the death of their husbands or partners?
   a) Family
   b) Friends
   c) Faith/Religion
   d) Community
   e) Therapy
   f) Support Groups
   g) Co-workers

15) Do more men or women tend to seek out family or social support around the death of a spouse or partner?
   a) Men
   b) Women

16) In your professional opinion, do you think that culture plays a part in whether individuals seek out counseling for their bereavement issues?

17) What are some of the fears/concerns that you see most often related to the acceptance of the death of a spouse/partner?
18) Of the percentage of clients you see for bereavement counseling during a one year time frame, please note the approximate percentage of ethnic breakdowns from the following categories:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>more than 75%</th>
<th>50-75%</th>
<th>25-50%</th>
<th>less than 25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>✅</td>
<td>⏰</td>
<td>🕒</td>
<td>⏰</td>
</tr>
<tr>
<td>Asian</td>
<td>✅</td>
<td>⏰</td>
<td>🕒</td>
<td>⏰</td>
</tr>
<tr>
<td>Caucasian</td>
<td>✅</td>
<td>⏰</td>
<td>🕒</td>
<td>⏰</td>
</tr>
<tr>
<td>Latino</td>
<td>✅</td>
<td>⏰</td>
<td>🕒</td>
<td>⏰</td>
</tr>
<tr>
<td>Mixed race</td>
<td>✅</td>
<td>⏰</td>
<td>🕒</td>
<td>⏰</td>
</tr>
<tr>
<td>Native American</td>
<td>✅</td>
<td>⏰</td>
<td>🕒</td>
<td>⏰</td>
</tr>
</tbody>
</table>

19) Of the percentage of clients you see for bereavement counseling during a one year time frame, please note their approximate age of the widows/widowers from the following categories:

<table>
<thead>
<tr>
<th>Age Category</th>
<th>more than 75%</th>
<th>50-75%</th>
<th>25-50%</th>
<th>less than 25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 30 yrs.</td>
<td>✅</td>
<td>⏰</td>
<td>🕒</td>
<td>⏰</td>
</tr>
<tr>
<td>30 – 40 yrs.</td>
<td>⏰</td>
<td></td>
<td></td>
<td>⏰</td>
</tr>
<tr>
<td>40 – 50 yrs.</td>
<td>⏰</td>
<td></td>
<td></td>
<td>⏰</td>
</tr>
<tr>
<td>50 – 60 yrs.</td>
<td>⏰</td>
<td></td>
<td></td>
<td>⏰</td>
</tr>
<tr>
<td>60 yrs. plus</td>
<td>⏰</td>
<td></td>
<td></td>
<td>⏰</td>
</tr>
</tbody>
</table>

20) Is there any additional information you would like to add at this time about how men and women may express their emotions around grief and loss differently when there is a death of a spouse or partner?
REFERENCES


