The role of the occupational therapist in facilitating the grief process in adult widowers

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The Role of the Occupational Therapist in Facilitating the Grief Process in Adult Widowers

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May 2011

This scholarly project reflects individualized, original research conducted in partial fulfillment of the requirements for the Occupational Therapy Doctorate Program, The University of Toledo.
Objective. The purpose of this study are: 1) to identify grief related issues, specific to older adult widowers, 2) to determine grief related differences between widows and widowers, and 3) to determine the appropriate role for occupational therapy in helping widowers adjust to widowhood.

Method. This study involved eight participants. Participants were recruited from current hospice support groups, flyers, and e-mailings. The widowers ages ranged from 60 to 92 years of age with the median age being 75.9 years old ($M = 75.9, SD = 12.88$). Each widower participated in one of three focus groups and each focus group session was audio-recorded.

Results. Both taped-based transcription and note-based transcription were used to dictate the content obtained from all three focus groups. The data analysis process involved using a code-recode procedure called thematic analysis. Three researchers were involved in the coding analysis process to properly analyze the participant’s words and responses in order to identify themes and patterns from all three groups. The 14 themes identified include; 1) Reactions to death, 2) Process of grief, 3) Grief is a unique experience, 4) Support from others, 5) Advice from others/hindrances, 6) Gender differences, 7) Social changes, 8) Concerns, 9) Memories, 10) Coping strategies, 11) Comparisons to others, 12) Self realization/how the men changes, 13) Advice to professionals, and 14) Other.

Conclusion. The current study begins to show evidence that occupational therapy does have a role in facilitating the grief process in older adult widowers. Through the use of individually tailored occupations, occupational therapists can address grief related issues specific to widowers in order to help the widower cope with living life without their spouse.
The Role of the Occupational Therapist in Facilitating the Grief Process in Adult Widowers

Although occupational therapists are not commonly thought of as being part of the grief and bereavement process, they can play an integral part that is often times over looked. The occupational therapist looks at every part of the person, physical and emotional. Grief can manifest itself into many different, and sometimes, unrecognizable forms and this can interfere with a person’s ability to participate in everyday occupations. According to the American Occupational Therapy Association (2002), occupations are described as activities that have, “unique meaning and purpose in a person’s life and are central to a person’s identity and competence, and they influence how one spends times and makes decisions (American Occupational Therapy Association, 2002). The occupational therapist can act as a guide in helping the person through the difficult grief process by engaging people in occupations. According to Hoppes (2005), occupational therapists have the skills to use a variety of occupations for a number of populations in need.

Knowing that grief has many dimensions and has the ability to affect every aspect of life and inhibiting a person from engaging in everyday occupations, the purpose of the current study is to identify the role of the occupational therapist in the grief and bereavement process for widowers. The first part of this paper reviews what grief and bereavement is, discusses the uniqueness of widowers and how they typically grieve compared to widows, and, finally, explains the role of the occupational therapist in the grief process. This is followed by a discussion of the current study.
Review of Grief and Bereavement

Grief, although looked at as being a normal part of life that everyone will one day experience, has varying effects on people that can range from being typical to very individualized. Lund and Caserta (2002) stated, “Recent studies have revealed that the bereavement process is more like a roller coaster ride than an orderly progression of stages with clear time frames associated with each stage.” Typically, no two people will experience grief in the same way and it is important to know and understand the different ways grief manifests itself. Grief can be seen in many typical forms such as an old man crying over the loss of his wife or be less apparent such as a young woman not being able to function at work after she loses her husband.

Rando (1984, 1986) wrote that there are three phases of grief that accompany a person. This loss is not limited to loss because of a death but can also be a loss because of a divorce, amputation, or natural disaster (Rando, 1993). Rando (1984) explained that a person going through these three phases does not need to do so in any particular order and the griever will typically move back and forth among the phases. The first phase Rando discussed is the Avoidance Phase. The avoidance phase takes place as soon as a person receives information of the death and responses such as denial, bewilderment, and numbness follow (Rando, 1984). It has been speculated that the numbness creates a buffer for the person because the sheer nature of losing a person very important could be too overwhelming (Rando, 1984). This phase allows people to really come to terms with the loss by slowly absorbing it and preparing for the future tasks at hand. The second phase is the Confrontational Phase which is a time when the person is filled with anger, guilt, and shock (Rando, 1984). A person in the second stage is now fully
coming to terms with the loss and starts to realize how it is going to affect his or her life. The last of Rando’s phases is the Accommodation Phase. It is said that, “during this time, the loss is not forgotten, but the griever makes necessary internal and external adjustments to allow for new relationships and ideas (Rando, 1993).”

According to Worden (1991) there are four tasks that people must go through during the grief process. A person should complete the first task before moving onto the next three. The first of the four tasks that a person is said to go through is time to make real of the fact that the loss has occurred. This stage is a time that the person should try to understand the loss and involves intellectual and emotional feelings to be expressed. It has been said that if people do not complete task one for a reason, such as not being able to see the body and make real the loss, than people may have trouble moving forward to task two. The second task, according to Worden, is working through the pain of grief. People need to feel the pain in order to get through the pain and should not try to hide how they are feeling. Task three requires the griever to adjust to an environment in which the “deceased” is missing. When the loss of a person has occurred it is not only going to be different in a physical sense but it will also affect a person’s social world. The person’s roles in life may change and/or the person may have to build new ones. For example, if a man loses his wife he may no longer be considered “married” and so may eventually need to learn to go about the social world as a widower. Giving up roles and building new ones may be very difficult and some people may need extra help at this task. The last task is to emotionally relocate the “loss” and move on with life. This task is very much about the final acceptance of the loss and learning how to not forget the person but rather learn how to move forward without the person’s physical presence.
Widowers

Past literature on widowhood focused primarily on widows and the emotional, social, and cognitive changes widows face when they lose their spouse. Thus, there is not a lot of research published on how widowhood can affect men. It is recorded that women are four times more likely to become widowed than men (U.S. Bureau of the Census, 2004). Nonetheless, as a man ages his likelihood of becoming widowed increases (U.S. Bureau of the Census, 2004).

When a man loses his partner or spouse it is often said that the loss is that of dismemberment. The term dismemberment refers to losing something that kept a person whole and organized (Glick, Weiss, & Parkes, 1974). In a very well known study done by in the Boston area during the 1960’s (Weiss & Parkes, 1984; as cited in Caserta, 2008) the researchers found that widowers often equated the death of their wives with the loss of their primary source of protection, support, and comfort and the loss went to the very core of their overall sense of wellbeing. It has been documented that men generally rely mainly on their wives for social support. When that is taken away they may not have as many people to turn to when support is needed (Powers & Bultena, 1976). Powers and Bultena (1976) said, “Women are more likely than men to have a close confiding relationship with another person and more likely to have a confidant in addition to their spouse.” This means that widowhood can leave a man socially and emotionally isolated without a close confidant to turn to during stressful times (Morgan 1984; Pihlblad & Adams, 1972).

It is also reported that having been widowed is associated with greater levels of depression. Men are more likely to be affected by depression than women after losing a spouse (Hartman 1981; Miller & Garrison 1982). One study conducted with widowers and widows
found that men reported depressive feelings more often than women (Bennett, Smith, & Hughes, 2005). When a man loses his spouse he may lose that social support he relied on so heavily which in turn may increase his chances for depression. Depression can trigger negative behaviors including alcohol and drug abuse. In one study conducted by Byrne, Raphael, and Arnold (1999) it was found that recently widowed adult males reported a significantly greater amount of alcohol consumption than married adult men. It was concluded in the study that older widowers should be regarded as a high-risk group and should be targeted for interventions to address emotional distresses (Byrne, Raphael, & Arnold, 1999).

A man may also have more difficulty adjusting to widowhood because men sometimes depend heavily on their spouse for taking care of household tasks. It was stated in Hartman (1981) that, “men typically receive substantially more instrumental advantages from marriage than do women in the form of household services.” These household services could be cleaning the house, laundry, grocery shopping, banking, and preparing meals. Especially for older adult widowers, male and female roles are often more defined. If the widower is younger he may also need to take on the generally accepted female role and find time to take care of the children if he was not doing so before.

According to Golden (1994) grief is a part of life and grief produces physical, emotional, and mental responses in people who have experienced a loss. It can be observed from everyday experiences that men grieve differently than women. Generally, men and women do not respond to grief in the same ways (Mitchell, 2008). While women may cry over the loss of a spouse, a man may project his sadness and, perhaps, anger in another way such as working on hands-on projects (Golden, 1994). According to Mitchell (2008) women typically express and share their
grief and look to the past for comfort. Men typically don’t verbalize their pain and are more likely to take action and stay busy. Women are more likely than men to express verbally when they are feeling sad or upset. Men will resort to occupations (activities) that they can become consumed with such as fixing-up an old car or building a porch, and not talk about their feelings as openly with others. Men are typically taught to hide their emotions and may give off mixed signals to others who are trying to help them. For example, crying is not a masculine trait in American society and some men may not express their feelings in front of others by crying or by exhibiting other physical signs of sorrow (Mitchell, 2008). According to Mitchell (2008) if a man doesn’t cry his family may be worried about him. Contrary to this, if he does cry that may upset the family. Because of this, grief and what is socially acceptable can be very confusing for a man.

Treatment approaches for men have often been unsuccessful because of the way men grieve. According to Golden (1994) the biggest problem with therapy is that it is shaped to be effective for women. Men may be reluctant to joining a support group if the group is attended primarily by widows. A man may also not be as willing to share his feelings as openly with a stranger whereas women are typically more comfortable confiding in strangers.

Now that insight and knowledge has been established about how men may grieve differently from women, we will now turn to exploring the role of the occupational therapist in facilitating the grief and bereavement process.

**The Role of the Occupational Therapist in the Grief Process**

Occupational therapists work to address the complex needs people have through the use of occupations. According to Hoppes (2005), “Occupations are activities that have unique
meaning and purpose in a person’s life and are central to a person’s identity and competence…and influences how one spends time and makes decisions.” By engaging in occupations, a person can stay healthier physically, emotionally, and cognitively.

Growing and expanding from Rando’s three phases of grief following losses, Hoppes (2005) has identified four phases that outline how occupational therapists can assist people in the grief and bereavement process. Hoppes (2005) developed the phase from reflecting on his experience in dealing with the tragic death of his young nephew. Hoppes acknowledged that four phases are similar, and may even overlap, with Rando’s phases. The most important aspect of Hoppes’s four phases is the use of specific occupations to assist people with the grief process.

The first phase is Occupational Maintenance which is engaging in and maintaining occupations that have therapeutic purpose (Hoppes, 2005). Hoppes describes an example of this stage when his nephew was dying. Hoppes’s family continued to dine together, read books, and go boating to stay active. Engaging in occupations can keep a person grounded and fill a person’s day with a sense of normalcy. Hoppes argues that staying active in occupations can keep a person cognitively, physically, and emotionally healthy (Hoppes, 2005).

Hoppes’s (2005) second phase is called Occupational Dissolution and occurs as the shock wears off and the person is beginning to accept what has happened. In this phase, occupations can begin to lose meaning and/or be forgotten or lost. When a loss has occurred people may forget about their current occupations that gave them meaning in life and only attend to the crisis at hand.

Occupational Ambivalence is when occupations which the person had previously found meaningful and purposeful before the loss gradually return to the person’s life (Hoppes, 2005).
Hoppes describes this phase as figuring out “life-meaning projects” and returning to meaningful and purposeful occupations (Hoppes, 2005). An example of the occupational ambivalence phase is when a father who lost his wife returns to his baseball league that he enjoyed before his wife’s passing. It is often said that grief does not have a definitive end point. There is not a marked time in which a person should stop grieving. It is more of what a person does during the time of grief that matters.

Occupational Restoration and Adaptation is the last of the phases and is when occupation comes full circle and is restored. In this phase, occupations may be changed because of the loss (Hoppes, 2005). The griever will realize the importance occupations have on his or her emotional and social state. By continually engaging in meaningful occupations a person may be better prepared for the next loss he or she encounters. It is not about forgetting the person but realizing that life needs to continue. This can only be accomplished by restoring and engaging in occupations that once filled the life of the griever.

Enser (2002) conducted research on the role of the occupational therapist in facilitating the grief process for younger and older adult widows. The purpose of Enser’s study was to identify grief related issues specific to younger and older widows and to determine the appropriate role for occupational therapy in helping widows adjust to widowhood. Enser’s study involved fourteen widows. The researcher facilitated three focus groups and each of the focus groups were divided by age, with two groups being widows over the age of fifty and the remaining groups were widows under the age of fifty. The participants were asked ten questions to help facilitate and direct the conversations. In total, fourteen themes among both groups were identified. The fourteen themes were; 1) losses/other changes/loss of identity, 2)
feelings/emotions, 3) intimacy issues, 4) child and family dynamics, 5) difficult/unfamiliar tasks, 6) change in activity, 7) current activities, 8) coping with holidays/anniversaries, 9) health issues, 10) social changes, 11) setting goals/future plans, 12) advice/help, 13) advice to professionals, and, lastly, a theme determined as 14) “other.” It was reported in both focus groups that occupational therapy has a place in the grief and bereavement process and can offer helpful and comforting strategies to help a grieving person cope. It was reported that occupational therapy can help to address feelings of loss, family issues, difficult tasks, and future goals (Enser, 2002). The study also showed that there are differences among the kind of occupations younger and older adult widows find important and those issues are important for the occupational therapist to be familiar with. Some of the similarities between the two groups were the profound loss of a life partner and a sense of lost identity. In addition, the younger widows discussed more frequently intimacy issues including romance, dating, remarriage, and sexual issues whereas with the older widows these were not areas of great concern (Enser, 2002). In conclusion of Enser’s (2002) study it stated that, “…occupational therapy is an appropriate discipline that can assist a widow, whether younger or older, in tailoring strategies for their specific grief and establish an appropriate lifestyle without their spouse.”

This study began to provide evidence that occupational therapy is an appropriate discipline that can assist widows and help with establishing a lifestyle for the clients without their spouse (Enser, 2002). Enser’s study provided empirical evidence on how an occupational therapist can help with the grief process. Enser suggested that similar research should be conducted with the widower population. Because little is known about the way widowers grieve, it is important for the current study to investigate the unique needs that widowers may have in
order to understand the appropriate role of the occupational therapist in facilitating the widower through the grief process.

**Focus of the Current Study**

The aim and focus of the current study was investigating the role of the occupational therapist in facilitating the grief process in adult widowers. This study was a replication of the Enser study (2002). The aim of the current study was: 1) to identify grief related issues specific to older adult widowers, 2) to determine grief related differences between widows and widowers, and 3) to determine the appropriate role for occupational therapy in helping widowers adjust to widowhood.

**Methods**

**Participants**

This study involved eight participants. Participants for the study were recruited from current hospice support groups, senior retirement community, flyers, and e-mailings. Participants for the study were found in both the Cleveland and Toledo, Ohio areas. In order to participate in the study, each man had to be widowed between three months and four years. The eight participant’s ages ranged from 60 to 92 years of age with the median age of the participants being 75.9 years ($M = 75.9, SD = 12.88$). The men in the groups were married an average of 44.8 years ($SD = 21.15, Range = 11-68$). Educational levels varied with one participant reporting having less than a high school education, one reported going to trade school, one reported having some college, two reported that they obtained bachelor degrees, two reported having graduate degrees, and one reported having a doctoral degree. Seven members reported to be Caucasian and one member reported to be Native American. The average length of time that the participants
have been widowed was 19 months ($M = 18.83$). All eight participants reported living alone.

Each of the participants participated in one of the three focus group sessions. Participants were
assigned to a focus group based upon date of contact and location. The first focus group had two
men, the second had four men, and the third had two men.

**Rationale for Method**

The method of data collection was focus groups. Focus groups were used because it
allowed for greater interaction among the participants and researchers. Stewart and Shamdasani (1990) stated, “focus groups provide data that are closer to the emic side of the continuum
because they allow individuals to respond in their own words, using their own categorizations
and perceived associations.”

Using focus groups yield’s many benefits for providing information and data analysis. Using focus groups allows the researcher to interact with the participants very closely. It may
also allow the researcher to gain better insight and knowledge into what the participant is saying. It can also allow for the researcher and participants to become more comfortable with each other which can allow for greater discussion. Because the researcher is with the participants, there is also less of a chance of misinterpretations. Lastly, the use of focus groups allows for the participants to have in depth conversations with one another and gain insight from each other about their individual experiences. For this study, focus groups are ideal to use because of the sensitivity and uniqueness of the topic. Focus groups also closely resemble support groups which could foster a more supportive environment for the widowers due to the sensitive nature of the topic. Each widower will have very individual and unique experiences associated with losing his
spouse, so using a qualitative method for data collection is ideal to accurately capture each participant’s individual experiences.

**Procedure**

The complete focus group protocol which was used for the focus groups can be found in (Appendix A). Questions for this protocol were based on Krueger’s (1994) guidelines for developing the questions for all of the focus groups. Using appropriate probing by the researcher, the participants were asked questions pertaining to their perceptions about the role of occupational therapists in the grief process. The questions the participants were asked were based on specific guidelines for developing questions for focus groups (Stewart & Shamdasani, 1990).

Before the participants arrived, the focus group rooms were re-arranged and prepared accordingly to ensure a comfortable atmosphere. A comfortable atmosphere helped to facilitate the focus groups discussions. Tables, chairs, temperature of the room, and background noise were all inspected to ensure that the environment would be relaxing for the participants. An assistant moderator was also present during the first focus group to record hand written notes on what was discussed among members in the group. The assistant moderator is an experienced focus group researcher and helped train the primary moderator on techniques for moderating the group.

When the participants arrived, they were given an informed consent to sign. Demographic information was also gathered by using a brief questionnaire which asked each participant questions pertaining to age, race, education level, and any information the participant was comfortable sharing about the loss of his spouse (See Appendix B). Light refreshments and snacks were provided during each focus group session while waiting for all group members to
arrive. Nametags were provided during each focus group session, but all three focus group participants opted out of wearing them and felt comfortable remembering each other’s names. Once every participant had arrived, he was instructed to sit around the table wherever he felt comfortable. After everyone was seated, the moderator and assistant moderator were introduced.

Information was obtained for recording the focus group conversation on an audiocassette recorder. During the focus group session, first names were used but were later changed to numbers for participant confidentiality. For the first focus group, notes were taken by the assistant moderator in order to capture information deemed important such as noteworthy quotes, and nonverbal body language. During the next two focus group session, the moderator took handwritten notes. In order to ensure appropriate attention, the length of time to gather information for each focus group was approximately 90 minutes. The time periods that all three focus groups occurred were from March 2010 to January 2011.

**Data Analysis**

What was said during the focus groups was analyzed by the audiocassette recordings and by the moderator and assistant moderator’s note-based transcription. Quotes were stated verbatim to ensure accuracy. The moderator listened back to each focus group session and transcribed each word verbatim and then elicited a copy to the other two researchers who would be analyzing the data. In order to establish credibility in this qualitative research, the data analysis used a code-recode procedure that is called thematic analysis. This involved three researchers who all coded the data separately and then came together to collaborate and recode the same information. In order to complete this accurately, the three researchers proceeded through six stages.
1) Each researcher read through each of the focus group sessions in order to obtain and identify themes specific to the adult widower’s focus groups. Each researcher also read through each of the three focus group sessions to get a general sense of the data. This stage in the data analysis process was completed on an individual basis.

2) All three researchers than met to discuss the identified themes from the focus groups and discuss patterns they saw in order to develop a coding technique for major themes. The researchers negotiated patterns and categories that they individually identified. Because not every question was always asked following the order of the questions from the focus group protocol, it was determined that a coding scheme that was independent of the specific questions would be used. In addition, some of the groups pursued additional topics that were not specifically identified in the protocol. Several statements found in each of the three focus group transcripts were found to be representative of each of the preliminary categories.

3) Using the preliminary coding themes, each researcher independently coded the data from each of the focus groups. Each of the researchers independently noted the themes and categories that may have been unclear and noted those that were common. Each researcher also made note of any statements, remarks, and passages that seemed to fit in multiple themes. At this time in the data analysis process, it was fine to place a quote under more than one theme since it would be discussed the next time all three researchers met.

4) The researchers than met to review the results of coding using the preliminary coding scheme. The researchers discussed and ultimately came up with the themes.

5) Each researcher used the revised coding scheme to re-code the data from each of the focus groups.
6) The primary researcher than reviewed and compared the final coding results of each of the other coders within each of the groups. Consensus was used to resolve discrepancies in the coding specific statements or remarks. The primary researcher consolidated and organized the themes to show an overview of participant’s comments.

The participants from both focus groups were analyzed by words and responses during each focus group session. The moderator’s notes which contained specific quotes and observations were used at various stages of the analysis process in order to ensure that specific quotes and their meaning and context was accurate.

Results

Themes

The three focus groups yielded 14 themes that were identified as a result of the data analysis process including an “other” category which represents quotes from the focus groups which were unable to be accurately placed in the other 13 themes. The 14 themes identified include; 1) Reactions to death, 2) Process of grief, 3) Grief is a unique experience, 4) Support from others, 5) Advice from others/hindrances, 6) Gender differences, 7) Social changes, 8) Concerns, 9) Memories, 10) Coping strategies, 11) Comparisons to others, 12) Self realization/how the men changes, 13) Advice to professionals, and 14) Other. The 14 themes that were found will be reviewed followed by a discussion of the role of the occupational therapist.

Reaction to Death/Physical Reactions/Emotional Reactions. The men’s reactions to their spouse’s death were made very apparent. Many of the men expressed their physical as well as emotional reactions very vividly and in detail. Some of the members were very quick to share their feelings and reactions about their wives deaths, while others were more reluctant. Overall,
sharing feelings and attitudes about the men’s reactions to their wives’ passing was a popular theme.

One widower shared his initial physical reaction to his wife’s passing by saying,

“They die, your numb for 10 days, than all of a sudden you wake up and it hits you, oh my god it’s over, and it just hits you like a baseball bat.”

Another widower commented on his initial physical reaction and also shared how “others” can sometimes make inappropriate comparisons to the physical reactions being experienced by the widowers. He shared,

“First year after Ann died, I took an antibiotic every other month because the physical part of it slammed down on me, and the doctor said to me “I know how you feel, I just put my dog down.”

One widower really opened up and shared his initial physical reaction to his wife’s passing by stating,

“And when it happens it’s like, I call it the “big empty” because that’s the way the inside of my torso felt. Empty, totally empty.”

Men in the groups were very quick to share their initial emotional reactions

One widower shared,

“I was mentally and emotionally destroyed after her departure. I’m doing a lot better today. I’m not suicidal, I was suicidal and I had a very hard time contemplating living this life without her. I’m glad I did not succeed at that.”

Another man stated,
“It is so different and really unlike anything else and you feel emotions you have never felt before.”

Continuing on with the topic of emotions, another man shared,

“I read so much and I know all of the emotions that can hit you and I have had them all. Anger, hate, despair, didn’t care; nothing counts or, leave me alone. Almost everything experienced.”

A common theme throughout all of the groups was how the men talked about how losing a spouse is the hardest loss a man will go through emotionally. One of the men shared,

“Of course as xx knows and those of us in this sad fraternity know there’s no loss that comes even remotely close to the loss of a spouse. It’s the most horrible emotional ordeal anybody could ever go through... the loss of a parent or child, there is no comparison it’s not even in the same field.”

**Process of Grief.** For some, the process of grief may have started when their wives were initially diagnosed with life-threatening illnesses. For others, the process of grief started when their wives passed away. Whichever it may had been, the fact is that grief is a process and one that all of the men experienced. Men in the focus groups were able to acknowledge the grief process and were able to give their personal insight.

One of the men from the focus groups talked very openly about his journey through the grief process and gave great insight into Wordon’s stages of grief by saying,

“The grief process we go through is 4 things. 1st stage is to accept the fact that this is the real deal, that she is not coming back. That she is not showing up on the
front porch next week and a lot of these widows think that this person is coming back and they have not accepted the reality of the total loss.”

He continued on by talking about the third stage of grief by saying,

“The third stage is you have to develop a new identity of you alone in the world without her. And if you didn’t have that great of a marriage or if you didn’t have any common interest that may be not quite as hard but for me we had the candy company and we had the horses and we did everything together and we really were a magical couple.”

And finally, the widower ended by stating that,

“...the fourth stage is you have to place the loss in the past.”

A few of the other widowers in the group talked about how the grief process is more of a time issue. Time was a common theme.

One widower stated that,

“It’s a time issue and you have to work through it and work through it.”

A similar comment from another widower stated that,

“There are no shoulds, meaning that you should do this or that you should do that, but there is a time table”

For some of the participants in the groups, it was apparent that it took them more time to reach other stages of the grief process. For one participant,

“It wasn’t until April, May, or June of last year that I finally said gee I think I turned the corner. It took two years to turn the corner.”
Grief is a Unique Experience. After listening to all three of the focus groups and hearing about how each of the men individually traveled their ways through the grief process, it was very clear that, although similar, grief in itself is a very unique, individual, and personal experience. No two men, no matter how similar their histories may be, will go through the grief process the same way.

One widower demonstrated how grief is truly a unique experience by saying,

“Everybody is different. Everyone copes differently. Everyone’s past is different.”

Another widower gave insight into how he learned grief is “unique” by talking about what he had heard during one of his support group sessions. He shared that,

“... like the facilitator told me, she said you cannot “will” this to happen, this is an organic process and she said it’s different from everybody...”

Another widower commented by saying,

“The recovery process is unique to everyone and the timetable is unique to everyone.”

How and when grief will manifest itself is also very unique for every widower. Most of the men made comments about how grief seems to “appear” out of nowhere, even if years have passed since their wife’s passing. One widower told his story of how vacuuming his wife’s old closet stirred up his emotions by sharing,

“When I opened up the closet door to vacuum in there I started crying again. But it didn’t last too long.”

In reference to the date in which his wife passed away, another widower’s commented,
“Surprising how that day just bleeps up every month doesn’t it. You don’t need to search for it on the calendar; it lets you know it’s there.”

**Support from Others.** This theme encompasses both support from friends and family and also support received from hospice and other local support groups. There was a large portion of the men who went through hospice during the end-stages of their wives illnesses and who used hospice support groups. All of the men who used hospice shared only wonderful experiences they had with the support hospice provided for them.

One man shared his experience with hospice by saying,

> “Out of this whole journey, hospice was the only aspect of this journey that I have any respect for.”

Another man shared his experience with a hospice support group by saying,

> “I contacted them after about 6 or 7 months of being numb. And I will tell you, they rescued me…”

Support groups offered by hospice seemed to be a very worthwhile and positive experience for the men who attended. Another man told his experience with a hospice support group by sharing,

> “There is a tendency for those of us especially for introverted people, if your around other people to say, “you don’t understand you don’t understand” and generally speaking they probably don’t, but when your around like-minded people they take that uniqueness away and so it helps you to not feel alone anymore and not alone with the pain”
Family and friends were also mentioned as being important support systems during the grief process. One man stated that,

“I have my family living near me so it was very easy to lean on them and my family, they were very supportive”

Another man shared a similar experience with the support he received by saying,

“But the guys in my lodge, they supported me all through Linda’s illness and since then they have all been very supportive and helpful.”

Advice from Others/Hindrances/Helpful Advice. Comments categorized into the theme of advice from others was found to have two subgroups which were labeled hindrances and helpful advice. It was found through data analysis that although advice from others could sometimes be helpful or well intended advice, it was also found to be a hindrance.

In regards to advice that was helpful from others, one man shared,

“A buddy of mine who I play hockey with on Sunday night told me there’s a support group at St. Joes Catholic church in Sylvania for people who have experienced traumatic loss in their life and you should join that and I said why not, it’s on Tuesday night and I don’t teach Tuesday night and it would get me out of the house because I spend too much time sitting at the house anyways.”

Another man expressed his deep gratitude towards one of his wife’s friends. He shared with the group that,

“…there was only one that I truly believed knew what to do and that was one of Joan’s friends who I talked to almost every day and she had lost her husband years ago. She sort of adopted me. She was the only one who could say things.”
Although most advice given to the widowers was supposed to be well intentioned, for a few of the men advice given proved more of a hindrance. One man stated that,

"Some of the, I guess going back it was well intentioned, but terrible advice from family and friends. They want you to feel better but they don’t understand. Like saying, “you’ll get over it” and I would think “to hell I’ll get over it”… They wanted you to feel better but they sort of wanted you to feel better on their terms."

Another man told a familiar story when he tried to get professional advice from his priest. He shared,

“I will never forget when the minister went with me out to lunch and he said, “Well I don’t know what I would do if I lost my wife.” and he left and said, “Thanks for lunch and if you want to talk you can call me.” I’m sitting there at lunch crying and he says if I want to talk to call him.”

Furthermore, another man also tried to receive sound professional advice from different psychologists after his wife’s passing. He shared,

“So the other two psychologists, all they did were lecture me. One got on a biblical vent. I left his office hating myself because I didn’t know what he wanted me to know. And the other, she just kept saying, “well you need a girlfriend.” Ha-ha… and this is not uncommon, they seem to have their own agendas.”

**Gender Differences.** This category was formed after a majority of the men in all three focus groups commented that they feel there are gender differences in regards to the way men grieve versus the way women grieve. A common theme with a majority of the men was that
women seem to cope better with the loss of their spouses than men do because women typically have larger support systems already in place.

One man shared his observations that he made after attending a support group for those who have lost their spouses. He said,

“XX and I are sort of bucking the trend because the trend is the guy dies first. When I went in the fall it was me and seven widows and they just sit there and cry and as you know from your prior research they don’t know how to do check books and they don’t have any purpose in life anymore and they don’t have jobs and they just sit around and feel miserable all the time.”

Another man shared about why it may be harder for a man to lose his spouse by saying,

“Women have lots of friends and guys have one or two close friends.”

Another very similar comment in regards to this gender difference was,

“I found it is easier for women because they already have a lot of people to talk to about it”

Lastly, another widower stated that,

“When I think about it, it seems like the guys, they need more, more help, they hurt more than some of the women..I think the guys, I think they hurt. I don’t think guys are as in touch with their feelings as women are.”

Social Changes. For all of the men in all three focus groups, their social life had been greatly impacted after their wives passing. Nearly all of the men expressed in one way or another how losing their greatest companion changed the way that they live their lives today. Social changes were found to be anything from intimacy and companionship, friendships that were
either lost or gained, and leisure activities and community involvement. One widower shared his feelings about how his life has changed by saying,

“The hardest thing to deal with is the loss of the everyday interactions between Ann and I.”

When talking about other social changes one man stated that,

“Before she passed away I was very active in the community I was on the residents association two different years, I was on the board of directors here and I just backed off. I don’t even go to any meetings. I just sit upstairs in the apartment by myself and I tell people I am a sportsacholic like an alcoholic because I love my sports and I know I now spend too much time in front of the television and I have given up exercise but I enjoy the T.V.”

Another widower shared how he also became withdrawn by stating,

“Well I was just very withdrawn…even when I go to the dining room and I see all these couples I just ask for a table by myself so I guess you could say I avoid people.”

The same widower really summed up his feelings on the topic by saying,

“It’s not an easy life being alone”

When a widower from another focus group was asked the same question if his social life has been changed, he responded by saying,

“Yes, they disappear. We use to go out with 5 or 6 other couples. We would do things together and now I am sort of the odd person and I should be grateful because they quit inviting me because it was really uncomfortable for awhile. I
was just invited to a party a couple of months ago and man...I felt out of place... I don’t know I just need her...I really need her.”

**Concerns.** The theme of concerns encompassed many different topics that the men viewed to be challenging for them. Some of the common concerns were immediate concerns for themselves and some were concerns for themselves in the future. Each widower expressed his own unique concern whether it was thought to be small or large.

One man simply stated his concern simply to be,

“A concern for myself.”

Another man shared his concern by saying,

“Missing getting Christmas presents is a concern, it’s like what am I suppose to do when you have done it for so long.”

Furthermore another widower said,

“A concern of what am I going to do now, who am I suppose to go to the symphony with and things like that”

One widower went into great detail about a concern that he has been struggling with since his wife’s passing. He shared,

“I’m going through some difficult experiences now because I have to make a determination do I still want to do this and I haven’t made that determination and I don’t want all the people to say well he wouldn’t had gotten into horses if it wasn’t for her and she just dragged him into it and if I were to sell the horses and get out of the horses that would prove them all right and I don’t want to do that
and I do love the horses and I do love jumping them and I didn’t do this just for her.”

Memories. The theme memories was developed because throughout each focus group session participants often shared their own unique and fond memories of their wives. Many of the memories were comprised of unique experiences shared between the widower and his late wife. Memories are often the driving force behind emotions and are what gives the widower himself the ability to remember what life was like with his spouse. It is also important to reflect on the past in order to move through the grief process.

One widower expressed how going back to the home he shared with his wife is difficult because of the memories the home elicits by saying,

“It still bothers me to go home along but going home is a double edged sword. It is where you have all of the things come rushing up to the surface and the very thing that gives you still attachment to that love that you had for her.”

Another widower talked openly about his memories of one of the last times he brought his wife home by saying,

“She was in on a Sunday and she died on a Sunday. I brought her home one time to see the horses but she was so weak she just sat in the window and looked out the window at me as I was bribing them with cookies to try and get them as close as I could to the back door but she wasn’t able to go outside.”

Another widower shared how he has had to come to terms with the memories of his wife in order to successfully move on by saying,
“You have to get to the point where thinking about her becomes a positive reflection of the memories of the good times and not the loss of the life.”

A commonality among the widowers in regards to memories was the memories each widower had that touched on the day to day interactions they miss with their wives. One widower shared,

“Talk about one of the small things. I could be down in the kitchen and before Conan Obrien ever went mainstream TV Ann use to think he was a stitch and she would be upstairs in the den watching Conan Obrien and I would be just breaking out laughing just from listening to her laughing because she would just start cracking up to this guy on TV and that’s the sort of stuff that’s now missed.”

Another widower similarly stated,

“But I still remember her...every once in awhile it just hits you. I will just be sitting there doing something and I don’t know what happens but then there will be a memory of some sort.”

**Coping.** The theme of coping encompasses all of the comments which showed how they have found helpful ways to cope with the loss of their spouses. Like many of the other themes, shared coping strategies were very individualized strategies.

One widower shared how he copes with the loss of his wife by saying,

“Part of the way that I have been able to get through all of this is that I am so busy. I have a very full plate. I have four horses and six cats and I have a full time professor’s job so there is no dust under my feet so I am very busy.”
This theme of staying busy seemed to be a very common coping strategy. Another widower similarly stated,

“When my wife was gone I became very active in the church and participated a lot in their activities. In fact I found myself doing more after she passed away. I think if I didn’t have that I would be really flat on my back, it’s really wonderful to have the support.”

Another widower also kept with this theme by saying,

“Staying busy. I do not do as much now but when I find my mind wandering back to her, I just need to stay busy.”

Besides just staying busy, other widowers shared that just doing things that make them happy was a good way of coping. One widower shared,

“...I do feel better when I’m just out walking out in the park. Even like when I went out to wildwood and walked around I’m like you, I feel a more closeness or even when my brother and I go out fishing. I could care less if I catch a fish or not, half of the time I’m just feeling like being out there is good. I’m just happy to be sitting out there on the water.”

One widower shared his coping advice to current and future widower by saying,

“For guys only, I tell them to read, read, read. I tell them to do something. Well I still write, when I get inspired I will sit at the kitchen table I will write like hell and then I will pick it up and type it up. The whole thing I entitled “writings to, and about, Joan.”
Comparison to Others. As a way of measuring progress, often times people will compare themselves to others. For the widowers, comparing themselves to other widowers and comparing themselves to people in other situations was a very common way to measure progress. Comparisons were also made among the widowers as a way to show empathy and compassion for other men who are going through this terribly hard ordeal. Comparison to others can also be seen as a step towards self-realization; looking back and seeing how one has changed and evolved.

One widower shared an experience he had while attending his support group. He shared,

“Everybody else lost their spouse two to three months ago and they are still just raw and destroyed and I can actually talk about it.”

Another widower also shared an experience he recently had while attending his support group by saying,

“But to see new men initially come out at support groups you can sit there and visually watch the pain ooze out of their pores and say thank god I am not there anymore.”

One widower shared an experience he had when he attended a supportive spouse’s support group which was for anyone who was going through a profound loss including divorce. He shared,

“They’re going through custody battles and shame and guilt and anger and trying to learn forgiveness and trying to figure out what they did to break the marriage up and I don’t feel any of those things. The only thing we have in common is the profound loss of the spouse and the transformation of suddenly being completely
alone and the letting go of the past and the whole idea of developing this new identity. But it’s actually kind of nice to sit there and say wow.”

**Self Realization/How the Men Changed.** Many of the widowers were able to give insight into the uniqueness of being a widower and insight into the meaning of life. Typically, realizing how an event has transformed you takes time and does not usually happen in the beginning stages of the grief process.

One widower simply stated,

“It’s all about finding meaning and purpose.”

Another widower went into more detail and shared,

“The one thing since Ann’s parting that I have come to realize in life is you have no way of knowing because there’s no reason to ascertain or dissect how interwoven your lives have become over the past 20 years it’s like the threads on your shirt and it come down to the most minute things that you wouldn’t think of until somebody would give you a blank sheet of paper and ask you to not write the really great things about her but the itsy bitsy micro things about her that make her up as an individual you would miss multiple things even consciously thinking about it.”

What the men found important to them in their lives was another common theme. Many of the men expressed how their life priorities have changed. One widower said,

“…my priorities from five years ago are completely out the window. There is nothing that I had five years ago that is a priority now. That is even on the table. There is nothing important anymore.”
Another widower also stated,

“The one thing which has changed me is I don’t allow myself to get caught up on anything, I will just not get caught up into it because it has lost its importance.

It’s like, okay whatever your right and I just walk away.”

One widower really told the group how losing his wife has changed him by talking about how he now communicates with one of his friends. The widower said,

“...we now end our phone conversations with xxx saying to me, “- I love you” and I say, “xxx, me too.” When two guys ever get to the point to saying you love somebody that’s truly something. Me saying I love you to anybody but my children and wife would be unheard of before her death. I would have never done that. I cherish those relationships. I gained that. Life priorities have changed...some you don’t even worry about anymore and you probably never will.”

One widower shared his own realizations about developing future relationships by saying,

“And I have come to the idea that I don’t know if I will ever develop a relationship to anybody ever again, but I have come to the idea of and I’ll use the analogy that a mom can have more than one child and she does not love any one child more than the other just maybe differently.”

Finally, one widower really summed up how this experience has transformed him by saying,

“... this experience will make you aware of things you didn’t know.”
Advice to Professionals. Nearing the end of all three focus group sessions, the participants were asked to explain what advice they would give to professionals to help better guide the professional in assisting widower through the grief process. The two most common themes that the men shared were getting the widowers to express their emotions and finding them something to do.

One widower talked about the theme of getting men to express their emotions by saying,

“For a lot of men, your role would be to get them to express their emotions more fully and to come out of their shells, and that’s not been an issue for me.”

Finding something for the men to do was the other overarching theme. One widower elaborated on this theme by stating,

“Part of the role in dealing with a widower is to get him to express him emotions which is a fundamental stage of recovery and the other thing is to find him something to do because I think for a certain percentage of people, umm like it did, I didn’t really have that opportunity and couldn’t just take a year off or maybe I could have for a year off but I chose not to take time off.”

Another common theme was treating each man as an individual. A few of the men expressed this desire, with one of the men sharing,

“I know it may not be practical, but maybe if you’re in the clinical setting you can treat us differently because every man is different. Try talking to us a little bit one on one... I needed a lot of pity whereas another man maybe does not need pity. You don’t get that in a group setting but maybe if you have time to be with somebody one on one.”
Lastly, one of the widowers really opened up and said,

“Advice would be to don’t tell me how I should feel. I know it’s said without thinking or someone trying to improvise but other just do not know the deep deep hurt.”

Many of the men expressed how important it is for others who have not lost a spouse to not use the common phrase “I know how you feel.” The men expressed a greater desire for someone to simply sit and talk with them versus someone giving advice and trying to sympathize with them.

Other. The theme “other” was developed to help explain topics which were deemed important to mention but did not fit correctly in the other thirteen categories. As mentioned before, each man in all three of the groups is a unique individual with his own unique story to tell.

When one widower asked another group how long he had been married for he firmly stated,

“Over 35 years. I am still married.”

One widower also shared how unique it was to be the caregiver for his wife by saying,

“I definitely had to be the strong one for a change because she was sick and she needed me there to talk to because she already had all of the medical support she needed”

Going along with how unique it is to be the caregiver, another widower commented on how roles can be reversed when taking care of a loved one by saying,
“We are forced to play two totally different roles. The first role is to be a cheerleader and to be artificially up and be supportive helping this person dying and going through this horrible experience and having to be positive and it’s very difficult…”

Another widower commented on how grief is particularly unique when it is care-giver grief by stating,

“Grief is grief but I think there is something to be said with care taker grief versus to sudden impact.”

Discussion

The focus of the current study was investigating the role of the occupational therapist in facilitating the grief process in adult widowers. This study was a replication of the Enser study (2002). The aim of the current study was: 1) to identify grief related issues specific to older adult widowers, 2) to determine grief related differences between widows and widowers, and 3) to determine the appropriate role for occupational therapy in helping widowers adjust to widowhood.

In this section, grief related issues specific to older adult widowers will be identified. This will be followed by a discussion of grief related differences between widows and widowers. A review of the various roles for occupational therapists when helping widowers adjust to widowhood will be provided.

Beginning with grief related issues specific to widowers, all three focus groups yielded themes that directly correlated to past literature on widower grief. In all three groups, feelings of loss were eminent. These feelings of loss included the loss of an intimate partner, a companion,
self-identity, and security. Many of these losses the men discussed were actually concerns they had, and the men’s concerns were unique and varied. The term “dismemberment” which implies not feeling whole or put together was depicted by participants of all three focus groups when discussing how widowhood has affected their lives (Glick, Weiss, & Parkes, 1974). Many of the widowers talked openly about how widowhood has voided them of a central purpose in life and how it was their wives who kept them feeling “whole.” This sense of loss and abandonment is not uncommon as, according to Caserta (2008), widowers often equate the loss of a spouse to feelings of abandonment and hopelessness.

Nearly all of the participants talked openly about their memories of their wives. Reflecting on memories can be thought of as a coping mechanism but also a hindrance. Remembering the past is important but if there are negative emotions correlated with those emotions, it may restrict the widower from moving to the next stages of the grief process. According to Worden (1991), if a man cannot properly place the loss in the past then he cannot move to the next stage in the grief process. Likewise, widowers also expressed that memories of their wives kept them feeling connected to the love they used to share.

Unique to the men was this intense realization of needing to find meaning and purpose in life. All of the men needed to find or have found occupations which gave them a sense of pride and accomplishment in order to fill the vast void that the loss of their spouses has made. According to Mitchell (2008), men will often resort to activities in order to pass the time.

Widowers in this study also identified support from others as being both positive and negative experiences. All of the men who attended support groups reported positive experiences, but nearly all of the men reported negative experiences when receiving advice from “others.”
Although the men who did attend support groups found the time to be worthwhile, the men also shared how in some of the groups they attended, they were the only males present. Golden (1994) reported that men may be reluctant to attend support groups because they are typically comprised of women. For some men, being the only male in a female dominated support group may be a deterrent and give widowers the idea that support groups are only for widows.

Lastly, feelings of self-realization and descriptions of how widowhood has changed the men was found to be unique to widowers. Widowers who expressed how this experience has changed them also discussed how it was a process to get to this point. One of the ways the widowers determined their progress was by comparing themselves to others. Making comparison to people going through similar situations or experiencing other types of losses gave the men a chance to see how far they have come in the grief process. When widowers have totally accepted the loss and have realized how the loss has changed them it could be said that the men have reached Worden’s (1991) fourth stage.

**Widower versus Widow Grief**

With evidence from what the men reported in the focus groups, a difference between widows and widowers were differences in social support networks. According to Golden (1994) men often relied heavily on their wives for support and typically do not have as many close friends and confidants as women, especially as a man ages. When a woman loses her spouse, she typically has a circle of friends to turn to for support whereas a man may have none. It was also found that men relied heavily on their wives for engagement in social activities (Bennet, Smith, & Hughes, 2005). Nearly all of the widowers reported withdrawal from engagement in social activities which could leave the widower feeling isolated from society and hinder his recovery.
Societal stigmas between men and women could be thought of as a hindrance when grieving over the loss of their spouse. Mitchell (2008) reported that society is not as accepting of men’s grief and too often society disregards that men’s grief even exists. It is very acceptable for a woman to openly express feelings of sadness in public but if a man exhibited the same emotions, he may be jeopardizing his masculinity. It is important to grieve for the loss and if a man is unable to feel comfortable with showing these humanly emotions it may hinder his ability to move through the stages of grief. Showing grief in emotional and physical forms is a part of the healing process and nearly all of the men talked openly about their feelings of profound sadness after the death of their wives. A few of the men discussed how they felt it would be unmasculine if they cried in public over the death of their spouse. Other men in the groups discussed this strong pull from society to simply get over the loss and get back to work. Almost all of the men agreed that our society has not learned how to deal with men’s grief, whereas society is very accepting and non-judgmental of women’s grief.

Just as important as it is to mention differences in the way men and women grieve over the loss of their spouse it is just as important to recognize similarities. In a study conducted by Enser (2002) it was found that widows often equated the death of their spouse with a loss of a significant part of their lives. Widows in her study also expressed feeling a sense of lost identity similar to the way many of the widowers felt in the current study. In both the study conducted by Enser (2002) and the current study, widows and widowers expressed feelings of anger, depression, anxiety, and loneliness. Expanding on loneliness, both the widows from Enser’s study and the widowers from the current study discussed missing the day-to-day interactions they once shared with their spouses.
Lastly, another identified similarity between the two groups was the way both the widowers and widows expressed negative and positive feelings towards receiving advice from others. Although many of the widowers expressed gratitude towards support they received from family and support groups, almost all of the widowers reflected upon negative advice they received from somebody who was trying to be supportive.

**Implications for Occupational Therapy**

Grief is a multidimensional human reaction which can manifest itself into many different forms and has the ability to impact every aspect of a person’s life. According to Kaunonen et al., 1999, “the death of a spouse is one of the most stressful events in a person’s life.” Because of this reason, it is important for healthcare professionals to be aware of the unique effects grief has on widowers lives in order to properly help the widower through the difficult process. When developing and implementing treatments for widowers, it is important for occupational therapists to follow Hoppes’s (2005) four phases that outline how occupational therapists can assist people in the grief and bereavement process. The following paragraphs will briefly re-visit Hoppes’s four stages followed by a discussion of possible occupational therapy interventions.

The first of these four phases is occupational maintenance which is when people engage in and maintain occupations that have therapeutic purpose. For this phase, occupational therapists could educate widowers on the importance of staying active for therapeutic benefits such as stress management. Occupations which could be prescribed are continuing to go out to eat with friends and family, maintaining household chores, or attend events in the community.

Occupational dissolution is the second stage and occurs when the shock of the death starts to wear off and the person must accept that the loss has occurred. During this phase it is
very important for occupational therapists to educate the widower on staying active in
meaningful and purposeful occupations. An example is educating the widower on time
management in order for him to reduce his stress and anxiety in order to find time to engage in
meaningful occupations such as fishing with friends or attending a family dinner. Many people
will only focus on the negative event which has occurred and not on occupations which gave
them meaning in life.

When a person begins to find meaning and purpose in occupations again than he or she
has entered the third of Hoppes’s stage which is occupational ambivalence. In this stage, it would
be important for occupational therapists to talk one-on-one with widowers to figure out what
occupations in the widower’s life truly gave them the greatest amount of meaning. Because
every widower is different and unique, what occupations each widower will identify will be as
equally unique. The occupational therapist could recommend that the widower writes down all of
his thoughts in a journal in order to figure out what occupations would benefit him at this stage
in his life.

The last phase is occupational restoration and adaptation and this is when occupation
comes back to the person’s life. Occupations may be modified or completely changed because of
the loss. It is during this stage that it is important for the occupational therapist to understand
how the loss has affected the widower in order to prescribe the appropriate occupations. Certain
occupations may have changed their level of importance or have completely lost importance. It is
imperative for the occupational therapist to examine every part of the widower’s life in order to
determine what occupations may have changed due to the loss.
Many of the widowers still expressed great sadness during the focus groups sessions and talked openly about their continued daily struggles with accepting the loss of their spouses. Knowing that widowers may be struggling with the loss of their spouse for years after the loss had occurred, it is important for occupational therapists to employ interventions which may make the adjustment less difficult. A common myth is that time will heal all, but it has been found that what people do with their time will actually determine their outcome. Occupational therapists could assist with filling the widower’s time with occupations that are specific to the grief related issues for men which were identified in this study such as creating a photo album of their wives to assist in coping with the memories.

Occupational therapy interventions could be individually or group driven, but it is important for the occupational therapist to remember that every widower is unique and no two men, no matter how similar their histories, will be the same and/or at the same stage of the grief process. As a whole, the widowers described intense emotional and physical reactions to the loss of their spouses. The widowers also expressed feeling angry and negative towards those who provided them with unhelpful advice. An occupational therapist could teach the widowers relaxation techniques such as deep breathing exercises in order to give the men a sense of internal control and peace in order to lessen the effects of these negative feelings. A majority of the widowers reported a decline in physical activity after the loss of their spouse, so engaging in physical activity could be beneficial. Occupational therapists could develop specific exercise regimens for the widower based on his physical capabilities. Physical fitness can also have a direct correlation with emotional and psychological well-being.
Nearly all of the widowers expressed the need to be engaged in occupations which would be meaningful and purposeful. Mitchell (2008) recognized the idea that men typically find a greater amount of meaning and purpose when doing hands-on occupations. Occupational therapists can recommend occupations unique to the widower in order to assist with restoring a sense of purpose and order in the widower’s life. Being engaged in occupations could lessen the feelings of loneliness, sadness, anger, and stress which were all identified emotions among the widowers.

All of the widowers expressed concerns they now have after the loss of their spouse. These concerns were just as unique as the widowers themselves and ranged from immediate concerns to concerns about the future. Occupational therapists could assist with determining a widower’s primary concern in order to establish occupational goals based on what the widowers defined as problems. Occupational therapist could use the client-centered model of practice as a theoretical basis (Law et al., 1990). With this model, the occupational therapist could use the Canadian Occupational Performance Measure (Law et al., 1990) which would assess a widower’s lifestyle and allow for the widower to self-rank, in order, what he feels are the occupations which give him the greatest amount of stress. After the assessment is completed, the widower and occupational therapist could collaborate to determine goals.

All of the widowers reflected upon the memories they have with their wives. It was found that reflection of memories could be both positive and negative for the widowers. In order to assist widowers with properly placing the memories they have of their wives into positive reflections, occupational therapists could recommend occupations such as journaling, creating a photo album, or gardening to commemorate the memories of their wives.
Lastly, occupational therapists could offer widowers assistance with becoming re-engaged in society. Almost all of the widowers reported becoming withdrawn from society after their wives passed away. An occupational therapist could bridge the gap between the widowers and social activities happening in their communities such as recommending clubs and sports teams to join, support groups, and community events to attend. Occupational therapists could also join a widower on a community outing to decrease his stress with becoming re-engaged in social activities.

Limitations

In this current study there are several limitations. The first limitation is the use of focus groups as a way to collect data. A limitation with using focus groups that needs to be taken into consideration is group member dominance. A dominant group member can influence how other members respond to certain questions and can persuade group members to respond to certain questions unknowingly. In the current study, a dominant group member was apparent in all three of the focus group sessions. Although both moderators tried to discourage any group dominance by asking direct questions to quieter group members, group dominance is likely to occur in any type of group setting. Focus groups also use interpretation of ideas for data collection. Because of this fact, summarization of results could be unknowingly biased.

Another contributing limitation of the current study is the small number of participants. A larger number of widowers may have provided a more complete and concrete section of ideas for the researchers to formulate conclusions.

This study also only used widowers who were over the age of fifty. Finding widowers who were younger could have provided a better cross section of ideas and would have allowed
the researchers to compare the older and younger adult widowers. By making this comparison, researchers could help identify grief related issues specific to young adult widowers.

Another limitation was the lack of diversity in the participants. Seven of the eight participants identified themselves as Caucasian with only one of the participants identifying himself as Native American.

Lastly, the principal moderator’s lack of experience with running focus groups could also be considered a limitation. Although the principal moderator did have constant collaboration with a professional focus group moderator, more experience with how to properly conduct a focus group could lead to larger amounts of data.

**Future Research**

Further exploration for what the role of the occupational therapist is in the grieving process in widowers is recommended. Larger focus groups with participants from different ethnicities should be used for further study. Because many different cultures represent the United States, it would be beneficial to learn if widowers from different ethnicities have grief related differences and similarities.

It is also recommended that younger adult widowers be recruited in future studies to help determine the differences between younger and older adult widowers in the grief and bereavement process. It would be important to understand if there are any grief related differences between older and younger adult men so health care providers can provide the appropriate treatments. Because younger and older adult men are typically in different stages of their lives in terms of maturity and roles, there could be underlying differences which need further exploration.
For future research efforts, recruitment of men from different regions in the United States should be done. This research study only looked at men from the Cleveland and Toledo area. Expanding the research study to other states and cities could lead to more definitive results. Widowers from different regions in the United States may have alternative or different insights about grief issues related to widowhood.

**Conclusions**

Widowers encompass a diverse and unique population and each widower has his own personal struggles to overcome while adjusting to widowhood. It was found that grief is a unique experience to each widower even if stages of the grief process are common. This study begins to show there may be added challenges for a widower in today’s society. Widowers may also be less prepared for widowhood because of having a lack of social support. Through the use of occupations (active doing) the occupational therapist can address each widower’s individual issues in hopes to assist the widower with managing his new life. In summary, the current study begins to provide evidence that supports the use of occupational therapy in facilitating widowers through the grief and bereavement process.
References


Focus Group Format for Occupational Therapist’s Role with Widowers

Introduction

At the start of the focus groups for both older and younger adult widowers the participants will be asked to adhere to the following:

- When participants arrive, the moderator will solicit a copy of the informed consent form to each of the participants of the focus groups;
- After the consent forms are signed participants will be asked to complete a nametag that exhibits their first name only;
- The participants will be asked to fill out a demographic information sheet including age, race, education, and information about the loss of their spouse;
- After everyone who will be attending the focus groups has arrived there will be a formal introduction of the moderator and assistant moderator;
- The moderator will explain the study in greater detail as well as describe the usefulness of focus groups followed by answering any questions or concerns the participants may have about the research;
- A confidentiality statement will be read to insure the participants of their privacy; and
- After the focus group ends, participants will again be thanked for taking time out of their day to participate in the focus group.
Purpose

- The moderator will read the purpose of the study to the participants in the beginning of each focus group session. The purpose of this study is to: 1) identify grief related issues that are specific to young and older adult widowers, and 2) to determine the appropriate role of the occupational therapist in helping younger and older adult widowers adjust to widowhood.

Questions:

1. Icebreaker. “Two Truths and A Lie,” where a member tells two facts and one lie about themselves. The group is to identify which statement is a lie.

2. Please share with us your story or experience of losing your spouse. How long had you been married to your spouse? How did you lose your spouse and is there any other information you would like to share about the loss of your spouse?

3. How did you react emotionally or physically to your loss? If we were to look at a timeline, can you explain immediate reactions due to the loss of your spouse, and current reactions to date? Probe: illnesses, sleeping, eating, stages or grief, anxiety.

4. How did other people in your family emotionally and physically deal with the death of your spouse and how did you address or discuss concerns? Probe: children, friends, and other family members.

5. What changes have you made in your life since the death of your spouse? Probe: household, daily routines, occupations, leisure, role.
6. What are the main concerns you have faced since the death of your partner? What is your single most troubling concern?

7. How has your social life been impacted since the loss of your spouse?

8. How have you dealt with the loss of a close confidant, an intimate sexual partner?

9. What concerns do you have about finances? Probe: changes in status, budget

10. What sorts of coping strategies have been helpful to you in dealing with the loss of your spouse? What types of problems or concerns have made it harder for you to deal with your loss?

11. What advice would you give to a professional working with bereaved persons? Try to think of advice someone could have provided that could have helped to ease the transition. What skills do you wish you would have received?

12. Moderator: will give a two to three minute summary of events, major themes and issues, similarities and differences.

13. Please share any information that was missed, or any information that was not covered that you feel is important.

14. To help you with the loss of your spouse referral resources, brochures, and any questions will be answered.

Closing

Participants will be thanked for their time and contribution, and allotted time to gather any items they may have brought with them, and if desired exchange contact numbers with other focus group members.
Rational For Questions:

1. **Icebreaker. “Two Truths and A Lie,”**

   This is a game where a participant tells two facts and one lie about themselves. The group is to identify which statement is a lie.

   An icebreaker allows the group members to get more comfortable with one another and hopefully loosen up any anxious feelings they may be feeling. It can also let the participants learn some facts about one another.

2. **Please share with us your story or experience of losing your spouse. How long had you been married to your spouse? How did you lose your spouse and is there any other information you would like to share about the loss of your spouse?**

   By allowing the focus group members to share their experiences it allows for the group to come better acquainted and come together. They can disclose information that they choose, providing as much personal information that they feel comfortable in doing. This question is also a good transition from the icebreaker into the following questions.

3. **How did you react emotionally or physically to your loss? If we were to look at a timeline, can you explain immediate reactions due to the loss of your spouse, and current reactions to date? Probe: illnesses, sleeping, eating, stages or grief, anxiety.**

   By asking this question we can gain a better understanding of when occupational therapy would be most effective. If the group members are experiencing problems years after the death of their spouse, perhaps than occupational therapy could have intervened earlier. Taking a closer look at the
emotional and physical aspects of a person allows us to see what area has been particularly hard for the members of the group, and whether or not occupational therapy can play a role with purposeful and meaningful occupation. Successful occupational experiences could motivate further positive change in both of these domains. Sleep and rest allow for energy and vitality, and without these components a person can feel drained. Life satisfaction and overall quality of life is lowered. Therefore, this question will allow us to see if this is a role that occupational therapy can address. If so, helping widowers with routines before bedtime, relaxation techniques, exercise, and proper nutrition could all prove to be beneficial.

4. **How did other people in your family emotionally and physically deal with the death of your spouse and how did you address or discuss concerns? Probe: children, friends, and other family members.**

Looking at how to discuss issues with other family members allows us to see if the group members need help from occupational therapist with discussing issues with other family members. Occupational therapists can help them deal with new issues that may come up.

5. **What changes have you made in your life since the death of your spouse? Probe: household, daily routines, occupations, leisure, role.**

By asking this question we can gain a better insight as to how they have been able to adapt on their own to a life without their spouse. Generally this is very hard for a man to do because they relied so heavily on their wives to take care of the house, kids, and
even them. By knowing how the widower has adapted so far we can gain a better insight as to how he will do in the future.

6. **What are the main concerns you have faced since the death of your partner? What is your single most troubling concern?**

   This is a good transition question and will be important to know in regards to occupational therapy because it can show where we will be most needed and what our role can be.

7. **How has your social life been impacted since the loss of your spouse?**

   For men especially, they rely so heavily on their wives for social interaction since women are naturally more natural beings. An occupational therapist can help a widower get involved with his family and become more integrated into the community if this is an area of concern for him.

8. **How have you dealt with the loss of a close confidant, an intimate sexual partner?**

   The loss of a spouse is all of these things and an occupational therapist most certainly can play a role in helping a widower overcome these issues. Many other disciplines do not feel that these issues are a part of their profession and therefore never address them. It is a sensitive topic and occupational therapists are generally very patient and understanding professionals.

9. **What concerns do you have about finances? Probe: changes in status, budget.**

   If bills and debt were left to the widower to worry about than that can cause extra stress on top of the stress that is there from his spouse passing away. Occupational
A therapist can address this domain by helping the individual with proper budgeting, organization, and help the person identify resources for financial assistance if needed.

10. **What sorts of coping strategies have been helpful to you in dealing with the loss of your spouse? What types of problems or concerns have made it harder for you to deal with your loss?**

   A loss of a spouse will bring about role changes and occupational therapy can help with time management, relaxation, and other coping skills that a person may be feeling while trying to transition to their new life as a widower.

11. **What advice would you give to a professional working with bereaved persons? Try to think of advice someone could have provided that could have helped to ease the transition. What skills do you wish you would have received?**

   The focus group members are all likely going through the bereavement process and so it is hoped that they can give advice and be helpful in giving and sharing any advice they may know.
Appendix B
Demographic Information

What is your Age? ______________

What is your Race? (check one)

_____ African American

_____ Caucasian

_____ Hispanic

_____ Native American

_____ Other

Who do you currently live with? (check all that apply)

_____ Self

_____ Children

_____ Parent

_____ Friend

_____ Sibling

_____ Other

Where do you currently live? (check all that apply)

_____ Apartment

_____ 1 Story home

_____ 2 Story home

_____ Other
What is your highest level of education?

______ Less than High School
______ High School Graduate
______ Some College
______ Bachelor’s Degree
______ Graduate Degree
______ Doctoral Degree

Information about relationship with spouse:

How long were you married? ________________________________________________

How old were you when your spouse passed away? ______________________________

How old was your spouse when she died? ______________________________________

How many months/years has it been since your spouse passed away? ______________

Nature of the death of your spouse? Please explain the surrounding circumstances. For example was the loss of your spouse

Expected/Sudden/Prolonged? ________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________